

Matters for information: progress reports

Report by the Director-General

CONTENTS

A.	The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections (resolution WHA75.20 (2022))	3
B.	Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage (resolution WHA72.4 (2019))	4
C.	Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets (resolution WHA57.12 (2004))	5
D.	Eradication of dracunculiasis (resolution WHA64.16 (2011))	7
E.	Integrated people-centred eye care, including preventable vision impairment and blindness (resolution WHA73.4 (2020))	8
F.	Human organ and tissue transplantation (decision WHA75(18) (2022))	9
G.	Availability, safety and quality of blood products (decision WHA75(17) (2022))	11
H.	Public health dimension of the world drug problem (decision WHA75(20) (2022))	12
I.	Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits (resolution WHA64.5 (2011))	14
J.	Strengthening health emergency preparedness and response in cities and urban settings (resolution WHA75.7 (2022)) ¹	
K.	WHO global strategy for food safety (decision WHA75(22) (2022))	15
L.	Reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets – infection prevention and control (decision WHA75(23) (2022))	16

¹ See document A77/33 Add.1.

M.	Outcome of the SIDS Summit for Health: For a Healthy and Resilient Future in Small Island Developing States (resolution WHA75.18 (2022)).....	18
N.	Global strategy and plan of action on public health, innovation and intellectual property (resolution WHA75.14 (2022))	19
O.	Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25 (2007)) ¹	

¹ See document A77/33 Add.1.

A. THE GLOBAL HEALTH SECTOR STRATEGIES ON, RESPECTIVELY, HIV, VIRAL HEPATITIS AND SEXUALLY TRANSMITTED INFECTIONS (resolution WHA75.20 (2022))

1. The Seventy-fifth World Health Assembly noted with appreciation the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections (STIs), for the period 2022–2030.¹

2. The WHO regional committees endorsed, adapted and promoted the strategies through their own strategic frameworks and regional action plans.

3. *Common actions.* Progress includes validation of the elimination of mother-to-child transmission of HIV and/or syphilis in 17 countries or areas by the end of 2023; the publication and dissemination of consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations; and success in rolling out dual HIV/syphilis rapid diagnostic tests for pregnant women in antenatal care and for key populations.

4. *HIV infection.* There were 1.3 million new HIV infections and 630 000 deaths from HIV-related causes in 2022. More than 75% of people living with HIV globally were receiving antiretroviral therapy. In 2023, 150 of 165 reporting countries (91%) had incorporated WHO recommendations on pre-exposure prophylaxis into their national guidelines; 102 countries reported national policies supporting HIV self-testing, and 63 implemented such policies routinely; 116 of 127 reporting countries had adopted WHO preferred first-line antiretroviral therapy for adults and adolescents, a 93% increase since 2020; and routine viral load monitoring for adults and adolescents was being implemented countrywide in 74% of reporting low- and middle-income countries (98 of 133).

5. *Viral hepatitis.* Improved WHO data from 187 countries show that the estimated number of deaths from viral hepatitis increased from 1.1 million in 2019 to 1.3 million in 2022. Thanks in part to the discovery of a cure, hepatitis C incidence and mortality rates fell by an estimated 5% and 17%, respectively, from 2019 to 2022. Hepatitis B mortality increased by 34% owing to low treatment coverage; most new infections occurred in Africa, where the birth dose vaccination rate was low (18%). Advocacy activities accelerated. The World Hepatitis Summit 2022 attracted more than 750 delegates from 120 countries, including 28 ministries of health. WHO developed a framework for elimination of viral hepatitis to encourage national scale-up. In 2023, Egypt became the first country to achieve “gold tier” status on the path to elimination of hepatitis C.

6. *Sexually transmitted infections.* Numerous countries reported increases in cases of adult congenital syphilis after the COVID-19 pandemic. Progress was made towards strengthening antimicrobial resistance surveillance. WHO updated its treatment guidelines and embarked on a series of high-level events to heighten STI awareness and advocate for action. By January 2024, 137 countries had reported the inclusion of human papillomavirus vaccines in their national immunization programmes. Global coverage of final dose by age 15 in girls had reached 17% in 2022.

7. In 2023, WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria signed a revised Strategic Framework for Collaboration. WHO continued to support the United States President’s Emergency Plan for AIDS Relief, led the health sector response as a founding Cosponsor of the UNAIDS Joint Programme, and launched the Global Alliance to End AIDS in Children by 2030 with UNAIDS, UNICEF and other funding and community partners. The International Union against

¹ Resolution WHA75.20 (2022).

Sexually Transmitted Infections and the World Hepatitis Alliance remained key partners. WHO convened the Strategic and Technical Advisory Group on HIV, viral hepatitis, and sexually transmitted infections across the three disease areas.

8. Meeting the 2025 milestones and 2030 goals of the global health sector strategies requires renewed commitment and strengthened approaches to reach populations with the highest incidence and poorest prevention and treatment outcomes. WHO will support countries and partners developing sustainability road maps for HIV; further heighten awareness of STIs; and advance the elimination agenda for viral hepatitis. The draft fourteenth general programme of work, 2025–2028, provides new opportunities to accelerate implementation. An accountability framework comprising further analysis is available online.¹ As requested by the Health Assembly, the 2026 report will provide a mid-term review of the progress made towards achieving the 2025 milestones and the 2030 goals.

B. PREPARATION FOR THE HIGH-LEVEL MEETING OF THE UNITED NATIONS GENERAL ASSEMBLY ON UNIVERSAL HEALTH COVERAGE (resolution WHA72.4 (2019))

9. Progress towards universal health coverage is off track and urgent action is needed to invest in reaching those in the poorest and most vulnerable situations. The 2023 global monitoring report on universal health coverage,² shows that: 4.5 billion people were not covered by essential health services in 2021; financial hardship has continuously worsened since 2000, and in 2019, two billion people (including the poorest and most vulnerable) experienced catastrophic or impoverishing health spending³ due to out-of-pocket health costs; between 2000 and 2021, the global universal service coverage index increased from 45 to 68 (out of 100), rising from 65 to 68 between 2015 and 2019 and remaining unchanged between 2019 and 2021. The report also showed that progress is feasible, with 30% of countries (42 of the 138 countries with available data) having expanded service coverage while reducing catastrophic out-of-pocket health spending.

