

Decisions and list of resolutions

I. DECISIONS

WHA65(1) Composition of the Committee on Credentials

The Sixty-fifth World Health Assembly appointed a Committee on Credentials consisting of delegates of the following Member States: Guyana, Kyrgyzstan, Luxembourg, Malawi, Marshall Islands, Mexico, Niger, San Marino, Sao Tome and Principe, Thailand, United Arab Emirates, Viet Nam.

(First plenary meeting, 21 May 2012)

WHA65(2) Election of officers of the Sixty-fifth World Health Assembly

The Sixty-fifth World Health Assembly elected the following officers:

President: Professor Thérèse Aya N'Dri-Yoman (Côte d'Ivoire)

Vice-Presidents: Dr Esperanza Martínez (Paraguay)
Dr Andrei Usatii (Republic of Moldova)
Professor Ali Gufron Mukti (Indonesia)
Dr Suraya Dalil (Afghanistan)
Mr Charles Sigoto (Solomon Islands)

(First plenary meeting, 21 May 2012)

WHA65(3) Establishment of the General Committee

The Sixty-fifth World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the delegates of the following 17 countries as members of the General Committee: Bahamas, Cambodia, Chad, China, Cuba, Denmark, Djibouti, France, Kenya, Lesotho, Liberia, Mauritania, Nicaragua, Russian Federation, Turkmenistan, United Kingdom of Great Britain and Northern Ireland, United States of America.

(First plenary meeting, 21 May 2012)

WHA65(4) Election of officers of the main committees

The Sixty-fifth World Health Assembly elected the following officers of the main committees:

Committee A:	Chairman	Dr Lyonpo Zangley Dukpa (Bhutan)
Committee B:	Chairman	Professor Mohammad Hossein Nicknam (Islamic Republic of Iran)

(First plenary meeting, 21 May 2012)

The main committees subsequently elected the following officers:

Committee A:	Vice-Chairmen	Dr Fenton Ferguson (Jamaica) Mr Herbert Barnard (the Netherlands)
	Rapporteur	Dr Mohamed Jiddawi (United Republic of Tanzania)
Committee B:	Vice-Chairmen	Professor Charles Kondi Agba (Togo) Dr Enrique Tayag (Philippines)
	Rapporteur	Dr Paul Gully (Canada)

(First meetings of Committees A and B, 21 and 23 May 2012, respectively)

WHA65(5) Adoption of the agenda

The Sixty-fifth World Health Assembly adopted the provisional agenda prepared by the Executive Board at its 130th session, with the deletion of two items.

(Second plenary meeting, 21 May 2012)

WHA65(6) Verification of credentials

The Sixty-fifth World Health Assembly recognized the validity of the credentials of the following delegations: Afghanistan; Albania; Algeria; Andorra; Angola; Argentina; Armenia; Australia; Austria; Azerbaijan; Bahamas; Bahrain; Bangladesh; Barbados; Belarus; Belgium; Benin; Bhutan; Bolivia (Plurinational State of); Bosnia and Herzegovina; Botswana; Brazil; Brunei Darussalam; Bulgaria; Burkina Faso; Burundi; Cambodia; Cameroon; Canada; Cape Verde; Central African Republic; Chad; Chile; China; Colombia; Comoros; Congo; Cook Islands; Costa Rica; Côte d'Ivoire; Croatia; Cuba; Cyprus; Czech Republic; Democratic People's Republic of Korea; Democratic Republic of the Congo; Denmark; Djibouti; Dominica; Dominican Republic; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Estonia; Ethiopia; Fiji; Finland; France; Gabon; Gambia; Georgia; Germany; Ghana; Greece; Guatemala; Guinea; Guyana; Haiti; Honduras; Hungary; Iceland; India; Indonesia; Iran (Islamic Republic of); Iraq; Ireland; Israel; Italy; Jamaica; Japan; Jordan; Kazakhstan; Kenya; Kiribati; Kuwait; Kyrgyzstan; Lao People's Democratic Republic; Latvia; Lebanon; Lesotho; Liberia; Libya; Lithuania; Luxembourg; Madagascar; Malawi; Malaysia; Maldives; Mali; Malta; Marshall Islands; Mauritania; Mauritius; Mexico; Micronesia (Federated States of); Monaco; Mongolia; Montenegro; Morocco; Mozambique; Myanmar; Namibia; Nauru;

