COORDINATION OF THE WORK OF THE WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD AND THE REGIONAL COMMITTEE; AND AN INFORMAL CONSULTATION ON THE FUTURE FINANCING OF WHO

This document presents in Part 1 four resolutions adopted by the Sixty-third World Health Assembly, along with a discussion of their background, relevance for the Western Pacific Region, and recommendations for Member States. This document also presents in Part 2 a summary of an informal consultation on the future financing of WHO.

Members States are requested to express their views on the relevance of the four resolutions to their work and take necessary action.

In addition, all Member States are requested to review the summary of the informal consultation on the future financing of WHO and to consider the issues it raises during discussions at all 2010 sessions of the WHO regional committees. The attachment on future financing presents a summary of views from an initial consultation convened by the Director-General in January 2010 to begin a strategic conversation on financing WHO's work and to consider how to bring the discussion into the more formal scope of WHO's governing bodies. In addition to discussions at the 2010 sessions of the regional committees, Member States may further inform the process by means of a web-based consultation.

The four resolutions of special relevance to the Western Pacific Region are attached to this document, as well as a list of all resolutions adopted by the Sixty-third World Health Assembly (Annex 1). Copies of all the resolutions will be available at the sixty-first session of the Regional Committee for the Western Pacific. The draft provisional agenda of the 128th session of the Executive Board also is attached as Annex 2.
1. WORLD HEALTH ASSEMBLY RESOLUTIONS OF INTEREST TO THE REGION

The Sixty-third World Health Assembly adopted 28 resolutions, which are listed at the end of this paper (Annex I). The attention of the Regional Committee is drawn to four in particular: resolution WHA63.14 on marketing of food and non-alcoholic beverages to children; resolution WHA63.16 on the WHO Global Code of Practice on the International Recruitment of Health Personnel; resolution WHA63.19 on the WHO HIV/AIDS strategy for 2011–2015; and resolution WHA63.28 on the establishment of a consultative expert working group on research and development: financing and coordination.

The attention of the Regional Committee is also drawn to a brief summary of an informal discussion on the future financing of WHO. The four resolutions and the informal discussion on financing are also discussed below.

The agenda of the 128th session of the Executive Board is attached as Annex 2.

Resolution WHA63.14 — Marketing of food and non-alcoholic beverages to children

Background

Overweight and obesity among children are emerging as major public health challenges in the world and in the Western Pacific Region. Advertising influences children’s food preferences, purchase requests and consumption patterns.

The Sixty-third World Health Assembly endorsed a set of recommendations on the marketing of food and non-alcoholic beverages to children based on resolution WHA60.23. The main purpose of these recommendations is to guide efforts by Member States in designing new or in strengthening existing policies on food marketing communications to children in order to reduce the impact on children of marketing of foods high in saturated fats, trans-fatty acids, free sugars or salt.

Relevance to the Region

Given the high burden of noncommunicable diseases and the potential to reduce one of its major risk factors, which is obesity, this resolution on marketing of food and non-alcoholic beverages to children is a powerful tool available to Member States. Implementation of the Framework of Action on Food Security, endorsed at the 2010 Pacific Food Summit, and related national food summits organized in the Pacific islands could be a platform for introducing policy measures. Healthy Cities and Healthy Islands approaches can also introduce these measures through multisectoral interventions.
Recommended actions for Member States

Member States are requested to note the resolution and to take action on its recommendations, as appropriate.

Resolution WHA63.16 — WHO Global Code of Practice on the International Recruitment of Health Personnel

Background

Resolution WHA57.19 called for the Director-General to develop a voluntary code of practice on the international recruitment of health personnel in consultation with all relevant partners in response to the global health workforce crisis. Subsequent to that World Health Assembly resolution, the Kampala Declaration of March 2009 and communiqués in 2008 and 2009 by the Group of Eight (G8), WHO carried out broad consultations and drafted the WHO Global Code of Practice on the International Recruitment of Health Personnel, adopted as resolution WHA63.16 in May 2010.

The Code serves as a reference for Member States in improving legal and institutional frameworks for the ethical international recruitment of health personnel, as well as to guide the formulation and implementation of bilateral agreements and other legally binding recruitment instruments. The Code sets forth specific responsibilities of WHO to promote implementation and monitoring of the Code at global, regional and country levels, in full partnership with Member States and stakeholders.

WHO has developed a proposed implementation strategy for the Code with four main activities: (1) communication and advocacy; (2) development of guidelines and institutional mechanisms; (3) resource mobilization; and (4) partnerships. At the regional and country levels, WHO will provide support to Member States in the specific areas of Code implementation. The Code implementation strategy will be linked closely with WHO activities in human resources for health more generally, as well as with ongoing work on national health policies and strategies.

The Secretariat will report on progress of Code implementation to the Sixty-eighth World Health Assembly.

Relevance to the Region

For the Western Pacific Region, the resolution and Code have the potential to foster close collaboration among Member States and stakeholders in managing migration and enhancing its mutual benefits, as well as in focusing more attention and commitment to strengthen the capacity of Member States to educate, retain and sustain an adequate workforce to meet their population health
needs. The requirements for monitoring and reporting on the Code also contribute to the ongoing efforts by Member States and WHO to improve the quality of workforce data and planning.

Recommendations for Member States

Member States are requested to note the resolution and to implement the Code, as appropriate.


Background

The Sixty-third World Health Assembly adopted a resolution tabled by Brazil requesting the Director-General to lead a broad consultative process for the development of a WHO HIV/AIDS strategy for 2011–2015, aligned with broader strategic frameworks such as the Millennium Development Goals, primary health care and the UNAIDS Outcome Framework. The strategy will be built around the five strategic directions for the health sector’s response to HIV outlined in Towards Universal Access by 2010.

The resolution refers to previous strategic documents such as the WHO 3 by 5 Initiative, the Global Health Sector Strategy for HIV/AIDS (2003–2007), and Towards Universal Access by 2010. It recognizes the challenges posed by the HIV epidemic in countries with generalized epidemics, as well as in regions where men who have sex with men, transgender people, sex workers and injecting drug users are affected by concentrated epidemics. It recommends further expansion of prevention, care and treatment interventions to consolidate achievements and move steadily towards universal access of comprehensive HIV services through a human rights-based approach. It highlights concerns for the heavy reliance on external funding of many national HIV programmes in low- and middle-income countries in view of the impact of the global economic downturn on development and international aid.

Resolution WHA63.19 recommends that the WHO HIV/AIDS strategy for 2010–2015 be submitted to the Sixty-fourth World Health Assembly through the Executive Board.

The HIV/AIDS Department in Geneva has initiated the development of the new strategy with regional offices and other departments within WHO, and planned a series of global, regional and country-based consultations to ensure high-level contributions and input, including meeting with representatives of Member States, civil society, development partners and other United Nations agencies. A draft of the strategy has been posted on a web-based public site and an online discussion is currently under way.
Relevance to the Region

The Regional Office for the Western Pacific is planning to develop a strategic framework for the health sector response to HIV in countries of the Region, in line with the global strategy and highlighting specific measures to maximize national responses over the period 2011–2015.

The Western Pacific Region strategic framework will undergo extensive review and consultations before being presented to Member States for their consideration and possible endorsement.

Recommendations for Member States

Member States are requested to participate in the various consultations and contribute to the development of the global strategy and regional framework.

