WHA76/2023/REC/1

WORLD HEALTH ORGANIZATION

SEVENTY-SIXTH WORLD HEALTH ASSEMBLY

GENEVA, 21–30 MAY 2023

RESOLUTIONS AND DECISIONS
ANNEXES

GENEVA
2023

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ASEAN – Association of Southeast Asian Nations
FAO – Food and Agriculture Organization of the United Nations
IAEA – International Atomic Energy Agency
IARC – International Agency for Research on Cancer
ICAO – International Civil Aviation Organization
IFAD – International Fund for Agricultural Development
ILO – International Labour Organization (Office)
IMF – International Monetary Fund
IMO – International Maritime Organization
INCB – International Narcotics Control Board
IOM – International Organization for Migration
ITU – International Telecommunication Union
OECD – Organisation for Economic Co-operation and Development
PAHO – Pan American Health Organization
UNAIDS – Joint United Nations Programme on HIV/AIDS
UNCTAD – United Nations Conference on Trade and Development
UNDP – United Nations Development Programme
UNEP – United Nations Environment Programme
UNESCO – United Nations Educational, Scientific and Cultural Organization
UNFPA – United Nations Population Fund
UNHCR – Office of the United Nations High Commissioner for Refugees
UNICEF – United Nations Children's Fund
UNIDO – United Nations Industrial Development Organization
UNODC – United Nations Office on Drugs and Crime
UNRWA – United Nations Relief and Works Agency for Palestine Refugees in the Near East
WFP – World Food Programme
WIPO – World Intellectual Property Organization
WMO – World Meteorological Organization
WOAH – World Organisation for Animal Health
WTO – World Trade Organization

The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation "country or area" appears in the headings of tables, it covers countries, territories, cities or areas.

PREFACE

The Seventy-sixth World Health Assembly was held at the Palais des Nations, Geneva, from 21 to 30 May 2023, in accordance with the decision of the Executive Board at its 151st session.[1]

[1] Decision EB151(11) (2022).

INTERACTIVE DOCUMENT

CONTENTS

	Page
Preface	iii
Agenda	ix
List of documents	xv
Officers of the Health Assembly and membership of its committees	xxi

RESOLUTIONS AND DECISIONS

Resolutions

WHA76.1	Programme budget 2024–2025	3
WHA76.2	Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies	6
WHA76.3	Increasing access to medical oxygen	12
WHA76.4	Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage	16
WHA76.5	Strengthening diagnostics capacity	20
WHA76.6	Strengthening rehabilitation in health systems	25
WHA76.7	Behavioural sciences for better health	30
WHA76.8	Scale of assessments for 2024–2025	33
WHA76.9	Amendments to the Financial Regulations and Financial Rules	38
WHA76.10	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution of the World Health Organization	38
WHA76.11	Housing allowance for the Director-General	39
WHA76.12	Salaries of staff in ungraded positions and of the Director-General	40
WHA76.13	Report of the International Civil Service Commission	40

		Page
WHA76.14	Extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030	41
WHA76.15	Appointment of the External Auditor	42
WHA76.16	The health of Indigenous Peoples	43
WHA76.17	The impact of chemicals, waste and pollution on human health	46
WHA76.18	Accelerating action on global drowning prevention	52
WHA76.19	Accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification	54

Decisions

WHA76(1)	Composition of the Committee on Credentials	58
WHA76(2)	Election of officers of the Seventy-sixth World Health Assembly	58
WHA76(3)	Election of officers of the main committees	58
WHA76(4)	Establishment of the General Committee	59
WHA76(5)	Adoption of the agenda	59
WHA76(6)	Verification of credentials	59
WHA76(7)	Election of Members entitled to designate a person to serve on the Executive Board	60
WHA76(8)	Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression	60
WHA76(9)	Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health	61
WHA76(10)	Substandard and falsified medical products	62
WHA76(11)	Global strategy on infection prevention and control	62
WHA76(12)	Global Health and Peace Initiative	63
WHA76(13)	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan	63
WHA76(14)	WHO programmatic and financial reports for 2022–2023, including audited financial statements for 2022	65
WHA76(15)	Report of the External Auditor	65

