World Health Organization

**SEVENTY-SIXTH WORLD HEALTH ASSEMBLY** **(Draft) A76/56**
**27 May 2023**

# Third report of Committee A

## (Draft)

Committee A held its tenth and eleventh meetings on 26 May 2023 chaired by Dr Jalila bint Al Sayyed Jawad Hassan (Bahrain) and Mr Martin Ndoutoumou Essono (Gabon).

It was decided to recommend to the Seventy-sixth World Health Assembly the adoption of the attached four resolutions and one decision relating to the following agenda item:

**Pillar 1: One billion more people benefiting from universal health coverage**

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

13.1 Universal health coverage

- Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage

One resolution entitled:

– Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies

One resolution entitled:

– Increasing access to medical oxygen

One resolution entitled:

– Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage

One resolution entitled:

– Strengthening diagnostics capacity

13.2 Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health

- Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases

One decision entitled:

– Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health

## Agenda item 13.1

### Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies[1]

The Seventy-sixth World Health Assembly,

Having considered the consolidated report by the Director-General;[2]

Noting that emergency, critical and operative care services are an integral part of a comprehensive primary health care approach and are essential to ensure that the health needs of people are met across the life course without undue delay;

Recognizing that robust emergency, critical and operative care services are at the foundation of national health systems' ability to respond effectively to emergency events including all hazards; and to ensure the implementation of the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events;

Concerned that the coronavirus disease (COVID-19) pandemic revealed pervasive gaps in capacity of emergency, critical and operative care services that resulted in significant avoidable mortality and morbidity globally;

Noting that integrated people-centred service delivery requires emergency, critical and operative care services that are linked to communities through primary care and by communication, transportation, referral and counter-referral mechanisms,[3] and that these components are interdependent: capacity failures in responsiveness of the emergency, critical and operative care system may result in disrupted primary care delivery and poor outcomes, while failures in primary care and social services may lead to increased use of emergency, critical and operative care services and result in delays in the appropriate provision of life-saving care;

Emphasizing that emergency, critical and operative care represents a continuum of services from the community to health centres to primary care clinics to hospitals, and that integrated planning and implementation of these services can lead to greater efficiency and effectiveness and deliver economies of scope and scale across disease and population-specific programmes;

Acknowledging Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), and recognizing that well-organized, safe and high-quality emergency, critical and operative care is a key mechanism for achieving a range of associated targets – including those on universal health coverage (3.8), road safety (3.6), maternal and child health (3.1, 3.2), universal access

[1] Global public health security is defined as the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries (https://www.who.int/health-topics/health-security/#tab=tab_1, accessed 12 December 2022).

[2] Document A76/7 Rev.1.

[3] The term emergency, critical and operative care (ECO-) system is used here to refer to emergency, critical and operative care services and the mechanisms that ensure they are accessible to the people who need them. Bull World Health Organ 2020;98:728–728A | doi: http://dx.doi.org/10.2471/BLT.20.280016. Accessed 12 December 2022.

to sexual and reproductive health-care services (3.7), noncommunicable diseases, mental health, and infectious disease (3.4, 3.5 and 3.3);

Acknowledging further Sustainable Development Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable) and Goal 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels), and noting that a strong and well-resourced system for emergency, critical and operative care embedded within the broader health system is vital to maintaining the continuity of essential health services in fragile and conflict-affected settings, and to mitigating the impact of disasters, outbreaks and mass casualty incidents, including those resulting from climate change;

Recalling the following resolutions in which the Health Assembly prioritized integrated service-delivery models and identified emergency, critical and operative care services as fundamental: WHA56.24 (2003) on implementing the recommendations of the World report on violence and health, WHA57.10 (2004) on road safety and health (echoed by United Nations General Assembly resolution 72/271 (2018) on improving global road safety), WHA60.22 (2007) on health systems: emergency-care systems, WHA64.10 (2011) on strengthening national health emergency and disaster management capacities and the resilience of health systems, WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage, WHA69.1 (2016) on strengthening essential public health functions in support of the achievement of universal health coverage, WHA72.16 (2019) on emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured, and WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies;

Recognizing that emergency, critical and operative care services are necessary to execute the core capacities under the International Health Regulations (2005) and to promote the enjoyment of human rights;[1]

Recalling also the mandate of WHO's Thirteenth General Programme of Work, 2019–2025 to improve integrated service delivery, protect people from health emergencies and to serve in particular

[1] Convention and Protocol Relating to the Status of Refugees. 1951 (http://www.unhcr.org/protection/basic/3b66c2aa10/convention-protocol-relating-status-refugees.html, accessed 10 January 2023).

Convention on the Elimination of All Forms of Discrimination against Women. 1965 (http://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx, accessed 10 January 2023).

Convention on Cluster Munitions. 2008 (https://www.un.org/disarmament/convention-on-cluster-munitions/, accessed 10 January 2023).

International Convention on the Elimination of All Forms of Racial Discrimination. 1979 (http://www.ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx, accessed 10 January 2023).

Convention on the Rights of the Child. 1989 (http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx, accessed 10 January 2023).

International Convention on the Protection of the Rights of All Migrant Workers. 1990 (http://www.ohchr.org/EN/ProfessionalInterest/Pages/CMW.aspx, accessed 10 January 2023).

Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction (https://www.un.org/disarmament/anti-personnel-landmines-convention, accessed 10 January 2023).

the most disadvantaged, marginalized and hard-to-reach populations, to ensure that no one is left behind;[1]

Noting that providing non-discriminatory and equitable access for all people to timely, safe and high-quality emergency, critical and operative care services can contribute to the reduction of disparities in health outcomes, and that safe and effective patient flow is essential to protect people during emergencies;

Emphasizing that timely access is an essential component of quality emergency, critical and operative care services and could prevent millions of deaths and long-term impairments from injuries, infections, mental health conditions, acute exacerbations of noncommunicable diseases, acute complications of pregnancy and other health conditions, including in neonates and children;

Noting that injury alone accounts for nearly 5 million deaths per year and that road traffic injury is the top cause of death of all those in the age group of 5–29 years;[2] and that most people affected by injury require access to emergency, critical and operative care services;

Noting also that emergency, critical and operative care interventions are effective and in general cost-effective, and concerned that the lack of investment in emergency, critical and operative care is compromising outcomes, limiting impact and increasing cost in other parts of the health system and potentially reducing impact of other health interventions;

Noting further that effective planning and resource allocation for delivery of emergency, critical and operative care requires understanding the potential and actual utilization of emergency, critical and operative care services and identifying and removing barriers to accessing care, and that it requires detailed analysis of data that are frequently unavailable or not recorded in many settings;

Considering that quality emergency, critical and operative care services and improved outcomes are best guaranteed through ongoing monitoring to be used for service development, continuous quality improvement, targeted capacity-building of the emergency, critical and operative care workforce and, as appropriate, through regulation;

Considering also that WHO has a range of guidance that allows policy-makers, planners and administrators to develop action plans that are best suited to their national contexts, along with resources for training and standards for essential emergency, critical and operative care services, equipment and supplies at each level of the health system,[3]

[1] Thirteenth General Programme of Work, 2019–2023. Geneva: World Health Organization; 2018; as contained in document A71/4 (http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf?ua=1or, accessed 10 January 2023), adopted in resolution WHA71.1. A proposal to extend the Thirteenth General Programme of Work to 2025 was submitted in 2022 (document A75/8) and approved in resolution WHA75.6 (2022).