Resolution WHA63.28 – Establishment of a consultative expert working group on research and development: financing and coordination

Background

The Sixty-third World Health Assembly considered in May 2010 the Report on Public Health, Innovation and Intellectual Property: Global Strategy and Plan of Action, and the Report of the Expert Working Group on Research and Development: Coordination and Financing.\(^1\) Considering both of these reports, and resolution WHA61.21 that requested the Director-General to establish the Expert Working Group and report on its findings, Member States recognized that a degree of progress had been achieved, but that a divergence between Member States' expectations and the Expert Working Group's output reflected the need for a clear mandate on the way forward.

The Sixty-third World Health Assembly therefore requested the establishment of a Consultative Expert Working Group to take forward the work of the original Expert Working Group under Terms of Reference described in resolution WHA63.28.

Member States were requested to provide support through proposals and consultations, and also the nomination of experts for the roster of the Consultative Expert Working Group. In the case of the Western Pacific Region, these nominations were requested by 31 July 2010. As in all six Regions, the Regional Committee is expected to discuss these nominations during its meeting in 2010. Following these discussions, each Region will submit its nominations to the Director-General, who will present the final list of nominations for approval by the Executive Board in January 2011. These nominations

\(^1\) Documents A63/6 and A63/6 Add.1 respectively.
will take into account regional representation according to the composition of the Executive Board, and an appropriate balance of skill, experience and gender, as requested by Member States.

Relevance to the Region

The Western Pacific Region has made several important public health gains over the past decades which would not have been possible without strong biomedical research. As with all Regions, adequate and sustainable financing and coordination of such work are very much in the interest of all Member States. This is even more so the case, given the potential in the next few years for several diseases to be potentially eliminated in the Region.

The Western Pacific Region already has world-class research capacities. The ability to leverage the full potential of that capacity by virtue of increased cooperation with institutions in other Regions would be of significant benefit. Furthermore, several countries in the Western Pacific would benefit considerably from proposals due to be considered by the Consultative Expert Working Group to delink the commercial prices of pharmaceuticals from their research and development costs. The Consultative Expert Working Group would also consider research and development necessary to meet new threats, such as those posed by emerging diseases and antimicrobial resistance.

Recommendations for Member States

Member States are requested to consider the nominations from the Western Pacific Region which are proposed for their discussion, and to inform the Regional Director of the final set of recommendations to be communicated to the Director-General.
2. THE FUTURE OF FINANCING FOR WHO

Note for Regional Committees—2010

Background

In January 2010, the Director-General convened an informal discussion on the future financing of WHO. The consultation was not a decision-making meeting, but rather the beginning of a strategic conversation identifying key issues in relation to WHO’s work at the global, regional and country levels; an acknowledgment of differences of opinion where they exist; and a means to chart a way forward that will bring the discussion into the more formal scope of WHO’s governing bodies.

Over the course of two days, participants reviewed the changing landscape for global health, acknowledging the growing number of actors involved, the consequent risks of fragmentation and duplication of effort, the competing demands on WHO’s resources, and the way that current approaches to financing WHO influence priority setting.

It was agreed that a formal report on issues raised at the consultation would be presented by the Secretariat to the Executive Board in January 2011. The report to the Executive Board will be informed by the views of Member States by means of a web-based consultation and discussions during the 2010 sessions of the regional committees.

The following discussion of the issues is based on the Director-General's January 2010 consultation, early responses to the web questionnaire and informal discussions with Member States at the Sixty-third World Health Assembly and 126th Executive Board.

1. WHO's core business

- Questions about the way WHO is financed cannot be tackled without prior discussion of priorities and the changing nature of WHO’s core business. At the initial consultation, normative and standard-setting work was generally seen as being core business and central to maintaining WHO’s role as the world's technical authority on health issues. Similarly, there was a consensus around WHO’s role in relation to surveillance and response to international health threats. On other aspects of WHO's core business, opinions were more diverse.

2 The web consultation began in April and will continue until the paper for the 127th Executive Board is prepared. The full meeting report and the questionnaire used in the web consultation are found at http://www.who.int/dg/future_financing/en/index.html.
There are many different perspectives on how priorities in global health should be defined, and thus where the boundaries of WHO's work should be drawn. Questions arise about WHO's role in relation to the social determinants of health and the links between health and other areas of global and national policy, including trade, security, intellectual property, environment, economics, education, human rights and foreign affairs.

While health is indisputably central to human development, many of the social, economic and environmental determinants of ill-health fall beyond the control of the traditional health sector. But WHO does have a role to play in addressing the broader determinants of health, although there may be differences of opinion over the extent and nature of that role.

Certainly, treaties and international agreements—such as the Framework Convention on Tobacco Control, the International Health Regulations (2005), the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, and the Code of Conduct on Health Worker Recruitment—have a major influence on global public health. The demand for WHO to facilitate intergovernmental negotiations that set out rules, responsibilities and commitments appears to be increasing. Given the sensitive nature of the issues, negotiations can be time and resource intensive, and reaching common ground often can be elusive.

If this demand for WHO facilitation of certain intergovernmental negotiations continues, there are the implications for WHO's staffing, skill mix and ways of doing business.

In addition, there is a general consensus that WHO should continue to be engaged in humanitarian action as the number of crises that impact on health are on the rise. WHO's role in coordinating the health cluster in declared emergencies is generally accepted, but can be strengthened. There is also a view that WHO should act as the world's health conscience—drawing the attention of political leaders and their populations to the major drivers of health and disease, including the impact of conflict.

The Organization needs to examine the comparative advantages it offers in the domain of humanitarian action, given the role of other international and non-governmental organization. And it must determine how its work in this area be more effective.
2. **Health and development**

- In low- and middle-income countries governments seek to improve health outcomes with limited resources. They are too often faced with a proliferation of partners that compete for national resources, provide conflicting advice and influence priority setting in different directions. In relation to health security and humanitarian action governance and coordination, arrangements are reasonably well established. In the more crowded domain of health and development, this is not the case.

- It is also the domain of WHO's work where the views of Member States are most divergent. Some urge WHO to withdraw from the development field altogether, in favour of more normative work. Others suggest that WHO should situate itself as one among other actors—based on a clear understanding of comparative advantage. Others again insist that WHO be more assertive in coordinating other actors and thereby help to reduce growing fragmentation.

- International resources for health have increased significantly, but at the price of greater fragmentation. The incentives that influence the structure and functioning of the international system too often favour high-profile, issue-specific initiatives. Coordinating bodies tend to take on a life of their own, competing for funds with those they wish to coordinate. Small secretariats tend to grow, and mandates expand in proportion. The net result is that the countries that are most in need external support are often those that have to bear the greatest transaction costs in managing a diverse network of partners.

- While better coordination at a global level is necessary and urgent, it will be insufficient without the development of national policies, strategies and plans around which development partners can align their support (see Section 4 below).

> **WHO must consider its objectives in relation to the governance of health and development at the global and regional levels, and how those objectives might be best achieved.**

3. **Partnerships**

- At a global level, it is useful to distinguish between partnerships established primarily to raise and channel funds from those concerned primarily with advocacy. In relation to the former, the issue is one of the clarity of the roles: ensuring that standards and protocols
developed by WHO are used in the development and implementation of proposals, and that financing organizations do not establish competing normative capacity.

