
Progress reports

Report by the Director-General

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¹ See document A76/37 Add.1.

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A. STRENGTHENING LOCAL PRODUCTION OF MEDICINES AND OTHER HEALTH TECHNOLOGIES TO IMPROVE ACCESS (resolution WHA74.6 (2021))

1. Pursuant to resolution WHA74.6,¹ this report describes the key activities undertaken by the Secretariat to help Member States achieve sustainable local production of safe, effective, quality and affordable medicines and other health technologies.

2. The Secretariat's situational analysis tool has been piloted in seven countries thus far, to support their efforts to build an ecosystem conducive to the sustainable local production of quality health products. Countries can use the assessment results to prioritize actions to address the gaps in the local manufacturing ecosystem, to request tailored support from WHO and to inform the development of holistic national strategies or road maps for sustainable local production.

3. Since May 2021, the Secretariat has produced a range of training programmes, such as the Virtual cGMP Training Marathon, to build capacity to improve compliance with regulatory standards for vaccines, medicines and in-vitro diagnostics. Over 4800 participants from the public and private sectors in all regions, particularly low- and middle-income countries, have been trained. More than 70 national regulatory authorities have received benchmarking and specialized technical support to strengthen their regulatory systems. Seven national regulatory authorities have reached Maturity Levels 3 and 4. The Secretariat has provided specialized technical assistance to 17 manufacturers in low- and middle-income countries to facilitate their attainment of WHO prequalification or emergency use listing.

4. In June 2021, the mRNA technology transfer hub was established in South Africa; manufacturers in 15 countries in the six WHO regions have since been selected to receive mRNA technology transfers from the hub, which has started training staff from these manufacturers in mRNA production. A research and development network involving the hub and recipient manufacturers was established to promote collaborative research on mRNA vaccines for illnesses other than coronavirus disease (COVID-19).

5. In February 2022, the Ministry of Health and Welfare of the Republic of Korea was selected as a global biomanufacturing training hub to provide didactic, hands-on training in the manufacture of high-quality vaccines and biologics. So far, 330 participants from more than 30 low- and middle-income countries have participated in the introductory didactic training.

6. The Spanish National Research Council (CSIC) and the United States National Institutes of Health have shared their technologies with the WHO COVID-19 Technology Access Pool (C-TAP) for the development of COVID-19 diagnostics and vaccines. The CSIC technology has been sublicensed to promote access in low- and middle-income countries.² Further negotiations between C-TAP and public and private partners are currently taking place to include diagnostics and vaccines.

7. In June 2021, the Directors-General of WHO, WIPO and WTO agreed to establish the WHO-WIPO-WTO COVID-19 Technical Assistance Platform, to make expertise in public health,

¹ See document WHA74/2021/REC/1.

² See Patent and Material License Agreement by and between Medicines Patent Pool and Biotech Africa; 12 May 2022 (https://cdn.who.int/media/docs/default-source/medicines/c-tap/sublicence-agreement-mpp-biotech-africa.pdf?sfvrsn=59cc142e_1, accessed 13 February 2023).

intellectual property and trade matters available in a coordinated and systematic manner.¹ The three Organizations organized several capacity-building workshops to help national policy-makers and experts achieve equitable access to COVID-19 health technologies.

8. The first World Local Production Forum was held in June 2021. A virtual event, it was attended by delegates from over 100 countries and United Nations agencies, international organizations, industry, academia and other stakeholders. The Forum is a new WHO initiative that serves as a sustainable platform enabling Member States and the global community to shape strategies and direction, galvanize collective action, and foster partnerships on sustainable local production, to improve timely and equitable access. Pursuant to the Forum's recommendations, the multi-disciplinary Technical Advisory Group on Local Production and Technology Transfer of Health Products was formed in February 2023, to provide strategic and technical advice to the Secretariat as it supports Member State efforts to strengthen local production and technology transfer. The second World Local Production Forum will be held in the Netherlands in November 2023.

9. Other Secretariat activities to help Member States strengthen sustainable local production include supporting regional and global initiatives (e.g. the Partnerships for African Vaccine Manufacturing); publishing the new WHO guidelines on technology transfer in pharmaceutical manufacturing; organizing workshops in collaboration with partners to strengthen regional vaccine manufacturing capacities; publishing the 2022 Global Vaccine Market Report; launching the Regional Platform to Advance the Manufacturing of COVID-19 Vaccines and other Health Technologies in the Americas; and promoting evidence-based national pricing policies and strategies.

10. The resolution's implementation continues to be hamstrung by global coordination and human resource constraints. In moving forward, the Secretariat will focus on strengthening its role in support of more effective global coordination of efforts to promote good-quality and sustainable local production and synergies and to increase impact on public health at global, regional and country levels. In support of these objectives, it will be important: to promote a conducive ecosystem and distributed manufacturing capacity, enabling equitable and timely access to medical products under adequate regulatory oversight; and to implement activities on the scalability of the response in support of future epidemic outbreaks or public health emergencies of international concern.

B. HEALTH IN THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT (resolution WHA69.11 (2016) and decision WHA70(22) (2017))

11. This progress report presents the global status of the key health-related Sustainable Development Goals and their targets, and the efforts made by the Secretariat to strengthen data and health information systems.

12. The COVID-19 pandemic has reversed years of progress made in many areas. Evidence of its full impact will emerge in years to come. However, the latest available data suggest that continued disruptions have affected health systems and health outcomes worldwide.

13. The pandemic also highlighted the importance of timely and reliable data, and the crucial role of robust and flexible health information systems. Despite the progress made in recent years, such systems remain insufficiently resourced in many countries and crucial data are still lacking.

¹ Available at www.who-wipo-wto-trilateral.org/, accessed 9 February 2023.

Global status of key health-related Sustainable Development Goals

14. The global maternal mortality ratio remained at a similar level between 2016 and 2020, at around 223 deaths per 100 000 live births. The global under-five mortality rate stood at 38 deaths per 1000 live births in 2021, including 18 newborn deaths per 1000 live births.

15. In 2021, an estimated 1.5 million people were newly infected with HIV, a decline of 3.6% from 2020 – the smallest annual reduction since 2016. New tuberculosis cases per 100 000 population rose by 3.6% between 2020 and 2021, reversing declines of about 2% per year in the past two decades. Malaria cases per 1000 population at risk had decreased since 2000 but increased from 57 in 2019 to 59 in 2020, with no further change in 2021. The population requiring interventions against neglected tropical diseases declined from 2.19 billion in 2010 to 1.65 billion in 2021.

16. Globally, a person aged 30 years in 2019 had a 17.8% chance of dying from one of the four major noncommunicable diseases before turning 70 years – the rate of decline has slowed since 2015. Both alcohol consumption and tobacco use declined only slightly between 2015 and 2019. During 2015–2019, the global death rates due to road traffic injuries, suicide and homicide remained at around 17, 9 and 6 deaths per 100 000 population, respectively.

17. The universal health coverage service coverage index globally improved from 45 in 2000 to 67 in 2019. However, the proportion of the population with out-of-pocket health spending exceeding 10% of their household budget grew from 9.4% in 2000 to 13.2% in 2017.

18. Globally in 2019, an estimated 1.4 million people died due to exposure to unsafe water, sanitation and hygiene services, while an estimated 6.7 million deaths were attributed to the joint effect of ambient and household air pollution.

19. DTP3¹ immunization coverage among one-year-olds worldwide decreased from 86% in 2019 to 81% in 2021. The global coverage of PCV3² immunization rose from 10% in 2010 to 51% in 2021. However, this progress was also disrupted in 2020–2021.

Progress towards the triple billion targets

20. The world was off track to reach the Thirteenth General Programme of Work triple billion targets before the COVID-19 pandemic, and is even further off track now. Work is under way to quantify the impact of the pandemic and to update the estimates, projections, and acceleration scenarios featured on the triple billion dashboard.

21. *Healthier populations billion.* Progress has been made in access to clean household fuels, safe water, sanitation and hygiene, and tobacco control, and the billion target is likely to be reached by 2025. However, progress in many other indicators is either stagnant or even worsening and widening inequities. An estimated two billion more people could benefit from the prioritization of leading risk factors, and this target could be reached by 2025.

22. *Universal health coverage billion.* Before the COVID-19 pandemic, the world was falling significantly short of achieving this target. Without a radical reorientation of health systems, current

¹ Third dose of diphtheria, tetanus toxoid and pertussis-containing vaccine.

² Third dose of pneumococcal-containing vaccines.

estimates suggest a shortfall of 770 million people benefiting from universal health coverage by 2025. If high-impact services and financial protection are prioritized, around 390 million more people will likely benefit from universal health coverage.