[2] Global Health Estimates, World Health Organization, 2019. https://www.who.int/data/global-health-estimates (accessed 10 January 2023).

[3] Emergency care. Geneva: World Health Organization (see www.who.int/emergencycare, accessed 25 January 2023).

1. CALLS FOR timely additional efforts globally to strengthen the planning and provision of emergency, critical and operative care services as part of universal health coverage, so as to meet population health needs, improve health system resilience and ensure public health security;[1]

2. URGES Member States, in accordance with national context and priorities:[2]

(1) to create national policies for sustainable funding, effective governance (including coordination and regulation of public and private sector actors) and universal access to needs-based emergency, critical and operative care for all, without regard to sociocultural factors, without requirement for payment prior to life-saving emergency care, and within a broader health system that provides quality essential care and services and financial risk protection;

(2) to include emergency, critical and operative care services, with their associated rehabilitation services, across relevant health areas within national packages of services for universal health coverage, such as through use of the WHO UHC Service Package Delivery and Implementation tool to identify relevant and feasible services and required resources based on national context;

(3) as appropriate, to conduct WHO emergency, critical and operative care system assessments[3] to identify gaps and context-relevant action priorities, and to design and implement integrated national and/or regional action plans for emergency, critical and operative care;

(4) to integrate delivery of emergency, critical and operative care within relevant national health system assessments and strategies, including universal health coverage road maps, primary health care strategies, models of care, health emergency preparedness and response plans and National Action Planning for Health Security[4] as appropriate;

(5) to develop national, subnational and facility-level governance mechanisms for the coordination of routine prehospital and hospital-based emergency, critical and operative care services and patient transfer and referral services, including linkages with other relevant actors for disaster and outbreak preparedness and response;

(6) to promote more coherent, inclusive and accessible approaches to safeguard effective emergency, critical and operative care in disasters, fragile settings and conflict-affected areas, ensuring the continuum and provision of essential health services and public health functions, in line with international humanitarian law;

(7) to promote innovative ways for community engagement in the design and delivery of emergency, critical and operative care services, including community education on early recognition, care seeking, and first aid; training for community first aid responders, such as the

[1] Global public health security is defined as the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries (https://www.who.int/health-topics/health-security/#tab=tab_1, accessed 12 December 2022).

[2] And, where applicable, regional economic integration organizations.

[3] See who.int/emergency-care (accessed 25 January 2023).

[4] See https://www.who.int/emergencies/operations/international-health-regulations-monitoring-evaluation-framework/national-action-plan-for-health-security (accessed 25 January 2023).

WHO community first aid responders programme; and structured mechanisms for incorporating community perspectives in strategic planning and monitoring of implementation;

(8) to promote access to timely and reliable prehospital care for all, including by establishing, where they do not exist, toll-free universal access numbers that meet international standards;

(9) to implement, as appropriate, key processes and protocols as identified in WHO guidance on delivery of emergency, critical and operative care, such as triage, checklists and the use of registries and clinical audits, including through WHO's clinical registry platform, and to adapt and operationalize WHO standards on infrastructure, personnel and material resources for emergency, critical and operative care services;

(10) to establish, as appropriate, regulation and certification mechanisms for all personnel and equipment required to deliver emergency, critical and operative care services to ensure professional competency and high quality;

(11) to provide dedicated pre- and in-service skill-based training in emergency, critical and operative care for all relevant health workers and inter-professional teams, including post-graduate training for doctors and nurses, training first-contact providers in WHO Basic Emergency Care, training community first aid responders, and integrating dedicated training in emergency, critical and operative care into undergraduate nursing and medical curricula, and establishing certification pathways for prehospital providers, as appropriate to national context, taking advantage of the existing WHO training platforms, such as the WHO Academy, as a key resource;

(12) to implement mechanisms for standardized and disaggregated data collection to characterize and report the relevant disease burden and identify high-yield mechanisms for improving the coordination, safety and quality of delivery of emergency, critical and operative care and to demonstrate the contribution of such integrated care to national targets, sustainable development goals and programmatic goals;

3. REQUESTS the Director-General:

(1) to enhance WHO's capacity at all levels, with emphasis on country offices, to provide necessary coordination, technical guidance and support for the efforts of Member States and other relevant actors to strengthen delivery of emergency, critical and operative care, including health emergency preparedness, readiness, response and recovery, across the spectrum of health services;

(2) to promote strengthening of routine emergency, critical and operative care services for a more responsive and resilient health system, and ensure that strengthening of emergency, critical and operative care services is included in strategies for mitigating the impact of health emergencies;

(3) to foster collaboration across relevant sectors, partnerships and action plans, and to facilitate collaboration among Member States, to support the effective dissemination and implementation of best practices and WHO resources for delivery of emergency, critical and operative care;

(4) to create guidance for and support the development of integrated national and/or regional action plans for emergency, critical and operative care and to extend and strengthen community-based emergency, critical and operative care services;

(5) to renew relevant efforts outlined in resolutions WHA68.15 (2015) and WHA72.16 (2019) to provide guidance and support to Member States for review of regulations and legislation for quality- and safety-improvement programmes with continued support for WHO's clinical registry and audit platform, and for other aspects of strengthening the provision of emergency, critical and operative care services;

(6) to support Member States to expand policy-making, technological, administrative and clinical capacity in the area of emergency, critical and operative care, by the provision of policy options and technical guidance, supported by educational strategies and materials for health providers and planners;

(7) to develop guidance for the consideration of Member States on comprehensive monitoring of emergency, critical and operative care services, taking into account their timeliness, quality and extensive scope, to provide data and information to be used in the development of emergency, critical and operative care services, basic and continuous training and regulation of the emergency, critical and operative care workforce;

(8) to support Member States to identify high-priority emergency, critical and operative care services and to evaluate the planning and cost implications of integrating of these services into universal health coverage, such as through the WHO Service Package Delivery and Implementation tool;

(9) to strengthen the evidence base for emergency, critical and operative care interventions by encouraging research and supporting Member States to execute research on emergency, critical and operative care delivery, including by providing tools, protocols, indicators and other needed standards to support the collection, analysis and reporting of data, including on cost-effectiveness;

(10) to support the integration of health facility planning, including for hospitals, with emergency, critical and operative care services, executed in line with communities' priorities and health needs, and with regard to supporting the central role of primary care, in accordance with the principles of a primary health care approach;

(11) to support Member States to identify innovative and sustainable financing mechanisms to ensure access to essential emergency, critical and operative care services, and to facilitate awareness and international and domestic resource mobilization, in line with the Addis Ababa Action Agenda of the Third International Conference on Financing for Development[1] by providing advocacy resources;

(12) to report on progress in the implementation of this resolution to the Health Assembly in 2025, 2027 and 2029.