*WHO must determine how it should seek to define a clear division of labour, based on its comparative advantage in relation to funding partnerships such as GAVI and the Global Fund to Fight AIDS, Tuberculosis and Malaria.*

- Global partnerships that see their role primarily in terms of advocacy and/or policy coordination are more controversial. One view holds that such partnerships risk duplicating the convening and coordinating role of WHO. It further holds that demands by partnerships in relation to human and financial resources can undermine the capacity of the organization in which they are hosted. The alternative view—expressed in equally strong terms—is that some global health issues require a response that is both rapid, focused and engages stakeholders that are not automatically part of WHO's normal constituency as equal partners.

*Certainly, there are the potential advantages, as well as drawbacks, to partnerships hosted by WHO. The Organization needs to consider how these partnerships should evolve in the future.*

- While WHO's natural partner at the country level is the ministry of health, there is a need to embrace other ministries, particularly finance and foreign affairs, and to be more effective in forming a wider network of relationships with those who influence and inform national health policy in central or local governments and in parliaments, civil society and the private sector.

- There is evidence that the approach of "delivering as one" across the United Nations System can have positive results. WHO has been urged to continue with its support for United Nations reform, accepting the authority of others when it was appropriate to do so but proactively seeking a lead role where this can add value. An alternative view suggests that the benefits of working as part of an integrated United Nations Country Team are far from guaranteed. Proponents of this view would prefer that WHO revert to a situation in which specialized agencies stick to dealing with their own natural counterparts at the country level.

*WHO needs to consider how it can more effectively develop effective partnerships at the country level, while remaining the key supporter of the ministry of health and playing an
active role in the United Nations Country Team and the wider network of development partners.

4. WHO country support

- As an organization composed of Member States, WHO should be of demonstrable value to all countries, with support geared to their particular needs and circumstances. In some countries, support is provided through a physical presence and a WHO Country Office, but in others it is not.

  The Organization needs to consider what criteria should be used to ensure a good match between the level of WHO support and a country's development needs. It must determine the most effective way support can be ensured to Member States without country offices and whether the phasing out of certain country offices can be made attractive to the countries concerned.

- Robust national policies and strategies, developed and owned by national authorities, are the bedrock upon which harmonization and alignment can take place. In countries where WHO is physically present along with many other development partners, the primary role is not one of coordination but rather facilitation. In line with the Paris Declaration and Accra Action Agenda, articulating national policies, strategies, and plans is a country responsibility. (A separate, but linked, discussion of WHO's role in relation to the development and implementation of national policies, strategies and plans will also be discussed at this session of the Regional Committee for the Western Pacific under agenda item 10.) The role of WHO is firstly to assist national authorities as they seek to coordinate development partners and ensure alignment with national priorities. Secondly, the role of WHO is to improve the quality of national strategies and not act as the referee in determining their content.

  In countries with many development partners, WHO must determine how it can become more effective in supporting national authorities as they seek to coordinate development partners.

- Despite codes of practice and memoranda of understanding to guide behaviour, a lack of discipline among partners is often apparent. Incentives for the staff of development

---

3 A separate, but linked discussion of WHO's role in relation to the development and implementation of national policies, strategies and plans will also be discussed at several Regional Committees.
partners, including WHO, need to be aligned with the principles of the Paris Declaration to make a real difference.

*WHO can consider ways in which it can more compliant with the objectives of the Paris Declaration and Accra Agenda for Action.*

5. Technical collaboration

- Technical collaboration and support to countries have been and remains among WHO's core functions. It is therefore of concern that the consultation pointed out this area as one in which WHO's performance most needs to be improved.

*WHO must determine in what areas of technical support it provided can be improved and in what ways this can be achieved.*

- It was also suggested that WHO focus its technical support at a more strategic and less operational level. This kind of support may require different staff profiles in Country Offices, specifically, fewer people but with a greater breadth of experience. It will also pose a challenge in terms of how to measure the outcome of such strategic support.

- The demand for technical support has been greatly increased by the need for countries to prepare proposals for submission to global health initiatives. This has prompted suggestions that WHO should consider new approaches to the way in which it provides technical support. Rather than seeing itself solely as a provider of technical support—responding to country requests to assist in proposal development and implementation—WHO should consider acting as a "broker" that helps national authorities access the best people and institutions, thus helping ensure the quality of services provided and building the requisite capacity in governments to manage the process themselves.

*Consideration might be given for WHO to give more emphasis to new approaches to technical collaboration, for instance, by acting less as a provider and more as a broker, organizing exchanges of experience between countries and/or facilitating "South-South Cooperation".*

6. Implications for WHO Governance

- There was a broad consensus at the January 2010 informal consultation that the issues raised need to be addressed proactively and with real intent to bring about change, albeit without recourse to changing WHO's Constitution.
• It was also agreed that national governments are no longer the only, or even the most influential actors, in shaping global health policy. A wider range of actors now have a role, including civil society organizations, philanthropic foundations, patient groups, private companies, trade associations and many others.

• Given the increasingly prominent role of philanthropic foundations and public private partnerships, neither are national governments the only significant financiers of WHO.

*This has implications for how WHO exercises its governance and whether it should reflect this reality and become more inclusive of other stakeholders, including civil society and the private sector. If so, WHO must also determine the best way of making this happen.*

7. **Priority setting and communications**

• Underpinning all of the issues discussed so far is the question of how WHO sets priorities. This issue is particularly acute at a time when resources are scarce and the need for consolidation is paramount. Questions then arise about the means by which priorities are set; the extent to which priorities respond to country needs (and how these needs are determined); and the framework within which strategic choices are made (between strategic objectives; between HQ, Regions and countries; between normative and technical collaboration, and between different domains such as humanitarian action, health and development, health security, etc.).

*Given the competing demands facing the Organization, criteria and/or mechanisms to define overall priorities need to be determined, as well as areas where WHO's role is indispensable, as opposed to being complementary to the roles of others.*

• Health remains politically prominent as a global issue and a national concern for both developed and developing countries. However, as priorities for the Organization are determined, WHO must keep in mind that as an organization it has high brand value and social capital, with trust in the Organization being one of its biggest assets. That said, there is a continuing need to persuade parliaments, and their constituents, of the value of WHO—both in terms of achievements and value for money. Good public communications, especially in donor countries, combined with effective country-level performance, are key to influencing decision-makers.
WHO must determine how it can better communicate the relevance and impact of its work to a wider audience, including demonstrating convincingly how it adds value to the development budgets of donor countries.

8. Implications for financing: not more but better

- The way WHO is financed is a key determinant of how the Organization performs and how, de facto, priorities are determined. The difficulties inherent in the current situation, in which less than 20% of income comes from Assessed Contributions and the majority of Voluntary Contributions are highly earmarked, are well understood. While better alignment between resources and agreed priorities is critical, it is hard to achieve given the present division of income. Equally, however, there is little prospect that Assessed Contributions will increase to past levels. New approaches are needed.

- To redress the current situation, changes are needed both on the part of donors and on the part of the Secretariat. From the donor side predictability is key to facilitate realistic planning and provide the security needed for management reform. In addition, it is important to avoid situations where, because of an insistence by voluntary donors on artificially low overhead rates in the form of project supports costs, assessed contributions end up being used to subsidize any shortfalls. Contributions should thus be based on the principle of full cost recovery.

There needs to be discussion of what more can be done by donors to increase the predictability and flexibility of funding to WHO.