10. In 2023, world leaders committed to redouble efforts towards universal health coverage. The political declaration,⁴ adopted following the second United Nations General Assembly high-level meeting on universal health coverage, recognized the primary health care approach as the most inclusive, efficient and effective route to universal health coverage. Member States reaffirmed their resolve to provide health coverage for one billion additional people by 2025, boost public financing and financial risk protection, and eliminate impoverishment due to health costs by 2030. They also called for health prioritization in government budgets and parliamentary action, and for effective investments in health promotion and disease prevention. Member States committed to scaling up investment in education and training, employment, protection and retention of the health and care workforce and decided to convene a high-level meeting in 2027 to review progress on commitments to achieve universal health coverage.

¹ Global health sector strategies 2022–2030. In: Global HIV, Hepatitis and STIs Programmes [website]. Geneva: World Health Organization: 2024 (<https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/strategies/global-health-sector-strategies>, accessed 29 February 2024).

² Tracking universal health coverage: 2023 global monitoring report. Geneva: World Health Organization and International Bank for Reconstruction and Development/The World Bank; 2023.

³ Defined as exceeding 10% of a household budget.

⁴ United Nations General Assembly resolution 78/4 (<https://www.undocs.org/Home/Mobile?FinalSymbol=A%2FRES%2F78%2F4&Language=E&DeviceType=Desktop&LangRequested=False>, accessed 27 November 2023).

11. In October 2023, the Government of Kazakhstan, WHO and UNICEF co-hosted the international conference on primary health care policy and practice to commemorate the forty-fifth and fifth anniversaries of the Alma-Ata Declaration on primary health care and the Declaration of Astana on primary health care, respectively, and share experience in advancing primary health care and universal health coverage.

12. Sustained and more equitable public financing is key to resilient health systems amid economic, geopolitical and climate challenges. WHO's 2023 global health expenditure report¹ found that health spending increased rapidly in response to the pandemic of coronavirus disease (COVID-19) and reached US\$ 9.8 trillion (10.3% of global gross domestic product) in 2021, but with huge inequalities across and within countries. In 2021, 11% of the world's population lived in countries that spent less than US\$ 50 per person per year on health, while the average per capita spending was US\$ 4000 in high-income countries.

13. The Secretariat is engaging with Member States and key stakeholders to accelerate progress towards universal health coverage. Initiatives include the following: the Universal Health Coverage Partnership, through which the Secretariat provides flexible and tailored support in more than 120 Member States; the Health Impact Investment Platform with regional development banks to catalyse investment in primary health care; UHC2030, a collaborative multistakeholder platform to align support with national commitments; the Working for Health programme and Multi-Partner Trust Fund with ILO and OECD to support countries in tackling the 10 million health worker shortfall that is estimated by 2030 through action on health and care workforce education, employment, financing, performance and protection; and the primary health care accelerator theme in the Global Action Plan for Healthy Lives and Well-Being for All that is co-chaired with UNICEF.

C. REPRODUCTIVE HEALTH: STRATEGY TO ACCELERATE PROGRESS TOWARDS THE ATTAINMENT OF INTERNATIONAL DEVELOPMENT GOALS AND TARGETS (resolution WHA57.12 (2004))

14. This report highlights the Secretariat's activities during the period 2022–2023 to implement the reproductive health strategy, which defines five priority aspects of sexual and reproductive health,² 20 years after its endorsement by the World Health Assembly and 30 years after the International Conference on Population and Development (Cairo, 1994). Progress is lagging, particularly among the most disadvantaged populations.

15. There were an estimated 287 000 maternal deaths in 2020.³ Although the global maternal mortality ratio dropped by 34.3% from 2000 to 2020 (339 to 223 deaths per 100 000 live births), progress has slowed. From 2016 to 2020, rates stagnated in 131 countries, increased in 17 and significantly decreased in only 31. The South-East Asia Region saw a significant decline, while rates remained unchanged in the African and Eastern Mediterranean regions and increased in the Region of the Americas and the European and Western Pacific regions.

¹ Global spending on health: coping with the pandemic. Geneva: World Health Organization; 2023. (<https://www.who.int/publications/i/item/9789240086746>, accessed 9 February 2024).

² Improving antenatal, delivery, postpartum and newborn care; providing high-quality services for family planning; eliminating unsafe abortion; combating sexually transmitted infections; and promoting sexual health.

³ Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2023. (<https://iris.who.int/bitstream/handle/10665/372247/9789240069251-eng.pdf?sequence=1>, accessed 20 February 2024).

16. The Secretariat updated evidence-based guidelines, including a promising intervention for early postpartum haemorrhage diagnosis and treatment. It supported 27 countries in developing maternal and newborn acceleration plans to implement WHO recommendations. It also co-convened the International Maternal and Newborn Health Conference with over 1700 participants in 2023.

17. Although the proportion of women of reproductive age (15–49 years) whose family planning needs were satisfied with modern methods was 78% globally in 2022 (10% higher than in 1990), it was only 54% in sub-Saharan Africa.¹ The Secretariat supported 40 countries in implementing evidence-based family planning interventions. The International Conference on Family Planning, co-founded by WHO, hosted over 5000 participants in 2022. WHO provided technical guidance, led capacity strengthening for 68 young researchers from 28 countries and engaged 60 local organizations from 20 countries to elevate field priorities globally.

18. The Secretariat collaborated with 10 countries to reduce maternal mortality related to unsafe abortion through health systems strengthening. It also supported 15 countries in implementing relevant guidelines such as the clinical practice handbook, a mobile application and competency-based training tools for providers.

19. Over one million sexually transmitted infections are acquired every day worldwide.² The Secretariat has undertaken a research prioritization exercise and worked with countries and partners to develop point-of-care tests and therapeutic vaccines in support of the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections. It published a questionnaire on sexual behaviours and health-related outcomes based on a 19-country study and key facts on women's health from menarche to menopause, including endometriosis.

20. Nearly one in three women experience intimate partner violence and/or non-partner sexual violence at least once in their lifetime.³ The Secretariat has supported countries, including 23 countries in humanitarian settings, in their responses. At least 48% of 174 countries for which information is available have clinical guidelines or protocols for responding to violence against women.⁴

21. A full range of sexual and reproductive health service interventions is included in WHO's compendium of health interventions for universal health coverage and the WHO service package delivery and implementation tool. The Secretariat has supported eight countries in the African Region in using these tools for prioritization of sexual and reproductive health in decision-making processes.

22. The Secretariat has supported countries in incorporating WHO recommendations on sexual and reproductive health in standards-based digital systems, by translating them into a structured format. Forty-seven countries have made policy changes enabling access to self-care interventions, including over-the-counter medicines and tests, since the launch of WHO guidelines in 2019.

¹ Available at <https://www.un.org/development/desa/pd/data/family-planning-indicators> (accessed 7 March 2024).