23. *Health emergencies protection billion*. Before the COVID-19 pandemic, the world was on track to reach this target, with positive trends for all three indicators. The prevent indicator was most impacted owing to service disruptions. The COVID-19 pandemic has demonstrated that the world was and remains unprepared for major health emergencies, underscoring the urgent need to apply the lessons learned, strengthen systems and tools, and build resilient health systems to prevent, prepare for and respond to future health emergencies.

Strengthening data and health information systems, and delivering impact in countries

24. The SCORE for Health Data Technical Package is a one-stop resource for essential components of health information systems. The SCORE assessment was completed in 164 countries and provided a baseline for health data capacity. Follow-up actions were undertaken by countries to enhance their health information systems, and the assessment will be repeated in 2024.

25. The World Health Data Hub, a platform for health data, serves as a modern corporate data "backbone" in WHO that allows for the sharing and analysis of data across all three levels of the Organization, countries and partners.

26. Measurable impact in countries is at the core of the Thirteenth General Programme of Work, and accelerating progress to get the Sustainable Development Goals back on track is a priority for Member States and partners. The delivery-for-impact approach was used by 47 countries to define priorities, establish acceleration scenarios, align budgets with country plans, and rigorously track or monitor progress.

27. The partner agencies of the Global Action Plan for Healthy Lives and Well-being for All took stock of their performance. The recommendations will improve the way in which multilateral agencies jointly support countries in accelerating progress towards achieving the Sustainable Development Goals.

C. GLOBAL ACTION ON PATIENT SAFETY (resolution WHA72.6 (2019) and decision WHA74(13) (2021))

28. Concerned at the huge burden of patient harm caused by unsafe health care globally, in May 2019 the Health Assembly adopted a resolution calling for global action on patient safety.¹ In 2021, it adopted the Global Patient Safety Action Plan 2021–2030.² In addition, WHO launched a flagship initiative, the Decade of Patient Safety 2021–2030, to coordinate implementation of both the resolution and the action plan.

29. The Secretariat is working with Member States to implement the global action plan in collaboration with stakeholders and through mechanisms such as the Global Patient Safety Collaborative. It organized a global consultation, Partners in action: Engaging stakeholders for implementing the Global Patient Safety Action Plan, in August 2021.

¹ Resolution WHA72.6.

² Decision WHA74 (13).

30. A high-level policy-maker forum on patient safety held in February 2022 was attended by 90 countries and key international organizations. It released a consensus statement on the role of policy-makers and health care leaders in the global action plan's implementation.¹ Regional consultations on the plan's implementation were organized by WHO regional offices.

31. Through resolution WHA72.6, the Health Assembly also endorsed the establishment of World Patient Safety Day, to be marked annually on 17 September. Every year, the Secretariat selects a specific theme and launches a global campaign for worldwide commemoration of the day. It also publishes communication and technical products related to the annual theme. The themes for 2021 and 2022 were maternal and newborn safety, and medication safety, respectively. The day was observed in 140 countries by a wide range of stakeholders, including governments, health care providers, and civil society and patient organizations.

32. Efforts have been made to accelerate implementation of the third WHO Global Patient Safety Challenge: *Medication Without Harm*.² A global webinar series on various aspects of medication safety was organized for participants from more than 85 countries in 2022.

33. The COVID-19 pandemic accentuated safety risks and harm to patients, health workers and the public. In response, WHO published a review of the pandemic's implications for patient safety³ and is currently synthesizing evidence and developing guidance on ensuring patient safety in epidemics, pandemics and other emergencies.

34. Acting on the legacy of high-level advocacy and political commitment, the Government of Switzerland organized the 5th Global Ministerial Summit on Patient Safety in February 2023 in Montreux, on the theme "Less Harm, Better Care – from resolution to implementation", which was co-sponsored by WHO. Health Ministers and high-level delegates from 80 countries participated and pledged renewed commitment to patient safety.

35. The Secretariat conducted the first-ever Member State survey on patient safety, to measure progress on the global action plan. A total of 102 countries representing all WHO regions and income groups participated. According to the preliminary findings,⁴ 27% of the responding countries have developed national action plans or equivalent instruments on patient safety. Although 55% of the responding countries have defined safety standards for health care facilities, only around one third (36%) have a system of reporting sentinel patient safety incidents or never events. Some 13% of the responding countries reported that a patient representative participated on the governing board of the majority of hospitals. Around 20% reported that they had incorporated patient safety topics into professional health education curricula, while 12% had linked patient safety competencies to the licensing requirements of health care professionals.

36. These findings underscore the urgent need for policy and resource investment at national and subnational level, in order to achieve the mission and goals of the global action plan.

¹ Available at <https://apps.who.int/iris/rest/bitstreams/1448751/retrieve>.

² For further information, go to <https://www.who.int/initiatives/medication-without-harm>.

³ Implications of the COVID-19 pandemic for patient safety: a rapid review. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240055094>, accessed 7 March 2023).

⁴ Interim Report – based on the first survey of patient safety in WHO Member States (document WHO/UHL/IHS/PSF/2023.3 available at <https://www.who.int/publications/m/item/interim-report---based-on-the-first-survey-of-patient-safety-in-who-member-states>, accessed 12 May 2023).

37. The Secretariat will be publishing a Global Patient Safety Report 2023, aligned with the framework of global action plan, and will further strengthen collaboration with countries, non-State actors and other relevant stakeholders to implement priority actions for patient safety, in order to achieve targets set by the global action plan within the defined time frame.

D. ANTIMICROBIAL RESISTANCE (resolution WHA72.5 (2019))

38. Antimicrobial resistance threatens the achievement of multiple Sustainable Development Goals. Resistant bacterial infections cause an estimated 1.27 million global deaths per year and are associated with 4.95 million deaths.¹

39. Antimicrobial resistance activities contribute to all three triple billion targets and to the Director-General's priorities in the extended Thirteenth General Programme of Work, 2019–2025. In recognition of its acute disruptive potential, the importance of addressing antimicrobial resistance is also noted in the zero draft of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response ("WHO CA+") submitted for the consideration of the fourth meeting of the Intergovernmental Negotiating Body established to draft and negotiate such an instrument.² WHO is embedding antimicrobial resistance in strategies for health emergency preparedness and response and primary health care for universal health coverage.

40. Antimicrobial resistance activities were disrupted by the COVID-19 pandemic. COVID-19 patients in health facilities are at increased risk of bacterial infections, complicated by over- and misuse of antibiotics and the spread of antimicrobial resistance.

41. The Secretariat has acted on recommendations in the Comprehensive Review of the WHO Global Action Plan on Antimicrobial Resistance,³ published in 2021.

Progress since December 2020 in implementing the Global Action Plan on Antimicrobial Resistance

42. WHO has provided technical support to help countries to accelerate progress on the five objectives set out in the Global Action Plan. As at November 2022, 170 countries had developed a multisectoral national action plan. To monitor progress, WHO, acting on behalf of the Quadripartite cooperation on One Health, administers an annual survey (the Tracking Antimicrobial resistance Country Self-assessment Survey, TrACSS). A record 166 of 194 WHO Member States responded in 2022.

43. *Objective 1: to raise awareness and understanding.* WHO works closely with frontline workers and policy-makers across One Health sectors, and with the general public. With the other Quadripartite organizations and through its regional and country offices it provides support for the annual World Antimicrobial Awareness Week and other advocacy activities.

¹ Antimicrobial Resistance Collaborators. Global Burden of bacterial antimicrobial resistance in 2019: a systematic analysis. *Lancet*. 2022; 399: 629–55. doi: [https://doi.org/10.1016/S0140-6736\(21\)02724-0](https://doi.org/10.1016/S0140-6736(21)02724-0).

² Document A/INB/4/3.

³ Comprehensive Review of the WHO Global Action Plan on Antimicrobial Resistance (https://cdn.who.int/media/docs/default-source/documents/about-us/evaluation/gap-amr-final-report-v2.pdf?sfvrsn=1db7e8b0_1&download=true, accessed 28 March 2023).

44. *Objective 2: to strengthen the knowledge and evidence base.* Enrolment in the Global Antimicrobial Resistance and Use Surveillance System (GLASS) had expanded to 127 countries by December 2022; 87 countries provided data on antimicrobial resistance and 55 on antimicrobial consumption in 2022. To address priority knowledge gaps, WHO has developed guidance and identified pilot countries for conducting national antimicrobial resistance prevalence surveys, and developed priority research agendas for human health and One Health.