- The Secretariat needs to change. Increasing donor support for more, and more flexible, funding will only result from greater clarity of purpose, tighter priorities, greater efficiency, excellence in delivery, timely reporting and the capacity to communicate effectively about how and where results are being achieved.

There needs to be further discussion by the Secretariat on how to make it easier for donors to provide funds in a way that permit greater alignment with agreed priorities.

- While maximizing the use of existing sources of finance and increasing the efficiency with which those funds are used, WHO has also been urged to innovate—both in terms of widening the current network of donors and exploring new processes for raising funds that would help increase flexibility and predictability.
Further discussion also is needed on how WHO can most effectively explore new processes for mobilizing resources and finding new sources of funds would need further discussion.
# RESOLUTIONS ADOPTED BY THE SIXTY-THIRD WORLD HEALTH ASSEMBLY

<table>
<thead>
<tr>
<th>Resolution number</th>
<th>Title of resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHA63.1</td>
<td>Pandemic Influenza Preparedness: sharing of influenza viruses and access to vaccines and other benefits</td>
</tr>
<tr>
<td>WHA63.2</td>
<td>Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan</td>
</tr>
<tr>
<td>WHA63.3</td>
<td>Advancing food safety initiatives</td>
</tr>
<tr>
<td>WHA63.4</td>
<td>Financial report and audited financial statements for the period 1 January 2008 – 31 December 2009</td>
</tr>
<tr>
<td>WHA63.5</td>
<td>Scale of assessments 2010–2011</td>
</tr>
<tr>
<td>WHA63.6</td>
<td>Safety and security of staff and premises</td>
</tr>
<tr>
<td>WHA63.7</td>
<td>The Capital Master Plan</td>
</tr>
<tr>
<td>WHA63.8</td>
<td>Report of the External Auditor</td>
</tr>
<tr>
<td>WHA63.9</td>
<td>Salaries of staff in ungraded posts and of the Director General</td>
</tr>
<tr>
<td>WHA63.10</td>
<td>Partnerships</td>
</tr>
<tr>
<td>WHA63.11</td>
<td>Agreements with intergovernmental organizations</td>
</tr>
<tr>
<td>WHA63.12</td>
<td>Availability, safety and quality of blood products</td>
</tr>
<tr>
<td>WHA63.13</td>
<td>Global strategy to reduce the harmful use of alcohol</td>
</tr>
<tr>
<td>WHA63.14</td>
<td>Marketing of food and non-alcoholic beverages to children</td>
</tr>
<tr>
<td>WHA63.15</td>
<td>Monitoring of the achievement of the health-related Millennium Development Goals</td>
</tr>
<tr>
<td>WHA63.16</td>
<td>WHO Global Code of Practice on the International Recruitment of Health Personnel</td>
</tr>
<tr>
<td>WHA63.17</td>
<td>Birth defects</td>
</tr>
<tr>
<td>WHA63.18</td>
<td>Viral hepatitis</td>
</tr>
<tr>
<td>WHA63.19</td>
<td>WHO HIV/AIDS strategy for 2011–2015</td>
</tr>
<tr>
<td>WHA63.20</td>
<td>Chagas disease: control and elimination</td>
</tr>
<tr>
<td>WHA63.21</td>
<td>WHO’s role and responsibilities in health research</td>
</tr>
<tr>
<td>WHA63.22</td>
<td>Human organ and tissue transplantation</td>
</tr>
<tr>
<td>WHA63.23</td>
<td>Infant and young child nutrition</td>
</tr>
<tr>
<td>WHA63.24</td>
<td>Accelerated progress towards achievement of Millennium Development Goal 4 to reduce child mortality: prevention and treatment of pneumonia</td>
</tr>
<tr>
<td>WHA63.25</td>
<td>Improvement of health through safe and environmentally sound waste management</td>
</tr>
<tr>
<td>WHA63.26</td>
<td>Improvement of health through sound management of obsolete pesticides and other obsolete chemicals</td>
</tr>
</tbody>
</table>
Annex 1

<table>
<thead>
<tr>
<th>Resolution number</th>
<th>Title of resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHA63.27</td>
<td>Strengthening the capacity of governments to constructively engage the private sector in providing essential health-care services</td>
</tr>
<tr>
<td>WHA63.28</td>
<td>Establishment of a consultative expert working group on research and development: financing and coordination</td>
</tr>
</tbody>
</table>
Marketing of food and non-alcoholic beverages to children

The Sixty-third World Health Assembly,

Having considered the report on prevention and control of noncommunicable diseases: implementation of the global strategy and its annexed set of recommendations on the marketing of foods and non-alcoholic beverages to children;¹

Recalling resolutions WHA53.17 on the prevention and control of noncommunicable diseases and WHA60.23 on the prevention and control of noncommunicable diseases: implementation of the global strategy;

Reaffirming its commitment to acting on two of the main risk factors for noncommunicable diseases, namely, unhealthy diet and physical inactivity, through the implementation of the Global strategy on diet, physical activity and health, endorsed by the Health Assembly in 2004 (resolution WHA57.17), and the action plan for the global strategy for the prevention and control of noncommunicable diseases,² endorsed by the Health Assembly in 2008 (resolution WHA61.14);

Deeply concerned about the high and increasing prevalence of noncommunicable diseases in low- and middle-income countries which, together with the communicable diseases still affecting the poor, contribute to a double burden of disease which has serious implications for poverty reduction and economic development and widens health gaps between and within countries;

Deeply concerned that in 2010 it is estimated that more than 42 million children under the age of five years will be overweight or obese, of whom nearly 35 million are living in developing countries, and also concerned that in most parts of the world the prevalence of childhood obesity is increasing rapidly;

Recognizing that unhealthy diet is one of the main risk factors for noncommunicable diseases and that the risks presented by unhealthy diets start in childhood and build up throughout life;

Recognizing that unhealthy diets are associated with overweight and obesity and that children should maintain a healthy weight and consume foods that are low in saturated fat, trans-fatty acids, free sugars, or salt in order to reduce future risk of noncommunicable diseases;

¹ Document A63/12.
² Document A61/2008/REC/1, Annex 3.
Cognizant of the research that shows that food advertising to children is extensive and other forms of marketing of food to children are widespread across the world;

Recognizing that a significant amount of this marketing is for foods with a high content of fat, sugar or salt and that television advertising influences children's food preferences, purchase requests and consumption patterns;

Recognizing the steps taken so far by segments of the private sector to reduce the marketing of foods and non-alcoholic beverages to children, while noting the importance of independent and transparent monitoring of commitments made by the private sector at national and global levels;

Recognizing that some Member States have already introduced legislation and national policies on the marketing of foods and non-alcoholic beverages to children,

1. **ENDORSES** the set of recommendations on the marketing of foods and non-alcoholic beverages to children;

2. **URGES** Member States:

   (1) to take necessary measures to implement the recommendations on the marketing of foods and non-alcoholic beverages to children, while taking into account existing legislation and policies, as appropriate;

   (2) to identify the most suitable policy approach given national circumstances and develop new and/or strengthen existing policies that aim to reduce the impact on children of marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt;

   (3) to establish a system for monitoring and evaluating the implementation of the recommendations on the marketing of foods and non-alcoholic beverages to children;

   (4) to take active steps to establish intergovernmental collaboration in order to reduce the impact of cross-border marketing;

   (5) to cooperate with civil society and with public and private stakeholders in implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children in order to reduce the impact of that marketing, while ensuring avoidance of potential conflicts of interest;

