Second report of Committee B

(Draft)

Committee B held its fourth, fifth and sixth meetings on 30 May 2024, chaired by Dr Feras Hawari (Jordan) and Mr James Ngango (Rwanda).

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

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

23. Staffing matters
   23.2 Amendments to the Staff Regulations and Staff Rules
      One resolution entitled:
      – Parental leave
   23.4 Appointment of representatives to the WHO Staff Pension Committee
      One decision

25. Update on the Infrastructure Fund
   • Geneva buildings renovation strategy and regional building projects
      One decision

24. Management, legal and governance matters
   24.2 Process of handling and investigating potential allegations against WHO Directors-General
      One decision

28. Updates and future reporting: strengthening integrated, people-centred health services
   One decision
Pillar 3: One billion more people enjoying better health and well-being

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

15.3 Well-being and health promotion

One resolution entitled:
– Strengthening health and well-being through sport events

15.5 Economics and health for all

One resolution entitled:
– Economics of health for all

15.4 Climate change, pollution and health

One resolution entitled:
– Climate change and health
Agenda item 23.2

Parental leave

The Seventy-seventh World Health Assembly,

Having considered the consolidated report by the Director-General,\(^1\)

1. ADOPTS the amendments to Staff Regulation 6.2;

2. DECIDES that these amendments shall take effect from 1 January 2024.

\(^1\) Document A77/4.
Agenda item 23.4

Appointment of representatives to the WHO Staff Pension Committee

1. The Seventy-seventh World Health Assembly appointed Mr Thomas Ifland of the delegation of Germany as an alternate member for a three-year term until the closure of the Eightieth World Health Assembly in May 2027.

2. The Seventy-seventh World Health Assembly appointed Dr Kezia Lorraine H. Rosario of the delegation of the Philippines as an alternate member for a three-year term until the closure of the Eightieth World Health Assembly in May 2027.

3. The Seventy-sixth World Health Assembly appointed Mr Theophile Dushime of the delegation of Rwanda, the most senior alternate member, as a member of the WHO Staff Pension Committee for the remainder of his term of office until the closure of the Seventy-eighth World Health Assembly in May 2025.
Agenda item 24.2

Process of handling and investigating potential allegations against WHO Directors-General

The Seventy-seventh World Health Assembly,

Having considered the report on the process of handling and investigating potential allegations against WHO Directors-General,¹

Decided to defer consideration of this item to the Seventy-eighth World Health Assembly in 2025, through the Executive Board at its 156th session.

¹ Document A77/27 Rev.1.
Agenda item 25

Update on the Infrastructure Fund

The Seventy-seventh World Health Assembly,

Having considered the report on the Infrastructure Fund\(^1\) and having noted the report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-seventh World Health Assembly,\(^2\)

Decided to approve the use of the real estate component of the Infrastructure Fund for the reconstruction of the WHO Country Office in Kabul and the construction of a new WHO country office in Juba.

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\(^1\) Document A77/29. \\
\(^2\) Document A77/44.
Agenda item 28

Updates and future reporting: strengthening integrated, people-centred health services

The Seventy-seventh World Health Assembly,

Having considered the report by the Director-General,¹

Decided to request the Director-General to continue to report to the Health Assembly on WHO activities to strengthen integrated, people-centred health services as part of biennial reporting on progress made towards implementation of resolution WHA72.2 (2019) on primary health care until 2030.

¹ Document A77/32.
**Agenda item 15.3**

**Strengthening health and well-being through sport events**¹

The Seventy-seventh World Health Assembly,

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

Reaffirming the commitment to the principles of the Declaration of Alma-Ata on primary health care (1978), the Ottawa Charter for Health Promotion (1986), the Jakarta Declaration on Leading Health Promotion into the 21st Century (1997), the Bangkok Charter for Health Promotion in a Globalized World (2005) and other relevant international agreements on health promotion and disease prevention;

Recalling the global burden of noncommunicable diseases that accounts for 74% of all global deaths and 1.62 billion disability-adjusted life years, and noting with concern the rising prevalence of noncommunicable diseases, injuries and other health challenges;

Reaffirming the importance of advancing the United Nations Sustainable Development Goals set in 2015 (United Nations General Assembly resolution 70/1), including Goal 3, while acknowledging the lack of progress in meeting Sustainable Development Goal target 3.4 to reduce premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being by one third by 2030, as well as of United Nations General Assembly resolution 75/18 on sport as an enabler of sustainable development and of the UNESCO Fit for Life flagship sports initiative;