45. *Objective 3: to reduce the incidence of infection.* WHO has co-led implementation of the Hand Hygiene for All Initiative since 2020. It works with countries to strengthen health systems for infection prevention and control, including in terms of water, sanitation and hygiene in health facilities. It produced the Immunization Agenda 2030 Annex on leveraging vaccines to reduce antibiotic use and prevent antimicrobial resistance.

46. *Objective 4: to optimize the use of antimicrobial medicines in human and animal health.* WHO has developed policy guidance on integrated antimicrobial stewardship, a book providing actionable guidance on appropriate use of antibiotics from the “access”, “watch” and “reserve” categories, and a new global diagnostic initiative that aims to increase access to early, quality diagnosis of bacterial infections, inform appropriate use of antimicrobial medicines and improve surveillance.

47. *Objective 5: to develop the economic case for sustainable investment, including for new medicines, diagnostic tools, vaccines and other interventions.* WHO and the Quadripartite are finalizing a comprehensive antimicrobial resistance investment case to inform government financing. To guide research and development, WHO periodically produces analyses of priority pathogens, including a first fungal priority pathogens list in 2022, and antimicrobial product pipelines.

Global coordination and Quadripartite partnership

48. WHO leads the global response to antimicrobial resistance in the human health sector and coordinates the global multisectoral response with the other Quadripartite organizations (FAO, UNEP and the World Organisation for Animal Health). The five-year Quadripartite Strategic Framework agreed in 2022 aims to strengthen antimicrobial resistance governance across sectors.

49. WHO hosts the Quadripartite Joint Secretariat, which supports both the Multi-Stakeholder Partnership Platform for civil society, governments and the private sector, and the Multi-partner Trust Fund on antimicrobial resistance, which currently provides funding to 14 low- and middle-income countries.

50. The Quadripartite welcomed the outcome document of the Third High-level Ministerial Conference on Antimicrobial Resistance, held in Muscat, Oman, in November 2022. The Muscat Manifesto, signed by 47 countries as at March 2023, establishes international targets to reduce use of antimicrobials in agri-food systems and preserve critically important antimicrobials for human medicine.

Challenges and way forward

51. Nearly 90% of countries have a national action plan on antimicrobial resistance. This is significant progress. However, only 24% of Member States both have a plan and report effective capacities to implement and monitor it, and only 10% have allocated financing in their national budget to do so. Global Action Plan objectives will only be achieved with funded multisectoral plans and national accountability.

52. In moving the response forward, the Secretariat will, in consultation with Member States, focus on the following:

(a) support for the preparation of draft commitments for adoption at the 2024 High-Level Meeting of the United Nations General Assembly on Antimicrobial Resistance, to include global targets, dedicated financing and technical assistance mechanisms, and access to essential and new antimicrobials, diagnostics and vaccines;

(b) development of a costed WHO strategic and operational framework on addressing drug-resistant bacterial infections in the human health sector, before the United Nations High-level meeting in 2024;

(c) support for countries to accelerate implementation and monitoring of antimicrobial resistance national action plans, to include integration with primary health care and health emergency preparedness and response strategies; building capacities for a core package of antimicrobial resistance interventions; and robust multi-sectoral governance. This requires urgent mobilization of adequate funding from domestic and international sources.

E. ERADICATION OF DRACUNCULIASIS (resolution WHA64.16 (2011))

53. In 2022, four countries reported 13 human cases of dracunculiasis (Guinea-worm disease) in 11 villages (according to country reports received in January 2023, validated in March 2023). Chad reported six cases in six villages; the Central African Republic one case, an infection linked to Chad; Ethiopia one case; and South Sudan five cases in three villages. This is the lowest number of human cases of dracunculiasis worldwide reported in a single year, with 13% and 52% fewer cases than in 2021 and 2020, respectively.¹ Angola, Cameroon, Chad, Ethiopia, Mali and South Sudan also reported animal infections in 2022.

54. WHO and its global partners (The Carter Center, UNICEF and the WHO Collaborating Center for Dracunculiasis Eradication at the United States Centers for Disease Control and Prevention) supported community- and country-centred interventions in all countries concerned, pursuing momentum for eradication through effective donor collaboration.

55. On the recommendation of the International Commission for the Certification of the Eradication of Dracunculiasis in November 2022, the WHO Director-General certified the Democratic Republic of the Congo free of dracunculiasis transmission in December 2022. To date, WHO has certified 200 countries, territories and areas, including 188 WHO Member States. Six Member States remain uncertified: the disease remains endemic in Angola, Chad, Ethiopia, Mali and South Sudan. Sudan is at the precertification stage. The International Commission held a virtual meeting in November 2022; it will next meet in the last quarter of 2023.

56. Despite the COVID-19 pandemic, Angola, Chad, Ethiopia, Mali and South Sudan maintained active, community-based surveillance in 7181 villages in 2022, compared with 6833 villages in 2021.¹ Sudan maintained precertification surveillance activities, including case searches and publicity of the cash reward. The Democratic Republic of the Congo continued to conduct active case searches and strengthen national surveillance. No human cases or infected animals were found in either country.

¹ Dracunculiasis (Guinea-worm disease). Geneva: World Health Organization; 2023 (<https://www.who.int/data/gho/data/themes/topics/dracunculiasis-guinea-worm-disease>, accessed 11 February 2022).

57. All uncertified countries continued to offer cash rewards for voluntary case reporting in 2022. More than 230 000 rumoured human cases and more than 125 000 rumoured animal infections were investigated, 99% within 24 hours.¹

58. Angola reported zero human cases and seven animal infections (dogs only) in 2022.¹ With support from WHO, it continues to strengthen active community-based surveillance for the disease, including cross-border collaboration and surveillance with Namibia. In Cameroon, no human case was reported in 2022, but 28 confirmed infected animals were reported in the same localized transmission zone along the border with Chad. Despite challenging security conditions, WHO provided support to the Central African Republic for improved surveillance in high-risk areas bordering Chad, where a human case was detected in July 2022.

59. Infection in dogs remains a challenge. Compared to 2021, the overall number of infected animals fell by 20% in 2022, from 863 to 688. In 2022, Chad reported 608 infected animals, mostly dogs (521) and cats (87); Ethiopia reported infections in one dog and two peri-domestic baboons; Mali reported infections in 39 dogs and two cats; and South Sudan reported infection in one dog.¹ Transmission in animals is being interrupted through proactive tethering (mainly of dogs), enhanced surveillance and case containment, health education for the community and animal owners, as well expanded and strong vector control. Conflict, poor security conditions and population displacements continued to delay eradication efforts and accessibility in parts of Mali and some areas of South Sudan where dracunculiasis is still endemic. Insecurity is also hampering post-certification surveillance efforts in northern Central African Republic, along its border with Chad, in which the disease is endemic.

60. At the twenty-sixth international review meeting of Guinea-worm eradication programme managers, held virtually in March 2022, countries reported on programme status for the preceding year. The twenty-seventh meeting was held in March 2023.

61. Owing to the COVID-19 pandemic, the annual informal meeting with health ministers of countries affected by dracunculiasis, usually held in tandem with the Health Assembly, did not take place in 2022.

F. GLOBAL ACTION PLAN ON THE PUBLIC HEALTH RESPONSE TO DEMENTIA (decision WHA70(17) (2017))

62. Pursuant to decision WHA70(17), the Secretariat prepared a global status report² on the progress made towards implementation of the global action plan on the public health response to dementia 2017–2025, using data submitted by 62 Member States to the Global Dementia Observatory and covering 66% of the world's population.

63. As the global status report shows, worldwide approximately 55 million people had dementia in 2019; over 60% lived in low- and middle-income countries. Dementia was the seventh leading cause of death and cost economies an estimated US\$ 1.3 trillion annually. Globally, dementia disproportionately impacts women, both directly and indirectly, as women shoulder a greater disease burden and also tend to be those acting as care-givers to people living with dementia.

¹ Dracunculiasis (Guinea-worm disease). Geneva: World Health Organization; 2023 (<https://www.who.int/data/gho/data/themes/topics/dracunculiasis-guinea-worm-disease>, accessed 11 February 2022).

² Global status report on the public health response to dementia. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240033245>, accessed 3 February 2023).

64. As the global status report also makes clear, urgent accelerated efforts are needed across all areas and in all countries to reach the global action plan targets by 2025. For instance, only 26% of Member States ($n=50$) had a national dementia plan (stand-alone, integrated or subnational) in 2021, instead of the 75% required to meet the global target. Currently, no target is on track to be met by 2025.