² Available at [https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-\(stis\)](https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis)) (accessed 7 March 2024).

³ Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. Geneva: World Health Organization; 2024. Available at <https://iris.who.int/handle/10665/341337> (accessed 6 March 2024).

⁴ Addressing violence against women in health and multisectoral policies: a global status report. Geneva: World Health Organization; 2021 (<https://iris.who.int/bitstream/handle/10665/350245/9789240040458-eng.pdf?sequence=1>, accessed 7 March 2024).

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

23. In 2023, four countries reported 14 human cases of dracunculiasis (Guinea-worm disease) in 11 villages (according to country reports received in January 2024, validated in April 2024). Chad reported nine cases in six villages; Mali one case; and South Sudan two cases in two villages. Cameroon and the Central African Republic, which are both certified countries, reported one case each, with both infections linked to Chad. In 2022, 13 human cases were reported. The cases reported in 2022 and 2023 are 52% fewer than in 2021.¹ Angola, Cameroon, Chad, Ethiopia, Mali and South Sudan also reported 723 animal infections in 2023.²

24. 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, including maintaining surveillance in all formerly endemic, certified countries, thus continuing the momentum for eradication through effective donor collaboration.

25. The Democratic Republic of the Congo is the latest country to have been certified as free of dracunculiasis transmission. Six Member States remain uncertified, including five countries in which the disease is endemic (Angola, Chad, Ethiopia, Mali and South Sudan), and one country (Sudan) at the precertification stage. To reduce the risk of the spread of the disease, WHO organized a meeting of certified countries (including Chad and Ethiopia which are currently endemic and a potential source of re-infection for certified countries) in Cameroon in November 2023 to review and discuss additional platforms to strengthen national surveillance systems. For the first time, the meeting also included participants from animal health, environmental health, fisheries and wildlife sectors.

26. Angola, Cameroon, Chad, Ethiopia, Mali and South Sudan maintained active, community-based surveillance in around 7365 villages in 2023, compared with 7181 villages in 2022.² Despite the instability in the country, Sudan maintained precertification surveillance in accessible areas, including case searches. No human cases or infected animals were found.

27. All uncertified countries continued to offer cash rewards for voluntary case reporting in 2023. More than 318 000 rumoured human cases and more than 117 000 rumoured animal infections were investigated, 99% within 24 hours.²

28. Angola reported zero human cases in 2023 as in 2022, and 73 animal infections (dogs only) in 2023.² With support from WHO and The Carter Center, it continues to strengthen active community-based surveillance for the disease. In Cameroon, in addition to the one human case reported in 2023, 97 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 November 2023.²

¹ Weekly epidemiological record, 19 May 2023. Dracunculiasis eradication: global surveillance summary, 2022. Available at <https://www.who.int/publications/i/item/who-wer9820-205-224>, accessed 4 March 2024.

² Unpublished reports to WHO from health ministries of Member States, provisional data.

29. Infection in dogs remains a challenge. Compared to 2022, the overall number of infected animals increased by 5% in 2023, from 688¹ to 723.² This is largely due to an improved detection of infected animals in Angola and Cameroon. In 2023, Chad reported 495 infected animals, mostly dogs (406) and cats (89); Ethiopia reported infections in one dog; Mali reported infections mostly dogs (41 dogs) and cats (5); and South Sudan reported infection in one dog.² Conflict, poor security conditions and population displacement continued to hamper eradication efforts and accessibility in parts of Mali and some areas of South Sudan where dracunculiasis is still endemic, and in the Central African Republic where strong post-certification surveillance is needed. In these settings, there is a need to work with the WHO Health Emergencies Programme, both for access and active surveillance.

30. At the twenty-seventh international review meeting of Guinea-worm eradication programme managers in March 2023, countries reported on the programme status for 2022. The twenty-eighth meeting will be held in April 2024.

31. The annual informal meeting with health ministers of countries reporting indigenous transmission of dracunculiasis, was held on the margins of the Seventy-sixth World Health Assembly.

E. INTEGRATED PEOPLE-CENTRED EYE CARE, INCLUDING PREVENTABLE VISION IMPAIRMENT AND BLINDNESS (resolution WHA73.4 (2020))

32. The Secretariat collaborated with over 300 experts across all regions to develop the Eye care in health systems: guide for action,³ with linked technical products providing practical, step-by-step support to Member States in the planning and implementation of integrated people-centred eye care. The Secretariat supported six regional launches of the guide in 2021–2022.

33. Since the adoption of resolution WHA73.4, the Secretariat has engaged with Member States on a range of activities to strengthen eye care, including: the use of technical tools from the guide for action in 17 Member States; a situation assessment for specific eye diseases (diabetic retinopathy and diabetes, glaucoma, uncorrected refractive errors and vision rehabilitation) in 37 Member States; and supporting the establishment of the first university diploma course in public health ophthalmology to be made available to candidates of French-speaking countries in Africa; a vision rehabilitation service in Morocco, and tertiary national reference centres for advanced child eye care in four Member States.

34. The Secretariat, in consultation with Member States and experts, has prepared recommendations on global targets for effective coverage of cataract surgery and of refractive error. The targets, which were endorsed by the Seventy-fourth World Health Assembly,⁴ aim to achieve a 40 percentage point increase in effective coverage of refractive error and a 30 percentage point increase in effective coverage of cataract surgery by 2030.

¹ Weekly epidemiological record, 19 May 2023. Dracunculiasis eradication: global surveillance summary, 2022. Available at <https://www.who.int/publications/i/item/who-wer9820-205-224>, accessed 4 March 2024.

² Unpublished reports to WHO from health ministries of Member States, provisional data.

³ Eye care in health systems: guide for action. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/354382>, accessed 19 February 2024).

⁴ Decision WHA74(12) (2021).

35. To support surveillance and monitoring of eye care, the Secretariat has developed a range of resources, including the first report of the 2030 targets on effective coverage of eye care,¹ an eye care indicator menu,² a routine health information systems toolkit for sensory functions and a District Health Information Software 2 sensory functions digital package.³ Eye care indicators were integrated into ongoing surveys, such as the WHO STEPwise approach to noncommunicable disease risk factor surveillance survey and the noncommunicable disease country capacity survey.

36. To support Member States in reaching more than 800 million people in need of refractive error services, WHO launched SPECS 2030.⁴ This global initiative seeks to provide leadership through coordinated advocacy and united action across all sectors and currently has 30 member organizations.

