Third report of Committee A

(Draft)

Committee A held its eighth, ninth and tenth meetings on 30 May 2024 chaired by Mr Apurva Chandra (India), Mrs Katarzyna Drążek-Laskowska (Poland), and Mr Alexandre Peña Ghisleni (Brazil).

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

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

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

11.7 Acceleration towards the Sustainable Development Goal targets for maternal health and child mortality

One resolution entitled:

– Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2

11.8 Antimicrobial resistance: accelerating national and global responses

One resolution

**Pillar 2: One billion more people better protected from health emergencies**

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

14.1 WHO’s work in health emergencies

One decision entitled:

– Universal Health and Preparedness Review

Two resolutions entitled:

– Strengthening laboratory biological risk management

– Strengthening health emergency preparedness for disasters resulting from natural hazards
14.3 Global Health and Peace Initiative

One resolution
Agenda item 11.7

Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2

The Seventy-seventh World Health Assembly,

Having considered the report by the Director-General,¹

Recognizing that universal health coverage is fundamental for achieving the Sustainable Development Goals related to health and well-being, including Sustainable Development Goal targets 3.1 and 3.2 on maternal, newborn and child survival and will contribute to realizing the enjoyment of the highest attainable standard of physical and mental health and well-being and achieve a more equitable and sustainable world;²

Recalling the global commitments to achieve by 2030 Sustainable Development Goal target 3.1 on maternal mortality: reduce the global maternal mortality ratio to less than 70 deaths per 100 000 live births, with no country having a maternal mortality rate of more than twice the global average and target 3.2. on newborn and child mortality: end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 deaths per 1000 live births and under-five mortality to at least as low as 25 deaths per 1000 live births;³

Acknowledging that the Sustainable Development Goals are aimed at realizing the human rights of all, leaving no one behind and reaching those farthest behind first by, inter alia, achieving gender equality and empowerment of women and girls;⁴

Underscoring that based on current trends it is likely that more than four out of five countries (80%) will not achieve their national maternal mortality target,⁵ 64 countries will miss the neonatal mortality target, and 59 countries will miss the under-five mortality target by 2030;⁶ and that focused,

¹ Document A77/4.
⁴ Resolution WHA72.4 (2019).
⁵ WHO Global Health Observatory. https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/maternal-and-reproductive-health#:~:text=Adolescent%20mothers%20aged%2010%E2%80%9319,as%20well%20as%20young%20mothers.
urgent, and coordinated course-correcting, country-led action is needed in these countries for maternal, newborn, and child survival to achieve the Sustainable Development Goals;

Deeply concerned that despite significant improvements in health outcomes for women, children, and adolescents over recent decades, progress has stalled and the trend is further exacerbated by worsening rates of malnutrition, poor water supply, sanitation and hygiene, low health literacy for young people, and the impacts of conflict, climate change, the coronavirus disease (COVID-19) pandemic as well as other social determinants of health,1 impeding efforts to fulfil relevant commitments made to advance the objectives and targets of the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) and the related road maps2 to guide and support countries’ efforts to measure and accelerate improvements in maternal, newborn and child health outcomes;

Deeply concerned by the preventable tragedies of maternal, newborn and child deaths and cognizant of the leading direct causes of maternal mortality3 identified as postpartum hemorrhage, eclampsia and pre-eclampsia, sepsis, embolism, and unsafe abortion,4 which per the WHO definition is demonstrated to be responsible for the majority of abortion-associated maternal mortality,5,6 while recognizing that indirect causes of maternal death, including HIV/AIDS, anaemia, malaria, diabetes, cardiorespiratory conditions, tuberculosis, and malnutrition are steadily increasing as a proportion of maternal deaths and consequently the need to strengthen national health infrastructure and institutions and improve access to emergency care and that prematurity, birth trauma and asphyxia, acute respiratory infections, malaria, diarrhoea and congenital anomalies are the leading direct causes of mortality in children under 5 years; and that we will not progress towards universal health coverage by 2030 unless we provide effective interventions with quality where and when they are most needed;

Recognizing that universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national

1 The social determinants of health are the non-medical factors that influence health outcomes. The following list provides examples of the social determinants of health, which can influence health equity in positive and negative ways: income and social protection, education, unemployment and job insecurity, working life conditions, food insecurity, housing, basic amenities and the environment, early childhood development, social inclusion and non-discrimination, structural conflict and access to affordable health services of decent quality.

2 These include: the Ending Preventable Maternal Mortality initiative; the 2023–2030 Roadmap to Combat Postpartum Haemorrhage, the Every Newborn Action Plan, Agenda 2030 on Immunization, the Nurturing Care Framework, the Global Accelerated Action for Health of Adolescents, the International Conference on Population and Development (ICPD) Programme of Action, the Beijing Declaration and Platform for Action and the outcomes of its review conferences, as well as resolution WHA72.7 (2019) on water, sanitation and hygiene in health care facilities; the sources and their targets are available here: https://www.who.int/publications/m/item/wha-agenda-item-11.7---accelerate-progress-towards-reducing-maternal--newborn-and-child-mortality-in-order-to-achieve-sdg-targets-3.1-and-3.2.

3 The relative contribution of the different causes of maternal death can vary from country to country.

4 WHO defines “unsafe abortion” as an abortion that is carried out by a person lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both. To ensure that “unsafe abortion” is correctly interpreted, we recommend always providing an explanatory note along with the definition, as follows: “The persons, skills and medical standards considered safe in the provision of abortion are different for medical and surgical abortion and also depend on the duration of the pregnancy. What is considered “safe” should be interpreted in line with current WHO technical and policy guidance.”