65. During the reporting period, WHO organized two multinational workshops to facilitate mutual learning across WHO regions and countries, bringing together stakeholders (e.g. governments, civil society organizations, academic institutions and people with dementia) from 41 countries. Such workshops strengthen country capacity to formulate comprehensive national responses to dementia by adapting and implementing available technical tools and products. The Organization also provided individual support to 11 countries.

66. WHO operationalized its guidelines for reducing the risk of cognitive decline and dementia in the mDementia handbook, which contains risk reduction messages for dissemination via mHealth platforms. Dementia risk reduction was also incorporated into the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031¹ and the WHO position paper on optimizing brain health across the life course, and will benefit from enhanced integration into ongoing noncommunicable disease prevention programmes.

67. Globally, dementia diagnostic rates remain very low.² The WHO mhGAP guidelines for dementia are currently being updated to help countries provide better diagnoses, care and support to those living with dementia. These efforts are supplemented by the WHO guidelines on integrated care for older people and a dementia module in WHO's Package of Interventions for Rehabilitation.

68. As the cornerstone of dementia care globally, family carers require training and support. The WHO training programme for dementia carers, iSupport, is available in 39 countries and 37 languages worldwide. A large network of researchers and implementers from all WHO regions is working collaboratively to boost its implementation globally.

69. In 2021, relative dementia research output³ was low globally (0.68% of total research output). To boost dementia research globally and make it more efficient, equitable and impactful, WHO launched a blueprint for dementia research that provides a road map and a coordination mechanism to guide policy-makers, funders and the research community on future research priorities.

70. Country participation in routine dementia monitoring efforts was low. The next round of Global Dementia Observatory data collection is planned for 2023. This will provide additional evidence of the progress made towards reaching the 2025 global action plan targets and help countries measure their national responses to dementia.

¹ See document WHA75/2022/REC/1, Annex 12.

² Global status report on the public health response to dementia. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240033245>, accessed 3 February 2023).

³ Relative dementia (or disease) research output is measured as the total number of PubMed publications for a specific condition's MeSH term in PubMed for a given year, over the total PubMed research output for the same year.

H. SMALLPOX ERADICATION: DESTRUCTION OF VARIOLA VIRUS STOCKS (resolution WHA60.1 (2007))

71. Pursuant to resolution WHA60.1 on smallpox eradication and the destruction of variola virus stocks, in May 2019, the Director-General submitted a report to the Seventy-second World Health Assembly on the work undertaken by the Secretariat in that regard.¹ In the ensuing discussion,² Member States emphasized that the benefits of the variola virus research programme overseen by WHO should be accessible to all and suggested that the decision on the date of destruction of live variola virus stocks should be deferred by up to five years, to afford time to reflect on the best options for global public health.

72. This progress report summarizes the proceedings of the twenty-fourth meeting of the Advisory Committee on Variola Virus Research (Geneva, 29 and 30 November 2022)³ on research carried out at the two authorized repositories of variola virus, in the Russian Federation and in the United States of America. The Advisory Committee was also provided with an overview of the global outbreak of monkeypox/mpox which began in May 2022 and led to the declaration by WHO on 23 July 2022 of a Public Health Emergency of International Concern. The outbreak had resulted in over 86 516 reported cases and 111 reported deaths in 110 countries as at 14 March 2023.⁴

73. The Advisory Committee was encouraged that existing and newly approved smallpox medical countermeasures were deployed by WHO Member States during the global outbreak, demonstrating the public health benefit accruing from years of research for smallpox preparedness. It acknowledged the need for studies to secure additional data on the effectiveness of those countermeasures for mpox prevention and control and expressed concern about the inequitable deployment of vaccines and therapeutics. Overall, the Advisory Committee recommended that work should be pursued on countermeasures for prevention and control of smallpox and mpox and that the lessons learned from the global outbreak should continue to inform planning for research.

74. With regard to research on antiviral therapeutics, the Advisory Committee noted that the antiviral agent tecovirimat (approved for treatment of smallpox in the United States of America in 2018, Canada in 2021 and the European Union in 2022) was also approved for treatment of mpox, cowpox and vaccinia infections in the European Union's member states and in the United Kingdom of Great Britain and Northern Ireland. The Advisory Committee further noted that the antiviral agent NIOCH-14 had been approved in the Russian Federation in October 2022 for treatment of smallpox, mpox and other infections caused by orthopoxviruses. It further noted that work by both collaborating centres to develop monoclonal antibodies against smallpox continued to show promise.

75. The Advisory Committee noted that a modified vaccinia, Ankara vaccine, had been approved in Canada and the United States for prevention of smallpox, mpox and other orthopoxvirus infections, and in the European Union and the United Kingdom for smallpox. The European Medicines Agency and the United Kingdom Medicines and Healthcare Products Regulatory Agency also extended their approvals to mpox in 2022 and 2023, respectively. The attenuated vaccine LC16 licensed in Japan was also

¹ Document A72/28.

² See document WHA72/2019/REC/3, summary record of Committee B, seventh meeting, section 2; see also document A73/32.

³ The meeting report will be made available at <https://www.who.int/groups/who-advisory-committee-on-variola-virus-research/meeting-documents> (accessed 14 March 2023).

⁴ All data regularly updated here- https://worldhealthorg.shinyapps.io/mpx_global/ (accessed 16 March 2023).

approved for prevention of mpox in that country. The first fourth-generation smallpox/orthopoxvirus vaccine (VacΔ6) was approved in the Russian Federation in November 2022 under the name OrthopoxVac.

76. During the global mpox outbreak, WHO provided diagnostic support to countries in the form of polymerase chain reaction (PCR) kits, undertook studies to validate commercially available supplies and offered support for sequencing monkeypox virus strains as part of the global outbreak response. It initiated external quality assurance mechanisms for mpox diagnostics and issued a target product profile for future diagnostics development. The Advisory Committee recommended that diagnostics should continue to be developed, in order to enhance access in field settings, focusing on rapid mpox diagnostics.

77. The Secretariat reported that scheduled WHO biosafety inspections¹ of the authorized variola virus repositories took place at the WHO Collaborating Centre for Smallpox and Other Poxvirus Infections at the Centers for Disease Control and Prevention in Atlanta, Georgia, the United States in May 2022 and were scheduled to take place at the WHO Collaborating Centre for Orthopoxvirus Diagnosis and Repository for Variola Virus Strains and DNA, at the State Research Centre for Virology and Biotechnology (VECTOR), Koltsovo, Novosibirsk Region, in the Russian Federation in the summer of 2023.

I. THE ROLE OF THE HEALTH SECTOR IN THE STRATEGIC APPROACH TO INTERNATIONAL CHEMICALS MANAGEMENT TOWARDS THE 2020 GOAL AND BEYOND (decision WHA74(25) (2021))

78. In May 2021, the Seventy-fourth World Health Assembly adopted decision WHA74(25) in which it requested the Director-General to report back to the Seventy-sixth World Health Assembly on progress made in implementing the chemicals 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 to International Chemicals Management and the sound management of chemicals and waste beyond 2020.

79. In May 2017, the Seventieth World Health Assembly approved the road map to enhance health sector engagement in the Strategic Approach (decision WHA70(23)), identifying actions where the health sector has either a lead or important supporting role to play in the sound management of chemicals. Multisectoral cooperation and linkages with relevant instruments and networks, such as the International Health Regulations (2005), the World directory of poison centres, and regional environment and health initiatives (including on children's environmental health), were important elements.

80. The road map is proving to be a useful tool for Member States in developing national action plans, addressing gaps and supporting health sector leadership and collaboration with other sectors. The Global Chemicals and Health Network, whose members have been nominated by 76 health ministries, guides implementation of the road map. Case studies prepared by members of the Global Chemicals and Health Network have provided valuable insights into health sector actions taken to strengthen capacities in chemicals management at the national level and address health threats from chemicals at different stages of the chemical life cycle. Perspectives have included responding to chemical emergencies in certain regions, challenges presented by the response to the COVID-19 pandemic, such as incidents with hand sanitizers, establishing and strengthening poison centres, developing approaches to human

¹ See documents WHO/WHE/CPI/2019.25 and WHO/WHE/CPI/2019.26.

biomonitoring and reducing the global burden of suicides caused by highly hazardous pesticides. Actions by WHO regional offices have included regional meetings and national trainings in the European Region and the Eastern Mediterranean Region, and inclusion in the Pan American Health Organization Virtual Campus for Public Health.

81. The intersessional process is now expected to conclude at the fifth session of the International Conference on Chemicals Management, which is planned for September 2023 and to be held in Germany.