[1] United Nations General Assembly resolution 69/313 (2015).

## Agenda item 13.1

### Increasing access to medical oxygen

The Seventy-sixth World Health Assembly,

Having considered the consolidated report by the Director-General,[1]

Recognizing the inclusion of medical oxygen as a life-saving essential medicine with no substitute on the 22nd World Health Organization Model List of Essential Medicines[2] and the 8th World Health Organization Model List of Essential Medicines for Children,[3] where it is an indication for the management of hypoxaemia, including for vulnerable groups, and during anaesthesia that is essential for surgery and trauma;

Reaffirming the critical role of medical oxygen in the achievement of the Sustainable Development Goals for health, including reducing maternal mortality (target 3.1), newborn and child mortality (target 3.2) and premature mortality from chronic conditions (target 3.4), and that medical oxygen has a role in the acute treatment of some AIDS-, tuberculosis- and malaria-related conditions (target 3.3) and road traffic injuries (target 3.6), and accelerating progress towards universal health coverage (target 3.8);

Noting that the wide application of medical oxygen is essential for the treatment of hypoxaemia across many communicable and noncommunicable diseases and medical conditions across the life course, to which older persons in particular are vulnerable, including but not limited to coronavirus disease (COVID-19), pneumonia, tuberculosis and chronic obstructive pulmonary disease, and situations requiring surgery, emergency and critical care, and therefore necessary for the achievement of the goals and targets of the Global Action Plan for the Prevention and Control of NCDs 2013–2020,[4] the End TB Strategy,[5] the WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care[6] and WHO Guidelines for Safe Surgery 2009;[7]

Underscoring that medical oxygen access is particularly critical for pregnant women during and after delivery, newborns with respiratory distress and children with pneumonia, and therefore necessary for the achievement of the goals and targets of the Global Strategy for Women's, Children's and

[1] Document A76/7 Rev.1.

[2] World Health Organization Model List of Essential Medicines – 22nd List, 2021. Geneva: World Health Organization; 2021. (https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2021.02, accessed 31 August 2022).

[3] World Health Organization Model List of Essential Medicines for Children – 8th List, 2021. Geneva: World Health Organization; 2021. (https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2021.03, accessed 31 August 2022).

[4] Global Action Plan for the Prevention and Control of NCDs 2013–2020. Geneva: World Health Organization; 2013. (https://www.who.int/publications/i/item/9789241506236, accessed 31 August 2022).

[5] The End TB Strategy. Geneva: World Health Organization; 2015. (https://www.who.int/publications/i/item/WHO-HTM-TB-2015.19, accessed 31 August 2022).

[6] WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care. Geneva: World Health Organization; 2020. (https://www.who.int/publications/i/item/who-package-of-essential-noncommunicable-(pen)-disease-interventions-for-primary-health-care, accessed 31 August 2022).

[7] WHO Guidelines for Safe Surgery 2009. Geneva: World Health Organization; 2009. (https://www.who.int/publications/i/item/9789241598552, accessed 31 August 2022).

Adolescent's Health,[1] the Every Newborn Action Plan[2] and The integrated Global Action Plan for Pneumonia and Diarrhoea;[3]

Concerned that complications due to preterm birth are the leading cause of global neonatal mortality and recalling that WHO recommends support for respiratory distress syndrome and the importance of safe medical oxygen use to prevent injury from toxic levels of oxygen in the blood, which can result in retinopathy of prematurity (one of the leading causes of child blindness) and chronic lung disease;

Concerned that in developing countries not all health facilities have uninterrupted access to medical oxygen, and that lack of access is contributing to preventable deaths – a problem that has been exacerbated by the COVID-19 pandemic when the need for medical oxygen has exceeded the capacities of many health systems;

Recalling the publication of WHO medical oxygen treatment guidelines, good practices, technical specifications, forecasting tools, training videos, consultations, safety guidelines[4] and the 2022 revisions to the monograph on Medicinal Oxygen that was adopted at the 56th meeting of the WHO Expert Committee on Specifications for Pharmaceutical Preparations for publication in the 11th Edition of The International Pharmacopoeia,[5] which collectively aim to improve access to medical oxygen through the appropriate selection, procurement, instalment, operation and maintenance of medical oxygen systems and related infrastructure by Member States;

Acknowledging the inclusion of pulse oximeters and other medical oxygen-related devices as priority medical devices listed in Core Medical Equipment,[6] the Interagency List of Medical Devices for Essential Interventions for Reproductive, Maternal, Newborn and Child Health,[7] the WHO list of priority medical devices for cancer management,[8] the Priority medical devices list for the COVID-19

[1] Global Strategy for Women's, Children's and Adolescents' Health. Geneva: World Health Organization; 2015. (https://platform.who.int/docs/default-source/mca-documents/rmncah/global-strategy/ewec-globalstrategyreport-200915.pdf?Status=Master&sfvrsn=b42b6d22_4, accessed 31 August 2022).

[2] Every Newborn Action Plan. Geneva: World Health Organization; 2014. (https://www.who.int/initiatives/every-newborn-action-plan, accessed 31 August 2022).

[3] The integrated Global Action Plan for Pneumonia and Diarrhoea. Geneva: World Health Organization; 2013. (https://www.who.int/publications/i/item/the-integrated-global-action-plan-for-prevention-and-control-of-pneumonia-and-diarrhoea-(gappd), accessed 31 August 2022).

[4] Oxygen [website]. Geneva: World Health Organization; (n.d.). (https://www.who.int/health-topics/oxygen#tab=tab_1, accessed 31 August 2022).

[5] Medicinal Oxygen. Geneva: World Health Organization; 2022. (https://cdn.who.int/media/docs/default-source/essential-medicines/norms-and-standards/qas20-867-medicinal-oxygen.pdf?sfvrsn=ab60e2fe_5, accessed 31 August 2022).

[6] Core Medical Equipment. Geneva: World Health Organization; 2011. (https://www.who.int/publications/i/item/WHO-HSS-EHT-DIM-11.03, accessed 31 August 2022).

[7] Interagency List of Medical Devices for Essential Interventions for Reproductive, Maternal, Newborn and Child Health. Geneva: World Health Organization; 2016. (https://www.who.int/publications-detail-redirect/9789241565028, accessed 31 August 2022).

