

## **Second report of Committee B**

**(Draft)**

Committee B held its third and fourth meetings on 27 May 2021, chaired by Dr Søren Brostrøm (Denmark).

It was decided to recommend to the Seventy-fourth World Health Assembly the adoption of the attached five resolutions and nine decisions relating to the following agenda items:

### **Pillar 4: More effective and efficient WHO providing better support to countries**

26. Review of and update on matters considered by the Executive Board

#### **Managerial, administrative and governance matters**

26.3 WHO reform

- WHO reform: governance

One decision

- WHO reform: World health days

One decision entitled:

– World Neglected Tropical Diseases Day

- Review of entitlements of members of the Executive Board

One decision

26.4 Global strategies and plans of action that are scheduled to expire within one year

- WHO global disability action plan 2014–2021: better health for all people with disability

One resolution entitled:

– The highest attainable standard of health for persons with disabilities

- The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021

One decision entitled:

- The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections

- Global technical strategy and targets for malaria 2016–2030

One resolution entitled:

- Recommitting to accelerate progress towards malaria elimination

### **Staffing matters**

#### 26.8 Amendments to the Staff Regulations and Staff Rules

One resolution entitled:

- Salaries of staff in ungraded positions and of the Director-General

### **Managerial, administrative and governance matters**

#### 26.5 Process for the election of the Director-General of the World Health Organization

One decision entitled:

- Process for the election of the Director-General of the World Health Organization: candidates' statements and travel support

One decision entitled:

- Process for the election of the Director-General of the World Health Organization: contingency arrangements

#### 27. Appointment of representatives to the WHO Staff Pension Committee

One decision

#### 31. Management and legal matters

##### 31.2 Agreements with intergovernmental organizations

One resolution entitled:

- Agreement between the World Health Organization and the International Organisation of La Francophonie

32. Collaboration within the United Nations system and with other intergovernmental organizations

One resolution entitled:

- Participation of the Holy See in the World Health Organization

33. Updates and future reporting

- WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments

One decision

- The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond

One decision

### **Agenda item 26.3**

#### **WHO reform: governance**

The Seventy-fourth World Health Assembly, having considered the consolidated report by the Director-General,<sup>1</sup> decided:

(1) to sunset reporting on the following resolutions on the understanding that the mandates have been completed or superseded by a new mandate on the same subject matter:

1. EB87.R23 (1991) – WHO fellowships;
2. WHA23.14 (1970) – Real Estate Fund;
3. WHA35.14 (1982) – Policy on patents;
4. WHA38.8 (1985) – Review of the Working Capital Fund;
5. WHA40.24 (1987) – Effects of nuclear war on health and health services;
6. WHA40.32 (1987) – Use of alcohol in medicines;
7. WHA44.5 (1991) – Eradication of dracunculiasis;
8. WHA44.27 (1991) – Health development in urban areas;
9. WHA44.36 (1991) – International programme on the health effects of the Chernobyl accident;
10. WHA47.32 (1994) – Onchocerciasis control through ivermectin distribution;
11. WHA48.9 (1995) – Prevention of hearing impairment;
12. WHA48.13 (1995) – Communicable diseases prevention and control: new, emerging, and re-emerging infectious diseases;
13. WHA49.20 (1996) – Collaboration within the United Nations system and with other intergovernmental organizations: orientation of WHO policy in support of African recovery and development;
14. WHA50.13 (1997) – Promotion of chemical safety, with special attention to persistent organic pollutants;
15. WHA50.29 (1997) – Elimination of lymphatic filariasis as a public health problem;

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<sup>1</sup> Document A74/9.