82. The extended time frame of the intersessional process will enable consideration of linkages with recent international developments, including the decision by the resumed fifth session of the United Nations Environment Assembly in 2022 to establish a science-policy panel to contribute further to the sound management of chemicals and waste and to prevent pollution, and the commencement of negotiations to develop a new international legally binding instrument on plastic pollution, including in the marine environment. Protection of human health is central to both developments and the ambition is for their respective work to be completed by the end of 2024.

83. The WHO Secretariat continues to work actively with Member States in the intersessional process and to optimize synergies and linkages between the instrument and the road map, and plans to convene a meeting of the Global Chemicals and Health Network in early 2024.

84. WHO is participating as an observer in both the United Nations Environment Programme-led ad hoc open-ended working group on a science-policy panel to contribute further to the sound management of chemicals and waste and to prevent pollution, and the negotiations on the plastic pollution instrument.

85. The WHO Secretariat will update the road map in the light of the outcome of the intersessional process to prepare recommendations regarding the Strategic Approach to International Chemicals Management and the sound management of chemicals and waste beyond 2020.

J. WHO GLOBAL STRATEGY ON HEALTH, ENVIRONMENT AND CLIMATE CHANGE: THE TRANSFORMATION NEEDED TO IMPROVE LIVES AND WELL-BEING SUSTAINABLY THROUGH HEALTHY ENVIRONMENTS (decision WHA74(24) (2021))

86. In May 2021, the Seventy-fourth World Health Assembly adopted decision WHA74(24) on the WHO global strategy on health, environment and climate change. The strategy builds on: scaling-up action on health determinants for health protection and improvement in the 2030 Agenda for Sustainable Development; acting on determinants of health in all policies and in all sectors; strengthening health sector leadership, governance and coordination roles; building mechanisms for governance, and political and social support; generating the evidence base on risks and solutions; and monitoring progress towards the Sustainable Development Goals. The main activities undertaken by the Secretariat in response to the decision are described below.

87. More than 60 countries have committed to take steps to develop climate-resilient and low-carbon health systems, facilitated by the WHO-led Alliance for Transformative Action on Climate and Health mechanism, which will act as a platform to support delivery on the health commitments of the twenty-sixth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change.

88. Strategic health-protection standards have been developed, including: the updated WHO Global Air Quality Guidelines; the WHO guideline for clinical management of exposure to lead; the WHO guidelines on recreational water quality; and the Compendium of WHO and other UN guidance on health and environment, which compiles 500 actions for creating healthier environments and improving health.

89. Action has been called for in areas of special concern – for example, to address health risks caused by growing amounts of e-waste and the large increase in health-care waste generated by the COVID-19 pandemic. WHO is also supporting countries to phase out harmful products, such as lead paints and mercury-containing cosmetics.

90. To enable the provision of safe and good-quality health care, data and guidance have been issued for the electrification and climate resilience of health-care facilities and for support for water, sanitation and hygiene in health-care facilities. WHO has also published evidence-based guidance for the protection of workers from COVID-19 in the workplace and supported the development and implementation of occupational health and safety programmes for health workers.

91. To protect people from potential side effects of technology such that used in 5G cellular networks, risks are being assessed continually: for example, issues related to radiation have been addressed in safety, emergency response, and food and drinking water programmes.

92. Inequalities such as the lack of safe drinking water, toilets, and soap for hand hygiene in schools are being assessed in view of taking action.

93. WHO has coordinated regional processes involving Member States to devise regional action plans that set regional and country priorities. Examples include: the Strategic Action Plan to Scale Up Health and Environment Interventions in Africa 2019–2029; the European Environment and Health Process; the South-East Asia Regional Plan of Action for the WHO global strategy on health, environment and climate change; and the Agenda for the Americas on Health, Environment, and Climate Change 2021–2030.

K. DECADE OF HEALTHY AGEING 2020–2030 (decision WHA73(12) (2020))¹

94. Following the endorsement by the Seventy-third World Health Assembly of the proposal for a decade of healthy ageing 2020–2030,² (which included a plan of action),³ on 14 December 2020 the United Nations General Assembly adopted resolution 75/131 of 21 December 2020, on the United Nations Decade of Healthy Ageing (2021–2030). The resolution calls on WHO to lead the Decade's implementation, in collaboration with other United Nations organizations, governments, international and regional organizations, civil society, the private sector, academia and the media. A baseline report was published in December 2020.⁴

¹ In decision WHA73(12) the Health Assembly requested that the proposal for a Decade of Healthy Ageing 2020–2030 be transmitted to the Secretary General of the United Nations. The United Nations General Assembly, through resolution 75/131, declared 2021–2030 the Decade of healthy ageing (see <https://undocs.org/en/A/RES/75/131>). Subsequently, all references to the Decade of Healthy Ageing concern the period 2021–2030.

² See document WHA73/2020/REC/1, decision WHA73(12).

³ See document EB146/23.

⁴ Decade of healthy ageing: baseline report. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/9789240017900>). A comprehensive 2023 progress report is under development.

95. The plan of action¹ identifies four action areas that, if underpinned by activities to address socioeconomic inequities, can together enable older people to experience better health and wellbeing and continue to make economic and societal contributions, increase growth and social equity, and reduce the costs of health and long-term care.

96. The WHO Regional Offices for Africa and the Western Pacific have developed regional frameworks for the Decade, and similar frameworks are being developed by the Regional Offices for the Americas and Europe. Member States are being helped to develop national multisectoral policies, strategies and plans on healthy ageing in all regions.

97. *Action area 1: Changing how we think, feel and act towards age and ageing.* Together with Office of the United Nations High Commissioner for Human Rights, UNFPA and the United Nations Department of Economic and Social Affairs, WHO published a first global report on ageism.² It has organized high-level global and regional advocacy events and developed a range of support products to help stakeholders raise awareness and promote action aligned with the report's recommendations. It is developing a scale to measure ageism, a training programme on ageism and a practical guide on connecting generations.

98. *Action area 2: Ensuring that communities foster the abilities of older people.* The Secretariat has expanded and strengthened the WHO Global Network for Age-friendly Cities and Communities, enabling nearly 1500 cities and communities in over 50 countries to become better places in which to grow older. It has developed guidance for developing national programmes for age-friendly city and communities, and online and in-person training programmes on age-friendly environments. Countries are being helped to implement the national guidance and to identify the most effective interventions.

99. *Action area 3: To strengthen the delivery of person-centred integrated care and primary health services responsive to older people.* The Secretariat has supported implementation of the guidance on integrated care for older people (ICOPE)³ in all regions. The readiness and feasibility of this implementation has been assessed in 35 countries. Countries are being supported to build the capacities of health and care workers to better address older people's diverse health and social care needs.

100. *Action area 4: To provide access to long-term care for older people who need it.* The Secretariat has developed a framework enabling countries to achieve an integrated continuum of long-term care.⁴ WHO and UNFPA carried out a review of ageing and long-term care systems in East and South Africa.⁵ A package of long-term care services as part of universal health coverage is being developed.

¹ UN Decade of Healthy Ageing: Plan of Action. Geneva: World Health Organization; 2020 (www.who.int/publications/m/item/decade-of-healthy-ageing-plan-of-action, accessed 2 March 2023).

² Global report on ageism. Geneva: World Health Organization; 2021 (www.who.int/publications/i/item/9789240016866, accessed 2 March 2023).

³ See Integrated care for older people (ICOPE): guidance for person-centred assessment and pathways in primary care Geneva, guidance for systems and services. Geneva: World Health Organization; 2019 (<https://www.who.int/publications/i/item/WHO-FWC-ALC-19.1>, <https://www.who.int/publications/i/item/9789241515993>, accessed 2 March 2023).

⁴ Framework for countries to achieve an integrated continuum of long-term care. Geneva: World Health Organization; 2021 (www.who.int/publications/i/item/9789240038844, accessed 2 March 2023).

⁵ Rapid Review of Healthy Ageing and Long-term Care Systems in East and Southern Africa. United Nations Population Fund 2022 (<https://esaro.unfpa.org/en/publications/rapid-review-healthy-ageing-and-long-term-care-systems-east-and-southern-africa>, accessed 10 March 2023).

101. *Action has also been taken across all four areas* to address specific public health issues that have significant impacts on the health of older persons, including COVID-19, abuse of older people, falls, and social isolation and loneliness.

102. In collaboration with all key stakeholders, the Decade Platform,¹ a repository of existing guidance, tools, field reports and other forms of knowledge relevant to Decade implementation, was launched in 2021 and continues to evolve based on stakeholder needs. A participatory video project was piloted in three countries in 2021, to strengthen the voice and meaningful engagement of older people within the Decade. The Platform includes a data portal on ageing² containing global ageing indicators that can be used to monitor the Decade. Finally, a framework and national toolkit for monitoring and evaluation are being developed under the guidance of a WHO technical advisory group.