Recognizing the significance of the action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority (decision WHA75(11) (2022)), as well as the global action plan for the prevention and control of noncommunicable diseases 2013–2020 (resolution WHA66.10 (2013)), as extended to 2030, and its call for multisectoral actions to address the determinants of noncommunicable diseases, including those related to physical inactivity, unhealthy nutrition and social inequalities;

Recognizing the critical impact of regular physical activity on both physical and mental health, and the concerning shortfall in meeting WHO’s recommended levels of physical activity included in the global action plan on physical activity 2018–2030 (resolution WHA71.6 (2018)) and the challenges presented by the pandemic of coronavirus disease;

Building on resolution WHA75.19 (2022) on well-being and health promotion and decision WHA76(22) (2023) on achieving well-being: a global framework for integrating well-being into public health utilizing a health promotion approach, as well as resolutions WHA76.7 (2023) on behavioural

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¹ Definition of sport events: Sport events are events of limited duration that have a global, regional, national or community reach (in terms of participation, audience and/or media coverage), may require investment and may have an impact on the population and built environment.

Definition of legacy of sport events: “Legacy” means the planned and unplanned outcomes from the hosting of a sport event.


² Document A77/4.
Recognizing the significant challenges related to the health security of sport events and reaffirming resolution WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies, which underlines that preparing for and responding to health emergencies is primarily the responsibility and crucial role of governments, as well as resolution WHA75.7 (2022) on strengthening health emergency preparedness and response in cities and urban settings, which recognizes the important role that cities and local authorities have in preventing, preparing for and responding to health emergencies;

Reaffirming the resolutions adopted at previous sessions of the United Nations General Assembly and World Health Assembly that emphasize the significance of collaboration between public and private sectors aimed at promoting health integration within sport events, in full accordance with the Framework of Engagement with Non-State Actors (resolution WHA69.10 (2016));

Recognizing the significant role of sport in promoting health and well-being, the importance of sport events as a channel for reaching a large number of people and the influence of sport events in the society at all levels, as well as their potential to impact human behaviour, well-being and physical and mental health;

Recognizing that sport plays an important role in promoting respect for human rights and is a bridge between cultures to promote dialogue, mutual understanding, fairness, non discrimination, respect and equal opportunities for all, as underscored by the United Nations Alliance of Civilizations, and acknowledging the wide reach of sport that is capable of acting as a conduit for societal change through empowerment and inclusion;

Recognizing the importance of access to sport and sustainable physical activity for all, including people with disabilities pursuant to resolutions WHA74.8 (2021) on the highest attainable standard of health for persons with disabilities and WHA76.6 (2023) on strengthening rehabilitation in health systems who have higher barriers to access sports and sport events, including infrastructure that does not allow for participation;

Stressing the potential of digital technologies to advance health outcomes, as described in resolution WHA71.7 (2018) on digital health, and in that connection, to promote innovation in the planning, organization and evaluation of sport events and beyond, as well as to enhance physical activity measurements, epidemiological surveillance, behavioural change and innovation,

1. URGES Member States, in accordance with the national context and priorities:

   (1) to leverage the power of sport events and sport settings, according to the best available evidence, to address broader public health challenges, such as health emergencies preparedness and response, noncommunicable diseases, violence and injuries, mental health conditions and social inclusion, and to improve societal well-being through collaboration and partnership with all relevant stakeholders, while addressing the risk of undue influences, through transparency and accountability measures, and the potential negative impacts on human health;

   (2) to implement effective, evidence-based health promotion measures in sport events at the international, regional and national levels and in subnational community-based, organized sport settings, including by utilizing innovative digital technologies as well as behavioural science, to
improve the impact on population health through reducing risk factors of noncommunicable diseases and enhancing mental and social health, and well-being;

(3) to facilitate and strengthen capacity in health emergency preparedness, readiness and response and to ensure that activities are planned by applying a risk-based approach and implemented in line with WHO guidance on mass gatherings to avoid adverse health consequences and to maintain and strengthen the full operation of existing health systems without disruption and overload during sport events;

(4) to cooperate with WHO and other relevant organizations, as necessary, in the preparation of mega sport events, including through emergency medical care planning and response and by applying the Emergency Medical Teams initiative principles, core and technical standards as appropriate;