16. WHA51.13 (1998) – Tuberculosis;
  17. WHA51.15 (1998) – Elimination of leprosy as a public health problem;
  18. WHA54.19 (2001) – Schistosomiasis and soil-transmitted helminth infections;
  19. WHA55.8 (2002) – Real Estate Fund;
  20. WHA56.19 (2003) – Prevention and control of influenza pandemics and annual epidemics
  21. WHA58.27 (2005) – Improving the containment of antimicrobial resistance;
  22. WHA60.22 (2007) – Health systems: emergency-care systems;
  23. WHA63.15 (2010) – Monitoring of the achievement of the health-related Millennium Development Goals;
  24. WHA65.21 (2012) – Elimination of schistosomiasis;
  25. WHA66.24 (2013) – eHealth standardization and interoperability;
  26. WHA67.14 (2014) – Health in the post-2015 development agenda;
- (2) to sunset reporting on the following resolutions on the understanding that the subject matter will be systematically incorporated into future reports on a related subject matter:
27. WHA37.18 (1984) – Prevention and control of vitamin A deficiency and xerophthalmia;
  28. WHA42.40 (1989) – Prevention and control of salmonellosis;
  29. WHA44.42 (1991) – Women, health and development;
  30. WHA45.22 (1992) – Child health and development: health of the newborn;
  31. WHA48.12 (1995) – Control of diarrhoeal diseases and acute respiratory infections: integrated management of the sick child;
  32. WHA50.16 (1997) – Employment and participation of women in the work of WHO;
  33. WHA54.18 (2001) – Transparency in tobacco control;
  34. WHA58.22 (2005) – Cancer prevention and control;
  35. WHA58.29 (2005) – Enhancement of laboratory biosafety;
  36. WHA58.31 (2005) – Working towards universal coverage of maternal, newborn and child health interventions;
  37. WHA60.16 (2007) – Progress in the rational use of medicines;

38. WHA60.20 (2007) – Better medicines for children;
  39. WHA60.21 (2007) – Sustaining the elimination of iodine deficiency disorders;
  40. WHA60.27 (2007) – Strengthening of health information systems;
  41. WHA61.16 (2008) – Female genital mutilation;
  42. WHA64.6 (2011) – Health workforce strengthening;
  43. WHA64.7 (2011) – Strengthening nursing and midwifery;
  44. WHA64.9 (2011) – Sustainable health financing structures and universal coverage;
  45. WHA64.28 (2011) – Youth and health risks;
  46. WHA65.20 (2012) – WHO’s response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies;
  47. WHA67.4 (2014) – Supplementary funding for real estate and longer-term staff liabilities;
- (3) to specify end dates for reporting on 10 resolutions with unspecified reporting requirements:<sup>1</sup>
1. WHA63.12 (2010) – Availability, safety and quality of blood products;
  2. WHA63.22 (2010) – Human organ and tissue transplantation;
  3. WHA67.1 (2014) – Global strategy and targets for tuberculosis prevention, care and control after 2015;
  4. WHA67.18 (2014) – Traditional medicine;
  5. WHA68.2 (2015) – Global technical strategy and targets for malaria 2016–2030;
  6. WHA68.19 (2015) – Outcome of the Second International Conference on Nutrition;
  7. WHA69.2 (2016) – Committing to implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health;
  8. WHA69.24 (2016) – Strengthening integrated, people-centred health services;
  9. WHA70.6 (2017) – Human resources for health and implementation of the outcomes of the United Nations’ High-Level Commission on Health Employment and Economic Growth;
  10. WHA70.13 (2017) – Prevention of deafness and hearing loss

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<sup>1</sup> Proposed end dates for reporting on the 10 resolutions are indicated in document EB148/33, Annex 2.

**Agenda item 26.3**

**World Neglected Tropical Diseases Day**

The Seventy-fourth World Health Assembly, having considered the consolidated report by the Director-General,<sup>1</sup> decided to welcome the Secretariat's support of initiatives that celebrate the date of 30 January as a day dedicated to neglected tropical diseases, and invites Member States and relevant stakeholders to consider taking appropriate measures to continue celebrating that day.

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<sup>1</sup> Document A74/9.

### **Agenda item 26.3**

#### **Review of entitlements of members of the Executive Board**

The Seventy-fourth World Health Assembly, having considered the consolidated report by the Director-General,<sup>1</sup> decided that with effect from 1 July 2021, the maximum reimbursement of travel expenses of members of the Executive Board should be based on the travel entitlements of WHO staff members.

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<sup>1</sup> Document A74/9.