37. The Secretariat developed and disseminated a series of evidence-based tools to improve population awareness and prevention, including the WHO-ITU MyopiaEd programme⁵ and the WHOeyes app.⁶

38. The Secretariat developed an Action Plan for integrated people-centred eye care in South-East Asia 2022–2030, which was endorsed by the Regional Committee in 2022.⁷ It also supported a situation analysis of eye health and eye care in the Eastern Mediterranean Region.

39. More progress is needed to strengthen the planning and provision of eye care across related programmes within primary health care (e.g. neonatal services, child health, noncommunicable diseases) and sectors (e.g. education, labour, private sector). It should be integrated into wider health plans and policies, including on health financing (benefit packages), workforce and information systems.

F. HUMAN ORGAN AND TISSUE TRANSPLANTATION⁸ (decision WHA75(18) (2022))

40. Resolution WHA63.22 (2010), including the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation, has largely influenced the creation and modification of laws, legislation and regulations in the majority of countries. In decision WHA75(18), the Health Assembly requested the Director-General to continue to report to the Health Assembly every two years until 2030 on progress made in the implementation of resolution WHA63.22.

¹ Report of the 2030 targets on effective coverage of eye care. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/363158>, accessed 19 February 2024).

² Eye care indicator menu (ECIM): a tool for monitoring strategies and actions for eye care provision. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/354257>, accessed 19 February 2024).

³ Available at <https://www.who.int/tools/routine-health-information-systems---sensory-functions-toolkit> (accessed 19 February 2024).

⁴ World Health Organization. WHO SPECS 2030 (<https://www.who.int/initiatives/specs-2030>, accessed 19 February 2024).

⁵ Be he@lthy, be mobile: a toolkit on how to implement MyopiaEd. World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240042377>, accessed 19 February 2024).

⁶ World Health Organization. WHOeyes (<https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/whoeyes>, accessed 19 February 2024).

⁷ Resolution SEA/RC75/R2 (2022).

⁸ See document A77/4 for information on decision EB154(7) (2024) on increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs.

41. In the most recent report to the governing bodies on this subject,¹ it was noted that, despite the range of activities developed by Member States and, notwithstanding the differing capabilities and priorities of health care systems, there is still an apparent insufficient growth in and asymmetrical development of transplantation worldwide. Key concerns raised relate to: increased demand, due mainly to the prevalence of noncommunicable diseases leading to organ failure and premature mortality; a shortage of donations leading to long waiting lists and adverse health outcomes and/or death for patients awaiting transplants, particularly as deceased donation systems have not been developed in many parts of the world due to resource limitation or sociocultural beliefs; and ethical breaches related to organ trafficking, transplant tourism, and the commodification of organs and tissues.

42. The Secretariat has responded to the growing interest in transplantation from Member States that wish to develop or strengthen their national systems. Through a response coordinated across the three-levels of the Organization, the Secretariat has been engaged in several countries, performing assessment missions and providing guidance and recommendations. To broaden the impact, new regional actions are being developed, especially in underserved areas and countries in the African, South-East Asia, European and Eastern Mediterranean regions.

43. In order to address challenges in tissue transplantation, the Secretariat has developed a draft action framework that may provide a road map for its activities and enable the exchange of best practices and technical expertise. A regional consultation for the Americas took place in October 2023, with the participation of representatives from 12 Member States and from relevant scientific and professional societies. A new plan of action for tissue donation and transplantation will be included by the Regional Office for the Americas in the respective regional strategy for transplantation.²

44. In collaboration with the Spanish Presidency of the European Council, WHO sponsored an international summit entitled “*Towards Global Convergence in Transplantation: Sufficiency, Transparency and Oversight*” (Santander, Spain, 9 and 10 November 2023), with the objective of critically reviewing the current situation of donation and transplantation, identifying key challenges, and devising the future of transplantation in the global arena. A set of recommendations were produced in the Santander Statement.³

45. In order to address organ trafficking and in response to United Nations General Assembly resolution 75/195 (2020) on strengthening and promoting effective measures and international cooperation on organ donation and transplantation to prevent and combat trafficking in persons for the purpose of organ removal and trafficking in human organs, the Secretariat has collaborated with UNODC in the development of a new *Toolkit on the Investigation and Prosecution of Trafficking in Persons for Organ Removal*,⁴ designed to encourage the proactive investigation of possible cases or red flag indicators. The toolkit was launched at a high-level event⁵ at the United Nations headquarters and

¹ Document A75/41.

² See document CD57/11.

³ See https://www.ont.es/wp-content/uploads/2023/11/Santander_Transplant_Statement_nov_23.pdf (accessed 6 March 2024).

⁴ Available at <https://www.unodc.org/unodc/en/human-trafficking/glo-act2/tip-for-or-toolkit.html> (accessed 6 March 2024).

⁵ UNODC and partners launch toolkit for tackling underreported crime of human trafficking for organ removal United Nations Office on Drugs and Crime. In: UNODC [website]. New York: United Nations Office on Drugs and Crime; 2022 (<https://www.unodc.org/unodc/frontpage/2022/October/unodc-and-partners-launch-toolkit-for-tackling-underreported-crime-of-human-trafficking-for-organ-removal.html>, accessed 6 March 2024).

was followed by a number of workshops in various countries where law enforcement and health care professionals were trained.

46. WHO has agreed to further its long-term cooperation with Interpol, by signing a new memorandum of understanding that includes the subject of trafficking in persons for the purpose of organ removal and trafficking in human organs, tissues and cells, among other items.

G. AVAILABILITY, SAFETY AND QUALITY OF BLOOD PRODUCTS (decision WHA75(17) (2022))

47. Resolution WHA63.12 (2010), has largely influenced the creation and modification of standards, regulations and laws in respect of blood products and blood supply systems in countries. In decision WHA75(17), the Health Assembly requested the Director-General to continue to report to the Health Assembly every two years until 2030 on progress made in the implementation of resolution WHA63.12.

48. *Strengthening national blood supply systems.* WHO has published guidance to address blood shortages and blood service disruptions in the context of natural disasters and humanitarian crises.¹ The WHO Regional Office for the Americas organized seminars to review blood supplies in times of pandemic. The WHO Regional Office for South-East Asia organized a workshop on improving the quality of blood products in the region and Indonesia's experience was shared. World Blood Donor Day is celebrated in countries and provides a focus for campaigns on voluntary non-remunerated blood donation.