(5) to ensure that actions are undertaken at sport events and settings to support global health priorities including physical activity, clean air, clean water and healthier diets, to limit the marketing of unhealthy products as well as to prohibit or restrict the advertising, promotion and sponsorship of tobacco, in accordance with the WHO Framework Convention on Tobacco Control, to promote policies on alcohol in line with the WHO action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, and to minimize the negative consequences of gambling to health and well-being;

(6) to integrate, as part of the objectives of sport events, the promotion of regular, adapted and sustainable physical activity for people of all ages and abilities, as well as sustainable, safe and green mobility, thus contributing to air quality control and improvement;

(7) to encourage the event organizers to conduct health impact assessments of sport events, events legacy and associated programmes to guide evidence-based decision-making, planning and evaluation, as appropriate, and to ensure adequate planning and resources to conduct post-event short-, medium- and long-term evaluations to assess the public health impact, including the societal cost–benefit resulting from these actions;

(8) to share and recognize best practices, lessons learned and innovative approaches to integrating health promotion into sport and sport events and to foster global collaboration, research and knowledge exchange in order to inform public health policies across sectors, including through WHO’s dedicated activities and Healthy Cities Networks, with the aim of improving health and creating urban environments that support well-being, reduce health inequalities and build resilient communities;

(9) to increase accessibility to sport events and to inclusive sport and physical activity interventions as part of sport event legacy in community settings, including sport clubs, educational institutions, medical and social centres and workplaces, using evidence-based approaches to increase participation in sport and physical activity, while paying special attention to meeting the needs of the most vulnerable and disadvantaged populations and reducing health inequities;

(10) to foster opportunities and partnerships with relevant stakeholders, while addressing the risk of undue influence, to implement and evaluate the use of awareness-raising and behavioural change interventions and campaigns aiming at promoting health and well-being through sport
events, including through traditional and social media platforms, according to context and target audience, and to build the evidence on cost-effective approaches;

(11) to consider establishing a national annual “Sport and Physical Activity Day” to strengthen advocacy and promotion of the benefits of sport and physical activity for health and well-being;

(12) to enhance collaboration and partnerships with other relevant stakeholders, while addressing the risk of undue influence, to develop and test new ways of resourcing health promotion in and through sport events and their legacy;

2. INVITES other relevant international organizations and relevant non-State actors to cooperate with Member States:

(1) to jointly implement effective, evidence-based health promotion measures and to contribute and support health emergency preparedness and response when organizing sport events, in order to promote and protect population health, improve community well-being, and mitigate any negative impacts on health;

(2) to strengthen partnerships with other relevant stakeholders and to mobilize expertise and resources, in order to support the delivery of health promotion through sport events on the basis of transparency, openness, inclusiveness, accountability, integrity and mutual respect;

(3) to support the evaluation of health promotion and health emergency preparedness and response in sport events and make available such data and information, in order to strengthen the evidence base associated with the planning, implementation and evaluation of sport events and their legacy in the short-, medium- and long-term;

3. REQUESTS the Director-General:

(1) to develop and strengthen the evidence base on the short-, medium- and long-term impact of sport events and their legacy programmes on health;

(2) to develop technical guidance for Member States on how to implement and leverage the opportunities and reach of sport events and their legacy programmes, in order to improve health and well-being and minimize any detrimental effects on health, as well as to provide technical assistance upon the request of Member States in the application of the guidance within country context;

(3) to provide Member States with appropriate technical tools, support and training to conduct health impact assessments of sport events and their legacies;

(4) to provide technical assistance and training to Member States upon request on the application of existing WHO mass gathering guidance and tools, including for the development of emergency medical teams, as appropriate, and to develop additional instruments as required for the planning, implementation and evaluation of sport events;

(5) to set up a platform to coordinate the efforts and activities of Member States to facilitate exchange of experiences and best practices, in order to ensure synergies and increase the positive impact of sport events and their legacy programmes for health and well-being;
(6) to support Member States to effectively use appropriate national and international days on sport or relevant health issues to stress the importance of physical activity and sport to promote health and well-being;

(7) to establish and strengthen partnerships with other international organizations and non-State actors, in full accordance with the Framework of Engagement with Non-State Actors, to mobilize expertise and resources, and to review and analyse possible models, including funding, to strengthen health promotion through sport events, while safeguarding public health interests from undue influence by any form of real, perceived or potential conflict of interest;

(8) to provide progress reports to the Health Assembly in 2027 and 2030, outlining the achievements and challenges related to the integration of health and well-being into sport events.
Agenda item 15.5