## Agenda item 26.4

### **The highest attainable standard of health for persons with disabilities**

The Seventy-fourth World Health Assembly,

Having considered the consolidated report by the Director-General;<sup>1</sup>

Recalling resolutions WHA58.23 (2005) on disability, including prevention, management and rehabilitation, WHA66.9 (2013) on disability, WHA67.7 (2014) on the WHO global disability action plan 2014–2021: better health for all people with disability, WHA71.8 (2018) on improving access to assistive technology; and WHA72.3 (2019) on community health workers delivering primary health care: opportunities and challenges;

Recalling also the World report on disability (2011) and the WHO global disability action plan 2014–2021,<sup>2</sup> which is based on that report's recommendations;

Further recalling the United Nations Convention on the Rights of Persons with Disabilities,<sup>3</sup> which refers to persons with disabilities as including those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others, and under which 182 States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability;

Recognizing that disability is an evolving concept and that it results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others;

Recalling the 2030 Agenda for Sustainable Development and its aim of “leaving no one behind”, and the United Nations flagship Disability and development report: realizing the Sustainable Development Goals by, for and with persons with disabilities (2018),<sup>4</sup> presenting an overview of the status of accessibility for persons with disability, and the persistent gaps in this regard, and identified best practices and recommended action in accessibility for the effective implementation of the Convention of the Rights of Persons with Disabilities and the disability inclusive achievement of the Sustainable Development Goals;

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<sup>1</sup> Document A74/9.

<sup>2</sup> WHO global disability action plan 2014–2021. Geneva: World Health Organization; 2015 (available at <https://www.who.int/publications/i/item/who-global-disability-action-plan-2014-2021>, accessed 17 January 2021).

<sup>3</sup> Convention on the Rights of Persons with Disabilities, 24 January 2007. United Nations General Assembly resolution 61/106 (2007).

<sup>4</sup> Disability and development report: realizing the Sustainable Development Goals by, for and with persons with disabilities. New York: United Nations; 2018 (available at <https://social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf>, accessed 17 January 2021).

Recalling also the endorsement of the International Classification of Functioning Disability and Health<sup>1</sup> in 2001;

Welcoming progress towards mainstreaming disability, including the rights of persons with disabilities in the work of the United Nations, and noting with appreciation the launch of the United Nations Disability Inclusion Strategy, which provides the foundation for sustainable and transformative progress on disability inclusion through the work of the United Nations;

Recognizing that persons with disabilities are disproportionately affected by public health emergencies, including pandemics such as COVID-19, and thus welcoming the specific guidance presented by the United Nations and WHO to advise relevant stakeholders on ways to mitigate the effects of the pandemic on persons with disabilities;

Recognizing also the need to include the experiences and perspectives of persons with disabilities and their representative organizations in all issues, including by taking steps to ensure and actively facilitate their meaningful participation in programmes, policy and decision making processes;

Noting that globally one in seven persons experience some form of disability and that this number continues to increase owing to many underlying factors such as population ageing and the rise in the prevalence of chronic health conditions;<sup>2</sup>

Noting also the persisting attitudinal, institutional and environmental barriers, including discriminatory attitudes towards disability and inaccessible communities;

Also noting, with concern, that persons with disabilities face persistent inequality in social, economic, health and political spheres, and thus are more likely to live in poverty than persons without disabilities; and that they are more likely to have risk factors for noncommunicable diseases; as well as being more likely to be unable to get access to essential health services, public health functions, medicines and treatment, due to environmental, financial, legal and attitudinal barriers in society, including discrimination and stigmatization, as well as lack of reliable and comparable data;

Further noting that, as many persons with disabilities face multiple and intersecting forms of discrimination and are therefore at greater risk of having unmet health needs, health and rehabilitation interventions should take into account different needs and be age-sensitive and gender-responsive while promoting, protecting and ensuring the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and promoting respect for their inherent dignity;

Recognizing that persons with disabilities are often disproportionately affected in situations of risk, including situations of armed conflict, complex humanitarian emergencies and in the occurrence of natural disasters and their aftermath, and that they may require specific protection and safety measures, recognizing also the need to support further participation and inclusion of persons with disabilities in the development of such measures and decision-making processes relating thereto, in order to ensure disability-inclusive risk reduction and humanitarian assistance, and recognizing the need for psychosocial support to withstand the effects of conflict and natural disasters;

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<sup>1</sup> International classification of functioning, disability and health. Geneva: World Health Organization; 2001 (<https://apps.who.int/iris/bitstream/handle/10665/42407/9241545429.pdf>, accessed 17 January 2021).