5 WHO. Abortion factsheet: https://www.who.int/news-room/fact-sheets/detail-abortion.

6 WHO. Abortion Health topic page: https://www.who.int/health-topics/abortion.
strategies and programmes (Sustainable Development Goal target 3.7) contribute to maternal, newborn, child and adolescent survival;¹

Noting the SDG 5.6 target to ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the International Conference on Population and Development (ICPD) Programme of Action and the Beijing Declaration and Platform for Action and the outcome documents of their review conferences;¹

Recalling also Sustainable Development Goal target 5.3 to eliminate child, early and forced marriage, and female genital mutilations recognizing child marriage as a driver of adolescent pregnancy and that adolescent mothers face higher risks of eclampsia, puerperal endometritis and systemic infections and babies of adolescent mothers face higher risks of low birth weight, preterm birth and severe neonatal conditions;²

Recognizing that pregnancy and the first two decades of life provide a unique window of opportunity for supporting healthy growth and development, addressing health-related risks factors and promoting health and well-being across the life course;³

Cognizant that children, and adolescents should have equitable opportunities to thrive, thereby building human capital that will effectively reduce inequities and benefit current and future generations in line with the Survive, Thrive, Transform objectives of the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030);⁴

Recognizing the critical importance of prioritizing measures to protect, promote and support breastfeeding and strengthen nutrition services⁵ as an integral part of essential maternal, newborn and child health services and policies, given that almost half of all deaths among children under five are attributable to undernutrition, as well as the detrimental intergenerational impacts of poor maternal nutrition which contributes to low birth weight in newborns;

Recognizing also that approximately 50%⁶ of global maternal, stillbirth, newborn and child deaths occur in fragile and humanitarian settings highlighting the urgent need in fragile contexts to step up investments, including through enhanced international cooperation, to expand coverage and improve quality of primary health care services, noting that primary health care services, including nutrition


⁵ Nutrition services cover health system based essential nutrition actions for assessing, promoting, maintaining, and improving optimal nutrition for individuals throughout the life course.

services, should be high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, to accelerate progress to achieve the Sustainable Development Goals;¹

Acknowledging that lack of access to essential emergency, critical, surgical, anesthesia, and nursing services for injuries, structural birth defects, which will proportionally increase as child survival improves,² and other acute emergencies, will result in unacceptable disparities in survival and disability, a high prevalence of neglected surgically treatable conditions in lower- middle-income countries (LMICs), and that people accessing surgical care in LMICs will endure catastrophic health expenditure;³

Acknowledging also the critical importance of government leadership and a whole-of-government and whole-of-society approaches in improving maternal, newborn and child health expanding the coverage of, and equitable access to integrated primary health care services with strong referral linkages to high quality secondary care services with ensured legislative and domestic budgetary support and oversight, and the need to regularly update national health and financing policies, strategies and plans to accelerate progress in improving women’s, children’s and adolescents’ health,

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

   (1) to take measures to significantly reduce maternal, neonatal and child mortality and morbidity and increase access to quality health care services for newborns, infants and children, as well as all women before, during and after pregnancy and childbirth, including through providing antenatal and postnatal care, sufficient numbers of skilled health personnel⁴ and adequately supplied birthing facilities;

   (2) to reorient health systems towards a primary health care approach that is supported by strong country leadership and management capacity to improve health and well-being of women, children and adolescents along the life course with adequate financial risk protection, involving communities and multisectoral collaborations such as water, sanitation and hygiene (WASH), education and nutrition;

   (3) to scale up, as appropriate, evidence-based, cost-effective interventions to achieve the current and forthcoming service coverage targets of relevant global and regional strategies and action plans needed to achieve Sustainable Development Goal targets 3.1 and 3.2, including access to quality prevention services, testing, treatment, care and support;

   (4) to promote access to affordable quality and respectful care for normal birth and obstetric complications including timely antenatal, intrapartum and postnatal care, quality labour


monitoring, and access to emergency obstetric care including implementation of the postpartum hemorrhage road map by providing the required human resources, including through midwifery models of care, equipment, supplies, data systems and maternal death reviews, in order to achieve national programmatic targets;

(5) to scale up affordable quality essential newborn care services for every newborn and invest in special care units for small and sick newborns at district level including the required human resources, equipment, supplies and data systems in order to achieve national programmatic targets;¹

(6) to consider implementing a universal newborn screening programme including comprehensive birth defect screening, including specific needs and considerations for diagnosis, management and long-term care of children with birth defects;

(7) to scale up quality integrated child health services for every child at district, facility and community level including the required human resources, equipment, supplies and data systems in order to achieve national programmatic targets, also supporting recovery of lost gains on childhood vaccinations and achieving Immunization Agenda 2030 goals;

(8) to invest in establishing networks of care with strong referral mechanisms including supporting services such as functional national referral transportation systems and functional pre-hospital services, laboratories and blood banks;

(9) to facilitate universal access to sexual and reproductive health care services (Sustainable Development Goal target 3.7), including for family planning, information and education, and the integration of reproductive health as contributing factors to maternal, newborn, child and adolescent survival;²

(10) to reinvigorate, through laws and regulations, their commitment to the Sustainable Development Goal target 5.6;

(11) to identify and remove barriers that limit access to safe, quality and affordable sexual, reproductive, maternal, newborn, child and adolescent health care services at both health system and societal levels, such as, inter alia, mistreatment during childbirth, poverty, air pollution, lack of education and lack of access to clean water and sanitation, effects of climate events, and harmful social norms and/or inequalities in pursuit of achieving gender equality and the empowerment of all women and girls;

(12) to invest in country led effective health information management systems, including through enhanced international cooperation in fragile settings, to support evidence-based planning and delivery of health services, monitor implementation, measure progress, and strengthen accountability towards national and subnational targets through routine monitoring of


health facility and/or population-based surveys of sexual, reproductive, maternal, newborn, and adolescent health key relevant indicators;

(13) to invest in the education, employment, regulation and retention of the health and care workforce, including midwives and nurses, that is required to provide universal access to, and coverage of, the nationally determined package of sexual, reproductive, maternal, newborn, and adolescent health care services that are aligned with the principle of decent work;

(14) to enable access to essential safe quality medicines for pregnant women, lactating women, mothers, newborns and children through accelerating implementation of the actions laid out in resolutions WHA69.20 (2016) and WHA75.8 (2022) and by promoting, supporting and financing accelerated investigation, development, manufacturing, registration and supply of age-appropriate, quality assured formulations of medicines for diseases that affect mothers, newborns and children;

(15) in view of increased availability of malaria vaccines, malaria endemic countries to consider prioritizing their introduction into routine immunization programmes as part of their comprehensive malaria control plans, as well as scaling up malaria testing and treatment and other effective interventions such as insecticide-treated nets and chemoprevention in pregnant women and children in order to reduce malaria illness and child deaths;¹,²

2. **INVITES** relevant stakeholders, as appropriate, to support, coordinate and align investments and technical assistance in support of the effective implementation of national plans and contribute to the acceleration of progress towards the Sustainable Development Goal targets 3.1 and 3.2;

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

   (1) to prioritize this unfinished agenda, upon request, and provide intensified technical support to Member States in updating sexual, reproductive, maternal, newborn, child, and adolescent health legislation, policies, strategies, and national plans as part of a primary health care approach, and promote the implementation of evidence-based health interventions to accelerate progress towards the relevant Sustainable Development Goal targets for sexual, reproductive, maternal, newborn, child and adolescent health and help mobilize resources towards their implementation to achieve Sustainable Development Goal targets 3.1 and 3.2;