49. *Quality systems and haemovigilance.* Technical guidance on implementation of haemovigilance systems was published. WHO supported Burundi, Eswatini, Mauritius and Zambia in the development and implementation of haemovigilance systems. Brazil and Colombia established national haemovigilance programmes with the support of WHO/PAHO. WHO published guidance on establishing a quality system in blood establishments.² In response to Member State requests, the Secretariat formed a working group to update WHO guidelines on good manufacturing practices for blood establishments. The Regional Office for the Americas developed and delivered a virtual course on good manufacturing practices for blood services in Portuguese and Spanish. Information on blood safety and availability was collected and analysed. Global and regional reports using the data collected were published.

50. *National blood regulatory systems.* The Organization provided technical support for developing or strengthening blood regulatory systems in three countries.³ Inter-country capacity-building workshops were held in English and French. The Regional Office for the Americas provided technical support for the review of the regulatory system in Honduras and also organized seminars on good manufacturing practices and regulation in Argentina, Brazil and Mexico. The Advisory Group on Blood Regulation Availability and Safety supported activities in blood regulation and transfusion medicine.

¹ Guidance on ensuring a sufficient supply of safe blood and blood components during emergencies (<https://www.who.int/publications/i/item/9789240068636>, accessed 12 March 2024).

² Guidance on implementation of a quality system in blood establishments (<https://iris.who.int/handle/10665/376096>, accessed 12 March 2024).

³ Indonesia, Senegal and Serbia.

51. *Optimal use of blood and blood products and patient blood management.* In response to resolution WHA63.12, the Secretariat published a policy brief on the urgent need to implement patient blood management.¹ The Regional Office for the Americas held a regional seminar on the role of patient blood management in reducing maternal mortality.

52. *Increasing the supply of plasma-derived medicinal products through fractionation of domestic plasma.* The Achilles project for improving the quality of blood for transfusion and plasma for fractionation in developing countries was identified as a priority in WHO's Action Framework to advance universal access to safe, effective and quality-assured blood products 2020–2023.² During the period 2022–2023, WHO supported the Achilles project in Indonesia and Senegal with the aim of raising the standards of blood establishments and plasma collecting centres in low- and middle-income countries in line with those required for plasma fractionation. Guidance and assessment tools to identify barriers in blood services were published to support countries in assessing national blood systems.³

53. An application to add cryoprecipitate (Cryo-PR) to the WHO Model List of Essential Medicines was submitted and approved.

54. *Challenges and next steps.* In most low- and middle-income countries, patient access to plasma-derived medicinal products is limited or non-existent due to ineffective blood systems and weak regulatory oversight. Access to safe blood transfusion is still a challenge in the health systems of many countries. The Secretariat will continue to support countries to build effective and sustainable blood supply systems and achieve universal access to safe blood and blood products.

H. PUBLIC HEALTH DIMENSION OF THE WORLD DRUG PROBLEM (decision WHA75(20) (2022))

55. At its forty-fifth (2022) and forty-sixth (2023) meetings, the WHO Expert Committee on Drug Dependence recommended several psychoactive substances including novel synthetic opioids, cannabinoids and benzodiazepines, for international control. Launched in June 2023, the Expert Committee on Drug Dependence Information Repository holds reports and scheduling details on over 450 substances reviewed by the Expert Committee on Drug Dependence since 1950, making it the most comprehensive independent source of information on assessed psychoactive substances.

56. The Joint UNODC/WHO Programme on Drug Dependence Treatment and Care supports the dissemination of the *International standards for the treatment of drug use disorders* and the development of the implementation toolkit. Following the successful implementation of the UNODC/WHO Stop Overdose Safely (SOS) initiative in four countries in central Asia and eastern Europe, the Secretariat supports countries with the monitoring and prevention of drug-related overdose deaths.

57. In 2023, WHO updated the Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders in non-specialized health settings. Under the umbrella of the

¹ The urgent need to implement patient blood management: policy brief (<https://www.who.int/publications/i/item/9789240035744>, accessed 18 February 2024).

² Action framework to advance universal access to safe, effective and quality-assured blood products 2020–2023. Geneva: World Health Organization; 2020 (<https://iris.who.int/bitstream/handle/10665/331002/9789240000384-eng.pdf?sequence=1>, accessed 4 March 2024).

³ Guidance to identify barriers in blood services using the blood system self-assessment (BSS) tool. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/374355>, accessed 18 February 2024).

WHO Academy, the mhGAP digital course is currently being developed and includes modules on drug use disorders. In 2024, the Secretariat started an update of the WHO guidelines on the community management of opioid overdose and psychosocially assisted pharmacological treatment of opioid dependence.

58. The Secretariat is co-leading the development of a training package to address substance use in humanitarian settings within the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings. The Secretariat has initiated the development of two products to strengthen the health workforce capacity to address mental, neurological and substance use disorders: the WHO Guide for Pre-service Education and the WHO Guide and Core Competencies Framework for the postgraduate education and training of medical doctors on the prevention and management of disorders due to substance use and addictive behaviours.

59. WHO and UNODC jointly monitor treatment coverage for drug use disorders and coordinate their work on the epidemiology of drug use and its health consequences. The Secretariat has developed a new approach to the comparable estimation of treatment capacity for substance use disorders, based on information provided by Member States as part of WHO global surveys on Sustainable Development Goal (SDG) health target 3.5. WHO collaborates with UNODC on data collection for global estimates of people who inject drugs, and on harm reduction service coverage, and prevalence and incidence of HIV and viral hepatitis C in people who inject drugs.

60. WHO published a report on access to morphine for medical use, which described the global distribution of morphine. The report highlighted the disparity in the consumption of morphine across countries and presented actions to improve safe access to morphine to fulfil medical needs. WHO is also revising the guideline on ensuring balanced national policies for access to and safe use of controlled medicines, to be published during 2024.

61. WHO launched HIV, hepatitis and STI guidelines for key populations, and a policy brief with prioritized interventions for people who inject drugs, including needle and syringe programmes, opioid agonist maintenance therapy for the treatment of opioid dependence, and prevention of opioid overdose. These interventions are also essential health services in emergency and humanitarian crises. WHO and UNODC jointly developed tools on opioid agonist maintenance therapy, and on gender-based violence and young people who use drugs, and delivered training webinars for policymakers on harm reduction service delivery.

62. WHO supports the development of national strategic plans and proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief, and Unitaid. The Secretariat supports a Unitaid project on new prevention technologies for hepatitis C, such as long-acting buprenorphine for the treatment of opioid dependence, low dead space syringes for people who inject drugs, and innovative models of hepatitis C testing and management. The Secretariat also supports harm reduction programmes in Egypt, Nigeria, Pakistan, South Africa and Ukraine. Continued advocacy is required to implement and scale up such programmes to achieve SDG health target 3.3.