Nepal; Netherlands; New Zealand; Nicaragua; Niger; Nigeria; Norway; Oman; Pakistan; Palau; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Poland; Portugal; Qatar; Republic of Korea; Republic of Moldova; Romania; Russian Federation; Rwanda; Saint Kitts and Nevis; Samoa; San Marino; Sao Tome and Principe; Saudi Arabia; Senegal; Serbia; Seychelles; Sierra Leone; Singapore; Slovakia; Slovenia; Solomon Islands; Somalia; South Africa; South Sudan; Spain; Sri Lanka; Sudan; Swaziland; Sweden; Switzerland; Syrian Arab Republic; Thailand; the former Yugoslav Republic of Macedonia; Timor-Leste; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Turkmenistan; Tuvalu; Uganda; Ukraine; United Arab Emirates; United Kingdom of Great Britain and Northern Ireland; United Republic of Tanzania; United States of America; Uruguay; Uzbekistan; Vanuatu; Venezuela (Bolivarian Republic of); Viet Nam; Yemen; Zambia; Zimbabwe.

(Sixth plenary meeting, 23 May 2012)

WHA65(7) Election of Members entitled to designate a person to serve on the Executive Board

The Sixty-fifth World Health Assembly, after considering the recommendations of the General Committee, elected the following as Members entitled to designate a person to serve on the Executive Board: Australia, Azerbaijan, Belgium, Chad, Croatia, Cuba, Islamic Republic of Iran, Lebanon, Lithuania, Malaysia, Maldives, Panama.

(Ninth plenary meeting, 25 May 2012)

WHA65(8) Prevention and control of noncommunicable diseases: follow-up to the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases

The Sixty-fifth World Health Assembly,

Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases,¹ in particular paragraph 62, to prepare recommendations, before the end of 2012, for a set of voluntary global targets for the prevention and control of noncommunicable diseases and the commitments made to address noncommunicable diseases, principally cardiovascular diseases, cancers, chronic respiratory diseases and diabetes and their common underlying risk factors, namely tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol;

Reaffirming the leading role of WHO as the primary specialized agency for health, as recognized by the United Nations General Assembly in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, and its responsibility, with the full participation of Member States² pursuant to paragraphs 61 and 62 of the Political Declaration, toward development of a comprehensive global monitoring framework, including a set of indicators, capable of application across regional and country settings, and a set of voluntary global targets for the prevention and control of noncommunicable diseases, before the end of 2012;

¹ United Nations General Assembly resolution 66/2.

² And, where applicable, regional economic integration organizations.

Recalling the commitment made in resolution WHA60.23 to achieve the target of reducing death rates from noncommunicable diseases by 2% annually during the period 2006–2015,

(1) Welcomed the reports on prevention and control of noncommunicable diseases¹ and recognized the significant progress made in close collaboration with Member States pursuant to paragraphs 61 and 62 of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases;

(2) Decided to adopt a global target of a 25% reduction in premature mortality from noncommunicable diseases by 2025;

(3) Expressed strong support for additional work aimed at reaching consensus on targets relating to the four main risk factors, namely tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol;

(4) Noted the wide support expressed by Member States² and other stakeholders around global voluntary targets considered so far including those relating to raised blood pressure, tobacco use, salt/sodium and physical inactivity;

(5) Further noted that consultations to date, including discussions during the Sixty-fifth World Health Assembly, indicated support from Member States² and other stakeholders for the development of targets relating to obesity, fat intake, alcohol, cholesterol and health system responses such as availability of essential medicines for noncommunicable diseases;

(6) Noted that other targets or indicators may emerge in the remainder of the noncommunicable diseases follow-up process established by resolution EB130.R7;

(7) Urged all Member States² to participate fully in all remaining steps of the noncommunicable diseases follow-up process described in resolution EB130.R7 including regional and global level consultations;

(8) Requested the Director-General:

(1) to undertake further technical work on targets and indicators and prepare a revised discussion paper on the comprehensive global monitoring framework that reflects all discussions and submissions to date and takes into account measurability, feasibility, achievability and WHO's existing strategies in this area;

(2) to consult with Member States,² including through regional committees and, where appropriate, regional technical/expert working groups which report to regional committees through the Secretariat, on this revised discussion paper;

(3) to continue to consult with all relevant stakeholders in a transparent manner on the revised discussion paper mentioned in subparagraph (8)(1);

¹ Documents A65/6 and A65/6 Add.1.

² And, where applicable, regional economic integration organizations.