   (2) to develop relevant guidance to improve sexual and reproductive health care services, and maternal well-being, to prevent stillbirths, reduce low birth weight and prematurity, and to address birth defects;

   (3) to provide support to Member States, upon request, on models of care, including midwifery models of care and the education, employment, regulation and retention of the health and care workforce; strengthen risk differentiated approaches to prevent child mortality; address priority health needs of children 5–9 years of age; promote well child care services for childhood

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development; invest in adolescent well-being through school health, school health services, and digital solutions for adolescent-responsive primary care;

(4) to enhance guidance for services to pregnant and lactating women, women of reproductive age and adolescent girls, and for infants and young children while specifically addressing the needs of underserved groups, including pregnant adolescents and adolescent mothers, to strengthen integration of nutritional services, particularly during the first 1000 days, and mental health interventions into sexual, reproductive, maternal, newborn, and adolescent health care services, and to work synergistically with the implementation of WHO’s triple elimination efforts for HIV, syphilis and hepatitis B;

(5) to accelerate implementation of the workforce actions laid out in resolutions WHA69.19 (2016), WHA74.14 (2021), WHA74.15 (2021) and WHA75.17 (2022) to enhance capacity of the health workforce at all levels to deliver quality sexual, reproductive, maternal, newborn, and adolescent health care services;

(6) to accelerate implementation of the actions laid out in resolutions WHA69.20 and WHA75.8, strengthen and expand collaborative efforts such as those promoted by WHO technical departments and the Global Accelerator for Paediatric Formulations (GAP-f) network for securing better access to medicines for children, including antiretroviral therapy for HIV and report to the Seventy-eighth World Health Assembly, and subsequently as appropriate, on progress achieved, remaining gaps and specific actions needed to further promote better access to age-appropriate, quality assured, affordable medicines and commodities for pregnant and lactating woman, and for maternal, adolescent, child and newborn health services;

(7) to provide recommended WASH, waste management and energy for health care facilities indicators to use in health systems monitoring, upon request, and to encourage countries to incorporate WASH, waste management and energy in health facilities data into health systems monitoring and regularly analyse and share data to inform planning, investment, and programming efforts;

(8) to continue to raise further awareness among legislators about sexual and reproductive, maternal, newborn, child and adolescent health, based on quality data and evidence, and fully engage them both in pursuing advocacy and in providing sustained legislative and political support towards achieving, in accordance with their national plans and priorities, the goals and targets in the Global Strategy for Women’s, Children’s and Adolescents’ Health;

(9) to report back to the World Health Assembly on this resolution as part of the biennial substantive reporting on the Global Strategy for Women’s, Children’s and Adolescents’ Health,1 with a special focus on efforts to accelerate progress towards the reduction of maternal, newborn and child mortality in countries currently off-track to achieve the goals by 2030.

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1 Resolution WHA69.2 (2016).
Agenda item 11.8

Antimicrobial resistance: accelerating national and global responses

The Seventy-seventh World Health Assembly,

Having considered the report by the Director-General;¹

Recalling resolution WHA68.7 (2015), in which the Health Assembly adopted the global action plan on antimicrobial resistance² and urged Member States, inter alia, to develop and implement national action plans that are aligned with the global action plan;

Recognizing the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance (2016) (United Nations General Assembly resolution 71/3), and the commitment therein to develop multisectoral national action plans in line with the global action plan on antimicrobial resistance adopted by the Health Assembly in resolution WHA68.7;

Noting the contributions to addressing antimicrobial resistance of the global high-level ministerial conferences on antimicrobial resistance in 2014 and 2019 in the Kingdom of the Netherlands, and in 2022 in the Sultanate of Oman, which resulted in the endorsement by 47 Member States of the Muscat Ministerial Manifesto on Antimicrobial Resistance; and welcoming the forthcoming fourth Global High-Level Ministerial Conference on Antimicrobial Resistance in the Kingdom of Saudi Arabia in November 2024, and the high-level meeting of the General Assembly on antimicrobial resistance, which will take place in September 2024;

Recalling the recommendations made by the ad hoc inter-agency coordination group on Antimicrobial Resistance, established by United Nations General Assembly resolution 71/3 (2016), to the United Nations Secretary General in April 2019 and resolution WHA72.5 (2019), in which the Health Assembly requested the Director-General to ensure a unified and non-duplicative effort;

Noting the establishment of the Antimicrobial Resistance Multi-Stakeholder Partnership Platform to catalyse global action by fostering cooperation between a diverse range of relevant stakeholders at all levels; the contributions of the One Health Global Leaders Group on Antimicrobial Resistance to raising political importance and visibility of, and accelerating actions on, antimicrobial resistance; the work of the Quadripartite organizations (the Food and Agriculture Organization of the United Nations, WHO, the World Organisation for Animal Health and the United Nations Environment Programme); the One Health High-Level Expert Panel; the Antimicrobial Resistance Multi-Partner Trust Fund; and the ad hoc Codex Intergovernmental Taskforce on Antimicrobial Resistance;

Acknowledging the growing urgent global risk of antimicrobial resistance, rising incidence of resistant infections, and loss of effectiveness for an increasing number of antimicrobials, driven by factors such as inappropriate use of antimicrobials in the human health, food production, animal health, and environment sectors;

¹ Document A77/5.

² “Antimicrobial resistance” refers to the resistance of bacterial, viral, parasitic and fungal microorganisms to antimicrobial medicines that were previously effective for treatment of infections.
Further acknowledging drivers of antimicrobial resistance, including lack of regulation of over-the-counter use of antimicrobials; over-prescription by health care workers; lack of evidence-based standard treatment guidelines; excessive use of antimicrobials during the COVID-19 pandemic; substandard and falsified antimicrobial medicines, which require surveillance and legal enforcement by national regulatory authorities; lack of affordable diagnostic tests, including rapid and point-of-care tests; and inadequate availability of and access to essential and quality-assured antimicrobials;

Noting the importance of infection prevention and control programmes in health care facilities, and noting with concern the increasing burden of health care-associated infections, often by antibiotic-resistant pathogens, which harm patients and health care providers and usually spread to the community; and recognizing that at least half of the world’s health care facilities lack basic hand hygiene services;