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

   (1) to provide technical support to Member States, on request, in implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children and in monitoring and evaluating their implementation;

   (2) to support existing regional networks, and where appropriate to facilitate the establishment of new ones, in order to strengthen international cooperation to reduce the impact on children of marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt;

---

1 Document A63/12, Annex.
(3) to cooperate with civil society and with public and private stakeholders in implementing the set of recommendations to reduce the impact of marketing of foods and non-alcoholic beverages to children, while ensuring avoidance of potential conflicts of interest;

(4) to strengthen international cooperation with other international intergovernmental organizations and bodies in promoting the implementation, by Member States, of the recommendations on marketing of foods and non-alcoholic beverages to children;

(5) to use existing methodologies for evaluating the action plan for the global strategy for the prevention and control of noncommunicable diseases to monitor policies on marketing of foods and non-alcoholic beverages to children;

(6) to report on implementation of the set of recommendations on the marketing of foods and non-alcoholic beverages to children as part of the report on progress in implementing the global strategy on prevention and control of noncommunicable diseases and the action plan for the global strategy for the prevention and control of noncommunicable diseases to the Sixty-fifth World Health Assembly through the Executive Board at its 130th session.
WHO Global Code of Practice on the International Recruitment of Health Personnel

The Sixty-third World Health Assembly,

Having considered the revised draft global code of practice on the international recruitment of health personnel, annexed to the report by the Secretariat on the international recruitment of health personnel: draft global code of practice,¹

1. ADOPTS, in accordance with Article 23 of the Constitution, the WHO Global Code of Practice on the International Recruitment of Health Personnel;

2. DECIDES that the first review of the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel shall be made by the Sixty-eighth World Health Assembly;

3. REQUESTS the Director-General:

   (1) to give all possible support to Member States, as and when requested, for the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel;

   (2) to cooperate with all stakeholders concerned with the implementation and monitoring of the WHO Global Code of Practice on the International Recruitment of Health Personnel;

   (3) to rapidly develop, in consultation with Member States, guidelines for minimum data sets, information exchange and reporting on the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel;

   (4) based upon periodic reporting, to make proposals, if necessary, for the revision of the text of the WHO Global Code of Practice on the International Recruitment of Health Personnel in line with the first review, and for measures needed for its effective application.

¹ Document A63/8.
ANNEX

WHO GLOBAL CODE OF PRACTICE ON THE INTERNATIONAL RECRUITMENT OF HEALTH PERSONNEL

Preamble

The Member States of the World Health Organization:

Recalling resolution WHA57.19 in which the World Health Assembly requested the Director-General to develop a voluntary code of practice on the international recruitment of health personnel in consultation with all relevant partners;

Responding to the calls of the Kampala Declaration adopted at the First Global Forum on Human Resources for Health (Kampala, 2–7 March 2008) and the G8 communiqués of 2008 and 2009 encouraging WHO to accelerate the development and adoption of a code of practice;

Conscious of the global shortage of health personnel and recognizing that an adequate and accessible health workforce is fundamental to an integrated and effective health system and for the provision of health services;

Deeply concerned that the severe shortage of health personnel, including highly educated and trained health personnel, in many Member States, constitutes a major threat to the performance of health systems and undermines the ability of these countries to achieve the Millennium Development Goals and other internationally agreed development goals;

Stressing that the WHO global code of practice on the international recruitment of health personnel be a core component of bilateral, national, regional and global responses to the challenges of health personnel migration and health systems strengthening;

THEREFORE:

The Member States hereby agree on the following articles which are recommended as a basis for action.

Article 1 – Objectives

The objectives of this Code are:

(1) to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel, taking into account the rights, obligations and expectations of source countries, destination countries and migrant health personnel;

(2) to serve as a reference for Member States in establishing or improving the legal and institutional framework required for the international recruitment of health personnel;

(3) to provide guidance that may be used where appropriate in the formulation and implementation of bilateral agreements and other international legal instruments;
(4) to facilitate and promote international discussion and advance cooperation on matters related to the ethical international recruitment of health personnel as part of strengthening health systems, with a particular focus on the situation of developing countries.

Article 2 – Nature and scope

2.1 The Code is voluntary. Member States and other stakeholders are strongly encouraged to use the Code.

2.2 The Code is global in scope and is intended as a guide for Member States, working together with stakeholders such as health personnel, recruiters, employers, health-professional organizations, relevant subregional, regional and global organizations, whether public or private sector, including nongovernmental, and all persons concerned with the international recruitment of health personnel.

2.3 The Code provides ethical principles applicable to the international recruitment of health personnel in a manner that strengthens the health systems of developing countries, countries with economies in transition and small island states.

Article 3 – Guiding principles

3.1 The health of all people is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and states. Governments have a responsibility for the health of their people, which can be fulfilled only by the provision of adequate health and social measures. Member States should take the Code into account when developing their national health policies and cooperating with each other, as appropriate.

3.2 Addressing present and expected shortages in the health workforce is crucial to protecting global health. International migration of health personnel can make a sound contribution to the development and strengthening of health systems, if recruitment is properly managed. However, the setting of voluntary international principles and the coordination of national policies on international health personnel recruitment are desirable in order to advance frameworks to equitably strengthen health systems worldwide, to mitigate the negative effects of health personnel migration on the health systems of developing countries and to safeguard the rights of health personnel.

3.3 The specific needs and special circumstances of countries, especially those developing countries and countries with economies in transition that are particularly vulnerable to health workforce shortages and/or have limited capacity to implement the recommendations of this Code, should be considered. Developed countries should, to the extent possible, provide technical and financial assistance to developing countries and countries with economies in transition aimed at strengthening health systems, including health personnel development.

3.4 Member States should take into account the right to the highest attainable standard of health of the populations of source countries, individual rights of health personnel to leave any country in accordance with applicable laws, in order to mitigate the negative effects and maximize the positive effects of migration on the health systems of the source countries. However, nothing in this Code should be interpreted as limiting the freedom of health personnel, in accordance with applicable laws, to migrate to countries that wish to admit and employ them.

3.5 International recruitment of health personnel should be conducted in accordance with the principles of transparency, fairness and promotion of sustainability of health systems in developing
countries. Member States, in conformity with national legislation and applicable international legal instruments to which they are a party, should promote and respect fair labour practices for all health personnel. All aspects of the employment and treatment of migrant health personnel should be without unlawful distinction of any kind.

3.6 Member States should strive, to the extent possible, to create a sustainable health workforce and work towards establishing effective health workforce planning, education and training, and retention strategies that will reduce their need to recruit migrant health personnel. Policies and measures to strengthen the health workforce should be appropriate for the specific conditions of each country and should be integrated within national development programmes.

3.7 Effective gathering of national and international data, research and sharing of information on international recruitment of health personnel are needed to achieve the objectives of this Code.

3.8 Member States should facilitate circular migration of health personnel, so that skills and knowledge can be achieved to the benefit of both source and destination countries.

Article 4 – Responsibilities, rights and recruitment practices

4.1. Health personnel, health professional organizations, professional councils and recruiters should seek to cooperate fully with regulators, national and local authorities in the interests of patients, health systems, and of society in general.

4.2 Recruiters and employers should, to the extent possible, be aware of and consider the outstanding legal responsibility of health personnel to the health system of their own country such as a fair and reasonable contract of service and not seek to recruit them. Health personnel should be open and transparent about any contractual obligations they may have.