103. Work has also started to recognize good practice and strengthen multisectoral and multistakeholder collaboration. The Healthy Ageing 50, which is supported by the ILO, ITU, the Office of the United Nations High Commissioner for Human Rights, United Nations Department of Economic and Social Affairs, the World Economic Forum and WHO, celebrates leaders who are making the world a better place to grow older. The Healthy Ageing Collaborative is a new WHO-led network promoting and strengthening multisectoral and multistakeholder partnerships to foster healthy ageing.

L. WATER, SANITATION AND HYGIENE IN HEALTH CARE FACILITIES (resolution WHA72.7 (2019))

104. Following the adoption of resolution WHA72.7 on water, sanitation and hygiene (WASH) in health care facilities, a first WHO/UNICEF global progress report was published on this topic in 2020.³ The second such report is currently being drafted and will be launched in June 2023. The main points covered in the report are summarized below.

Progress against global targets

105. According to data from the WHO/UNICEF Joint Monitoring Programme,⁴ the number of health care facilities included in global estimates increased from 550 000 in 2019 to 900 000 in 2022. While major gaps continue to exist globally, the lack of WASH and waste management services is especially acute in least developed countries, where basic hygiene services were available in just one third (32%) of health care facilities in 2021, significantly impacting the ability to provide quality care and prevent infections.⁵

¹ Decade platform (<https://www.decadeofhealthyageing.org/>, accessed 2 March 2023).

² WHO Ageing Data Portal (www.decadeofhealthyageing.org/find-knowledge/resources/databases-repositories/detail/who-ageing-data-portal, accessed 2 March 2023).

³ Global progress report on water, sanitation and hygiene in health care facilities: fundamentals first. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/337604>, accessed 24 January 2023).

⁴ WHO and UNICEF. Progress on WASH in health care facilities 2000–2021: Special focus on WASH and infection prevention and control (IPC). Geneva: World Health Organization (https://cdn.who.int/media/docs/default-source/wash-documents/wash-in-hcf/jmp-2022-wash-hcf-launch-optimized.pdf?sfvrsn=38e0b3f9_3, accessed 24 January 2023).

⁵ For further information on progress against global targets, see <https://www.washinhcf.org/country-progress-tracker/> (accessed 28 March 2023).

Progress in implementing resolution WHA72.7

106. In 2019, together with UNICEF, the Secretariat articulated eight practical actions to guide national efforts to improve WASH in health care facilities. Since 2020, 72 countries have provided information on those actions. Based on a sub-sample of 32 countries providing data in both 2020 and 2022, the greatest progress was made on updating and implementing standards for WASH and health care waste management, and establishing baselines, with approximately one third of countries advancing on both. Slightly fewer accelerated efforts to include WASH indicators in health system monitoring (27%). Progress was slowest on establishing effective national coordination mechanisms and developing, implementing and financing national road maps (15%). Nearly 20% of countries progressed on at least three of the actions in just two years.

WHO actions

107. In 2021, WHO and UNICEF established the time-limited Global Taskforce on WASH in Health Care Facilities, to strengthen visibility, commitments and strategic investment. The Taskforce has since met on a quarterly basis and worked to eliminate country bottlenecks, while also advocating for more investment at the highest level (e.g. G-7, G-20).

108. In 2022, WHO published a global report on health care waste in the context of coronavirus disease (COVID-19),¹ which quantified the additional health care waste generated as a result of COVID-19 and summarized emerging best practices and solutions to reduce the impact thereof on human and environmental health. The Secretariat has worked (internally and with partners) to improve procurement processes with a view to reducing the amount of non-essential personal protective equipment, purchasing products with less packaging and more bio-based materials, and increasing resources for safe and sustainable waste management alongside investment in basic WASH and infection prevention and control.

109. Also in 2022, WHO spearheaded the process of updating WASH FIT, the Water and Sanitation for Health Facility Improvement Tool, based on user feedback. This second edition includes new guidance on other WASH-related aspects of health care facilities (namely energy, vector control and occupational health) and climate change mitigation strategies. The Secretariat regularly responds to requests from countries and partners for technical support and advice on how to use the tool. It has supported WASH FIT training in the African, South-East Asia and Western Pacific regions, and adapted WASH FIT for use in infection and prevention efforts in Ukraine. The tool is currently in use in over 45 countries.

110. Estimates for the annual cost of providing universal basic WASH in health care facilities in the 47 least developed countries were published in 2022. The costs (US\$ 6.5–9.6 billion) are modest when compared to current government spending on health (3% of government health spending). This analysis has been important for informing more detailed country efforts and broader calls to invest in WASH.

111. All WHO regions have taken action to implement resolution WHA72.7 and to help countries conduct baseline assessments, strengthen standards, provide training and integrate health programmes. In the African Region, Ghana and Niger have published national, costed road maps, and support for WASH FIT roll-out has helped 10 countries make incremental improvements across the region. In the Region of the Americas, efforts continue to focus on integrating WASH into health care facility

¹ Global analysis of healthcare waste in the context of COVID-19: status, impacts and recommendations. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240039612>, accessed 24 January 2023).

indicators and programming in other health areas. WASH FIT has been rolled out in a number of countries, including in Haiti, as part of broader cholera response efforts. In the South-East Asia Region, progress has been made on the development of a web-based WASH and climate resilience scorecard for health care facilities, to help the Region's Member States monitor and assess activities related to WASH, climate resilience, and environmental sustainability of health care facilities. In the European Region, Georgia, Montenegro and Tajikistan have conducted comprehensive national baseline assessments, including of the enabling policy environment. At the Sixth Session of the Meeting of the Parties (MOP-6) to the Protocol on Water and Health, in November 2022, countries presented findings from situational analyses and provided updates on national actions and their efforts to set and meet national targets. MOP-6 also adopted regional priority activities on WASH in health care facilities for 2023–2025, and a tool for conducting situational assessments and improvement planning was published.¹ In the Eastern Mediterranean Region, a regional meeting was held in 2022 on monitoring WASH in health care facilities, to further the establishment of national baselines and improve monitoring, and WASH FIT has been rolled out in several countries, including Iraq. In the Western Pacific Region, a number of countries are developing climate-smart standards for WASH and waste management in health care facilities, and early adopter countries such as the Philippines have co-led training on WASH FIT in other countries, to share and broaden knowledge and action.

Next steps

112. WHO will continue to work with UNICEF and other partners to intensify global efforts and increase collaboration with those working on energy access and climate-resilient and sustainable health facilities. A WHO/UNICEF-facilitated global summit on WASH in Health Care Facilities will take place in June 2023 and bringing together 100 participants from over 25 countries will develop a global plan of work for 2023–2030 that prioritizes action, consolidates learning and outlines activities in the wake of resolution WHA72.7.

M. PREVENTION OF DEAFNESS AND HEARING LOSS (resolution WHA70.13 (2017) AND decision WHA74(17) (2021))

113. The Secretariat collaborated with over 200 experts and held six regional consultations and a series of webinars to develop the *World report on hearing*, for which 15 countries held launch events on the occasion of its publication in 2021.

114. The Secretariat has developed the ear and hearing care toolkit to help Member States to achieve a progressive 20% increase in effective coverage of ear and hearing care interventions by 2030 and to monitor progress with a framework that can be integrated into ongoing WHO surveys, such as the STEPS survey, the Country Capacity Survey and the World Health Survey Plus.

115. The Secretariat has supported screening for hearing loss with the launch of a free application for mobile devices that allows people to check their hearing regularly (hearWHO and hearWHO Pro). The application is available in English, Chinese and Spanish.

¹ Water, sanitation and hygiene in health-care facilities: a practical tool for situation assessment and improvement planning. Bonn: World Health Organization; 2022 (<https://www.who.int/europe/publications/i/item/9789289058421>, accessed 24 January 2023).

116. The Secretariat has undertaken assessments in the African Region and the Western Pacific Region on the preparedness of countries for integrating people-centred ear and hearing care into national health plans and hosted four regional/multi-country consultations in all WHO regions over the past two years.

117. The Secretariat has supported Member States in preventing hearing loss induced by recreational noise through the Make Listening Safe initiative, which has so far included:

- the development and launch of the WHO-ITU global standard for safe listening devices and systems, which has been integrated into smartphones and headphones by four leading manufacturers;
- the development and launch of the Global standard for safe listening venues and events;
- the development and dissemination of evidence-based awareness tools, including the mSafeListening handbook, which provides message libraries for the promotion of safe listening, and a media brief, an online course in collaboration with a game-based learning platform, videos and social media materials.