Noting that, as at December 2023, 178 WHO Member States had developed multisectoral national action plans on antimicrobial resistance, but Tracking Antimicrobial resistance Self-Assessment Survey (TrACSS) 2023 data show only 27% of Member States monitored and implemented their national action plans effectively and only 11% of Member States had allocated national budgets for implementation; and noting further that achievements were hampered by the lack of multisectoral and health-sector coordination, implementation capacities and availability of technical and funding support;

Noting also that the WHO Access, Watch and Reserve (AWaRe) classification of antibiotics provides evidence-based guidance and can be applied to improve antibiotic prescribing and dispensing for the most common clinical infections in children and adults;

Recognizing that the Global strategy on infection prevention and control, adopted by the Health Assembly through decision WHA76(11) in May 2023, requires full implementation by WHO Member States in order to achieve its vision that “by 2030, everyone accessing or providing health care is safe from associated infections”;

Noting that in his progress report to the Seventy-sixth World Health Assembly,1 the Director-General highlighted the need to accelerate the implementation of national action plans on antimicrobial resistance and proposed the development of a WHO strategic and operational framework on addressing drug-resistant bacterial infections in the human health sector;

Noting also that the WHO Secretariat has developed WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035, which, inter alia, cover the needs for a national and global concerted response, and set out priorities for: (a) prevention of infections; (b) universal access to affordable, quality diagnosis and appropriate treatment of infections; (c) strategic information, science and innovation, for example surveillance of antimicrobial resistance and antimicrobial consumption and use, and research and development for vaccines, diagnostics and treatments; and (d) effective governance and financing of the human health sector response to antimicrobial resistance – all of which will support a broad, health system-wide response to antimicrobial resistance;

1 Document A76/37, D.
Noting further that the WHO Secretariat conducted a global online consultation of the draft WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035, and that the consultation results were considered by the Executive Board at its 154th session;

Noting also that the United Nations General Assembly in its resolution 76/257 (2022) decided to hold a high-level meeting of the General Assembly on antimicrobial resistance in 2024, in collaboration with the Quadripartite organizations and with the support of the One Health Global Leaders Group on Antimicrobial Resistance,

1. CALLS UPON the Quadripartite organizations (the Food and Agriculture Organization of the United Nations, WHO, the World Organisation for Animal Health and the United Nations Environment Programme) at national, regional and global levels to continue working with their Member States on collaborative efforts to address antimicrobial resistance through a One Health approach, and to ensure alignment and collaboration with other United Nations agencies and international organizations, where appropriate;

2. WELCOMES the WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035;

3. URGES Member States:

   (1) to fully engage in the preparation of the high-level meeting of the General Assembly on antimicrobial resistance in 2024, including the development of a concise and action-oriented, consensus-based political declaration, which may include measurable and relevant targets and indicators, and to participate in this high-level meeting at the highest level, preferably at the level of Heads of State and Government;

   (2) to continue strengthening their national multisectoral governance mechanisms for the oversight, monitoring and improvement of the performance of national action plans on antimicrobial resistance; to provide funding support for the implementation of such plans; and to strengthen multisectoral collaboration with relevant partners at national, regional and global levels, to address antimicrobial resistance in a synergistic way;

   (3) to apply, in their national action plans, the four strategic priorities of the WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035 (prevention of infections that give rise to the use of antibiotics; universal access to affordable, quality diagnosis and appropriate treatment of infections; strategic information, science and innovation; and effective governance and financing); to establish ambitious yet achievable objectives, targets and indicators and timelines for their achievement; to provide funding for effective implementation; to strengthen monitoring and evaluation systems in the national action plan; to integrate the core package of interventions in the WHO’s people-centred approach to addressing antimicrobial resistance in human health in universal health coverage benefit packages; to participate in the Tracking Antimicrobial resistance Country Self-assessment Survey (TrACSS) to monitor progress of national action plan implementation; and to undertake all the above-mentioned actions in accordance with the national context;

1 See document A77/5.
2 And, where applicable, regional economic integration organizations.
(4) to strengthen prevention of antimicrobial resistance through, inter alia, implementation of WHO’s global strategy on infection prevention and control (2023), the Immunization Agenda 2030, and the WHO water, sanitation and hygiene strategy 2018–2025, and by monitoring and addressing substandard and falsified antimicrobial agents;

(5) to strengthen the capacities and standards of laboratories, including in respect of a trained workforce and systems of surveillance for antimicrobial resistance; to participate in the WHO’s Global Antimicrobial Resistance and Use Surveillance System (GLASS); to monitor antimicrobial consumption and use in the human health sector and inform health facility and national policy decisions to improve antimicrobial stewardship; to collect nationally representative data on prevalence and profiles of antimicrobial resistance, and mortality attributable to antimicrobial resistance; and to undertake all the above-mentioned actions in accordance with the national context;

(6) to promote timely and equitable supply of quality and affordable essential vaccines, diagnostics and antimicrobials, and ensure their appropriate use including by applying the WHO Access, Watch and Reserve (AWaRe) list; to strengthen diagnosis, infection prevention and control and water, sanitation and hygiene (WASH) services in health care facilities; to support access to services by patients; and to undertake all the above-mentioned actions in accordance with national context;

(7) to increase coverage of national immunization programmes and maximize their benefits for infection prevention, including reducing the risk of secondary infections and supporting antimicrobial stewardship efforts;

(8) to support targeted awareness-raising measures, including communication and information campaigns and behavioural change initiatives for both health care workers and communities; to strengthen antimicrobial stewardship competencies in health care professionals; to build the technical competency of the health workforce by integrating antimicrobial resistance modules in pre- and in-service education and training curricula; to sensitize the general public to the importance of appropriate use of antimicrobial agents; and to undertake all the above-mentioned actions in accordance with the national context;

(9) to support innovative initiatives that foster research and development for new vaccines, diagnostic tools, antimicrobials, therapeutics, and alternatives to traditional antibiotics, including basic, applied and implementation research and research on novel approaches to infection prevention and control and antimicrobial stewardship; to preserve the effectiveness of the existing antimicrobial medicines through collaboration with academic institutions, civil society organizations and the private sector through appropriate mechanisms; and to promote the local production of antimicrobials and other health products to address antimicrobial resistance;

(10) to strengthen international cooperation in addressing antimicrobial resistance, especially to enhance implementation capacities;

4. REQUESTS the Director-General:

(1) to provide support and guidance to Member States in the preparations for the 2024 high-level meeting of the General Assembly on antimicrobial resistance;
(2) to support the negotiations of the political declaration and proceedings of the 2024 high-level meeting of the United Nations General Assembly on antimicrobial resistance by producing an updated report on progress, achievements and challenges in implementation of national action plans, including multisectoral and multistakeholder coordination mechanisms, and proposing solutions, as technical inputs; and to coordinate Member States briefing sessions to facilitate informed discussions;