[8] WHO list of priority medical devices for cancer management. Geneva: World Health Organization; 2017. (https://www.who.int/publications/i/item/9789241565462, accessed 31 August 2022).

response and associated technical specifications,[1] the WHO-UNICEF Technical specifications and guidance for oxygen therapy devices and the WHO list of priority medical devices for management of cardiovascular diseases and diabetes,[2] and that medical oxygen devices are also regularly highlighted in the WHO compendium of innovative health technologies for low-resource settings;[3]

Acknowledging the role of the Access to COVID-19 Tools Accelerator Oxygen Emergency Taskforce[4] in helping developing countries to finance urgently needed medical oxygen supplies to meet the surging demand during the COVID-19 pandemic and recognizing that large gaps in access to medical oxygen remain globally unaddressed, especially in developing countries;

Highlighting the opportunity to consider medical oxygen in pandemic preparedness and response efforts, including through domestic and international funding; and

Recognizing resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines and other health products, in order to enhance the availability and affordability of medical oxygen, particularly in developing countries,

1. URGES Member States,[5] taking into account their national contexts:

(1) to include medical oxygen and associated medical devices on national lists of essential medicines and medical devices for adults and children, including to address hypoxaemia and during anaesthesia, for relevant communicable and noncommunicable diseases, medical conditions and injuries for all relevant patients, including mothers, newborns, infants and children;

(2) to develop, as appropriate, costed national plans to increase access to quality assured, affordable medical oxygen systems and personnel to meet the identified needs of all patients in the context of national achievement of the health-related Sustainable Development Goals and universal health coverage;

[1] Priority medical devices list for the COVID-19 response and associated technical specifications. Geneva: World Health Organization; 2020. (https://www.who.int/publications/i/item/WHO-2019-nCoV-MedDev-TS-O2T.V2, accessed 31 August 2022).

[2] WHO launches List of Priority Medical Devices for management of cardiovascular diseases and diabetes. Geneva: World Health Organization; 2021. (https://www.who.int/news/item/30-06-2021-who-launches-list-of-priority-medical-devices-for-management-of-cardiovascular-diseases-and-diabetes, accessed 31 August 2022).

[3] WHO compendium of innovative health technologies for low-resource settings. Geneva: World Health Organization; 2022. (https://www.who.int/publications/i/item/9789240049505, accessed 31 August 2022).

[4] Chaired by Unitaid, the Access to COVID-19 Tools – Accelerator Oxygen Emergency Taskforce includes WHO (and the broader biomedical consortium WHO coordinates), Unicef, The Global Fund, the World Bank, UNOPS, USAID, the Bill & Melinda Gates Foundation, the Clinton Health Access Initiative, the Program for Appropriate Technology in Health, the Access to Medicine Foundation, Save the Children and the Every Breath Counts Coalition. COVID-19 oxygen emergency impacting more than half a million people in low- and middle-income countries every day, as demand surges. Geneva: World Health Organization; 2021. (https://www.who.int/news/item/25-02-2021-covid-19-oxygen-emergency-impacting-more-than-half-a-million-people-in-low--and-middle-income-countries-every-day-as-demand-surges, accessed 31 August 2022).

[5] And, where applicable, regional economic integration organizations.

(3) to develop national, regional and local health regulations, policies and plans that are informed by but not limited to WHO guidelines and technical specifications that relate to medical oxygen and associated medical devices;

(4) to assess the scale of medical oxygen access gaps in their health systems, including at subnational- and local-level health facilities, in order to provide patients with the required amounts of medical oxygen and related diagnostic tools (including pulse oximeters and patient monitors), and medical devices that deliver oxygen therapy (including invasive and non-invasive ventilators and continuous positive airway pressure), and the availability of qualified staff;

(5) to update their national pharmacopoeias as appropriate, informed by provisions on medical oxygen in The International Pharmacopoeia;

(6) to prevent toxic levels of medical oxygen and the provision of safe medical oxygen among preterm newborns, by using oxygen blenders, pulse oximeters and equipment that meet global standards for technical specifications;

(7) to consider conducting regular assessments to provide for the rational use of oxygen, in order to prevent under-utilization, overuse and/or inappropriate use of medical oxygen;

(8) to consider including, as appropriate, access to medical oxygen, related diagnostics and therapies, and all medical oxygen systems and personnel in national strategies for pandemic preparedness and response and other health emergencies, including for infectious disease outbreaks;

(9) to provide for adequate numbers of clinical staff to be appropriately trained to provide clinical assessments for hypoxaemia and to administer medical oxygen therapy, including as part of comprehensive emergency, critical and operative care services across all clinical settings;

(10) to provide for adequate numbers of qualified staff, including engineers and other staff as required, to establish demand, select, set up, operate and maintain the equipment and all the infrastructure related to medical oxygen production, storage and uninterrupted distribution to patients;

(11) to monitor access to safe, affordable, quality assured medical oxygen and related services throughout their health systems, as part of national efforts to achieve universal health coverage;

(12) to raise public awareness, as appropriate, about the life-saving role of medical oxygen as a treatment for many conditions, including the critical role of pulse oximetry as a routine screening tool, to increase public understanding of hypoxaemia and its consequences and to build confidence in health system capacities to meet medical oxygen needs;

(13) to set up, as appropriate, national and subnational medical oxygen systems in order to secure the uninterrupted provision of medical oxygen to health care facilities at all levels including both rural and urban set-ups;

(14) to consider the stepwise integration of medical oxygen and other medical gas systems into the construction of health care infrastructure to improve accessibility and to reduce the risk of bottled medical oxygen shortages;

(15) to consider increasing domestic financing as well as international support for medical oxygen and to provide transparent procurement and tendering processes, as appropriate, to ensure resilient supply chains for sustainable local manufacturing and procurement of medical oxygen and related diagnostic tools and therapies;

(16) to invest, as appropriate, in medical oxygen innovations with the potential to increase access to quality assured, affordable and reliable supplies of medical oxygen and related diagnostic tools and therapies, including those suitable for low-resource settings;

(17) to promote good manufacturing practices by strengthening quality control in the production chain, filling and distribution of medical oxygen;

(18) to promote research, including translational research, to improve access to and the quality and safety of medical oxygen in health care settings;

(19) to promote mutual support, assistance and cooperation to increase access to medical oxygen; and

(20) to integrate medical oxygen data into routine health information systems;

2. REQUESTS the Director-General:

(1) to continue to highlight medical oxygen as an essential medicine and to highlight the related priority medical devices and infrastructure that must be available to all patients who need them as part of quality health systems contributing to universal health coverage;

(2) to support Member States to improve access to medical oxygen by developing guidelines, technical specifications, forecasting tools, training materials and other resources, and by providing technical support especially designed to meet the needs of health systems in developing countries;

(3) to promote the convergence and harmonization of regulations governing the provision of medical oxygen and access to safe, effective and quality assured medical oxygen sources and devices that meet standards set by WHO and competent authorities;

(4) to support Member States' efforts to provide adequate, predictable and sustainable financing for affordable medical oxygen and for the trained workforce required to install, operate and maintain medical oxygen systems safely;

(5) to include medical oxygen supply in WHO-related pandemic, preparedness and response efforts;

(6) to review medical oxygen innovations and to promote sharing of the innovations among Member States on voluntary and mutually agreed terms to increase access to quality, affordable and reliable supplies of medical oxygen and related diagnostic tools and therapies in low-resource settings;

(7) to establish, as needed, a research agenda regarding the use of medical oxygen;

(8) to collect and analyse data and to share best practices in closing gaps to medical oxygen access in health systems;

(9) to consult with relevant non-State actors regularly on all aspects of access to medical oxygen and to enable partnerships between non-State actors and Member States in the design and delivery of medical oxygen solutions;

(10) to promote mutual support, assistance and cooperation among all stakeholders to increase access to medical oxygen; and

(11) to report on progress in the implementation of this resolution to the Health Assembly in 2026, 2028 and 2030.