		Page
WHA76(16)	Reform of the global internship programme	65
WHA76(17)	Appointment of representatives to the WHO Staff Pension Committee	66
WHA76(18)	Recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance	66
WHA76(19)	Sustainable financing: feasibility of a replenishment mechanism, including options for consideration	67
WHA76(20)	Extension of the WHO traditional medicine strategy: 2014–2023 to 2025	68
WHA76(21)	Voluntary Health Fund for small island developing States (terms of reference)	69
WHA76(22)	Achieving well-being: a global framework for integrating well-being into public health utilizing a health promotion approach	69
WHA76(23)	Social determinants of health	70

ANNEXES

1.	Amended Financial Regulations of the World Health Organization	73
2.	Terms of reference for a Voluntary Health Fund for small island developing States	84
3.	Financial and administrative implications for the Secretariat of resolutions and decisions adopted by the Health Assembly	89

AGENDA[1]

PLENARY

1. Opening of the Health Assembly

   1.1 Appointment of the Committee on Credentials

   1.2 Election of the President

   1.3 Election of the five Vice-Presidents, the Chairs of the main committees, and establishment of the General Committee

   1.4 Adoption of the agenda and allocation of items to the main committees

2. Report of the Executive Board on its 151st and 152nd sessions, and on its Sixth special session

3. Address by Dr Tedros Adhanom Ghebreyesus, Director-General

4. [Deleted]

5. [Deleted]

6. Executive Board: election

7. Awards

8. Reports of the main committees

9. Closure of the Health Assembly

COMMITTEE A

10. Opening of the Committee[2]

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

11. Proposed programme budget 2024–2025

---

[1] Adopted at the second plenary meeting.

[2] Including election of Vice-Chairs and Rapporteur.

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

12. Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)

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

13.1 Universal health coverage

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

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

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

13.3 Substandard and falsified medical products

13.4 Strengthening rehabilitation in health systems

13.5 Draft global strategy on infection prevention and control

13.6 Global road map on defeating meningitis by 2030

13.7 Standardization of medical devices nomenclature

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

14. Public health emergencies: preparedness and response

14.1 The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme

14.2 Implementation of the International Health Regulations (2005)

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

15.1 Strengthening WHO preparedness for and response to health emergencies

- Strengthening the global architecture for health emergency preparedness, response and resilience

- Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination

15.2 WHO's work in health emergencies

- Implementation of resolution WHA75.11 (2022)

15.3 Global Health for Peace Initiative

15.4 Poliomyelitis

- Poliomyelitis eradication
- Polio transition planning and polio post-certification

Pillar 3: One billion more people enjoying better health and well-being

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

16.1 Well-being and health promotion

16.2 Ending violence against children through health systems strengthening and multisectoral approaches

16.3 Social determinants of health

16.4 The highest attainable standard of health for persons with disabilities

16.5 United Nations Decade of Action on Nutrition (2016−2025)

16.6 Behavioural sciences for better health

COMMITTEE B

17. Opening of the Committee[1]

18. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

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

19. Budget and finance matters

19.1 Results Report 2022 (Programme budget 2022–2023: performance assessment) and Financial report and audited financial statements for the year ended 31 December 2022

19.2 Financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025

19.3 Scale of assessments for 2024–2025

19.4 Amendments to the Financial Regulations and Financial Rules

[1] Including election of Vice-Chairs and the Rapporteur.