Economics of health for all

The Seventy-seventh World Health Assembly,

Having considered the consolidated report by the Director-General;¹

Recalling the Constitution of the World Health Organization, which recognizes that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

Recalling also United Nations General Assembly resolution 70/1 (2015) and the commitments made to achieving sustainable development in its three dimensions – economic, social and environmental – in a balanced and integrated manner through the 2030 Agenda for Sustainable Development, in particular Goal 3 (Ensure healthy lives and promote well-being for all at all ages), including indicator 3.8.2 (Proportion of population with large household expenditures on health as a share of total household expenditure or income), as well as the pledge to leave no one behind;

Recalling further the political declaration of the high-level meeting on universal health coverage, entitled “Universal health coverage: expanding our ambition for health and well-being in a post-COVID world”, adopted by the United Nations General Assembly through resolution 78/4 (2023);

Also recalling the Convention on Biological Diversity, the United Nations Framework Convention on Climate Change, the Kyoto Protocol to the United Nations Framework Convention on Climate Change, and the Paris Agreement under the United Nations Framework Convention on Climate Change, and the Global Framework on Chemicals – For a Planet Free of Harm from Chemicals and Waste, and taking note of the Declaration on Climate and Health endorsed at the twenty-eighth Conference of the Parties to the United Nations Framework Convention on Climate Change, including by implementing a One Health approach, for their respective area of application;

Further recalling the Thirteenth General Programme of Work, 2019–2025 and its strategic priorities, requiring a shift in the ways of working across health and other sectors and new partnerships and areas of collaboration;

Noting resolutions WHA58.33 (2005) on sustainable health financing, universal health coverage and social health insurance, WHA62.14 (2009) on reducing health inequities through action on the social determinants of health, WHA64.9 (2011) on sustainable health financing structures and universal coverage, WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines, and other health products, WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005), WHA74.6 (2021) on strengthening local production of medicines and other health technologies to improve access, WHA74.16 (2021) on social determinants of health and WHA75.19 (2022) on well-being and health promotion;

¹ Document A77/4.
Recalling the Declaration of Alma-Ata (1978) and noting the work done within WHO at global and regional levels on the linkage between the economy, health and well-being, including the Geneva Charter for Well-being (2021);

Recognizing that economic policies need to be fiscally sustainable, socially responsible and inclusive, and recognizing the need to consider environmental health in economic policy-making, as well as the role of equity, gender equality, solidarity, cohesion and sustainability for all in mainstream economic analysis, modelling and evaluation;

Recognizing also that health and the economy are interconnected, and that in this regard, an economy of well-being perspective can be used to put people and their health and well-being at the centre of decision-making, underlining the mutually reinforcing nature of health, well-being and the economy;

Recognizing further that a sound and sustainable economic policy highlights the importance of investing in effective, efficient and equitable measures and structures, including health system infrastructure, that ensure equal access for all, particularly women and girls, to public services, including health services, with a particular focus on equitable access to primary health care, health promotion and disease prevention, as well as social services and long-term care, while providing protection against financial risks;

Also recognizing that efficient, long-term investments in the determinants of health and well-being can contribute to curbing the rise in health and social welfare costs, and are therefore an investment in future generations;

Further recognizing that the coronavirus disease (COVID-19) pandemic and other crises and their direct and indirect impacts, as well as major developments such as digitalization, demographic change and macroeconomic constraints underline the critical importance of investments in health systems, including in the health workforce and in tackling broader determinants of health, including social exclusion factors, malnutrition, poor housing and bad working conditions, lack of access to education and other entrenched inequities, and that these investments are critical for pandemic prevention, preparedness and response and for resilient societies, communities and economies;

Recognizing also that insufficient health expenditure significantly undermines population health outcomes by restricting access to health services, hampering the development of health infrastructure, contributing to shortages of skilled health professionals, limiting preventive measures, increasing the burden of both communicable and noncommunicable diseases, reducing the capacity for emergency response and exacerbating health inequalities, leaving those in vulnerable situations at a greater disadvantage, while also noting with concern the negative impact of economic constraints in some countries that undermine their ability to invest in the health sector;

Recognizing further that while the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, the progressive realization of that right requires commitment to long-term comprehensive, equitable and sustainable investment that matters for health and well-being for all;