**Agenda item 13.1**

## Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage

The Seventy-sixth World Health Assembly,

Having considered the consolidated report by the Director-General,[1]

Reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health;

Recalling United Nations General Assembly resolution 70/1 (2015) on transforming our world: the 2030 Agenda for Sustainable Development, resolutions WHA72.4 (2019) on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage and WHA72.2 (2019) on primary health care, United Nations General Assembly resolution 74/2 (2019) on the political declaration of the high-level meeting on universal health coverage, and United Nations General Assembly resolution 75/315 (2021) on scope, modalities, format and organization of the high-level meeting on universal health coverage;

Recognizing that the 2030 Agenda for Sustainable Development acknowledges the need to achieve universal health coverage and access to quality health care, and further recognizing that vital contribution of universal health coverage is fundamental for achieving the Sustainable Development Goals related not only to health and well-being, but also to other socioeconomic development and recognizing that achievement of the Sustainable Development Goals is critical for the attainment of healthy lives and well-being for all, with a focus on health outcomes throughout the life course;

Recognizing also that health system resilience and universal health coverage are central for effective and sustainable preparedness, prevention and response to pandemics and other public health emergencies;

Recognizing further that the 2030 Agenda for Sustainable Development acknowledges the fundamental role of primary health care in achieving universal health coverage and other health-related Sustainable Development Goals and targets, as envisioned in the Alma-Ata Declaration and the Declaration of Astana from the Global Conference on Primary Health Care, and that primary health care and health services should be high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, and provided with compassion, respect and dignity by health professionals who are well-trained, skilled, motivated and committed;

Also recognizing the need for health systems that are strong, resilient, functional, well governed, responsive, accountable, integrated, community-based, person-centred with enhanced patient safety, and capable of quality service delivery supported by a sufficiently funded and accessible competent health workforce, adequate health infrastructure and enabling legislative and regulatory frameworks that support equitable access to responsive and quality health services;

[1] Document A76/7 Rev.1.

Further recognizing that communities, local administrations and organizations are central to achieving universal health coverage and support efforts to provide community-based health services, improve access to quality health services and care for hard-to-reach communities, including in humanitarian contexts;

Expressing concern at the global shortfall of 15 million in the health workforce in 2020, primarily in low- and middle-income countries, and recognizing the need to attract, educate, build and retain a skilled health workforce, including doctors, nurses, midwives and community health workers, who are a fundamental element of strong and resilient health systems, and recognizing also that 70% of health and care workers are women and that gender inequalities undermine health system performance and global health security;

Expressing further concern over working conditions and management of the health workforce, as well as the challenge of retaining skilled health workers, and recognizing the need for governments to invest in health workforce education and improved working conditions for the health workforce, and to ensure the safety of health workers, including during pandemics;

Recognizing the importance of preventing and responding to sexual exploitation, abuse and harassment of and by the health workforce;

Noting with concern the threat to human health, safety and well-being caused by the coronavirus disease (COVID-19) pandemic, which has spread all over the globe and exposed the vulnerability of current global health architecture, as well as the unprecedented and multifaceted effects of the pandemic, including the severe disruption to societies, education and health systems in maintaining essential health services, economies, international trade and travel and the devastating impact on the livelihoods of people;

Recognizing the consequences of the adverse impact of climate change on health and health systems, as well as other environmental determinants of health, and underscoring the need to mitigate these impacts through adaptation and mitigation efforts, and underlining that resilient and people-centred health systems are necessary to protect the health of all people;

Expressing concern that the number of complex emergencies is hindering the achievement of universal health coverage, and that coherent and inclusive approaches to safeguard universal health coverage in emergencies are essential, including through international cooperation, ensuring the continuum and provision of essential health services and public health functions, in line with humanitarian principles;

Noting the improvement of Sustainable Development Goal indicator 3.8.1 on coverage of essential health services by 2019 while expressing concern over the increased prevalence of catastrophic health spending (indicator 3.8.2);

Expressing concern that the unmet health care needs, in particular among poor households that cannot afford the cost of health services, can result in increased morbidity and mortality due to lack of or delayed accesses,

1. URGES Member States:[1]

(1) to engage in the preparation of the high-level meeting of the United Nations General Assembly on universal health coverage, including the development of a concise and action-oriented, consensus-based political declaration, and to participate in the high-level meeting of the United Nations General Assembly in 2023 on universal health coverage at the highest level, preferably at the level of Heads of State and Government;

(2) to coordinate across the three high-level meetings of the United Nations General Assembly on universal health coverage, on tuberculosis and on pandemic prevention, preparedness and response to promote a coherent, integrated and action-oriented global health agenda and to maximize synergies of those meetings;

(3) to accelerate the achievement of universal health coverage as committed in resolution WHA72.4 (2019) and United Nations General Assembly resolution 74/2 (2019), through increased and sustained political leadership, public accountability, inclusiveness and social participation by all relevant stakeholders;

(4) to increase COVID-19 vaccine coverage according to WHO and nationally determined coverage targets by reaching the highest coverage among the priority-use groups and health workforce including consideration of integration into immunization programmes and primary health care, in order to conclude the acute phase of pandemic, and to strengthen health systems resilience, in particular health delivery systems and health workforce, including systems to prevent and respond to sexual exploitation, abuse and harassment of and by the health workforce, as a platform for the full and effective implementation of universal health coverage by 2030;

(5) to prioritize fiscal space for health through political leadership, improve health systems efficiency, address the environmental, social and economic determinants of health, reduce waste in health systems, identify new sources of revenue, mobilize domestic resources as the main source of financing for universal health coverage, as well as additional financing sources in line with Sustainable Development Goal 17 (Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development), improve public financial management, accountability and transparency, and prioritize coverage of the poor and people in vulnerable situations;

(6) to provide a comprehensive evidence-based benefit package to expand access to quality health services on the path towards progressive realization of universal health coverage informed by cost-effectiveness evidence and reduce reliance on out-of-pocket payment to minimize catastrophic health spending in order to achieve the goal of health equity;

(7) to ensure, by 2030, universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, and ensure universal access 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;

[1] And, where applicable, regional economic integration organizations.