<sup>2</sup> World Health Organization and The World Bank. World report on disability. Geneva: World Health Organization; 2011 (available at <https://www.who.int/publications/i/item/world-report-on-disability>, accessed 17 January 2021).

Noting that many persons with disabilities, particularly girls and women, face barriers to access information and education, including with regard to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences;

Noting also the urgent need to increase the availability of disaggregated data by disability in the health sector, and in other sectors using internationally comparable high-quality disability data collection methods, in order to inform evidence-based health policies and programmes that are disability inclusive and meet the needs of persons with disabilities;

Noting further that persons with disabilities are an underrepresented group in health research, and that this in turn limits the application of research findings for their benefit;

Also noting that enabling universal access to assistive technology and rehabilitation services promotes the inclusion, participation and engagement of persons with disabilities in all areas of society;

Highlighting the role of community health workers in advancing equitable access of persons with disabilities to safe, quality, accessible, inclusive and innovative health services in urban and rural areas and in reducing inequities;

Stressing that disability-sensitive, quality, basic and continued education and training of health professionals, including effective communication skills, are crucial to ensure that they have the adequate professional skills and competencies in their respective roles and functions, to provide safe, quality, accessible and inclusive health services;

Stressing also that accessible health facilities, accessible health-related information and disability-specific health services and solutions are essential for persons with disabilities to benefit equally from health education, promotion, prevention, treatment and rehabilitation; and stressing further that technological solutions could be an effective means to enhance accessibility;

Underscoring that the health needs of persons with disabilities need to be met across the life course, through comprehensive preventive, promotive, curative, rehabilitative services and palliative care, including psychosocial support;

Reaffirming that health services should be provided to persons with disabilities on the basis of free and informed consent, and emphasizing that the necessary information to exercise such consent must be transmitted in a reasonable, accessible and understandable manner, to the extent possible,

1. URGES Member States:<sup>1</sup>

- (1) to incorporate a disability- and gender-sensitive and inclusive approach, including by closely consulting with and actively involving persons with disabilities and their representative organizations, in decision making and designing programmes in order that they receive: effective health services as part of universal health coverage; equal protection during complex humanitarian emergencies, and the occurrence of natural disasters and in their aftermath; and

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<sup>1</sup> And, where appropriate, regional economic integration organizations.

equal access to cross-sectoral public health interventions, such as provision of safe water, sanitation and hygiene services, to achieve the highest attainable standard of health;

(2) to identify and eliminate attitudinal, environmental and institutional obstacles and barriers that prevent persons with disabilities from accessing health, including sexual and reproductive health care services, as well as health-related information, skills and goods, including by making health facilities accessible, by training relevant professionals on the human rights, dignity, autonomy and needs of persons with disabilities, by making information available in accessible formats, and by providing appropriate measures for the exercise of legal capacity in health-related issues;

(3) to develop, implement and strengthen policies and programmes, as appropriate, to improve access to rehabilitation, as well as affordable and quality assistive technology within universal health and/or social services coverage, and to ensure their sustainability;

(4) to collect health-related data, disaggregated by disability, age and sex, education level and household income to inform relevant policies and programmes;

(5) without discrimination on the basis of disability, to provide health services and care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent, respecting the human rights, dignity, autonomy, legal capacity and needs of persons with disabilities, including through training and the promulgation of ethical standards for public and private health care;

(6) to take measures to ensure comprehensive, accessible and affordable access to health systems and care for all persons with disabilities, while recognizing the unique vulnerabilities of those who may be living in care and congregated living settings in times of public health emergencies such as COVID-19, and for special protection against infections in particular for at-risk groups, with protection to include facilitating the education of health and care workers in the area of infection prevention and control to protect all persons with disabilities, whether living in the community or in care and congregated living settings;