19.5 Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution

19.6 [Deleted]

19.7 [Deleted]

20. Audit and oversight matters

20.1 Report of the External Auditor

20.2 Report of the Internal Auditor

20.3 External and internal audit recommendations: progress on implementation

20.4 Appointment of the External Auditor

21. Staffing matters

21.1 Human resources

21.2 Amendments to the Staff Regulations and Staff Rules

21.3 Report of the International Civil Service Commission

21.4 Reform of the global internship programme

21.5 Report of the United Nations Joint Staff Pension Board

21.6 Appointment of representatives to the WHO Staff Pension Committee

22. Review and update on matters considered by the Executive Board

Management, legal and governance matters

22.1 Prevention of sexual exploitation, abuse and harassment

22.2 Matters emanating from the Working Group on Sustainable Financing:

- Report of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance
- Secretariat implementation plan on reform
- Sustainable financing: feasibility of a replenishment mechanism, including options for consideration

22.3 Global strategies and plans of action that are scheduled to expire within one year

- WHO global action plan on promoting the health of refugees and migrants, 2019–2023
- WHO traditional medicine strategy 2014–2023

23. Update on the Infrastructure Fund

- Geneva buildings renovation strategy
- Update on information management and technology

24. Participation of Member States in WHO meetings

- Voluntary Health Trust Fund for small island developing States (terms of reference)
- Current practices for funding participation of Member States in WHO meetings

25. [Deleted]

26. Collaboration within the United Nations system and with other intergovernmentalorganizations

27. Matters for information

27.1 Progress reports

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

A. Strengthening local production of medicines and other health technologies to improve access (resolution WHA74.6 (2021))

B. Health in the 2030 Agenda for Sustainable Development (resolution WHA69.11 (2016) and decision WHA70(22) (2017))

C. Global action on patient safety (resolution WHA72.6 (2019) and decision WHA74(13) (2021))

D. Antimicrobial resistance (resolution WHA72.5 (2019))

E. Eradication of dracunculiasis (resolution WHA64.16 (2011))

F. Global action plan on the public health response to dementia (decision WHA70(17) (2017))

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

G. The World Together: Establishment of an intergovernmental negotiating body to strengthen pandemic prevention, preparedness and response (decision SSA2(5) (2021))

H. Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1 (2007))

Pillar 3: One billion more people enjoying better health and well-being

I. The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond (decision WHA74(25) (2021))

J. WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments (decision WHA74(24) (2021))

K. Decade of Healthy Ageing 2020–2030 (decision WHA73(12) (2020))

L. Water, sanitation and hygiene in health care facilities (resolution WHA72.7 (2019))

M. Prevention of deafness and hearing loss (resolution WHA70.13 (2017) and decision WHA74(17) (2021))

N. Plan of action on climate change and health in small island developing States (decision WHA72(10) (2019)) and paragraph 29 of document A72/16

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

O. Global strategy on digital health (decision WHA73(28) (2020))

P. Eleventh revision of the International Classification of Diseases (resolution WHA72.15 (2019))

LIST OF DOCUMENTS

A76/1 Rev.2	Agenda[1]
A76/1 Rev.1 Add.1	Proposal for supplementary agenda item
A76/2	Report of the Executive Board on its 151st and 152nd sessions, and on its Sixth special session
A76/3	Address by Dr Tedros Adhanom Ghebreyesus, Director-General
A76/4	Proposed programme budget 2024–2025
A76/4 Add.1	Proposed programme budget 2024–2025: Annexes
A76/4 Add.2	Draft resolution: Programme budget 2024–2025
A76/5	Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)
A76/6	Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage
A76/7 Rev.1	Consolidated report by the Director-General
A76/7 Rev.1 Add.1	Social determinants of health
A76/7 Rev.1 Add.2	Global Health for Peace Initiative Draft decision
A76/7 Rev.1 Add.3	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly[2]
A76/7 Rev.1 Add.4	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly[2]
A76/7 Add.1 Rev.1	Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health Acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course

[1] See page ix.

[2] See Annex 3.