(3) to continue to work with the Quadripartite organizations and other relevant United Nations and international organizations to address antimicrobial resistance through multisectoral approaches and in line with a One Health approach, including to align and reduce duplication of efforts and to prepare for the 2024 high-level meeting of the General Assembly on antimicrobial resistance;

(4) to provide technical support to Member States upon request on the application of the WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035 in national action plans; to establish ambitious yet achievable national objectives, targets and indicators in line with the four strategic priorities; to apply the WHO’s people-centred approach for addressing antimicrobial resistance in the human health sector and the WHO Access, Watch and Reserve (AWaRe) classification to improve antimicrobial stewardship, and estimate attributable mortality from antimicrobial resistance;

(5) to support Member States, upon request, in mobilizing domestic and international funding for implementing national action plans on antimicrobial resistance, and facilitate learning and sharing experiences and good practice across Member States;

(6) to continue providing support for strengthening Member States’ capacities through capitalizing antimicrobial resistance expertise from the countries, WHO regional offices, WHO collaborating centres, and relevant Secretariat departments, including but not limited to the WHO Academy;

(7) to support Member States, upon request, in their participation in the WHO Global Antimicrobial Resistance and Use Surveillance System, including to monitor antimicrobial resistance and antimicrobial consumption and use in the human health sector, and to inform policy at health care facility and national levels;

(8) to continue submitting consolidated biennial reports on progress achieved in implementing this resolution to the Health Assembly, as requested in resolutions WHA68.7 and WHA72.5, with reports to the Seventy-eighth World Health Assembly in 2025, the Eightieth World Health Assembly in 2027 and the Eighty-second World Health Assembly in 2029.
Agenda item 14.1

Universal Health and Preparedness Review

The Seventy-seventh World Health Assembly, having considered the reports by the Director-General,

Decided:

(1) to take note of the reports of the Central African Republic,\textsuperscript{1} Iraq,\textsuperscript{2} Portugal,\textsuperscript{3} Sierra Leone\textsuperscript{4} and Thailand\textsuperscript{5} made during the voluntary pilot phase of the Universal Health and Preparedness Review, including the voluntary pilot global peer review\textsuperscript{6} process meant to occur;

(2) to request the Director-General, in consultation with Member States, to continue developing the voluntary pilot phase of the Universal Health and Preparedness Review, including the voluntary pilot global peer review according to the report submitted to the Seventy-fifth World Health Assembly\textsuperscript{7} and feedback from Member States, without prejudice to the processes of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005), building on existing mechanisms under and in support of the International Health Regulations (2005) in a manner complementary to and non-duplicative of existing modalities and evaluation tools and processes used by Member States, namely those in the International Health Regulations Monitoring and Evaluation Framework;

(3) to request the Director-General to report to the Seventy-eighth World Health Assembly, through the Executive Board at its 156th session, on lessons learned, implications, benefits, challenges and options for the next steps.


\textsuperscript{7} Document A75/21.
Agenda item 14.1

Strengthening laboratory biological risk management

The Seventy-seventh World Health Assembly,

Acknowledging the increasing risk of outbreaks of emerging and re-emerging diseases\(^1\) and the need for strengthened global preparedness, including in the area of life science research and public health microbiology;

Recalling resolution WHA58.29 (2005) on enhancement of laboratory biosafety, which proposed actions to implement an integrated approach to biosafety, and other relevant resolutions;\(^2\)

Recognizing the efforts and progress made in strengthening laboratory biosafety and structurally improving biocontainment conditions by both Member States and the Secretariat in collaboration with and alignment to relevant WHO technical guidance, as outlined in resolution WHA58.29;

Noting the implementation of specific programmes consistent with WHO guidance,\(^3\) and development of national preparedness plans, mobilization of national and international resources and collaboration;

Noting also WHO’s provision of technical support to Member States through the updating and publication of relevant guidance documents;

Stressing the importance of continuing implementation and strengthening of laboratory biological risk management, which includes institutional and personnel biosecurity measures;

Recognizing the critical role of relevant sectors’\(^4\) laboratories in global health security and that the growing number of maximum-containment facilities engaging in research with high-consequence

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\(^1\) See WHO South-East Asia Dialogue. New Delhi: WHO Regional Office for South-East Asia; 2023 (https://www.who.int/publications/i/item/9789290210955, accessed 17 January 2024).

\(^2\) Inter alia, resolutions WHA58.3 (2005), WHA71.16 (2018), WHA74.7 (2021) and WHA76.5 (2023).

\(^3\) Including the Tianjin Biosecurity Guidelines for Codes of Conduct for Scientists.

pathogens\textsuperscript{1} affecting humans, animals and other living organisms,\textsuperscript{2} as well as the widespread use of new technologies, are changing the landscape of laboratory biosafety and laboratory biosecurity:\textsuperscript{3}

Noting that the evolution of laboratory biological risk mitigation and management towards a more risk- and evidence-based approach requires Member States’ effective control measures, practices and competencies as well as the strengthening of responsible conduct at all organizational levels;

Considering that research and development using high-consequence and other biological agents, as appropriate, in laboratories is critical for preventing, detecting and controlling outbreaks of emerging and re-emerging diseases and that their release from any type of containment facilities, including those belonging to pharmaceutical manufacturers and private entities, may have global ramifications;

Expressing concern regarding gaps in the implementation of laboratory biosafety and laboratory biosecurity measures, according to reports and evaluations under the International Health Regulations (2005),\textsuperscript{4} and the additional appropriate actions required to minimize laboratory-associated biological risks;

Mindful also that the rapid advancement of technology, including easier access to genetic engineering, synthetic biology and research involving genetically modified pathogenic microorganisms, and those for which the highly contagious and/or virulent potential for humans, animals and other living organisms, as well as inter-species transmission, is not fully characterized and predictable;

Underscoring the importance of Member States’ commitment to address the gaps as identified by evaluations under the International Health Regulations (2005), strengthen and raise the profile of laboratory biological risk mitigation and management as one of the necessary health security capacities for preventing, preparing for and responding to health emergencies, including pandemics and other emergencies,

1. CALLS on Member States\textsuperscript{5} in accordance with national context and priorities:

   (1) to comprehensively strengthen implementation of resolution WHA58.29 (2005) on enhancement of laboratory biosafety by including essential elements of biological risk mitigation and management within their national laboratory biosafety and laboratory biosecurity strategies, policies, programmes and mechanisms;

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\textsuperscript{1} High-consequence material, technology and information is defined as a biological agent, biological material, technology and the information about it, capable of causing, direct or indirect, disease or other harmful effects in humans, animals, plants and/or the environment with severe or even catastrophic consequences. As per Biorisk management: laboratory biosecurity guidance, second edition. Geneva: World Health Organization (being finalized).