Also recognizing that the enjoyment of the highest attainable standard of physical and mental health throughout the life course of all women and girls, the achievement of gender equality, and the recognition of the value of unpaid care and domestic work and the roles of women in constituting the
majority of the health workforce globally are crucial for sustainable, equitable and inclusive economies, development and well-being for all;

Acknowledging that health for all is not just the concern of health ministries but is relevant across the whole of government and whole of society and from the perspective of a Health in All Policies approach, requiring policy coherence and accountability across sectors, to shape and redesign public policies, partnerships, institutions and tools for common goods for health, while advancing gender mainstreaming and leaving no one behind;

Recognizing the need to increase the engagement of nongovernmental actors, including the private sector, in contributing to equitable health and well-being, as well as the critical role of the government in ensuring stewardship and providing for access to equitable health services for all and accountability, while acknowledging different national contexts;

Recognizing also the importance of the health of people and the environment as a foundation for prosperous economies and societies, as well as the need for a holistic approach when making decisions regarding the well-being of people, and therefore the importance of engaging with civil society and local communities, ensuring diversity and inclusion in designing and implementing policies that recognize the interlinkage between well-being, health and the economy;

Recognizing further the critical role of WHO in strengthening leadership for health and well-being in national and international development policies to prevent and mitigate social, environmental, economic and other risks to health, and underlining the importance of WHO showing leadership on advocating for financing for health and well-being across sectors as the United Nations agency that acts as the directing and coordinating authority on international health;

Taking note of the work done on the interlinkage between well-being, health and the economy by the United Nations, its specialized agencies and relevant international organizations, such as the World Bank Group, International Monetary Fund, International Labour Organization and Organisation for Economic Co-operation and Development, among others, and the strengthening of dialogue between health and finance sectors towards sustainable financing of health,

1. **URGES** Member States\(^1\) in accordance with national context and priorities:

   (1) to consider the interlinkage between health and the economy and include an economy of well-being perspective horizontally into national policies and put people and their health and well-being at the centre of policy-making;

   (2) to implement, where appropriate, evidence-based and effective policy interventions at national level that reorient economic and innovation strategies towards health and well-being for all, including consideration for the needs of those in vulnerable situations;

   (3) to invest in health system infrastructure, including capacitating and retaining human resources for health, in order to deliver on essential public health functions and access to quality health services, including through domestic financing and official development assistance based on needs for achievement of universal health coverage;

\(^1\) And, where applicable, regional economic integration organizations.
(4) to work towards shifting public and private investments from activities that are harmful for people’s health and well-being towards investments that improve them, including through enhancing corporate social responsibility;

(5) to consider the mutually reinforcing linkages between the economy and the health of humans, animals, plants and the environment, critical to the resilience and stability of economies worldwide, requiring multisectoral and cost-effective actions and the prevention of drivers of biodiversity loss, pollution and climate change;

(6) to address social and economic determinants that result in health inequities, including gender inequalities and differences in the level of development, and that disproportionately affect those in vulnerable and marginalized situations and hard-to-reach populations, and shape their unequal distribution within and across countries, while leaving no one behind;

(7) to recognize that health is a prerequisite for development and that as part of broader sustainable development strategies, policies need to actively pursue in a mutually reinforcing manner inclusive economic development and healthy populations, as well as sustainable societies, including resilient health systems, with a view to a balance of short-term and long-term multisectoral investments that enable sustained health and well-being over time and for future generations;

(8) to recognize the importance of putting in place multisectoral capacities and mechanisms at the national level to reorient the economy that characterize financing for health as an investment rather than as an expenditure, calling for shifts, including equipping and enabling engagement between all relevant sectors including the health and financial sectors and drawing from the evidence base on the linkage between health and the economy and the importance of mobilizing domestic financing, and the potential role of innovative and complementary financing in this regard;

2. ENCOURAGES Member States, international and regional financial institutions and other international, regional and national partners, nongovernmental stakeholders, donors and partners consistent with their respective mandates:

(1) to support, together with the Secretariat, the balance between economic, social and environmental dimensions in decision-making, including by creating opportunities for dialogue between the public finance and health sectors, including engaging regional economic associations and international finance institutions, and national and regional development banks to consider in their agenda, as appropriate, the economics of health for all as well as the cost-effectiveness and fiscal sustainability of health systems;

(2) to support knowledge and information exchange on fiscal policy in support of shifting greater investment in and development of common goods for health to promote economic, environmental and social sustainability, according to the budgetary possibilities, while ensuring their efficiency and fiscal sustainability;