2. INVITES international organizations and other relevant stakeholders, including intergovernmental and nongovernmental organizations, private sector companies, academia and, in particular, organizations of persons with disabilities:

(1) to collaborate with Member States in respecting, protecting and fulfilling the right to the enjoyment of the highest attainable standard of health of persons with disabilities;

(2) to forge partnerships and alliances that mobilize and share knowledge and best practices on disability inclusion;

(3) to amplify the voices of persons with disabilities and their representative organizations, and raise awareness of the rights, capabilities and contributions of persons with disabilities;

(4) to include persons with disabilities in health research so that they benefit from its outcomes and products;

3. REQUESTS the Director-General:

(1) to develop, in close consultation with Member States<sup>1</sup> and relevant international organizations and other stakeholders, by the end of 2022, a global report on the highest attainable standard of health for persons with disabilities, to be submitted for consideration by the Seventy-sixth World Health Assembly, through the Executive Board at its 152nd session, that addresses effective access and quality health services, including universal health coverage (with rehabilitation as part of it), health emergencies and health and well-being, that is based on the best available evidence, and that includes actionable recommendations; as well as to update the WHO estimates of the global disability prevalence presented in the World report on disability (2011);

(2) to fully implement the United Nations Disability Inclusion Strategy across all levels of WHO in order to ensure that disability considerations, including the rights of persons with disabilities, are mainstreamed and systematically integrated in all programme areas and policy work, as well as in operations, including in emergency preparedness and response plans and in building and reconstruction planning, and transmit to the Executive Board a copy of the annual progress report on the implementation of the United Nations Disability Inclusion Strategy;

(3) to support the creation of a global research agenda that aligns with universal health coverage, health emergencies and health and well-being, including health systems and policy research, and to explore possible ways to track progress on disability inclusion in the health sector towards 2030;

(4) to provide Member States with the technical knowledge and capacity-building support necessary to incorporate a disability-sensitive and inclusive approach in accessing quality health services, protection during health emergencies and cross-sectoral public health interventions, in order to enable persons with disabilities to enjoy the highest attainable standard of health, including with regards to the support they may require in exercising their legal capacity in health-related issues; and to provide support to countries in collecting, processing, analysing and disseminating data on disability, including disaggregating data by disability, sex and age, and other characteristics relevant in national contexts, in collaboration with relevant stakeholders, and in close consultation with persons with disabilities and their representative organizations.

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<sup>1</sup> And, where appropriate, regional economic integration organizations.

## **Agenda item 26.4**

### **The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections**

The Seventy-fourth World Health Assembly, having considered the consolidated report by the Director-General,<sup>1</sup> decided:

(1) to confirm the objective of the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections to contribute to the achievement of Sustainable Development Goal target 3.3 (By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases) and other communicable disease-related goals and targets;

(2) to request the Director-General, building on the work already under way, to undertake a broad consultative process to develop global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030, as appropriate, in full consultation with Member States,<sup>2</sup> taking into consideration the relevant strategies of UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria, and taking into account the views of all relevant stakeholders, ensuring that the health sector strategies remain based on qualitative and quantitative scientific evidence for the achievement of commitments for HIV, viral hepatitis and sexually transmitted infections, including Sustainable Development Goal target 3.3 and other related goals and targets, for consideration by the Seventy-fifth World Health Assembly in 2022, through the Executive Board at its 150th session.

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<sup>1</sup> Document A74/9.

<sup>2</sup> And, where applicable, regional economic integration organizations.