\textsuperscript{2} High-consequence research is defined as biomedical research that uses or creates material, technology or information that could, besides its intended benefits, be misused to cause significant harm to humans, animals, plants and/or the environment. As per Biorisk management: laboratory biosecurity guidance, second edition. Geneva: World Health Organization (being finalized).

\textsuperscript{3} Laboratory biosecurity is defined as preventing unauthorized access, loss, theft, misuse, diversion or release, including protection, control and accountability of biological materials and/or the equipment, skills and data related to their handling. See Laboratory biosafety manual, fourth edition. Geneva: World Health Organization; 2020 (https://www.who.int/publications/i/item/9789240011311, accessed 17 January 2024).

\textsuperscript{4} Including the State Party Self-Assessment Annual Reporting Tool and other voluntary tools, as appropriate.

\textsuperscript{5} And, where applicable, regional economic integration organizations.
(2) to approve, strengthen and implement, within the capacities and priorities of each sovereign Member State, whole-of-government, multisectoral national laboratory biosafety and laboratory biosecurity strategies, policies, programmes and mechanisms, including research and transportation, in line with WHO guidelines, involving high-consequence biological agents, that would, in case of release or exposure, cause significant harm or potentially catastrophic consequences;

(3) to strengthen training and continual development of competent human resources, including in the areas of research, data and incident-management systems on laboratory biological risk mitigation and management;

(4) to promote a risk-based approach in support of a sound technical foundation through evidence-based measures, a sound culture of biosafety and biosecurity at all institutional levels, and appropriate awareness, including cultural and behavioural approaches, practices and interventions that support transparent communication with prevention of and resilience to misinformation and disinformation;

(5) to develop and align, as appropriate with relevant international standards, legislation and/or regulation and policies around laboratory biological risk mitigation and management, including involving possession, use or transfer of high-consequence biological agents and relevant containment facilities, the handling of research data, methodologies in synthetic and other newly developed fields of biology and their products, where legislation, regulation and policies should support inclusivity in the context of promoting people-centred health, disease prevention, early detection of and response to health emergencies and to reduce the burden on health systems;

(6) to augment and secure international cooperation, development of technical tools and sharing of information about laboratories and incidents to implement practically, in line with the International Health Regulations (2005), laboratory biological risk mitigation and management with considerations for information security and potential risks of international spread;

2. REQUESTS the Director-General:

(1) to provide technical assistance and normative guidance to Member States, on request, in developing comprehensive, biological risk-management strategies, measures, and oversight systems, including for laboratory containment, research and the responsible use of the sciences, and for scaling up the implementation based on the needs and priorities of Member States;

(2) to assist Member States’ development and implementation of laboratory biosafety and biosecurity national strategies in line with national legislation and the applicable general programme of work with the appropriate structure, resources, assets and capabilities in alignment with financial support based on the structure at country-level strategy;

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(3) to ensure that WHO builds on its strengths, by developing and updating guidance for laboratory biological risk management in cooperation with other international organizations, including, but not limited to, convening discussions for proposing consensus-based baselines for enabling objective assessment and incident reporting under the International Health Regulations (2005) of facilities working with microbiological agents through the identification and promotion of best practices, such as evidence- and risk-based interventions, in the context of each Member State and its current phase in the development of the national laboratory biosafety and biosecurity programme;

(4) to monitor at all levels of WHO and to report to the Health Assembly developments, evidence and trends in laboratory biosafety- and laboratory biosecurity-related tools, technologies, methodologies and standards in health systems, public health, training programmes of all stakeholders, including academic institutions and the private sector, and data science, and to analyse their implications and possible use for the achievement of the health-related Sustainable Development Goals with the engagement of all relevant sectors;

(5) to promote WHO’s collaboration with other organizations and relevant stakeholders in line with the Framework of Engagement with Non-State Actors in a manner cohesive to strengthening the implementation of laboratory biological risk mitigation and management by leveraging their capabilities through WHO collaborating centres and other relevant technical partners or national and international voluntary partnerships;

(6) to enable continued discussion among Member States and relevant international organizations or stakeholders on possible additional proposals to strengthen biological laboratory risk mitigation and management comprehensively;

(7) to report on progress made in the implementation of this resolution, and challenges faced, to the Health Assembly in 2026, 2028 and 2030.
Agenda item 14.1
Strengthening health emergency preparedness for disasters resulting from natural hazards

The Seventy-seventh World Health Assembly,

Having considered the report by the Director-General;¹

Recalling the International Health Regulations (2005), the Sustainable Development Goals 2030, the Sendai Framework for Disaster Risk Reduction 2015–2030 and the Bangkok Principles on the implementation of the health aspects of the Sendai Framework, the Paris Agreement on climate change and the United Nations Framework Convention on Climate Change, the Addis Ababa Action Agenda on Financing for Development, the New Urban Agenda of the Third United Nations Conference on Housing and Sustainable Development (Habitat III), and WHO’s Thirteenth General Programme of Work, 2019–2025 with its strategic priority of one billion more people better protected from health emergencies;

Recalling further Health Assembly resolutions WHA64.10 (2011) on strengthening national health emergency and disaster management capacities and the resilience of health systems, WHA65.20 (2012) on WHO’s response, and role as health cluster lead, in meeting the growing demands of health in humanitarian emergencies, WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage, WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005), WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies, WHA75.17 (2022) on human resources for health, WHA76.2 (2023) on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies, and the report of the Director General on strengthening WHO preparedness for and response to health emergencies;

Recalling United Nations General Assembly resolutions 75/124 (2020) on international cooperation on humanitarian assistance in the field of natural disasters, from relief to development, and 77/28 (2022) on strengthening of the coordination of emergency humanitarian assistance of the United Nations;

Noting with concern that the increasing frequency and intensity of climate-related extreme weather events, and their impacts on health, put additional pressure on health systems, and require progress on adaptation, risk reduction and preparedness efforts to protect populations, in particular those at high risk of the devastating consequences of extreme weather events;

Noting also with concern the continued risk of the occurrence of natural hazards, intersecting health emergencies, their multiple and long-term public health consequences and their negative impact on the well-being of people around the world, particularly among those living in vulnerable and fragile situations;