3. REQUESTS the Director-General:

(1) to develop, in consultation with Member States and within available resources as appropriate, a strategy on how to implement an economics of health for all approach, including
priority actions for Member States and other actors, for consideration by the Seventy-ninth World Health Assembly in 2026, through the Executive Board at its 158th session;

(2) to develop and sustain a cross-cutting programme of work on economics and health for all, within existing resources as appropriate, including strategic, normative, advocacy, technical, analytical and engagement components, within the WHO Health Finance and Economics programme area, including increasing the expertise and capacity of the Secretariat at all levels on economic issues and cross-cutting issues, including gender equality and contributing to the eradication of poverty, inter alia;

(3) to consider, as appropriate, the final report of the WHO Council on the Economics of Health for All, with relevance at national, regional and global levels, to advance an economics of health for all approach;

(4) to support strengthening the capacity of national health authorities with the aim to better engage and negotiate with finance and other sectors, towards an economics of health for all in national policies, and negotiations with regional and global actors;

(5) to provide technical support to countries on domestic resource mobilization and other fiscally sustainable ways to finance the progressive realization of the right to the enjoyment of the highest attainable standard of health, including financing universal health coverage and primary health care, as well as addressing broader social determinants of health, and ensuring health systems strengthening, preparedness and resilience;

(6) to work with Member States, the Secretary-General of the United Nations and other relevant United Nations specialized agencies to define key messages on the economics of health for all and to bring them into the preparation process of future United Nations conferences, as critically important components of sustainable development;

(7) to strengthen country offices’ access to expertise to provide technical support, at the request of Member States, to engage with finance and other sectors, towards economics of health for all in national policies, including through capacity-building via the WHO Academy and WHO collaborating centres;

(8) to report on the implementation of this resolution to the Seventy-ninth World Health Assembly in 2026, through the Executive Board at its 158th session, and then to submit progress reports to the Eighty-first and Eighty-third World Health Assemblies in 2028 and 2030, respectively.
Agenda item 15.4

Climate change and health

The Seventy-seventh World Health Assembly,

Having considered the consolidated report by the Director-General;¹

Recalling resolution WHA61.19 (2008) on climate change and health and welcoming the work carried out so far by WHO in pursuit of it;

Recalling also resolution WHA68.8 (2015) on addressing the health impact of air pollution and resolution WHA76.17 (2023) on the impact of chemicals, waste and pollution on human health, which recognize the link between health, environment and climate change;

Recognizing that climate change is one of the major threats to global public health, and noting the urgent call issued by the WHO Director-General for global climate action to promote health and build climate-resilient and sustainable health systems;²

Aware that increasingly frequent extreme weather events and conditions are taking a rising toll on people’s well-being, livelihoods and physical and mental health, as well as threatening health systems and health facilities; and that changes in weather and climate are threatening biodiversity and ecosystems, food security, nutrition, air quality and safe and sufficient access to water, and driving up food-, water-, and vector-borne diseases, underscoring the need for rapidly scaled-up adaptation actions to make health systems more climate resilient;

Recalling that modern health systems also contribute to environmental pollution and approximately 5%³ of global carbon emissions, including through the end-to-end supply chain from product manufacturing, procurement, distribution, use, waste creation and its disposal, thereby negatively impacting health; and underscoring the need for mitigation and adaptation actions and use of new technologies to make health systems more environmentally sustainable, including at the primary health care level;

Recognizing that the pace and scope of mitigation and adaptation efforts are being surpassed by climate change threats, which results in a range of sudden and long-term impacts to health and well-being; and underscoring the need to prepare and manage health sector needs for averting, minimizing and addressing loss and damage to help to protect and strengthen the resilience of individuals, communities, the workforce, livelihoods, and ecosystems in the face of climate change, including funding to assist developing countries that are particularly vulnerable to the adverse effects of climate change, in responding to loss and damage;

¹ Document A77/4.
³ Document EB154/25.
Recognizing that limited access to finance is one of the major obstacles to developing climate-resilient and sustainable health systems;

Noting further that climate change is jeopardizing implementation of the 2030 Agenda for Sustainable Development and its targets, and the “leave no one behind” commitment, and is undermining the efforts of the WHO Member States and Secretariat to improve public health and reduce health inequalities globally, through enabling timely, equitable and universal access to essential health services and products, especially in developing countries;