4.3 Member States and other stakeholders should recognize that ethical international recruitment practices provide health personnel with the opportunity to assess the benefits and risks associated with employment positions and to make timely and informed decisions.

4.4 Member States should, to the extent possible, under applicable laws, ensure that recruiters and employers observe fair and just recruitment and contractual practices in the employment of migrant health personnel and that migrant health personnel are not subject to illegal or fraudulent conduct. Migrant health personnel should be hired, promoted and remunerated based on objective criteria, such as levels of qualification, years of experience and degrees of professional responsibility on the basis of equality of treatment with the domestically trained health workforce. Recruiters and employers should provide migrant health personnel with relevant and accurate information about all health personnel positions that they are offered.

4.5 Member States should ensure that, subject to applicable laws, including relevant international legal instruments to which they are a party, migrant health personnel enjoy the same legal rights and responsibilities as the domestically trained health workforce in all terms of employment and conditions of work.

4.6 Member States and other stakeholders should take measures to ensure that migrant health personnel enjoy opportunities and incentives to strengthen their professional education, qualifications and career progression, on the basis of equal treatment with the domestically trained health workforce subject to applicable laws. All migrant health personnel should be offered appropriate induction and
orientation programmes that enable them to operate safely and effectively within the health system of the destination country.

4.7 Recruiters and employers should understand that the Code applies equally to those recruited to work on a temporary or permanent basis.

Article 5 – Health workforce development and health systems sustainability

5.1 In accordance with the guiding principle as stated in Article 3 of this Code, the health systems of both source and destination countries should derive benefits from the international migration of health personnel. Destination countries are encouraged to collaborate with source countries to sustain and promote health human resource development and training as appropriate. Member States should discourage active recruitment of health personnel from developing countries facing critical shortages of health workers.

5.2 Member States should use this Code as a guide when entering into bilateral, and/or regional and/or multilateral arrangements, to promote international cooperation and coordination on international recruitment of health personnel. Such arrangements should take into account the needs of developing countries and countries with economies in transition through the adoption of appropriate measures. Such measures may include the provision of effective and appropriate technical assistance, support for health personnel retention, social and professional recognition of health personnel, support for training in source countries that is appropriate for the disease profile of such countries, twinning of health facilities, support for capacity building in the development of appropriate regulatory frameworks, access to specialized training, technology and skills transfers, and the support of return migration, whether temporary or permanent.

5.3 Member States should recognize the value both to their health systems and to health personnel themselves of professional exchanges between countries and of opportunities to work and train abroad. Member States in both source and destination countries should encourage and support health personnel to utilize work experience gained abroad for the benefit of their home country.

5.4 As the health workforce is central to sustainable health systems, Member States should take effective measures to educate, retain and sustain a health workforce that is appropriate for the specific conditions of each country, including areas of greatest need, and is built upon an evidence-based health workforce plan. All Member States should strive to meet their health personnel needs with their own human resources for health, as far as possible.

5.5 Member States should consider strengthening educational institutions to scale up the training of health personnel and developing innovative curricula to address current health needs. Member States should undertake steps to ensure that appropriate training takes place in the public and private sectors.

5.6 Member States should consider adopting and implementing effective measures aimed at strengthening health systems, continuous monitoring of the health labour market, and coordination among all stakeholders in order to develop and retain a sustainable health workforce responsive to their population’s health needs. Member States should adopt a multisectoral approach to addressing these issues in national health and development policies.

5.7 Member States should consider adopting measures to address the geographical maldistribution of health workers and to support their retention in underserved areas, such as through the application of education measures, financial incentives, regulatory measures, social and professional support.
Article 6 – Data gathering and research

6.1 Member States should recognize that the formulation of effective policies and plans on the health workforce requires a sound evidence base.

6.2 Taking into account characteristics of national health systems, Member States are encouraged to establish or strengthen and maintain, as appropriate, health personnel information systems, including health personnel migration, and its impact on health systems. Member States are encouraged to collect, analyse and translate data into effective health workforce policies and planning.

6.3 Member States are encouraged to establish or strengthen research programmes in the field of health personnel migration and coordinate such research programmes through partnerships at the national, subnational, regional and international levels.

6.4 WHO, in collaboration with relevant international organizations and Member States, is encouraged to ensure, as much as possible, that comparable and reliable data are generated and collected pursuant to paragraphs 6.2 and 6.3 for ongoing monitoring, analysis and policy formulation.

Article 7 – Information exchange

7.1 Member States are encouraged to, as appropriate and subject to national law, promote the establishment or strengthening of information exchange on international health personnel migration and health systems, nationally and internationally, through public agencies, academic and research institutions, health professional organizations, and subregional, regional and international organizations, whether governmental or nongovernmental.

7.2 In order to promote and facilitate the exchange of information that is relevant to this Code, each Member State should, to the extent possible:

(a) progressively establish and maintain an updated database of laws and regulations related to health personnel recruitment and migration and, as appropriate, information about their implementation;

(b) progressively establish and maintain updated data from health personnel information systems in accordance with Article 6.2; and

(c) provide data collected pursuant to subparagraphs (a) and (b) above to the WHO Secretariat every three years, beginning with an initial data report within two years after the adoption of the Code by the Health Assembly.

7.3 For purposes of international communication, each Member State should, as appropriate, designate a national authority responsible for the exchange of information regarding health personnel migration and the implementation of the Code. Member States so designating such an authority, should inform WHO. The designated national authority should be authorized to communicate directly or, as provided by national law or regulations, with designated national authorities of other Member States and with the WHO Secretariat and other regional and international organizations concerned, and to submit reports and other information to the WHO Secretariat pursuant to subparagraph 7.2(c) and Article 9.1.
7.4 A register of designated national authorities pursuant to paragraph 7.3 above shall be established, maintained and published by WHO.

**Article 8 – Implementation of the Code**

8.1 Member States are encouraged to publicize and implement the Code in collaboration with all stakeholders as stipulated in Article 2.2, in accordance with national and subnational responsibilities.

8.2 Member States are encouraged to incorporate the Code into applicable laws and policies.

8.3 Member States are encouraged to consult, as appropriate, with all stakeholders as stipulated in Article 2.2 in decision-making processes and involve them in other activities related to the international recruitment of health personnel.

8.4 All stakeholders referred to in Article 2.2 should strive to work individually and collectively to achieve the objectives of this Code. All stakeholders should observe this Code, irrespective of the capacity of others to observe the Code. Recruiters and employers should cooperate fully in the observance of the Code and promote the guiding principles expressed by the Code, irrespective of a Member State’s ability to implement the Code.

8.5 Member States should, to the extent possible, and according to legal responsibilities, working with relevant stakeholders, maintain a record, updated at regular intervals, of all recruiters authorized by competent authorities to operate within their jurisdiction.

8.6 Member States should, to the extent possible, encourage and promote good practices among recruitment agencies by only using those agencies that comply with the guiding principles of the Code.

8.7 Member States are encouraged to observe and assess the magnitude of active international recruitment of health personnel from countries facing critical shortage of health personnel, and assess the scope and impact of circular migration.

**Article 9 – Monitoring and institutional arrangements**

9.1 Member States should periodically report the measures taken, results achieved, difficulties encountered and lessons learnt into a single report in conjunction with the provisions of Article 7.2(c).