## Agenda item 26.4

### **Recommitting to accelerate progress towards malaria elimination**

The Seventy-fourth World Health Assembly,

Having considered the report on the global technical strategy and targets for malaria 2016–2030;<sup>1</sup>

Recalling resolutions WHA58.2 (2005) on malaria control, WHA60.18 (2007) and WHA64.17 (2011) on malaria, including the proposal for establishment of World Malaria Day, and United Nations General Assembly resolutions 69/325 (2015), 70/300 (2016), 71/325 (2017), 72/309 (2018), 73/337 (2019) and 74/305 (2020) on consolidating gains and accelerating efforts to control and eliminate malaria in developing countries, particularly in Africa, by 2030 and resolution WHA68.2 (2015) on the global technical strategy and targets for malaria 2016–2030;

Noting the report of the WHO Strategic Advisory Group on Malaria Eradication entitled Malaria eradication: benefits, future scenarios and feasibility;

Noting with concern that two of the four Global Technical Strategy for Malaria 2016–2030 interval milestones for 2020 were not met, as reported in the World Malaria Report 2020, as the world has not been successful in reducing malaria mortality rates globally by 40% or in reducing malaria case incidence globally by 40%, compared to 2015 baselines, while welcoming the realization of country-level milestones on achieving national elimination in ten countries and preventing reintroduction of malaria in all eliminating countries;

Recognizing that sustainable, equitable malaria control requires resilient health systems and the achievement of universal health coverage, and that the ongoing coronavirus disease (COVID-19) pandemic and other recent past epidemics have negatively affected health systems' functioning and the production and delivery of life-saving malaria interventions in environments safe for both health workers and communities;

Taking into account the 1955 Health Assembly resolution WHA8.30 which decided “that the World Health Organization should take the initiative, provide technical advice, and encourage research and coordination of resources in the implementation of a programme having as its ultimate objective the world-wide eradication of malaria,” and acknowledging the 2020 African Leaders Malaria Alliance’s call for elimination on the African continent and the 2015 East Asia Summit commitment to eliminate malaria across Asia-Pacific,

1. RECOMMITS to the goal of malaria eradication and affirms that this goal will be incorporated into the post-2030 iteration of the global technical strategy for malaria;
2. ADOPTS the updated global technical strategy for malaria 2016–2030 which emphasizes country ownership and promotes equitable and resilient health systems to deliver quality services, which are adaptive to local situations and which recognizes the need for capacity-strengthening so that countries can generate, analyse and use high-quality data, including surveillance data for making decisions and

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<sup>1</sup> DocumentA74/55.

tailoring responses to leave no one behind so that countries can improve the effectiveness and quality of health services, introducing additional highly effective interventions into the existing package where this is cost-effective and aligned with country priorities; and better addressing the wider determinants that potentially disrupt or facilitate the reach and quality of services, particularly for women and for children under 5 years of age;

3. URGES Member States:<sup>1</sup>

(1) to accelerate the pace of implementation, according to national contexts and priorities and their malaria strategies and operational plans consistent with the updated framework and principles of the global technical strategy for malaria 2016–2030 and the WHO Guidelines for malaria;

(2) to extend investment in and support to health services, including integrated, accessible, affordable and quality prevention, detection, diagnosis and treatment including through the use of technology-based solutions at facility and community levels ensuring no one is left behind including to improve access for the most rural remote, and marginalized populations that have the lowest access and coverage of interventions;

(3) to sustain and scale up as appropriate, sufficient funding of the global response against malaria;

(4) to extend investment in the development of new tools and support for implementation research and innovation to enable the efficient delivery and equitable access with a view to maximize impact and cost-effectiveness;

4. URGES international, regional and national partners from within and beyond the health sector, in particular those in the Roll Back Malaria Partnership to End Malaria, to strengthen their support for and further engage in implementation of the global technical strategy for malaria 2016–2030 and align this with existing health strategies and plans;

5. REQUESTS the Director-General:

(1) to continue to provide technical support and guidance to Member States<sup>1</sup> for the national adaptation, implementation and operationalization of the updated global technical strategy for malaria 2016–2030;

(2) to update regularly technical guidance on malaria prevention, care and control and elimination, as new evidence is gathered and innovative tools and approaches become available and support countries to adopt and implement this guidance effectively;

(3) to monitor the implementation of the updated global technical strategy for malaria 2016–2030 and evaluate its impact in terms of progress towards set milestones and targets;

(4) to work with Member States,<sup>1</sup> civil society and other partners to increase investment in and efforts towards research to optimize current tools, develop and validate new, safe and affordable

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<sup>1</sup> And, where applicable, regional economic integration organizations.



malaria-related medicines, products and technologies, including the R&D blueprint and foster the generation, translation and dissemination of normative, technical and operational guidance;

(5) to provide a status report to the Seventy-seventh World Health Assembly in 2024, and a full progress report to the Seventy-ninth World Health Assembly in 2026, followed by a final status report to the Eighty-first World Health Assembly in 2028.