Expressing concern over the latest assessment by the Intergovernmental Panel on Climate Change which states that “Continued emissions will further affect all major climate system components, and many changes will be irreversible on centennial to millennial time scales and become larger with increasing global warming. Without urgent, effective, and equitable mitigation and adaptation actions, climate change increasingly threatens ecosystems, biodiversity and the livelihoods, health and well-being of current and future generations”;

Recognizing that “any further delay in concerted anticipatory global action on adaptation and mitigation will miss a brief and rapidly closing window of opportunity to secure a liveable and sustainable future for all” and that accelerated climate change adaptation and mitigation measures can also provide co-benefits for health and sustainable development;

Recognizing also that the scientific evidence, diverse expertise and global experience, including local, traditional and Indigenous knowledge, systems and practice to respond to the issue of climate change and health have considerably improved, and at the same time that investments in research are necessary to support appropriate policy responses with co-benefits for both health and the environment;

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

Noting with appreciation the important work of the WHO-led Alliance for Transformative Action on Climate and Health (the Alliance) carried out so far to realize the ambition set at the

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The strategy highlights, among other issues, the need to reduce the impact of climate change through: more sustainable life choices; access to universal health coverage; health-based air-quality targets; greater resilience on the part of health systems and communities to climate change; access to safe water, sanitation and hygiene; reduced exposure to chemicals; reduced exposure to ultraviolet radiation; sustainable health care systems; occupational health and safety; international agreements to efficiently deal with global and regional drivers of health such as climate change; the capacity to manage health services in emergencies; and cross sectoral governance to secure health in all relevant policies.
twenty-sixth Conference of the Parties to the United Nations Framework Convention on Climate Change (COP26) to build climate resilient and sustainable health systems, as well as the COP27 Initiative on Climate Action and Nutrition (I-CAN) institutionalized through the Alliance providing an informal network for WHO Member States and other stakeholders to share knowledge, facilitate access to technical assistance and financing, provide quality assurance and monitoring, and help drive a global shift on climate and health action;

Noting the UAE Declaration on climate and health (2023), adopted at the twenty-eighth Conference of the Parties to the United Nations Framework Convention on Climate Change (COP28), including the better integration of health considerations into climate policy processes and the integration of climate considerations across health policy agendas, following the first-ever health day and climate and health ministerial at COP28;

Recognizing the complex, multidimensional challenges posed by climate change, pollution and biodiversity loss, as well as malnutrition in all its forms and emphasizing that addressing these crises requires a truly integrated perspective and coordinated action, based on a whole-of-government, whole-of-society and the One Health approach;

Recognizing also that climate change exacerbates existing health and gender inequalities and increases vulnerability and that many of those in marginalized and vulnerable situations currently bear the brunt of climate-sensitive health risks from extreme heat, poor air quality, lack of adequate water, flooding, extreme weather events, food insecurity and vector-borne and emerging infectious diseases, which can contribute to the migration and displacement of people;

Underscoring the importance of paying particular attention to those disproportionately impacted and those already in vulnerable situations, particularly women and girls, when shaping inclusive, equitable climate action and health systems that address gender inequalities and differences in needs and opportunities; and of striving for equitable participation, influence and access to climate-related decision-making processes, financial resources and other benefits such as climate information, technologies and services that are resulting from investment in climate action;

Recalling the United Nations Framework Convention on Climate Change and the Paris Agreement;

Recalling further Article 2, paragraph 1, of the Paris Agreement, which provides that the Agreement, in enhancing the implementation of the Convention, including its objective, aims to strengthen the global response to the threat of climate change, in the context of sustainable development and efforts to eradicate poverty;

Recalling also Article 2, paragraph 2, of the Paris Agreement, which provides that the Agreement will be implemented to reflect equity and the principle of common but differentiated responsibilities and respective capabilities, in the light of different national circumstances;

Recognizing the importance of the best available science for effective climate action and policy-making,
1. CALLS UPON Member States:

(1) to commit:

(a) to strengthen the implementation of WHO’s global strategy on health, environment and climate change, adopting a health-in-all policies approach, without diverting resources meant for primary health care, and consider engaging constructively in the forthcoming global plan of action;

(b) to conduct periodic climate change and health vulnerability and adaptation assessments toward the development of a health national adaptation plan or other adaptation planning strategies, as appropriate and according to the national context;