118. The Secretariat has supported the annual celebration of World Hearing Day on 3 March; in 2022, for example, activities were organized in over 100 countries.

119. The Secretariat has created and launched the World Hearing Forum, a global network of organizations that promotes hearing care and currently has 180 members.

120. Since the publication of the *World report on hearing*, 14 Member States (Australia, Chile, Costa Rica, Fiji, Georgia, India, Kenya, New Zealand, Panama, Russian Federation, South Africa, Sri Lanka, Thailand and Zambia) have engaged with WHO to integrate ear and hearing care services within the framework of their primary health care systems.

121. Chile, India and Thailand have either undertaken or initiated prevalence surveys and the Gambia has included a module on hearing in its data collection for the STEPS survey to monitor effective coverage of ear and hearing care interventions.

122. Fiji, India, Tajikistan and Zambia are working on establishing training programmes for the development of primary health workers using WHO primary ear and hearing care training resources.

123. Since 2017, Belgium, France and Trinidad and Tobago have taken steps to implement hearing screening for older adults and children.

124. In 2019, WHO assessed the worldwide gap between the need for and use of hearing aids to be 83%.¹ Despite the inclusion of hearing aids in the Priority Assistive Products List, only Chile and Kenya have taken concrete steps to address this.

125. France and Panama have introduced national regulatory mechanisms to help prevent hearing loss induced by recreational noise and thereby support safe listening.

¹ Orji A, Kamenov K, Dirac M, Davis A, Chadha S, Vos T. Global and regional needs, unmet needs and access to hearing aids. *Int J Audiol*. 2020;59(3):166-172. doi:10.1080/14992027.2020.1721577.

126. More progress is needed to: integrate strategies for ear and hearing care within the framework of primary health care systems; include screening for hearing loss and ear diseases as part of screening and intervention services for noncommunicable diseases to ensure their early identification and rehabilitation; bridge the worldwide gap between the need for and use of hearing aids; prioritize older adults when developing services for hearing care; include relevant indicators in national health information systems for planning and monitoring purposes; and strengthen human resource capacity at the country level to ensure that ear and hearing care services can be delivered across the continuum of care.

N. PLAN OF ACTION ON CLIMATE CHANGE AND HEALTH IN SMALL ISLAND DEVELOPING STATES (decision WHA72(10) (2019))

Background

127. The Seventy-second World Health Assembly noted a WHO plan of action on climate change and health in small island developing States (SIDS).¹ This is the second progress report on the plan.

128. A special initiative on climate change and health in SIDS was launched at the twenty-third session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (UNFCCC) in November 2017 and included as a platform in the WHO Thirteenth General Programme of Work, 2019–2025. Regional action plans inform and deliver on the plan. The planned establishment of a SIDS leaders group, mentioned in the progress report to the Seventy-fourth World Health Assembly,² was not pursued and has largely been superseded by the efforts reported in paragraph 3 below.

129. The Secretariat, recognizing that the health vulnerabilities of SIDS are closely interlinked with noncommunicable diseases, nutrition, integrated primary health care and achievement of universal health coverage, hosted the virtual SIDS Summit for Health in 2021 and published a review of WHO presence and capacities in SIDS. In line with this process, in 2022 the Seventy-fifth World Health Assembly adopted resolution WHA75.18 on SIDS.

130. The plan envisions that all SIDS' health systems will be resilient to climate variability and change by 2030 and sets out four strategic lines of action: empowerment; evidence; implementation; and resources.

Progress under the four strategic lines of action

131. Progress is summarized below using the eight indicators specified in the plan,³ based on data from the 2021 WHO health and climate change global survey. Values in brackets are the baseline values from the 2018 survey, for comparison.

¹ See document WHA72/2019/REC/1, Annex 3.

² Document A74/43 Rev.1.

³ For the purposes of the action plan and the work programme of the Secretariat, the following WHO Member States are included: Antigua and Barbuda, the Bahamas, Bahrain, Barbados, Belize, Cabo Verde, Comoros, the Cook Islands, Cuba, Dominica, the Dominican Republic, the Federated States of Micronesia, Fiji, Grenada, Guinea-Bissau, Guyana, Haiti, Jamaica, Kiribati, the Maldives, the Marshall Islands, Mauritius, Nauru, Niue, Palau, Papua New Guinea, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Sao Tome and Principe, Seychelles, Singapore, the Solomon Islands, Suriname, Timor-Leste, Tonga, Trinidad and Tobago, Tuvalu and Vanuatu.

Indicator 1.1 – A SIDS coordination mechanism has been established by the Secretariat.

Indicator 1.2 – All seven (six) SIDS that submitted national adaptation plans to the UNFCCC included health as a priority. Thirty-six (34) out of 40 SIDS included health as a priority in their nationally determined contributions, 29 of which were either revised or newly submitted between 2020–2022.

Indicator 2.1 – There has been no increase in the number of SIDS that have completed their national climate and health country profiles since the first progress report.

Indicator 2.2 – Data on the number of collaborating centres actively engaged in supporting the plan will be provided in future progress reports.

Indicator 3.1 – Twenty-three SIDS have initiated actions for climate resilient, environmentally sustainable health care facilities.

Indicator 3.2 – Thirteen out of the 30 (seven out of the 22) SIDS for which data are available have national health and climate change plans/strategies; a further nine are developing either a plan or strategy.

Indicator 4.1 – Seven out of the 17 (13 out of the 22) SIDS for which data are available are currently receiving financial support for climate change and health.

Indicator 4.2 – Approximately US\$ 55 million has been received or committed for climate change and health across 12 SIDS.

Conclusions

132. The largest constraint on implementing the plan remains access to finance, and there is marked unevenness between countries in terms of technical and/or financial capacity and levels of support from WHO. WHO will work to address this by: (i) providing more stable country support for WHO core functions; (ii) mobilizing capacities from a wider range of partners through the Alliance for Transformative Action on Climate and Health; (iii) facilitating access to funding for SIDS and seeking full accreditation from the Green Climate Fund and Adaptation Fund; and (iv) working with the Green Climate Fund and United Nations Development Programme to establish a co-financing facility on climate and health that prioritizes SIDS and least developed countries.

O. GLOBAL STRATEGY ON DIGITAL HEALTH (decision WHA73(28) (2020))

133. Since the endorsement, in 2020, of the global strategy on digital health, the Secretariat has launched several activities to meet the four strategic objectives set out therein, which are as follows: (i) promote global collaboration and advance the transfer of knowledge on digital health; (ii) advance the implementation of national digital health strategies; (iii) strengthen governance for digital health at global, regional and national levels; and (iv) advocate for people-centred health systems that are enabled by digital health.

134. Pursuant to the first objective, the Secretariat, together with development partners and sister United Nations agencies, has trained over 1600 government officials from over 100 Member States in digital health and artificial intelligence. In addition, over 10 000 health workers and policy-makers from 171 countries have taken part in the WHO online course on ethics and governance of artificial

intelligence for health,¹ and five round tables were convened to garner support among Member States, civil society and nongovernmental organizations, and the private sector for global coordination on digital health. Together with the Global Digital Health Partnership and other communities of practice, the Secretariat has supported government-to-government knowledge sharing and collective learning in support of digital transformation. The ITU-WHO Focus Group on Artificial Intelligence for Health convenes over 100 stakeholders on a monthly basis to develop benchmarking on artificial intelligence for health.

135. The Secretariat has developed SMART (Standards-based, Machine-readable, Adaptive, Requirements-based, and Testable) Guidelines on the digital documentation of COVID-19 certificates, comprising recommendations on the data, digital functionality, ethics, and trust architecture needed to ensure the interoperability of immunization and health records globally. It also made available WHO COVID-19 and other health recommendations through a living catalogue (Recmap)² for clinical, public health and health policy. The WHO Secretariat is implementing an end-to-end digital publishing and dissemination system to make all WHO normative and standard-setting guidance available in digital formats.

136. Pursuant to the second objective, the Secretariat has published guidance to support Member States in the implementation of their national digital health strategies. It has also helped Member States in the WHO African, European, Eastern Mediterranean, and Western Pacific Regions, and the Region of the Americas, to conduct needs assessments, digital health surveys and standardized digital ecosystem maturity assessments, in order to develop and launch reusable tools and templates in support of government-led digital health transformation.

137. Pursuant to the third objective, the Secretariat has supported Member States in the use of the WHO Digital Health Atlas for country-level enumeration and governance of digital health solutions and coordination of investments, and has launched the WHO Digital Health Clearinghouse platform to evaluate and curate digital solutions against WHO specifications for interoperability and alignment with WHO recommendations.