## **Agenda item 26.8**

### **Salaries of staff in ungraded positions and of the Director-General**

The Seventy-fourth World Health Assembly,

Having considered the consolidated report by the Director-General;<sup>1</sup>

Noting the recommendations of the Executive Board with regard to remuneration of staff in ungraded posts and of the Director-General,

1. ESTABLISHES the salaries of Assistant Directors-General and Regional Directors at US\$ 186 323 gross per annum with a corresponding net salary of US\$ 138 473;
2. ESTABLISHES the salary of the Deputy Director-General at US\$ 205 264 gross per annum with a corresponding net salary of US\$ 150 974;
3. ESTABLISHES the salary of the Director-General at US\$ 257 010 gross per annum with a corresponding net salary of US\$ 193 407;
4. DECIDES that those adjustments in remuneration shall take effect from 1 January 2021.

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<sup>1</sup> Document A74/9.

## **Agenda item 26.5**

### **Process for the election of the Director-General of the World Health Organization: candidates' statements and travel support**

The Seventy-fourth World Health Assembly, having considered the report on the process for the election of the Director-General of the World Health Organization,<sup>1</sup> decided:

- (1) that, in respect of the present and subsequent elections, candidates nominated by the Executive Board for the post of Director-General of the World Health Organization shall address the Health Assembly before the vote for the appointment of the Director-General, on the understanding that:
  - (a) statements shall be limited to a maximum of 15 minutes each;
  - (b) the order of statements shall be decided by lot;
  - (c) there shall be no questions and answers after statements;
  - (d) statements shall be webcast on the WHO website in all WHO official languages;
- (2) that paragraph 1 shall not apply in the event that only one candidate is nominated by the Executive Board for the post of Director-General;
- (3) that financial travel support, consisting of an economy-class airline ticket and a per diem for the time necessary for the interview, shall be provided to all candidates participating in the candidates' forums.

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<sup>1</sup> Document A74/24.

## **Agenda item 26.5**

### **Process for the election of the Director-General of the World Health Organization: contingency arrangements**

The Seventy-fourth World Health Assembly, having considered the report on the process for the election of the Director-General of the World Health Organization: contingency arrangements,<sup>1</sup> decided:

- (1) that, in the event that the Seventy-fifth World Health Assembly were to be held in person, the secret ballot vote for the appointment of the Director-General would be conducted following a paper-based system, in accordance with decision WHA73(16) (2020);
- (2) that, in the event that limitations to physical meetings preclude the holding of the Seventy-fifth World Health Assembly as envisaged, the appointment of the Director-General shall take place in accordance with the contingency arrangements decided by the Executive Board, through a written silence procedure, based on a proposal by the Officers of the Board, following consultation with all Member States.

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<sup>1</sup> Document A74/24 Add.2.

**Agenda item 27**

**Appointment of representatives to the  
WHO Staff Pension Committee**

The Seventy-fourth World Health Assembly reappointed Ms Yanjmaa Bideriya of the delegation of Mongolia as an alternate member of the WHO Staff Pension Committee for a three-year term until the closure of the Seventy-seventh World Health Assembly in May 2024.

The Health Assembly also reappointed Dr Kai Zaehle of the delegation of Germany as an alternate member of the WHO Staff Pension Committee for a three-year term until the closure of the Seventy-seventh World Health Assembly in May 2024.

## **Agenda item 31.2**

### **Agreements with intergovernmental organizations**

The Seventy-fourth World Health Assembly,

Having considered the report on the proposed agreement between the World Health Organization and the International Organisation of La Francophonie;<sup>1</sup>

Considering also Article 70 of the Constitution of the World Health Organization,

APPROVES the proposed agreement between the International Organisation of La Francophonie and the World Health Organization.