I. PANDEMIC INFLUENZA PREPAREDNESS: SHARING OF INFLUENZA VIRUSES AND ACCESS TO VACCINES AND OTHER BENEFITS (resolution WHA64.5 (2011))

63. For the biennium 2022–2023, the Secretariat is pleased to provide the following updates on implementation of the Pandemic Influenza Preparedness (PIP) Framework for the sharing of influenza viruses and access to vaccines and other benefits.

64. In respect of virus-sharing, 70% (7/10) of countries that reported zoonotic influenza cases to WHO shared influenza viruses of human pandemic potential (IVPPs) in a timely manner with the WHO Global Influenza Surveillance and Response System (GISRS) in accordance with WHO's operational guidance. WHO continuously encourages countries to share IVPPs with the GISRS according to such guidance.

65. Four new National Influenza Centres were recognized by WHO in 2023 (Bhutan, Maldives, Tajikistan and Timor-Leste), bringing the total number of Member States with National Influenza Centres to 129.

66. With regard to benefit-sharing, as at 1 February 2024, partnership contributions of US\$ 303 million have been collected, of which US\$ 81 million is reserved as response funds to be used at the time of a future influenza pandemic. US\$ 191 million was used to strengthen preparedness work in regions and countries.

67. An external evaluation of the PIP Framework's Partnership Contribution High-Level Implementation Plan II (HLIP II) for 2018–2023 is under way. The final report is expected in 2024.

68. WHO published the PIP Framework's Partnership contribution High-Level Implementation Plan III (HLIP III) for 2024–2030,¹ using lessons learned from HLIP II and the response to the pandemic of coronavirus disease (COVID-19) and other respiratory outbreaks. The Plan defines four areas of focus for capacity-building: policies and plans; collaborative surveillance; community protection; and access to countermeasures. The Plan also aligns with the global architecture for health emergency preparedness and response. HLIP III was developed in consultation with industry, civil society, academic institutions, and other stakeholders.

69. In order to ensure that pandemic influenza vaccine supply agreements remain up to date and can be implemented efficiently during a pandemic, agreements are regularly reviewed. One such review was completed with a signatory on 29 June 2022 of an early Standard Material Transfer Agreement 2 (SMTA2).

70. SMTA2 negotiations with one vaccine manufacturer reached the final stage. The agreement is expected to be signed in the first quarter of 2024. In addition, an agreement for the supply of antivirals – similar in nature to a SMTA2 – has been agreed with an antiviral manufacturer, and negotiations to finalize terms and conditions are ongoing.

71. In the area of governance, four meetings of the Pandemic Influenza Preparedness Advisory Group were held during the biennium and four meeting reports published.² One of the reports contained an

¹ Pandemic influenza preparedness framework: partnership contribution high-level implementation plan III 2024–2030. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/366981>, accessed 13 February 2024).

² Available at <https://www.who.int/groups/pip-framework-advisory-group> (accessed 13 February 2024).

Annex¹ providing guidance to the Director-General on a possible way forward to address concerns regarding the use of seasonal influenza viruses by manufacturers, its impact on the overall strength and effectiveness of the GISRS, and its role in pandemic preparedness and response.

K. WHO GLOBAL STRATEGY FOR FOOD SAFETY (decision WHA75(22) (2022))

72. The Seventy-fifth World Health Assembly, through decision WHA75(22), adopted the updated WHO global strategy for food safety 2022–2030. This report describes the progress made to date.

73. The strategy aims to guide and support Member States in the prioritization, planning, implementation, monitoring and regular evaluation of actions towards reducing the burden of foodborne diseases through stronger food safety systems. The strategy was published in English² and the executive summary is available in all WHO official languages.³

74. The strategy was disseminated through webinars, social media, during the World Food Safety Day celebrations in 2022 and 2023, and at the 53rd Session of the Codex Committee on Food Hygiene in 2022. WHO regional offices led initiatives and were involved throughout.

75. WHO, together with partners, has made progress in assessing food control systems and developing implementation and advocacy tools with the contribution of the Technical Advisory Group on Food Safety: Safer Food for Better Health.

76. A cooperation agreement was signed between WHO and the International Finance Corporation/World Bank to develop a self-assessment tool based on the strategic objectives of the strategy, to support Member States in developing or updating their road maps.

77. An investment case is under development to support advocacy for investment and for implementing the strategy. It aims to estimate the return on investment in foodborne disease surveillance, data analytics, and associated training on health outcomes.

78. In addition to disseminating the strategy, regional offices led the assessments of food control systems in Afghanistan, Cabo Verde, Papua New Guinea and Tajikistan. The Regional Office for the Eastern Mediterranean conducted a rapid regional assessment and updated its country profiles. The Regional Committee for Africa will consider a framework to support the implementation of the WHO global strategy for food safety 2022–2030 in the African Region. In the Western Pacific and in the South-East Asia regions, the strategy is being implemented alongside the regional frameworks. WHO has been working with the African Union (AU) to strengthen food safety systems and with the Association of Southeast Asian Nations (ASEAN) to strengthen food safety emergency response.

79. In 2023, the FAO/WHO Codex Trust Fund-2 (CTF2) approved seven countries (Botswana, Cook Islands, Kiribati, Lesotho, Solomon Islands, Tajikistan and Vanuatu) for funding, bringing the

¹ Available at https://cdn.who.int/media/docs/default-source/pip-framework/pip-framework-advisory-group/ag-oct2022-meeting-report_11.01.23---with-annexes.pdf?sfvrsn=116accc7_1, see Annex 5 (accessed 13 February 2024).

² WHO global strategy for food safety 2022–2030: towards stronger food safety systems and global cooperation. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240057685>, accessed 23 February 2024).

³ WHO global strategy for food safety 2022–2030: towards stronger food safety systems and global cooperation: executive summary. Geneva: World Health Organization; 2022 (<https://iris.who.int/handle/10665/364638>, accessed 23 February 2024).

total number of Codex Trust Fund-2 beneficiary countries to 59. Evaluations of projects supported by the Codex Trust Fund showed the expected outcome had been achieved.

80. WHO continues to provide scientific advice and technical tools to the Codex Alimentarius and Member States, jointly with FAO. The International Agency for Research on Cancer and the FAO/WHO Joint Expert Committee on Food Additives conducted a risk assessment of the health impacts of aspartame.