(4) to prepare a report summarizing the results of the discussions in each of the regional committees and the inputs from the dialogues with stakeholders mentioned in subparagraph (8)(3);

(5) to convene a formal meeting of Member States,¹ to be held before the end of October 2012, to conclude the work on the comprehensive global monitoring framework, including indicators, and a set of global voluntary targets for the prevention and control of noncommunicable diseases;

(6) to submit a substantive report on the recommendations relating to paragraphs 61 and 62 of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, through the Executive Board at its 132nd session, to the Sixty-sixth World Health Assembly.

(Tenth plenary meeting, 26 May 2012)

WHA65(9) WHO reform

The Sixty-fifth World Health Assembly,

Having considered the documents on WHO reform presented to the World Health Assembly;²

Having taken into account the deliberations held and the decisions made on WHO reform by the Executive Board during its 129th session in May 2011, the special session on reform in November 2011, and its 130th session in January 2012, and the meeting of Member States on programmes and priority setting in February 2012,

DECIDED:

Programmatic reforms

(1) (a) to welcome the report of the Chairman of the Executive Board on the meeting of Member States on programmes and priority setting and the criteria, categories and timeline set out in its three appendices;³

(b) to request the Director-General to use the agreed framework⁴ and guidance provided by the Sixty-fifth World Health Assembly, especially concerning health determinants and equity, in the formulation of the draft Twelfth General Programme of Work and the Proposed programme budget 2014–2015;

¹ And, where applicable, regional economic integration organizations.

² Documents A65/5, A65/5 Add.1, A65/5 Add.2, A65/40, A65/43 and A65/INF.DOC./6.

³ See document A65/40.

⁴ See document A65/5 Add.1.

Governance reforms

- (2) to endorse the decision of the Executive Board at its special session in November 2011¹ to strengthen, streamline and improve the methods of work and roles of the governing bodies;
- (3) to maintain the present schedule of the governing bodies meetings and return to the topic at the session of the Executive Board in January 2013 and, in preparation, to present a feasibility study on the possibility of shifting the financing year;
- (4) to endorse the following proposals for enhancing alignment between the regional committees and the Executive Board:
 - (a) that regional committees be asked to comment and provide input to all global strategies, policies and legal instruments such as conventions, regulations and codes;
 - (b) that the Health Assembly refer specific items to the regional committees in order to benefit from diverse regional perspectives;
 - (c) that regional committees adapt and implement global strategies as appropriate;
 - (d) that chairpersons of the regional committees routinely submit a summary report of the committees' deliberations to the Board;
- (5) to endorse the following proposals for increasing harmonization across the regional committees in relation to the nomination of regional directors, the review of credentials, and participation of observers;

Nomination of regional directors

- (a) that regional committees that have not yet done so, in line with principles of fairness, accountability and transparency, establish:
 - (i) criteria for the selection of candidates; and
 - (ii) a process for assessment of all candidates' qualifications;

Review of credentials of Member States

- (b) that regional committees that have not yet done so, appoint credentials committees or entrust the task of reviewing credentials to the officers of the regional committee;

Participation of observers

- (c) that regional committees that have not yet done so, ensure that there are relevant rules within their Rules of Procedure that enable them to invite observers to attend their sessions, including as appropriate, Member States from other regions, intergovernmental and nongovernmental organizations;

¹ Decision EBSS2(2).

(6) to note that the revised terms of reference for the Programme, Budget and Administration Committee will be submitted to the Executive Board at its 131st session;

(7) to endorse the following proposals for streamlining decision-making and to improve governing body meetings;

(a) that the Officers of the Board use criteria, including those used for priority setting in the draft general programme of work, in reviewing items for inclusion on the Board's agenda;

(b) that the Board consider amending its Rules of Procedure in order to manage the late submission of draft resolutions;

(c) that the governing bodies make better use of the Chairman's summaries, reported in the official record, with the understanding that they do not replace formal resolutions;

(8) to request the Director-General in consultation with Member States:

(a) to propose options on possible changes needed in the Rules of Procedure of the governing bodies to limit the number of agenda items and resolutions;

(b) to propose options on how to streamline the reporting of and communication with Member States;

(9) to request the Director-General:

(a) to present a draft policy paper on WHO's engagement with nongovernmental organizations to the Executive Board at its 132nd session in January 2013;

(b) to present a draft policy paper on the relationships with private commercial entities to the Executive Board at its 133rd session in May 2013;