(c) to cooperate in the development and implementation of national action plans, in accordance with national context and priorities, geared toward decarbonization and ensuring environmentally sustainable health systems, facilities and supply chains including with regard to issues of consumption, procurement, transport, and disposal of resources such as water, energy, food and waste, as well as medical supplies, equipment, pharmaceuticals and chemicals, with a view to lower greenhouse gas emissions, only when doing so does not compromise health care provision and quality, in line with relevant WHO guidance;

(d) to integrate climate data into existing monitoring, early warning, surveillance, and data collection systems, including data disaggregated by sex, age, disability and any other relevant factor, where appropriate, to enable evidence-based decision-making and targeted interventions that respond to the impacts of climate change, including loss and damage, on health and health systems as well as health sector impacts on the environment;

(2) to collaborate, as appropriate, with the Alliance for Transformative Action on Climate and Health (ATACH) as a WHO-led platform for the exchange of knowledge and best practices, and for collaboration on building health systems that are sustainable and resilient to the adverse effects of climate change;

(3) to mobilize high-level attention to climate and health and related aspects within multilateral fora, following the Health Day and climate and health ministerial at COP28, to help ensure sustained and concrete political visibility and momentum, and explore ways in which to integrate health into climate actions towards adaptation, mitigation and loss and damage;

(4) to promote inter and multisectoral cooperation between national health ministries and relevant national authorities on climate change to address the interlinkages between the environment, the economy, health, nutrition and sustainable development, for a coherent and holistic approach to building resilience and addressing the root causes of climate change and

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1 And, where applicable, regional economic integration organizations.

climate-sensitive environmental and social determinants of health, taking into account the One Health approach\(^1\) in line with national contexts, as appropriate;

(5) to support efforts to mobilize resources from all sources for integrated action on climate and health and consider expanding opportunities, with a focus on developing countries, especially those that are particularly vulnerable to the adverse effects of climate change, for multilateral funding, including through multilateral development banks, existing multilateral funds – among others, climate funds and health funds and innovative sources;

(6) to invest in climate adaptation measures that proactively address climate related health impacts, including early warning systems for climate related disease outbreaks and enhancing emergency preparedness and response; and pandemic prevention, preparedness and response;

(7) to promote awareness among the public and health sector on the interdependence between climate change and health, as well as their engagement in the development of climate and health policies, fostering recognition of health co-benefits and sustainable behaviour in line with national context and priorities;

(8) to encourage collaboration between policy-makers, researchers and developers in order to accelerate the translation of evidence to policy and innovation in the field of climate and health;

(9) to promote research and development to detect, prevent, test for, treat and respond to climate sensitive diseases and health outcomes, and to support affected communities in their efforts to adapt to the impacts of climate change, by creating an enabling environment to facilitate equitable access to health tools by those hit hardest by climate sensitive diseases and health impacts of climate change;

2. **REQUESTS** the Director-General:

(1) to develop a results based, needs-oriented and capabilities-driven global WHO plan of action on climate change and health within existing resources, as feasible, that is coherent with the text of the United Nations Framework Convention on Climate Control and the Paris Agreement by the Seventy-eighth World Health Assembly in 2025, firmly integrating climate across the technical work of the WHO at all three levels of the Organization and emphasizing the need for cross-sectoral cooperation, as appropriate;

(2) to include and accelerate actions on climate change and health in the implementation of the Fourteenth General Programme of Work emphasizing the interlinkages between health and other sectors and the need for cross-sectoral cooperation;

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\(^1\) The One Health Approach, including the work of the Quadripartite organizations (WHO, WOAH, FAO, UNEP), the One Health Joint Plan of Action: 2022-2026 and the One Health High-Level Expert Panel.
(3) to serve as a global leader in the field of climate change and health, including amongst others and where feasible, within available resources by establishing a WHO Roadmap to Net Zero by 2030 for the WHO Secretariat, in line with the UN Global Roadmap;¹

(4) to collaborate with the wider United Nations system and other relevant partners at the national, regional and multilateral levels to foster action on climate change and health that is more integrated, coherent and advances gender equality, in line with Sustainable Development Goals to promote synergy and coherence with other relevant international organizations and fora, in particular the United Nations Framework Convention on Climate Change and Paris Agreement processes;

(5) to support Member States, upon their request, in the development of national strategies for sustainable and climate-resilient health systems by, among other actions, capacity-building of health professionals and providing training to health professionals on the interdependence between climate change and health, including, among others, bearing in mind a One Health approach as feasible;

(6) to report on progress in the implementation of this resolution to the Health Assembly in 2025, 2027 and 2029, including on the development and implementation of the global plan of action on climate change and health.