(8) to integrate, where relevant, essential public health functions into primary health care including surveillance and outbreak control and supporting a One Health approach, sustain capacity for universal health coverage, scale up telemedicine to increase access to affordable essential health services and maintain all essential health services during emergencies, including through international cooperation;

(9) to strengthen regular monitoring and evaluation for performance improvement of universal health coverage, and to provide information to support global, regional and national monitoring of progress on universal health coverage and inform preparations for the high-level meeting of the United Nations General Assembly on universal health coverage as well as inform ongoing efforts to achieve the Sustainable Development Goals;

2. REQUESTS the Director-General:

(1) to provide support to Member States in the preparations for the high-level meeting of the United Nations General Assembly on universal health coverage, and coordinate across the high-level meetings of the United Nations General Assembly on universal health coverage, tuberculosis and pandemic prevention, preparedness and response, in order to ensure synergies among the three meetings and promote coherent, integrated and action-oriented global health agendas;

(2) to produce a report on universal health coverage as a technical input and hold Member States information sessions to facilitate informed discussions in advance of the negotiations on the political declaration and during the high-level meeting of the United Nations General Assembly on universal health coverage;

(3) to review the importance and feasibility of using unmet need for health care services as an additional indicator for monitoring universal health coverage, through regional consultations with Member States, as part of the ongoing WHO review process of health-related Sustainable Development Goal indicators;

(4) to provide technical support and policy advice to Member States, in collaboration with the broader United Nations system and other relevant stakeholders, on sustainably strengthening their capacity to generate and use evidence to inform the design and implementation of universal health coverage, strengthening primary health care, promoting access to quality-assured medical products, essential medicines, vaccines, diagnostics and devices, and addressing challenges in health workforce, including to provide support to Member States for preventing and responding to sexual exploitation, abuse and harassment of and by the health workforce, as well as addressing challenges in health information systems and health financing;

(5) to facilitate and support the learning from and sharing of universal health coverage experiences, challenges and best practices across WHO Member States, including in humanitarian and development contexts and by means of international cooperation such as North–South, South–South and triangular cooperation and relevant WHO initiatives;

(6) to support the implementation of the Global Action Plan for Healthy Lives and Well-being for All in order to accelerate progress towards health-related Sustainable Development Goal targets, through collaboration across the relevant United Nations and non-United Nations health-related agencies, with coordinated approaches and aligned support for Member State-led national plans and strategies;

(7) to continue submitting biennial reports on progress made in implementing this resolution to the Health Assembly, as requested in resolution WHA72.4 (2019).

## Agenda item 13.1

### Strengthening diagnostics capacity[1]

The Seventy-sixth World Health Assembly,

Having considered the consolidated report by the Director-General,[2]

Recognizing the Declaration of Alma-Ata (1978), which identified primary health care as "essential health care based on practical, scientifically sound and socially acceptable methods and technology […] at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination", and the Declaration of Astana (2018) on building sustainable primary health care in accordance with the call of the 2030 Agenda for Sustainable Development to achieve universal health coverage and the health-related Sustainable Development Goals, and that diagnostics are important to ensure quality, comprehensive and integrated primary health care and health services everywhere and for everyone;

Recognizing that diagnostic services are vital for the prevention, diagnosis, case management, monitoring and treatment of communicable, noncommunicable, neglected tropical and rare diseases, injuries and disabilities;

Noting that the WHO Constitution upholds the enjoyment of the highest attainable standard of health as one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition, and recognizing that the achievement of any state in the promotion and protection of health is of value to all, and that governments have a responsibility for the health of their peoples that can be fulfilled only by the provision of adequate health and social measures;

Recognizing that access to diagnostics in many countries may be reduced for households living in remote and rural areas, hard-to-reach and pastoral communities, low-income households and people in vulnerable situations, as well as those at higher risk of disease, and that equitable access to diagnostics, in particular diagnostic imaging in developing countries, is particularly deficient and that targeted efforts are needed to lift these barriers;

Recognizing that increasing access to diagnostics from current levels could reduce annual premature deaths, including for people living in developing countries;

Noting that equitable access to safe, effective and quality assured diagnostics requires a comprehensive health-systems approach that addresses all stages of the value chain;

Recalling the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also recalling the Doha Declaration on the TRIPS Agreement and Public Health, which affirms that the TRIPS Agreement can and should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote

[1] For the purpose of this resolution, the term "diagnostics" includes medical devices used for the diagnosis, screening, monitoring, prediction, staging or surveillance of diseases or health conditions, both in vitro and non-in vitro types.

[2] Document A76/7 Rev.1.

access to medicines for all, and which recognizes that intellectual property protection is important for the development of new medicines while also recognizing the concerns about its effects on prices;[1]

Recalling resolution WHA67.20 (2014) on regulatory system strengthening for medical products, requesting the Director-General to prioritize support for "strengthening areas of regulation of health products that are the least developed, such as regulation of medical devices, including diagnostics";[2]

Recalling resolution WHA67.23 (2014) on health intervention and technology assessment in support of universal health coverage;[3]

Noting regional resolutions and initiatives on the regulation, assessment and/or management of medical devices, including in vitro diagnostics, and on strengthening public health laboratories;[4]

Noting the publication of the First WHO Model List of Essential In Vitro Diagnostics,[5] followed by a second[6] and a third edition,[7] the guidance on selection of essential in vitro diagnostics at country level[8] and the guidance for procurement of in vitro diagnostics and related laboratory items and equipment;[9]

Recalling resolution WHA60.29 (2007) on health technologies, which covers issues arising from the deployment and use of health technologies and the need to establish priorities in the selection and management of health technologies, in particular medical devices;[10]

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[1] Resolution WHA74.6. Strengthening local production of medicines and other health technologies to improve access. In: Seventy-fourth World Health Assembly, Geneva, 24 May–1 June 2021. Geneva: World Health Organization; 2021 (https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R6-en.pdf, accessed 1 February 2023).

[2] Resolution WHA67.20. Regulatory system strengthening for medical products. In: Sixty-seventh World Health Assembly, Geneva, 19–24 May 2014. Geneva: World Health Organization; 2014 (https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R20-en.pdf, accessed 17 October 2022).

[3] Resolution WHA67.23. Health intervention and technology assessment in support of universal health coverage. In: Sixth-seventh World Health Assembly, Geneva, 19–24 May 2014. Geneva: World Health Organization; 2014 (https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R23-en.pdf, accessed 5 January 2022).

[4] Strengthening Public Health Laboratories in the WHO African Region: A Critical Need for Disease Control. Geneva: World Health Organization; 2008 (https://www.afro.who.int/sites/default/files/sessions/resolutions/AFR-RC58-6.pdf, accessed 4 January 2023).

[5] First WHO Model List of Essential In Vitro Diagnostics. Geneva: World Health Organization; 2019 (WHO Technical Report Series, No. 1017; https://apps.who.int/iris/bitstream/handle/10665/311567/9789241210263-eng.pdf?ua=1, accessed 4 January 2023).

[6] The selection and use of essential in vitro diagnostics. Geneva: World Health Organization; 2020 (WHO technical report series, No. 1022; https://www.who.int/publications/i/item/9789241210317, accessed 4 January 2023).

[7] The selection and use of essential in vitro diagnostics. Geneva: World Health Organization; 2021 (WHO Technical Report Series, No. 1031; https://www.who.int/publications/i/item/9789240019102, accessed 31 January 2023).

[8] Selection of essential in vitro diagnostics at country level. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/9789240030923, accessed 31 October 2022).

[9] Guidance for procurement of in vitro diagnostics and related laboratory items and equipment. Geneva: World Health Organization; 2017 (https://www.who.int/publications/i/item/9789241512558, accessed 4 January 2023).

[10] Resolution WHA60.29. Health technologies. In: Sixtieth World Health Assembly, Geneva, 14–23 May 2007. Geneva: Word Health Organization; 2007 (https://apps.who.int/iris/bitstream/handle/10665/22609/A60_R29-en.pdf?sequence=1&isAllowed=y, accessed 4 January 2023).