(c) to present a report on WHO's hosting arrangements of health partnerships and proposals for harmonizing work with hosted partnerships to the Executive Board at its 132nd session;

and further, in support of the development of the documents described in subparagraphs (9)(a), (b) and (c), that the Director-General be guided by the following principles:

(i) the intergovernmental nature of WHO's decision-making remains paramount;

(ii) the development of norms, standards, policies and strategies, which lies at the heart of WHO's work, must continue to be based on the systematic use of evidence and protected from influence by any form of vested interest;

(iii) the need for due consultation with all relevant parties keeping in mind the principles and guidelines laid down for WHO's interactions with Member States and other parties;

(iv) any new initiative must have clear benefits and add value in terms of enriching policy or increasing national capacity from a public health perspective;

- (v) building on existing mechanisms should take precedence over creating new forums, meetings or structures, with a clear analysis provided of how any additional costs can lead to better outcomes;

Managerial reforms

- (10) to note progress made in relation to strengthening technical and policy support to all Member States;
- (11) to note progress made in relation to staffing policy and practice;
- (12) to request the Director-General, based on guidance received from the Sixty-fifth World Health Assembly, to further develop the proposals to increase the transparency, predictability and flexibility of WHO's financing, for presentation to the Executive Board at its 132nd session;
- (13) to note progress on developing WHO's internal control framework;
- (14) to note progress made in the areas of accountability, risk management, conflict of interest, and the establishment of an ethics office;
- (15) to note that the draft WHO evaluation policy will be presented to the Executive Board at its 131st session;
- (16) (a) to note the findings and recommendations of the Stage one evaluation report presented by the External Auditor;¹
 - (b) to note the proposed terms of reference of the second stage of the independent evaluation as outlined in the report of the External Auditor and to request the Director-General to provide a paper on the specific modalities of this evaluation for consideration by the Executive Board at its 132nd session;
- (17) to note progress made in the area of strategic communications;
- (18) to endorse the decisions and conclusions reached by the Board at its special session on reform with regard to organizational effectiveness, alignment and efficiency; financing of the Organization; human resources policies and management; results-based planning, management and accountability, and strategic communications;²
- (19) to request the Director-General to report, through the Executive Board at its 132nd session, to the Sixty-sixth World Health Assembly, on progress in the implementation of WHO reform on the basis of a monitoring and implementation framework.

(Tenth plenary meeting, 26 May 2012)

¹ Document A65/5 Add.2.

² Decision EBSS2(3).

WHA65(10) United Nations Joint Staff Pension Fund: appointment of representatives to the WHO Staff Pension Committee

The Sixty-fifth World Health Assembly nominated Dr A.J. Mohamed of the delegation of Oman as a member, and Dr M. Tailhades of the delegation of Switzerland as alternate member of the WHO Staff Pension Committee for a three-year term until May 2015.

(Tenth plenary meeting, 26 May 2012)

WHA65(11) Selection of the country in which the Sixty-sixth World Health Assembly would be held

The Sixty-fifth World Health Assembly, in accordance with Article 14 of the Constitution, decided that the Sixty-sixth World Health Assembly would be held in Switzerland.

(Tenth plenary meeting, 26 May 2012)

II. RESOLUTIONS

- WHA65.1 Appointment of the Director-General
- WHA65.2 Contract of the Director-General
- WHA65.3 Strengthening noncommunicable disease policies to promote active ageing
- WHA65.4 The global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level
- WHA65.5 Poliomyelitis: intensification of the global eradication initiative
- WHA65.6 Maternal, infant and young child nutrition
- WHA65.7 Implementation of the recommendations of the Commission on Information and Accountability for Women's and Children's Health
- WHA65.8 Outcome of the World Conference on Social Determinants of Health
- WHA65.9 Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
- WHA65.10 Financial report and audited financial statements for the period
1 January 2010–31 December 2011
- WHA65.11 Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution
- WHA65.12 Special arrangements for settlement of arrears

- WHA65.13 Report of the External Auditor
- WHA65.14 Salaries of staff in ungraded posts and of the Director-General
- WHA65.15 Election of the Director-General of the World Health Organization: Report of the Working Group
- WHA65.16 Agreements with intergovernmental organizations
- WHA65.17 Global vaccine action plan
- WHA65.18 World Immunization Week
- WHA65.19 Substandard/spurious/false-labelled/falsified/counterfeit medical products
- WHA65.20 WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies
- WHA65.21 Elimination of schistosomiasis
- WHA65.22 Follow up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination
- WHA65.23 Implementation of the International Health Regulations (2005)

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