138. Pursuant to the fourth objective, the Secretariat has published telemedicine implementation guidance, facilitated regional workshops and conducted readiness assessments across all WHO Regions. It has launched a programme focused on the implementation of SMART Guidelines, and published several guidance documents and tools to facilitate the accurate digitalization of WHO recommendations into person-centred digital systems for primary health care and surveillance. It developed COVID-19 living guidelines as well as other living guidelines. It has released guidance on artificial intelligence-based model training and evaluation, employing cervical cancer as a use-case, and issued seven implementation guides for the “Be He@lthy, Be Mobile” initiative, to support behavioural change in respect of noncommunicable diseases. Overall, the Secretariat has made trusted health information and evidence-based guidance available to more than 1 billion people and provided 300 million users a day with life-saving information during the COVID-19 pandemic. The Secretariat hosted Member State and stakeholder consultations on the update and digitization of the International Certificate of Vaccination or Prophylaxis (ICVP).

¹ For more information on the course, see the OpenWHO website (<https://openwho.org/courses/ethics-ai>, accessed 24 February 2023).

² Recommendation mapping of the World Health Organization’s guidelines on tuberculosis: a new approach to digitizing and presenting recommendations. doi: <http://dx.doi.org/10.1016/j.jclinepi.2021.02.009>.

139. Further pursuant to the cross-cutting implementation objectives of the global strategy on digital health, the Secretariat has continued to improve the specifications, interoperability, architecture and tooling surrounding the published set of Digital Documentation of COVID-19 Certificates guidance documents. The Secretariat has successfully concluded a technical feasibility study for establishing a federated global trust network, which tested the ability to interoperate the health content and trust networks across existing regional efforts (for example, the European Union Digital COVID Certificate,¹ the International Civil Aviation Organization (ICAO) Health Master List,² the Digital Infrastructure for Verifiable Open Credentialing,³ the LACPASS,⁴ and SMART Health Cards⁵) using open standards and open source software compliant with WHO Digital Documentation of COVID-19 Certificates guidance. Based on the foregoing, WHO is planning to establish and serve as a trust anchor for a voluntary trust network for a public key infrastructure, which is intended to enable Member States to continue to bilaterally ensure the veracity of COVID-19 certificates.

140. Between 2023 and 2025, the Secretariat will strengthen mechanisms for coordinated action and work to document progress on the actions set out in the global strategy, prioritizing Member State needs. It will refocus on strengthening regional and country capacity for digital health, artificial intelligence and innovation by developing normative products, governance and policy guidance, tools and resources, collaboration, and competency-based training, and by curating digital public goods, including reference technologies, policies and global trust architectures. The Secretariat will strengthen its internal system for the living and SMART approaches to ensure that new clinical guideline recommendations are up to date and that implementation is optimized to improve impact at country level.

P. ELEVENTH REVISION OF THE INTERNATIONAL CLASSIFICATION OF DISEASES (resolution WHA72.15 (2019))

141. The eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11), which was adopted in 2019,⁶ has benefited from unprecedented uptake and pace of implementation. Moreover, by January 2023, the Secretariat had provided relevant training, advice, tools and services to 164 Member States: 64 had started implementation; 12 were rolling out ICD-11 or

¹ For more information, see the European Commission webpage on the EU Digital COVID Certificate (https://commission.europa.eu/strategy-and-policy/coronavirus-response/safe-covid-19-vaccines-europeans/eu-digital-covid-certificate_en, accessed 28 March 2023).

² For more information, see the ICAO webpage on the ICAO Master List and ICAO Health Master List (<https://www.icao.int/Security/FAL/PKD/Pages/icao-master-list.aspx>, accessed 28 March 2023).

³ For more information, see the Digital Infrastructure for Verifiable Open Credentialing website (<https://divoc.digit.org/>, accessed 28 March 2023).

⁴ For more information, see the Red Americana de Cooperación sobre Salud Electrónica (RACSEL) webpage on the LACPASS (<https://racsel.org/en/LACPASS/>, accessed 28 March 2023).

⁵ For more information, see the SMART Health Cards website (<https://smarthealth.cards/en/>, accessed 28 March 2023).

⁶ See document WHA72/2019/REC/1, resolution WHA72.15.

reporting ICD-11 coded data^{1,2,3} and 88 countries had designated ICD-11 focal points for maintenance and implementation. Thanks to ICD-11's digital design, low- and middle-income Member States have found it far easier to implement than ICD-10.

142. Some Member States have adopted ICD-11 in conjunction with the International Classification of Health Interventions (ICHI), the International Classification of Functioning, Disability and Health (ICF) and the WHO Disability Assessment Schedule (WHODAS 2.0).⁴

143. Member States are implementing ICD-11 electronically, online, offline or in secure national services. Paper-based medical documentation uses the ICD-11 coding tool locally or the printable version.⁵

144. The Secretariat has provided support to 32 Member States directly in training workshops and technical sessions, and held global webinars about ICD-11.

145. Member States are using the ICD-11 translation platform and guidelines for translation. All seven finalized translations are available online and in the offline package of ICD-11 2023. Several more will be released soon.^{6,7}

146. WHO has produced digital tools and specifications for end-to-end data solutions: a multilingual coding tooling; a cause of death form; digital rules for causes of death; analysis of ICD-11 coded mortality data; digital forms and tabulation lists; an online platform for coder training and e-learning material; and a casemix system using ICD-11 and the ICHI (under development).

147. Since its adoption, the Secretariat has received and processed 4800 update proposals from 65 Member States of all regions on the WHO Family of International Classifications proposal platform.⁸

CHALLENGES AND OPPORTUNITIES

148. Some software vendors are reluctant to update their software in line with ICD-11 technology; in some cases, Member States used national legislation to impose such updates. Moreover, highly

¹ Detailed and regularly updated information on the state of implementation and implementation support can be accessed at <https://www.who.int/standards/classifications/classification-of-diseases> (accessed 23 March 2023).

² Member States with a national rollout or routine reporting of mortality or morbidity data (including primary health care) currently include Belize, Egypt, Eswatini, Ghana, India, Kenya, Kuwait, Malaysia, Namibia, Rwanda, Uganda and United Republic of Tanzania (Zanzibar).

³ An example of ICD-11 implementation at the primary care level is the United Nations Relief and Work Agency (UNRWA) Health Programme. UNRWA has been using ICD-11 for its electronic medical record system since 2021; the system is operational in 140 primary health care centres serving 6.3 million Palestinian refugees.

⁴ For example, ICD-11 and ICHI-based reimbursement systems are currently implemented in Egypt and India, and soon will be in Rwanda and other Member States.

⁵ Clinicians and medical coders can search for a diagnosis using natural language or preferred terminology and quickly get to the correct ICD-11 code. ICD-11 can be easily updated to include new terms, synonyms and concepts, or for improved user guidance in all language versions.

⁶ Soon: Czech, German, Portuguese, Slovak, Turkish and Uzbek.

⁷ At different stages: Croatian, Danish, Dutch, Estonian, Finnish, Hungarian, Italian, Japanese, Latvian, Korean, Mongolian, Norwegian, Polish, Swedish, Thai and Ukrainian.

⁸ WHO-FIC Maintenance Platform (<https://icd.who.int/dev11/#/>, accessed 25 January 2023).

integrated information systems are resilient to change, resulting in long delays in the implementation of ICD-11; and lack of coordination between national bodies that manage and implement digital technology and entities that manage and use health information creates conflicts in priorities and workflows. Countries are invited to ensure close coordination between bodies that manage and implement digital technology and entities that manage and use health information.

149. Use of non-ICD-11 health terminologies leads to competition for resources, e.g. between ICD-11 and SNOMED Clinical Terms. The Secretariat is working on a solution with the Member States concerned and explaining ICD-11 use as terminology.

150. Member States were invited to take part in the updating activities of ICD-11 by nominating a permanent national expert or by referring to an appropriate existing collaborating centre. Efforts are ongoing to ensure that Member States' continue to participate in ICD-11 maintenance and implementation.

151. The ICF was updated and moved to the digital platform also used for ICD-11. The revision of existing translations is subject to funding.

152. The ICHI clinical components are stable and already used in some Member States. The section on public health interventions is being reviewed. Following that last step, the ICHI will be finalized after a Member State consultation.

153. The Secretariat had adequate funding for ICD-11 implementation and global maintenance between 2019 and 2021. It will need continued financial support to pursue implementation. Member States are therefore invited to ensure adequate and sustainable funding for ICD-11 implementation and global maintenance.

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