81. For the first time, a WHO strategy for food safety includes indicators to monitor implementation by Member States. There is progress in two process indicators for foodborne disease surveillance (Joint External Evaluation Indicator P.5.1) and for multisectoral collaboration mechanism for food safety events (States Parties Self-Assessment Annual Reporting Tool Indicator C.4.1). To accelerate progress in the surveillance indicator, WHO established a food safety alliance that brings together WHO collaborating centres and key partners. The work plan of the WHO food safety alliance focuses on integrated surveillance, use of genomics, and the collection of data related to antimicrobial resistance in foodborne pathogens, in alignment with the Quadripartite One Health Joint Plan of Action.

82. For the multisectoral collaboration indicator, the FAO/WHO International Food Safety Authorities Network has established a plan to achieve the target, and delivered 29 national or regional workshops in the last biennium.

83. The strategy includes the incidence of foodborne diarrhoeal disease per 100 000 population as an outcome indicator.¹ The WHO Foodborne Disease Burden Epidemiology Reference Group is developing foodborne disease estimates and a food safety impact measurement framework, to be released in 2025 to increase the accountability of countries for reaching the indicators.

84. A coordination framework for the FAO Strategic Priorities for Food Safety (2022–2031) and the WHO strategy, is undergoing review and will be published in 2024.

L. REDUCING PUBLIC HEALTH RISKS ASSOCIATED WITH THE SALE OF LIVE WILD ANIMALS OF MAMMALIAN SPECIES IN TRADITIONAL FOOD MARKETS – INFECTION PREVENTION AND CONTROL (decision WHA75(23) (2022))

85. In decision WHA75(23), the Director-General was requested to update the interim guidance on reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets,² expanding the scope of the guidance in terms of species (mammalian species or mammalian species plus other species) and origin of the live animals (farmed or wild). The Director-General was also requested to develop plans to support country implementation of the interim guidance.

¹ Foodborne diarrhoeal disease incidence estimated per 100 000 population considered five pathogens: *Campylobacter* spp.; Enteropathogenic *E. coli*; Enterotoxigenic *E. coli*; Shiga toxin-producing *E. coli*; and non-typhoidal *Salmonella enterica*.

² Available at <https://www.who.int/publications/i/item/WHO-2019-nCoV-Food-safety-traditional-markets-2021.1> (accessed 28 February 2024).

86. A gender-balanced guideline development group with representatives from all WHO regions was established following an open call for experts. Nineteen experts covering various areas of expertise were selected from 60 applications.

87. In November 2023, the group met for the first time in Amsterdam, the Kingdom of the Netherlands, to initiate the update of the interim guidance, including the role of traditional food markets in health security and emergency preparedness in cities and urban settings. Additional participants included observers from the Convention on International Trade in Endangered Species of Wild Fauna and Flora, the International Alliance against Health Risks in Wildlife Trade, the Ministry of Health, Welfare and Sport of the Kingdom of the Netherlands, the United Nations Office on Drugs and Crime, and the World Organisation for Animal Health.

88. WHO has commissioned four systematic reviews to retrieve and assess evidence related to interventions to mitigate risks associated with caught and farmed wild animals in traditional food markets to inform future recommendations.

89. During the pandemic of coronavirus disease (COVID-19), some countries such as China, Egypt, Gabon, Malaysia, Pakistan, Singapore and Viet Nam, made changes to their legislation, restricting the sale of live wild animals, for a variety of purposes. After the publication of the interim guidance, in 2021, Colombia made changes to legislation related to the sales of live domestic animals and birds.

90. At the time of the pandemic, actions to improve traditional food markets were already under way in the regions. In the African Region, support was given to Cameroon and Senegal to scale up implementation of the healthy food market initiative. The Region of the Americas launched a regional guideline on good practices in traditional food markets² with recommendations on basic infrastructure and hygienic-sanitary conditions, and a checklist for food inspectors. It also produced communication materials to raise awareness. In Colombia and Paraguay, a diagnostic tool has been developed to assess the national regulatory framework, categorize risks related to traditional food markets and support the implementation of risk mitigation measures. Findings were incorporated into road maps for future actions, and the guide and diagnostic tool were piloted in four markets in Colombia. A regional workshop on strengthening the capacity of traditional food markets under the One Health approach was held in Colombia. A technical report on safe and healthy food in traditional food markets in the WHO European Region was launched in 2021.¹ Since 2021, the South-East Asia and Western Pacific regions have organized regional meetings and developed materials. The five keys for safer traditional food markets: risk mitigation in traditional food markets in the Asia-Pacific Region² were developed along with a set of awareness-raising materials and a market assessment checklist to be adapted and used by Member States. The materials have been translated into local languages in Cambodia and Viet Nam, and four provinces in Cambodia are implementing the recommendations. In Papua New Guinea, subnational level and high-level advocacy actions are ongoing. At a meeting in Cambodia in 2023, a draft multisectoral road map and communication strategy were discussed with Member States and technical advisors.

² Available at <https://www.paho.org/en/documents/good-practices-traditional-food-markets-region-americas-only-spanish> (accessed 28 February 2024).

¹ Safe and healthy food in traditional food markets in the WHO European Region. WHO Regional Office for Europe; 2021 (<https://www.who.int/europe/publications/i/item/WHO-EURO-2021-1854-41605-56825>, accessed 21 February 2024).

² Five keys for safer traditional food markets: risk mitigation in traditional food markets in the Asia-Pacific Region. World Health Organization; 2023 (<https://www.who.int/publications/i/item/9789290619956>, accessed 21 February 2024).

M. OUTCOME OF THE SIDS SUMMIT FOR HEALTH: FOR A HEALTHY AND RESILIENT FUTURE IN SMALL ISLAND DEVELOPING STATES (resolution WHA75.18 (2022))

91. The Seventy-fifth World Health Assembly, through resolution WHA75.18, requested strengthening the work of Member States and the Secretariat in addressing the specific health needs and challenges facing small island developing States (SIDS).¹ This report describes the progress to date.

92. The Special Initiative on Climate Change and Health in SIDS continues to support countries that adopted the Plan of Action on Climate Change and Health in the SIDS, including for the incorporation of health in adaptation plans submitted to the United Nations Framework Convention on Climate Change by SIDS Member States and the identification of new sources of climate financing for the SIDS. The accreditation of WHO as a Multilateral Implementing Entity of the Adaptation Fund, approved in November 2023, is a step towards this endeavour. As of March 2024, 10 Member States that are SIDS have joined the Alliance for Transformative Action on Climate and Health.²

93. The WHO Secretariat has advanced global efforts to increase visibility of the specific health needs and challenges facing SIDS. The 2023 Ministerial Conference on noncommunicable diseases (NCDs) and mental health in SIDS, hosted by WHO and the Government of Barbados is a milestone. Its outcome document, the Bridgetown Declaration on NCDs and Mental Health, outlines the health, social, environmental and economic challenges driving the high burden of NCDs and mental health conditions in SIDS, and opportunities for tackling these challenges. A SIDS Commitment Portal for NCDs and mental health has been set up and the WHO Secretariat supports countries in achieving their commitments.