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<sup>1</sup> Document A74/44.

## Agenda item 32

### **Participation of the Holy See in the World Health Organization**

The Seventy-fourth World Health Assembly,

Recalling that the Holy See has been regularly attending the sessions of the Health Assembly as an Observer since 1953;

Recalling that the Holy See has been regularly attending the sessions of the Executive Board as an Observer;

Recalling further that the Holy See has been a Permanent Observer State at the United Nations since 1964 and that its rights and privileges of participation in the General Assembly as well as in other meetings and conferences of the United Nations were specified by United Nations General Assembly resolution 58/314 of 1 July 2003;

Noting that the Holy See enjoys membership in various United Nations subsidiary bodies, specialized agencies and international intergovernmental organizations, including the Executive Committee of the Programme of the United Nations High Commissioner for Refugees, the United Nations Conference on Trade and Development, the World Intellectual Property Organization, the International Organization for Migration, the International Atomic Energy Agency, the Organisation for the Prohibition of Chemical Weapons, the Preparatory Commission for the Comprehensive Nuclear-Test-Ban Treaty Organization and the International Committee of Military Medicine;

Noting also that the Holy See is an Observer State in various United Nations subsidiary bodies, specialized agencies and international intergovernmental organizations, including the United Nations Office on Drugs and Crime, the World Food Programme, the United Nations Development Programme, the United Nations Environment Programme, the United Nations Settlements Programme and the United Nations Children's Fund, the Food and Agriculture Organization of the United Nations, the International Labour Organization, the United Nations Educational, Scientific and Cultural Organization, the United Nations Industrial Development Organization, the International Fund for Agricultural Development, the World Tourism Organization, the World Meteorological Organization, as well as in the World Trade Organization;

Noting further that the Holy See became a State Party to the International Health Regulations (2005) on 15 June 2007,

DECIDES that the Holy See, in its capacity as a non-Member State Observer, shall be accorded in the sessions and work of the Health Assembly, the Executive Board and the Programme, Budget and Administration Committee of the Executive Board, the rights and privileges of participation set forth in the Annex to the present resolution.

## ANNEX

The rights and privileges of participation of the Holy See shall be effected through the following modalities, without prejudice to the existing rights and privileges within the World Health Organization:

1. the right to participate in the general debate of the Health Assembly;
2. the right to make interventions and to be inscribed on the list of speakers, without prejudice to the priority of Member States, at any plenary meeting of the Health Assembly, in its main committees, in the Executive Board as well as in the Programme, Budget and Administration Committee of the Executive Board, after the last Member State inscribed on the list;
3. the right of reply;
4. the right to raise points of order relating to any proceedings involving the Holy See, provided that the right to raise such a point of order shall not include the right to challenge the decision of the presiding officer;
5. the right to cosponsor draft resolutions and decisions that make reference to the Holy See; such draft resolutions and decisions shall be put to a vote only upon request from a Member State;
6. seating for the Holy See shall be arranged immediately after Member States; and
7. the Holy See shall not have the right to vote or to put forward candidates.



### **Agenda item 33**

#### **WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments**

The Seventy-fourth World Health Assembly, having considered the report on the WHO global strategy on health, environment and climate change,<sup>1</sup> decided to request the Director-General to report to the Seventy-sixth, Seventy-eighth and Eighty-second World Health Assemblies on progress made in the implementation of the WHO global strategy.

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<sup>1</sup> Document A74/41.

### **Agenda item 33**

#### **The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond**

The Seventy-fourth World Health Assembly, having considered the report on the role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond,<sup>1</sup> decided to request the Director-General to report to the Seventy-sixth World Health Assembly on progress made in implementing the road map, as well as on actions undertaken by the Secretariat to update the road map in the light of the outcome of the intersessional process to prepare recommendations regarding the Strategic Approach and the sound management of chemicals and waste beyond 2020.

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<sup>1</sup> Document A74/42.