Recognizing the development of the Universal Health Coverage Compendium[1] and the WHO lists of priority medical devices,[2] including those required for reproductive, maternal and newborn health,[3] cancer management,[4] coronavirus disease (COVID-19),[5] and cardiovascular diseases and diabetes,[6] and for covering the broad range of medical devices used for diagnostic purposes;

Recognizing that some of the barriers to improving equitable access to medicines are similar to those for diagnostics and that the regulation, selection, process, training for proper use, maintenance and – where appropriate – infrastructure support are different and in some instances even more complex, but nevertheless recognizing that synergies can be used wherever possible when addressing the barriers to access to medicines and diagnostics;

Recognizing the need to establish priorities in the management of diagnostics, considering procurement,[7] the supply chain, maintenance, safe use and decommissioning, to improve health outcomes through optimal use of the resources that are often capital intensive;

Recognizing the critical role of rapid and accurate diagnostics to combat antimicrobial resistance by guiding the correct management of infections, and the appropriate use of new and existing antimicrobials through improved antimicrobial stewardship and surveillance;

Recognizing the lack of equitable access to basic diagnostics in many parts of the world for priority pathogens, which have been identified by WHO as having the greatest outbreak potential;

Recognizing that appropriate diagnostics are needed to inform prediction, prevention, detection, monitoring and control of outbreaks and pandemic diseases; and noting that diagnostics capacity at national and subnational levels is essential;

Noting the emphasis of the Access to COVID-19 Tools Accelerator[8] (ACT-A) "to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines";

Noting the learnings derived from the Access to COVID-19 Tools Accelerator[8] (ACT-A), including its diagnostics pillar, regarding the strengths and weaknesses of ACT-A;

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[1] UHC Compendium: Health interventions for universal health coverage [website]. Geneva: World Health Organization; (n.d.) (https://www.who.int/universal-health-coverage/compendium, accessed 30 October 2022).

[2] Prioritizing medical devices [website]. Geneva: World Health Organization; (n.d.) (https://www.who.int/activities/prioritizing-medical-devices, accessed 31 January 2023).

[3] Interagency List of Priority Medical Devices for Essential Interventions for Reproductive, Maternal, Newborn and Child Health. Geneva: World Health Organization; 2016 (https://apps.who.int/iris/bitstream/handle/10665/205490/9789241565028_eng.pdf, accessed 31 January 2023).

[4] WHO list of priority medical devices for cancer management. Geneva: World Health Organization; 2017 (https://www.who.int/publications/i/item/9789241565462, accessed 30 October 2022).

[5] Priority medical devices for the COVID-19 response and associated technical specifications. Geneva: World Health Organization; 2020 (https://www.who.int/publications/i/item/WHO-2019-nCoV-MedDev-TS-O2T.V2, accessed 30 October 2022).

[6] WHO list of priority medical devices for management of cardiovascular diseases and diabetes. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/9789240027978, accessed 30 October 2022).

[7] Considering alternative procurement mechanisms, including pooled procurement, bundled procurement – including reagents and accessories – public-private partnerships (PPP), leasing, etcetera.

[8] The Access to COVID-19 Tools (ACT) Accelerator [website]. Geneva: World Health Organization; (n.d.) (https://www.who.int/initiatives/act-accelerator, accessed 1 February 2023).

Noting that during the COVID-19 pandemic response, despite the sharing of the genome sequence of the novel coronavirus that paved the way for the rapid development of diagnostic tests, the lack of access for developing countries in particular to diagnostic tests created inequities in the public health response;

Noting that the benefit of diagnostics can be maximized by a suitable health system (including laboratories), which enables the selection/regulation and use of them in a proper way, with a skilled and licensed workforce operating in safe and operational facilities with the appropriate infrastructure and adequate financing;

Recalling resolution WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies, which underscores that timely, fair and equitable access to health products is a global priority and that the availability, accessibility, acceptability and affordability of health products are fundamental to tackling global public health emergencies;[1]

Recognizing the increasing burden of noncommunicable diseases[2] and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2030,[3] which includes addressing the lack of diagnostics for noncommunicable diseases through multistakeholder collaborations to develop new technologies that are affordable, safe, effective and quality controlled, and improving laboratory and diagnostic capacity and human resources;[4]

Recognizing the need to ensure the integrated and coordinated provision of high-quality, affordable, accessible, age and gender sensitive and evidence-based diagnostic interventions, for all individuals without discrimination, with a view to achieving universal health coverage;

Noting the importance of point-of-care tests at the primary health care level as well as at the community level, including self-testing, to increase access to and the affordability and use of diagnostics;

Noting the opportunities for improved diagnostics including, but not limited to, the research and development of simple, affordable tests for diseases currently lacking good quality tests, digitalization, telediagnosis and clinical decision support and improved information management,[5] point-of-care testing and genomic sequencing;

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[1] Resolution WHA74.7. Strengthening WHO preparedness for and response to health emergencies. In: Seventy-fourth World Health Assembly, Geneva, 24 May–1 June 2021. Geneva: World Health Organization; 2021 (https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R7-en.pdf, accessed 22 December 2022).

[2] Including those that affect eye, ear and oral health.

[3] Implementation roadmap 2023–2030 for the Global action plan for the prevention and control of NCDs 2013–2030 [website]. Geneva: World Health Organization; (n.d.) (https://www.who.int/teams/noncommunicable-diseases/governance/roadmap, accessed 31 January 2023).

[4] Global Action Plan for the Prevention and Control of NCDs 2013–2020. Geneva: World Health Organization; 2013 (https://apps.who.int/iris/handle/10665/94384, accessed 9 November 2022).

[5] Recommendations on digital interventions for health system strengthening – Executive summary. Geneva: World Health Organization; 2019 (document WHO/RHR/19.8).

Noting resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines and other health products;[1]

Noting the challenges associated with the cost of diagnostic tests in developing countries that affect access;

Recalling resolution WHA74.6 (2021) on strengthening local production of medicines and other health technologies to improve access, which recalls "resolution WHA61.21 (2008), decision WHA71(9) (2018) and document A71/12 (2018), insofar as they address the role of technology transfer and local production of medicines and other health technologies in improving access;"[2]

Noting that although high-burden infectious diseases persist globally, considerable efforts over the last decade by Member States, WHO, donors and other stakeholders have expanded laboratory diagnostic services and access to in vitro diagnostics for several high-burden infectious diseases,[3]

1. URGES Member States, taking into account their national context and circumstances:

(1) to consider the establishment of national diagnostics strategies, as part of their national health plans, that include regulation, assessment and management of diagnostics and development of integrated networks to tackle all diseases and medical challenges, avoiding current silos often observed;

(2) to consider health technology assessment systems for the systematic evaluation of the effectiveness and cost-effectiveness of diagnostics to support decision-making for the selection of diagnostics for interventions for universal health coverage;

(3) to consider the development of national essential diagnostics lists, adapting the WHO Model List of Essential In Vitro Diagnostics and the WHO lists of priority medical devices to local context, and plans to fund gaps in access to essential diagnostics, and to update them regularly;

(4) to extend the scope of packages of essential diagnostic services, and to make essential diagnostics available, accessible and affordable at the primary health care level;

(5) to invest in developing skilled workforce at all levels of their respective health systems, with the training needed to support advances in diagnostics and the management of these technologies;

[1] Measuring medicine prices, availability, affordability and price components, 2nd edition. Geneva: World Health Organization; 2008 (https://apps.who.int/iris/bitstream/handle/10665/70013/WHO_PSM_PAR_2008.3_eng.pdf?sequence=1&isAllowed=y, accessed 25 November 2022).