94. The Secretariat strengthened efforts to support countries, including SIDS, in addressing obesity. The WHO acceleration plan to stop obesity³ has identified frontrunners countries, some of which are SIDS. Additionally, WHO has increased support to SIDS through the Universal Health Coverage Partnership. WHO is providing tailored strategic and technical support to reorient health systems towards primary health care in 38 of the WHO SIDS Member States, with 33 universal health coverage policy advisers. WHO also provides emergency support to many SIDS experiencing extreme weather events and climate-induced emergencies.

95. Through resolution WHA75.18, Member States proposed a Voluntary Health Fund for SIDS in WHO. Throughout 2022, the Secretariat provided technical support to Member States during their negotiations to develop the terms of reference, adopted by decision WHA76(21) in 2023. The Secretariat is implementing the arrangements to ensure that the Voluntary Fund starts operations promptly and will report back to the Health Assembly at the Eightieth World Health Assembly in 2027 as requested. The Voluntary Fund will facilitate the participation of SIDS in WHO governing bodies meetings, which will enhance not only their technical capacity but also the Organization's diversity and equity in these processes.

¹ WHO follows the official SIDS classification by the Office of the UN High Representative for Least Developed Countries, Landlocked Developing Countries and SIDS (UN-OHRLLS). See the list of the 39 WHO Member States that are SIDS (https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_34-en.pdf, accessed 13 March 2024).

² Bahamas, Belize, Cabo Verde, Dominican Republic, Fiji, Jamaica, Maldives, Sao Tome and Principe, Seychelles, and Timor-Leste (<https://www.atachcommunity.com/atach-community/countries/>, accessed on 13 March 2024).

³ WHO acceleration plan to stop obesity (<https://iris.who.int/bitstream/handle/10665/370281/9789240075634-eng.pdf?sequence=1>, accessed 13 March 2024).

96. The Secretariat draws attention to SIDS health challenges and needs in global and regional fora. In September 2023, the United Nations General Assembly high-level meetings on universal health coverage and on pandemic prevention, preparedness and response included SIDS references. Likewise, the Fourth International Conference on SIDS in Antigua and Barbuda in May 2024 will be an opportunity for WHO to ensure a focus on health. The Secretariat will continue to mainstream SIDS' health needs in global and regional arenas.

N. GLOBAL STRATEGY AND PLAN OF ACTION ON PUBLIC HEALTH, INNOVATION AND INTELLECTUAL PROPERTY (resolution WHA75.14 (2022))

97. This document presents a summary of progress in implementing the global strategy and plan of action on public health, innovation and intellectual property.¹ A more detailed report on progress over the period 2021–2023 is available online.² The objectives of the global strategy and plan of action on public health, innovation and intellectual property are organized under eight elements.

98. Under element 1 (*Prioritizing research and development needs*), WHO, provides information to support the prioritization of research needs, including through the Global Observatory on Health Research and Development, as well as through reports, an online tool, and target product profiles.

99. Under elements 2 and 3 (*Promoting research and development* and *Building and improving innovative capacity*), the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases supports research fellowships, alongside other activities to strengthen in-country research. WHO provides support to national and regional regulatory networks, and has produced technical guidelines for traditional and complementary medicine.

100. Under element 4 (*Transfer of technology*), WHO established the COVID-19 Technology Access Pool (C-TAP) and new technologies have been shared by public and private technology holders.³ WHO and its partners established the first COVID-19 mRNA vaccine technology transfer hub to build capacity to produce mRNA vaccines for equitable access in underserved regions.

101. Under element 5 (*Application and management of intellectual property to contribute to innovation and promote public health*), WHO, together with WIPO and WTO, has published guidance and offered workshops on intellectual property and trade considerations for health products, and developed the COVID-19 Technical Assistance Platform website as a one-stop shop for technical assistance from the organizations. WHO launched the Technology Access Pool database, providing information on selected health products, including on clinical trials, scientific publications, regulatory status, manufacturers, patent status, and licensing agreements.

102. Under element 6 (*Improving delivery and access*), WHO has produced guidance on health product selection, including the AWaRe classification of antibiotics, as well as on health technology assessment and pharmaceutical pricing policies, and a medicine price monitoring tool (MedMon). WHO developed

¹ The global strategy and plan of action on public health, innovation and intellectual property was first adopted in resolution WHA61.21 (2008), and its time frame was extended in resolutions WHA68.18 (2015) and WHA75.14 (2022).

² Overall programme review of Global Strategy and Plan of Action. In: Health products policy and standards [website]. Geneva: World Health Organization; 2024 (<https://www.who.int/teams/health-product-and-policy-standards/medicines-selection-ip-and-affordability/review-gspa>, accessed 2 March 2024).

³ WHO. Technologies offered to C-TAP (<https://www.who.int/initiatives/covid-19-technology-access-pool>, accessed 19 February 2024).

the collaborative registration procedure to accelerate assessment and registration of medical products, and supports regulatory systems strengthening through the Global Benchmarking Tool.

103. Under element 7 (*Promoting sustainable financing mechanisms*), the G-FINDER project tracks funding of research on global health priorities.

104. Under element 8 (*Establishing monitoring and reporting systems*), WHO has published the findings of surveys conducted in 2020 and 2022¹ of Member States on various aspects of the implementation of the global strategy and plan of action on public health, innovation and intellectual property.

105. Responding to the request made in resolution WHA75.14 (2022), the Secretariat conducted in 2023 a review of the indicators included in the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property, in consultation with Member States as well as WHO regional offices and relevant teams at headquarters, and developed proposed revisions to align indicators with the new term of validity of the plan of action. It also developed a new implementation plan for the global strategy and plan of action on public health, innovation and intellectual property for 2024–2026.¹

106. A fuller version of the present report, together with the implementation plan 2024–2026, is available online.

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¹ Overall programme review of Global Strategy and Plan of Action. In: Health products policy and standards [website]. Geneva: World Health Organization; 2024 (<https://www.who.int/teams/health-product-and-policy-standards/medicines-selection-ip-and-affordability/review-gspa>, accessed 2 March 2024).