9.2 The Director-General shall keep under review the implementation of this Code, on the basis of periodic reports received from designated national authorities pursuant to Articles 7.3 and 9.1 and other competent sources, and periodically report to the World Health Assembly on the effectiveness of the Code in achieving its stated objectives and suggestions for its improvement. This report would be submitted in conjunction with Article 7.2(c).

9.3 The Director-General shall:

(a) support the information exchange system and the network of designated national authorities specified in Article 7;

(b) develop guidelines and make recommendations on practices and procedures and such joint programmes and measures as specified by the Code; and
(c) maintain liaison with the United Nations, the International Labour Organization, the International Organization for Migration, and other competent regional and international organizations as well as concerned nongovernmental organizations to support implementation of the Code.

9.4 WHO Secretariat may consider reports from stakeholders as stipulated in Article 2.2 on activities related to the implementation of the Code.

9.5 The World Health Assembly should periodically review the relevance and effectiveness of the Code. The Code should be considered a dynamic text that should be brought up to date as required.

**Article 10 – Partnerships, technical collaboration and financial support**

10.1 Member States and other stakeholders should collaborate directly or through competent international bodies to strengthen their capacity to implement the objectives of the Code.

10.2 International organizations, international donor agencies, financial and development institutions, and other relevant organizations are encouraged to provide their technical and financial support to assist the implementation of this Code and support health system strengthening in developing countries and countries with economies in transition that are experiencing critical health workforce shortages and/or have limited capacity to implement the objectives of this Code. Such organizations and other entities should be encouraged to cooperate with countries facing critical shortages of health workers and undertake to ensure that funds provided for disease-specific interventions are used to strengthen health systems capacity, including health personnel development.

10.3 Member States either on their own or via their engagement with national and regional organizations, donor organizations and other relevant bodies should be encouraged to provide technical assistance and financial support to developing countries or countries with economies in transition, aiming at strengthening health systems capacity, including health personnel development in those countries.

Eighth plenary meeting, 21 May 2010
A63/VR/8
WHO HIV/AIDS strategy for 2011–2015

The Sixty-third World Health Assembly,

Considering that the HIV epidemic still constitutes one of the foremost challenges to health and development, both in countries with generalized epidemics and in regions with concentrated epidemics affecting most at-risk groups, such as men who have sex with men, sex workers and injecting drug users;

Noting that globally HIV is the major cause of mortality among women of reproductive age and was responsible for the death of 280,000 children in 2008, thereby undermining efforts to achieve Millennium Development Goals 4 and 5;

Recognizing that the significant gains made in prevention and treatment of HIV/AIDS need to be sustained and expanded for Millennium Development Goal 6 to be achieved, including the urgent need to strengthen targeted prevention measures and achieve universal access to antiretroviral treatment, within a framework of respect for human rights, gender equality, and the reduction of stigma and discrimination;

Further recognizing the need to strengthen the linkages between prevention and treatment of HIV/AIDS and maternal and child health in order to achieve Millennium Development Goals 4 and 5;

Recalling that WHO’s work on HIV/AIDS has been guided by a series of strategies endorsed by several World Health Assemblies, including resolutions WHA53.14, WHA56.30, WHA59.12 and WHA59.19;

Considering that the WHO “3 by 5” strategy, launched in 2003, which focused on expanding access to antiretroviral treatment, was developed in the context of the Global Health Sector Strategy for HIV/AIDS (2003–2007), endorsed by the Fifty-sixth World Health Assembly (WHA56.30);

Recalling that in 2006 the UN adopted the target of Universal Access to HIV prevention, treatment and care by 2010, and WHO developed the Universal Access Plan 2006–2010, welcomed by the Fifty-ninth World Health Assembly, which has guided WHO’s work since then; keeping in mind the outcomes of the Second Independent Evaluation of UNAIDS (2009);

Recognizing the need for countries to sustain commitment to addressing the HIV/AIDS epidemic at all levels, including the highest political level, and to be supported in their efforts to expand the scope, improve the effectiveness and ensure the sustainability of their HIV responses so as to enable them to achieve the Millennium Development Goals;
Noting that a sustainable HIV response requires its integration into comprehensive health systems, including those for maternal, neonatal and child health, sexual and reproductive health, tuberculosis prevention and control, harm reduction for drug users, and primary health care, particularly noting that sustaining these efforts is challenging in light of the global financial crisis;

Recognizing that antiretroviral treatment programmes take a major share of total national AIDS spending in most countries, which warrants immediate attention to review and improve the performance of those programmes through early recruitment, ensuring highest adherence to medications, limiting drug resistance, and minimizing risk behaviours and enhancing the level of national spending on HIV prevention and control measures;

Expressing deep concern that the financing of HIV programmes in most developing countries relies on external financial resources contributed by donors and global health initiatives, with space for improvement in their adherence to aid effectiveness commitments; limited national financial resources, hamper the financial sustainability of HIV programmes,

1. **URGES Member States:**

   (1) to reaffirm their commitment to achieve the internationally agreed development goals and objectives, including the Millennium Development Goals, in particular the goal to halt and begin to reverse the spread of HIV/AIDS, malaria and other major diseases and to the agreements dealing with HIV/AIDS reached at all major United Nations conferences and summits, including the 2005 World Summit and its statement on treatment, and the goal of achieving universal access to reproductive health by 2015, as set out at the 2005 World Summit;

   (1bis) to increase governments' commitment to HIV/AIDS programmes including increased efforts on prevention and to take steps to accelerate donor harmonization and adherence to aid effectiveness commitments;

(2) to incorporate, based on national contexts, the policies, strategies, programmes and interventions and tools recommended by WHO in order to implement effective HIV prevention measures, early diagnosis, treatment and care; and take further steps towards minimizing social stigmatization and discrimination which hamper access to prevention, treatment and care;

(3) to consider, whenever necessary, using existing administrative and legal mechanisms in order to promote access to affordable and cost-effective prevention, treatment and care;

(4) to integrate HIV/AIDS services into comprehensive strategies in health and other relevant sectors, including those for maternal, neonatal and child health, sexual and reproductive health, tuberculosis, harm reduction and primary health care, in order to ensure sustainability and maximize efficiencies and effectiveness;

(5) to monitor closely and evaluate HIV/AIDS programmes by ensuring the completeness, accuracy and reliability of the data and use that information to improve programme efficiency;

---

2. REQUESTS the Director-General:

(1) to take the lead in convening broad consultative processes to develop a WHO HIV/AIDS strategy for 2011–2015 which will guide the Secretariat's support to Member States in line with UNAIDS guiding policies, including the Outcome Framework¹ and aligned with broader strategic frameworks, including the Millennium Development Goals and primary health care, and which builds on the five strategic directions of the Universal Access Plan, and takes into consideration the changing international public health architecture, and reflect the Paris Declaration on Aid Effectiveness;

(2) to encourage and promote the translation of research results into efficient public health policies for HIV/AIDS;

(3) to submit to the Sixty-fourth World Health Assembly through the Executive Board a WHO HIV/AIDS strategy for 2011–2015 for its consideration and possible endorsement.