[2] Resolution WHA74.6. Strengthening local production of medicines and other health technologies to improve access. In: Seventy-fourth World Health Assembly, Geneva, 24 May–1 June 2021. Geneva: World Health Organization; 2021 (https://apps.who.int/gb/ebwha/pdf_files/WHA74-REC1/A74_REC1-en.pdf#page=27, accessed 9 February 2022).

[3] Global technical strategy for malaria 2016–2030, 2021 update. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/9789240031357, accessed 1 February 2023).

(6) to commit to the safe use of diagnostic imaging procedures by applying standards based on the International Basic Safety Standards, where appropriate, and by considering the protection of patients, staff and the public;[1]

(7) to commit resources to invest in research and product development and to promote local production capacity for diagnostics, particularly in developing countries;

(8) to consider including provisions that facilitate access in funding agreements for research and development in diagnostics;

(9) to take policy measures for equitable and timely access for all to diagnostics technologies and products, in particular for the benefit of developing countries, including joint development and transfer of diagnostics technologies, on voluntary and mutually agreed terms;

(10) to take into account the rights and obligations contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, including those affirmed by the Doha Declaration on the TRIPS Agreement and Public Health, in order to promote access to diagnostics and other health technologies for all;

(11) to consider, as appropriate, legislative, administrative or policy measures to prevent anti-competitive practices that hinder access to diagnostics;

(12) to leverage international and/or regional collaboration for harmonizing and promoting twinning practices and reliance mechanisms for the regulation, manufacturing and supply of all types of diagnostics;

(13) to establish routine data collection systems for monitoring key data on the market shaping and effective use of diagnostics, and to use these data for evidence-based policy-making;

(14) to invest in diagnostic services, including the selection and use of essential in vitro diagnostics;

(15) to strengthen international collaboration and assistance, including during epidemics and pandemics, aligned with the International Health Regulations (2005);

2. REQUESTS the Director-General:

(1) to collect data on affordability, availability and access to essential diagnostics;

(2) to support Member States, upon their request and as appropriate, with technical advice for procurement that will enable access to good quality, affordable diagnostics for all Member States;[2]

(3) to provide cross-references between the WHO Model List of Essential In Vitro Diagnostics and the diagnostic devices already included in the WHO priority medical devices lists, in order to

[1] Document EB131/11. Radiation protection and safety of radiation sources: International Basic Safety Standards. Report by the Secretariat. In: 131st session of the Executive Board, Geneva, 28–29 May 2012. Geneva: World Health Organization; 2012 (https://apps.who.int/gb/ebwha/pdf_files/EB131/B131_11-en.pdf, accessed 4 January 2023).

[2] And, where applicable, regional economic integration organizations.

facilitate the identification of relevant diagnostics for comprehensive diagnostic services, in particular through the open electronic platforms eEDL[1] and MeDevIS;[2]

(4) to update the WHO Model List of Essential In Vitro Diagnostics and the WHO lists of priority medical devices, to include innovative diagnostics, following a review of the latest evidence and/or health technology assessments;

(5) to support Member States upon their request to develop policies for health technology management of diagnostics, including national maintenance systems and disposal;

(6) to continue to support Member States upon their request in promoting quality and sustainable local production of diagnostics, including, as appropriate, by facilitating research and development and technology transfer on voluntary and mutually agreed terms, and by coordinating with relevant international intergovernmental organizations and agencies to promote local production in a strategic and collaborative approach;[3]

(7) to support Member States upon their request to strengthen national and regional regulatory systems for diagnostics;

(8) to support the development and updating of Member States' national diagnostics lists, considering the WHO lists, including cost-effectiveness and state-of-the-art diagnostics products and technologies;

(9) to categorize a subset of the WHO Model List of Essential In Vitro Diagnostics as tailored to emergency situations, including the Interagency Emergency Health Kits;[4]

(10) to publish publicly available information on diagnostic products and technologies[5] from the WHO Model List of Essential In Vitro Diagnostics and the WHO lists of priority medical devices, through the open electronic platforms eEDL and MeDevIS;

(11) to develop or strengthen national, regional and global laboratory networks and diagnostics initiatives and to support Member States in developing and implementing quality management systems for ensuring safe, affordable, accessible diagnostic services and quality assured diagnostics;

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[1] Model List of Essential In Vitro Diagnostics [electronic platform]. Geneva: World Health Organization; (n.d.) (https://edl.who-healthtechnologies.org/, accessed 31 January 2023).

[2] Priority Medical Devices Information System [electronic platform]. Geneva: World Health Organization; (n.d.) (https://medevis.who-healthtechnologies.org/, accessed 31 January 2023).

[3] Resolution WHA74.6. Strengthening local production of medicines and other health technologies to improve access. In: Seventy-fourth World Health Assembly, Geneva, 24 May–1 June 2021. Geneva: World Health Organization; 2021 (https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R6-en.pdf, accessed 5 January 2022).

[4] Interagency Emergency Health Kit 2017. Geneva: World Health Organization; 2017 (https://www.who.int/emergencies/emergency-health-kits/interagency-emergency-health-kit-2017, accessed 31 January 2023).

[5] Decision WHA75(25). Standardization of medical devices nomenclature. In: Seventy-fifth World Health Assembly, Geneva, 22–28 May 2022. Geneva: World Health Organization; 2022 (https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75(25)-en.pdf, accessed 31 January 2023).

(12) to develop and/or update WHO definitions of diagnostics, through a group of experts and public consultations, and to publish revised definitions before the 156th session of the Executive Board;

(13) to take a horizontal health programme approach for all diagnostics (both in vitro and non-in vitro) across diseases and to avoid siloed guidance, policy and funding streams;

(14) to support Member States in creating optimized, integrated diagnostic networks and services that best serve country programmes to tackle all diagnostic systems needs, removing the oftentimes siloed programmatic and diagnostic services;

(15) to prioritize and review rapidly clinical evidence for new diagnostic interventions, services or products for consideration in guidelines, across diseases and with an effort to integrate recommendations in a disease-agnostic way, where possible;

(16) to report on progress in the implementation of this resolution to the Seventy-eighth World Health Assembly in 2025.

## Agenda item 13.2

### Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health

The Seventy-sixth World Health Assembly, having considered the consolidated report by the Director-General,[1]

Decided:

(1) to endorse the draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases (2022 update of Appendix 3 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030);

(2) to request the Director-General to submit a draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases for consideration by the Eightieth World Health Assembly, through the Executive Board at its 160th session, and to incorporate revised interventions to Appendix 3 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030 on a continuous basis, when data are available.

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[1] Document A76/7 Rev.1.