¹ Document A77/4.
Recognizing that countries continue to face emergencies resulting from natural hazards, according to the WHO classification of hazards in Annex 1 of the WHO Health Emergency and Disaster Risk Management Framework;¹

Recognizing also that the devastating health, social, and economic impacts of the COVID-19 pandemic, and the lessons learned from the responses to it, have highlighted the need to strengthen health emergency preparedness, response, and resilience for disasters resulting from natural hazards, as concurrent and converging emergencies challenge communities and health systems;

Underlining that preparation for, and responses to, health emergencies are primarily the responsibility and role of governments, and recognizing the importance of integrating health preparedness, response, and resilience into wider emergency preparedness for disasters, as well as recognizing the role of international cooperation in supporting national efforts and addressing cross-border risks;

Recognizing that the health sector plays a fundamental role in emergency preparedness, prevention, response and recovery, and that timely and efficient attention to the health care needs of those living in vulnerable and fragile situations is one of the priorities in the overall management of major emergencies and disasters;

Emphasizing the importance of trained, equipped and diverse health and care workers at the forefront of emergency preparedness, prevention, response and recovery, including but not limited to community health workers and capacitated community volunteers, and their key role in terms of whole-of-society engagement and in strengthening efforts towards comprehensive community resilience-building for disasters resulting from natural hazards;

Recognizing the multidimensional aspects of disasters, the complex interdependencies between different stakeholders and the critical role that communities and civil society play in prevention, preparedness, response and recovery from disasters resulting from natural hazards;

Recognizing also that with advances in technology and forecasting capabilities, it is increasingly important to anticipate, prioritize and mobilize risk reduction and readiness actions to mitigate the impacts of the adverse health consequences of disasters resulting from natural hazards, including through multi-hazard early warning systems that enable countries to be ready to respond rapidly and effectively;

Recognizing further the immediate, shorter-term, and permanent health impacts of disasters resulting from natural hazards, including those due to injuries, diseases, and death, health infrastructure destruction and services disruption, as well as longer-term health impacts due to the interruption of the prevention and control of communicable and noncommunicable diseases, including the management of mental health and psychosocial conditions, and other public health programmes;

Recognizing that an adequate response to health emergencies due to disasters resulting from natural hazards requires a resilient and functional health care system, including primary, integrated emergency, critical, surgical and anaesthesia care services, rehabilitation, assistive technology, sexual and reproductive health care services, and mental health and psychosocial support, including equitable health care services;

and timely access to water, sanitation and hygiene, health products and technologies, which are a critical part of both integrated health care and a robust emergency health care system;

Recognizing also that building resilient public health systems at the local or community, subnational, national and regional levels, is essential for preparedness for and response to disasters resulting from natural hazards;

Recognizing further the importance of risk communication, addressing misinformation and disinformation and ensuring community engagement to drive more community centred and equitable approaches for disasters resulting from natural hazards, including informing, engaging and empowering communities to take proactive action and build resilience;

Recognizing the significant potential of digital technologies and innovation to increase the accessibility, safety and cost-effectiveness of health services, especially during emergencies;

Noting with concern that persons facing vulnerability and marginalization are often disproportionately affected by the impacts of disasters resulting from natural hazards and are under-represented in emergency preparedness decision-making,

1. URGES Member States, taking into account their own national contexts and priorities:

(1) to ensure that efforts to strengthen health emergency preparedness and response for disasters resulting from natural hazards are based on systematic and regular evidence-based cross sectoral risk assessment;

(2) to ensure that health emergency preparedness and response efforts are firmly grounded in risk reduction, risk-mitigation and health system resilience building approaches that advance progress towards Universal Health Coverage and are oriented towards primary health care, enabling the sustained provision of essential health services during and after disasters resulting from natural hazards;

(3) to sustain political commitment and provide human and financial resources, as appropriate, and follow systematic and comprehensive approaches to strengthening and sustaining capacities for health emergency prevention, preparedness, response and recovery for resilience and strengthening health security, including through: strengthening and development of emergency risk management policies/strategies; planning and coordination of essential health and related services; training of health and care workers; information, education and knowledge management; building community capacities; and the provision of safe, accessible and resilient health infrastructure and logistics;

(4) to strengthen risk-informed operational response, coordination and management at all levels, including cross border cooperation, to ensure timely, safe, accessible and effective understanding of health risks, impacts and delivery of health services to affected persons and populations that adequately addresses their urgent health and recovery needs, to incorporate technical standards, best practices, clear incident management systems and regularly evaluated and updated gender and age- responsive and disability-inclusive multi-hazard health sector emergency response plans for disasters resulting from natural hazards;

(5) to engage as appropriate at local or community, subnational, national, regional and global levels to advance risk reduction, prevention, preparedness and response efforts for health
emergencies from disasters resulting from natural hazards and recovery of communities and health systems;

(6) to facilitate effective collaboration between national and international partners, experts and key stakeholders to ensure that knowledge and expertise are up to date and relevant, and to disseminate this knowledge and provide appropriate technical support to international and national health preparedness, response and mitigation programmes to shape the global health emergency preparedness landscape towards greater readiness for response;

(7) to develop, implement and monitor policies and programmes that prioritize investments to improve the safety, accessibility and resilience of health facilities, including through ensuring that they are safely located, properly constructed and able to continue functioning during and after emergencies, minimize disruptions to essential health service delivery, and protect the lives of patients, the health and care workforce and the community;

(8) to coordinate action across the whole of government and whole of society, in an inclusive manner, and with the WHO Secretariat and the international community before, during and after disasters resulting from natural hazards, to ensure that the health sector is fully embedded into multisectoral coordination mechanisms based on participatory, community-centred and gender and age-responsive disability-inclusive approaches;

(9) to leverage existing communication and collaboration networks, including communities and networks established through multisectoral approaches, to strengthen and streamline mitigation and response efforts before, during and after disasters resulting from natural hazards;

(10) to facilitate timely access for affected persons and populations to medicines, diagnostics, vaccines and other medical products needed in emergency response as part of a comprehensive package of prioritized and essential health services, including adequate access to primary, integrated emergency, critical, surgical and anaesthesia care services, rehabilitation, assistive technology, sexual and reproductive health care services, gender-based violence services and mental health and psychosocial support services, during and after disasters resulting from natural hazards, including through existing operational partner networks, such as the Global Health Cluster, the WHO Emergency Medical Teams Initiative, and the Global Outbreak Alert and Response Network and Standby Partnerships;