Eighth plenary meeting, 21 May 2010
A63/VR/8

Establishment of a consultative expert working group on research and development: financing and coordination

The Sixty-third World Health Assembly,

Having considered the report on public health, innovation and intellectual property: global strategy and plan of action, and the report of the Expert Working Group on Research and Development: Coordination and Financing;

Considering resolution WHA61.21 which requests the Director-General “to establish urgently a results-oriented and time-limited expert working group to examine current financing and coordination of research and development, as well as proposals for new and innovative sources of funding to stimulate research and development related to Type II and Type III diseases and the specific research and development needs of developing countries in relation to Type I diseases, and open to consideration of proposals from Member States, and to submit a progress report to the Sixty-second World Health Assembly and the final report to the Sixty-third World Health Assembly through the Executive Board”;

Noting that although the Expert Working Group made some progress in examining proposals for financing of, and coordination among, research and development activities, as called for in resolution WHA61.21, there was divergence between the expectations of Member States and the output of the Group, underlining the importance of a clear mandate;

Considering that, in its recommendations, the Expert Working Group states the need to conduct an in-depth review of the recommended proposals;

Recognizing the need to further “explore and, where appropriate, promote a range of incentive schemes for research and development including addressing, where appropriate, the de-linkage of the costs of research and development and the price of health products, for example through the award of

1 Documents A63/6 and A63/6 Add.1, respectively.
2 And, where applicable, regional economic integration organizations.
prizes, with the objective of addressing diseases which disproportionately affect developing countries.\(^1\)

Noting previous and ongoing work on innovative financing for health, research and development and the need to build on this work as relevant;

Emphasizing the importance of public funding of health research and development and the role of the Member States\(^2\) in coordinating, facilitating and promoting health research and development;

Reaffirming the importance of other relevant actors in health research and development,

1. **URGES Member States:**

   (1) to support the work of the Consultative Expert Working Group by:

   (a) providing, where appropriate, information, submissions or additional proposals;

   (b) organizing and/or supporting, where appropriate, regional and sub-regional consultations;

   (c) proposing names of experts for the roster;

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

   (1) to make available electronically by the end of June 2010:

   (a) all the proposals considered by the Expert Working Group including their source;

   (b) the criteria used to assess the proposals;

   (c) the methodology used by the Expert Working Group;

   (d) the list of the stakeholders that were interviewed and those who contributed information;

   (e) sources of statistics used;

   (2) to establish a Consultative Expert Working Group that shall:

   (a) take forward the work of the Expert Working Group;

   (b) deepen the analysis of the proposals in the Expert Working Group’s report, and in particular:

---

\(^1\) Resolution WHA61.21, Annex, Element 5, paragraph 5.3a.

\(^2\) And, where applicable, regional economic integration organizations.
(i) examine the practical details of the four innovative sources of financing proposed by the Expert Working Group in its report;¹

(ii) review the five promising proposals² identified by the Expert Working Group in its report; and

(iii) further explore the six proposals that did not meet the criteria applied by the Expert Working Group;³

(e) consider additional submissions and proposals from Member States,⁴ any regional and subregional consultations, and from other stakeholders;

(d) in carrying out the actions in subparagraphs 2(b) and 2(c), examine the appropriateness of different research and development financing approaches and the feasibility of implementation of these approaches in each of the six WHO regions, with subregional analysis, as appropriate;

(e) observe scientific integrity and be free from conflict of interest in its work;

(3) to provide, upon request, within available resources dedicated to the financing of the Consultative Expert Working Group, technical and financial support for regional consultations, including meetings, in order to seek regional views to help inform the work of the Consultative Expert Working Group;

(4) (a) to invite Member States⁴ to nominate experts whose details, following consultations with regional committees to achieve gender balance and diversity of technical competence and expertise, shall be submitted to the Director-General through the respective regional directors;

(b) to establish a roster of experts comprising all the nominations submitted by the regional directors;

(c) to propose a composition of the Group to the Executive Board for its approval, drawing on the roster of experts and taking into account regional representation according to the composition of the Executive Board, gender balance and diversity of expertise;

(d) upon approval by the Executive Board, to establish the Group and facilitate its work including its consultation with the Member States⁴ and other relevant stakeholders, where appropriate;

(5) to put particular emphasis on the transparent management of potential conflicts of interest by ensuring full compliance with the mechanisms established by the Director-General for that purpose;


⁴ And, where applicable, regional economic integration organizations.
(6) to ensure full transparency for Member States\(^1\) by providing the Consultative Expert Working Group's regular updates on the implementation of its workplan, and by making available all the documentation used by the Consultative Expert Working Group at the conclusion of the process;

(7) to submit the workplan and inception report of the Consultative Expert Working Group to the Executive Board at its 129th session and a progress report to the Executive Board at its 130th session with a view to submitting the final report to the Sixty-fifth World Health Assembly.

---

\(^{1}\) And, where applicable, regional economic integration organizations.
Draft provisional agenda

1. Opening of the session and adoption of the agenda
2. Report by the Director-General
3. Report of the Programme, Budget and Administration Committee of the Executive Board
4. Technical and health matters
   4.1 Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits
   4.2 Implementation of the International Health Regulations (2005)
   4.3 Public health, innovation and intellectual property
      Consultative Expert Working Group on Research and Development: Financing and Coordination
   4.4 Health system strengthening
   4.5 Global immunization vision and strategy
   4.7 Substandard/spurious/falsely-labelled/falsified/counterfeit medical products
   4.8 Infant and young child nutrition: implementation plan
   4.9 Child injury prevention
   4.10 United Nations Decade for Action for Road Safety: draft action plan
   4.11 Smallpox eradication: destruction of variola virus stocks
   4.12 Cholera: mechanism for control and prevention
   4.13 Malaria
4.14 Eradication of dracunculiasis

4.15 Leprosy (Hansen disease)

5. Programme and budget matters

5.1 Programme budget 2008–2009: performance assessment

5.2 Implementation of Programme budget 2010–2011: update

5.3 The future of financing for WHO


6. Financial matters

6.1 Scale of assessments for 2012–2013

6.2 Amendments to the Financial Regulations and Financial Rules

7. Management matters

7.1 Reports of committees of the Executive Board

• Standing Committee on Nongovernmental Organizations

• Foundations and awards

7.2 Provisional agenda of the Sixty-fourth World Health Assembly and date and place of the 129th session of the Executive Board

8. Staffing matters

8.1 Human resources: annual report

8.2 Report of the International Civil Service Commission

8.3 Amendments to the Staff Regulations and Staff Rules [if any]

8.4 Statement by the representative of the WHO staff associations

9. Matters for information

9.1 Reports of advisory bodies

• Expert committees and study groups

• Advisory Committee on Health Research
9.2 Progress reports

A. The Capital Master Plan (resolution WHA63.7)
B. Safety and security of staff and premises (resolution WHA63.6)
C. Improvement of health through sound management of obsolete pesticides and other obsolete chemicals (resolution WHA63.26)
D. Improvement of health through safe and environmentally sound waste management (resolution WHA63.25)
E. Monitoring of the achievement of the health-related Millennium Development Goals (resolution WHA63.15)
F. Climate change and health (resolutions WHA61.19 and EB124.R5)
G. Female genital mutilation (resolution WHA61.16)
H. Eradication of poliomyelitis (resolution WHA61.1)
I. Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25)
J. Progress in the rational use of medicines (resolution WHA60.16)
K. Implementation of recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (resolution WHA59.12)
L. Working towards universal coverage of maternal, newborn and child health interventions (resolution WHA58.31)
M. Prevention and control of influenza pandemics and annual epidemics (resolution WHA56.19)
N. Onchocerciasis control through ivermectin distribution (resolution WHA47.32)

10. Closure of the session