(11) to facilitate and promote the production, supply and distribution of essential products needed for emergency preparedness and response to disasters resulting from natural hazards, by means that include, when necessary, supporting strategic stockpiling and equitable access to medical products based on epidemiological data, vulnerability situation and other scientific evidence;

(12) to regularly and systematically conduct evidence-based risk assessments to inform actions, engage all key stakeholders, including local communities, and establish a clear leadership for preparing for health emergencies and disasters resulting from natural hazards;

(13) to improve the support of health and care workforce, including community health workers and capacitated community volunteers, by providing relevant technical health and safety training and supporting lifelong learning in coordination with academic, research and training institutions, including training provided by the WHO Academy and WHO collaborating centres;
to enable health and care workers to update and adjust their technical skills, and to better prepare for prevention, the immediate rescue of victims, to prevent deaths, prevent and minimize injuries, mental health impacts and other illnesses among communities, and prevent and respond with a survivor-centred approach to sexual exploitation and abuse;

(15) to support, as appropriate, the strengthening of data collection, disaggregated data, including by sex, age and disability, and research in a systematic manner for continuous improvement of the evidence base and outcomes of health emergency preparedness and response;

2. REQUESTS the Director-General:

(1) to provide technical guidance, including supporting tools outlining evidence-based requirements, for mechanisms and capacities to strengthen health emergency preparedness for disasters resulting from natural hazards and help facilitate access to financing for national health emergency and disaster risk management capacity;

(2) to provide support to the Member States, upon their request, where possible, to address challenges in the health sector due to climate change, including support for small island developing States, other climate vulnerable countries, urban settings and other geographical areas that are prone to disasters resulting from natural hazards and face similar challenges in terms of risks, vulnerabilities and capacities, and require dedicated, context-specific approaches;

(3) to provide support to Member States, upon their request, to develop, strengthen and operationalize their local, subnational and national emergency rapid response capacities, including emergency medical teams, specialized care teams, public health rapid response teams, mobile laboratories, and community-based interventions and resources, in coordination with relevant response actors;

(4) to enhance the capacity, resources and expertise at all levels of WHO, to provide the necessary technical guidance and support to Member States, upon their request, to strengthen sustainable local, subnational, national and regional capacities gender and age- responsive, and disability-inclusive health emergency preparedness and response for disasters resulting from natural hazards;

(5) to mobilize timely, adequate, sustainable and flexible financial and human resources at all levels of WHO, including through the WHO Contingency Fund for Emergencies, to support Member States to strengthen their health systems, including the safety and resilience of health facilities;

(6) to include updates on efforts to implement this resolution in appropriate preparatory documents and briefings to the Standing Committee on Health Emergency Prevention, Preparedness and Response and to report to the Health Assembly, on progress made, lessons learned and best practices in implementing this resolution in 2026, 2028 and 2030 as part of the consolidated report on WHO’s work in health emergencies.
Agenda item 14.3

Global Health and Peace Initiative

The Seventy-seventh World Health Assembly,

Having considered the report by the Director-General;

Emphasizing the role of WHO within its mandate as the directing and coordinating authority on international health work;

Recalling the Constitution of the World Health Organization recognizing that the health of all peoples is fundamental to the attainment of peace and security and that governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures;

Recalling also resolution WHA34.38 (1981) on the role of physicians and other health workers in the preservation and promotion of peace as the most significant factor for the attainment of health for all;

Recalling further resolution WHA65.20 (2012) on WHO’s response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies, in which the Health Assembly recognized that WHO is in a unique position to support health ministries and partners, as the lead agency for the Inter-Agency Standing Committee Global Health Cluster, in coordinating preparations for, the response to and the recovery from humanitarian emergencies, and called on Member States to strengthen national risk management, health emergency preparedness and contingency planning processes and disaster management units in the health ministry, as outlined in resolution WHA64.10 (2011);

Reaffirming that it is the national authority that has the primary responsibility to take care of victims of natural disasters and other emergencies occurring on its territory, and that the affected State has the primary role in the initiation, organization, coordination and implementation of humanitarian assistance within its territory;

Recalling United Nations General Assembly resolution 46/182 (19 December 1991) on strengthening of the coordination of humanitarian emergency assistance of the United Nation and all subsequent General Assembly resolutions on the subject, including resolution 78/119 (8 December 2023), and underscoring that respect for international law, including international humanitarian law, is essential to respond to health emergencies in armed conflicts and mitigate their impact;

Recalling also that international humanitarian law, as applicable, must be fully applied in all circumstances, without any adverse distinction based on the nature or origin of the armed conflict or on the causes espoused by or attributed to the parties to the conflict, recalling that domestic implementation of international obligations plays a central role in fulfilling the obligation to respect international humanitarian law, and recognizing the primary role of States in this regard;

Recalling further decision WHA68(10) (2015) in which the Health Assembly reiterated that WHO’s emergency response at all levels shall be exercised according to international law, in particular with Article 2(d) of the Constitution of the World Health Organization and in a manner consistent with
the principles and objectives of the Emergency Response Framework, and the International Health Regulations (2005), and shall be guided by an all-hazards health emergency approach, emphasizing adaptability, flexibility and accountability; humanitarian principles of neutrality, humanity, impartiality, and independence; and predictability, timeliness and country ownership;

Also recalling decision WHA75(24) (2022) in which the Health Assembly requested the Director-General to consult with Member States and Observers on the implementation of the proposed ways forward and to then develop a road map;

Further recalling decision WHA76(12) (2023) in which the Health Assembly took note of the Roadmap for the Global Health and Peace Initiative and requested the Director-General to report on progress made on strengthening the Roadmap, as a living document through consultations with Member States, Observers and other stakeholders, as decided by Member States;

Considering the continued work on strengthening the Roadmap as requested in decision WHA76(12),

REQUESTS the Director-General:

(1) to continue the following actions, within and as part of the consultative process of strengthening the Roadmap for the Global Health and Peace Initiative:

   (a) evidence gathering through research summary and its analysis;

   (b) communication and awareness about the Global Health and Peace Initiative and its added value and the Health and Peace approach to programming;

   (c) capacity-building through technical support and the development of an internal WHO training handbook for programming purposes within WHO’s mandate;

   (d) dialogue and partnership with key actors to explore where expertise can be pooled and identify areas of cooperation;

(2) to report back on progress to the Executive Board at its 158th session in 2026 and for the consideration of further action by Member States;

(3) to report to the Eighty-second World Health Assembly in 2029, through the Executive Board, on the status of the Roadmap in view of a possible, consensual strengthened Roadmap.