A76/7 Add.2	Achieving well-being: a draft global framework for integrating well-being into public health utilizing a health promotion approach Draft decision
A76/7 Add.3	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly[1]
A76/8	Public health emergencies: preparedness and response The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
A76/9 Rev.1	Implementation of the International Health Regulations (2005)
A76/10	Strengthening WHO preparedness for and response to health emergencies Strengthening the global architecture for health emergency preparedness, response and resilience
A76/11	WHO's work in health emergencies Public health emergencies: preparedness and response
A76/12	Implementation of resolution WHA75.11 (2022)
A76/13	Poliomyelitis Poliomyelitis eradication
A76/14	Poliomyelitis Polio transition planning and polio post-certification
A76/15	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
A76/16	Results Report 2022 (Programme budget 2022–2023: performance assessment) Mid-term review of the Programme budget 2022–2023
A76/17	Audited Financial Statements for the year ended 31 December 2022
A76/18	Financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025
A76/19	Financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025 Reporting on operational efficiencies

[1] See Annex 3.

A76/20	Amendments to the Financial Regulations and Financial Rules Outcome of the consultation with Member States on the proposed options in relation to Article 7 of the Constitution of the World Health Organization[1]
A76/20 Add.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Health Assembly[2]
A76/21	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution
A76/22	Report of the External Auditor
A76/23	Report of the Internal Auditor
A76/24	External and internal audit recommendations: progress on implementation
A76/25, A76/25 Add.1 and A76/25 Add.2	Appointment of the External Auditor
A76/26	Human resources: annual report
A76/27	Report of the International Civil Service Commission Amendments to the statute of the International Civil Service Commission
A76/27 Add.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Health Assembly[2]
A76/28	Staffing matters Reform of the global internship programme
A76/28 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly[2]
A76/29	Report of the United Nations Joint Staff Pension Board
A76/30	Appointment of representatives to the WHO Staff Pension Committee
A76/31	Matters emanating from the Working Group on Sustainable Financing Secretariat implementation plan on reform

[1] See Annex 1.

[2] See Annex 3.

A76/32	Sustainable financing: feasibility of a replenishment mechanism, including options for consideration
A76/33	Update on the Infrastructure Fund Update on information management and technology
A76/34	Participation of Member States in WHO meetings Voluntary Health Trust Fund for small island developing States (terms of reference)[1]
A76/34 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly[2]
A76/35 Rev.1	Participation of Member States in WHO meetings Current practices for funding participation of Member States in WHO meetings
A76/36	Collaboration within the United Nations system and with other intergovernmental organizations
A76/37 and A76/37 Add.1	Progress reports
A76/38	Matters emanating from the Working Group on Sustainable Financing Secretariat implementation plan on reform Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
A76/39	Prevention of sexual exploitation, abuse and harassment Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
A76/40	Matters emanating from the Working Group on Sustainable Financing Sustainable financing: feasibility of a replenishment mechanism, including options for consideration Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
A76/40 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly[2]

[1] See Annex 2.

[2] See Annex 3.

A76/41	Results Report 2022 (Programme budget 2022–2023: performance assessment) and Financial report and audited financial statements for the year ended 31 December 2022 Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
A76/42	Financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025 Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
A76/43	Proposed programme budget 2024–2025 Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
A76/44	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
A76/45	Amendments to the Financial Regulations and Financial Rules Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
A76/46	Report of the External Auditor Report of the Internal Auditor External and internal audit recommendations: progress on implementation Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
A76/47	Human resources Report of the International Civil Service Commission Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
A76/48	Update on the Infrastructure Fund Update on information management and technology Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly

A76/49	Committee on Credentials Report
A76/50	First report of Committee A (Draft)
A76/51	First report of Committee B (Draft)
A76/52	Second report of Committee A (Draft)
A76/53	Election of Members entitled to designate a person to serve on the Executive Board
A76/54	Second report of Committee B (Draft)
A76/55	Third report of Committee B (Draft)
A76/56	Third report of Committee A (Draft)
A76/57	Fourth report of Committee A (Draft)
A76/58	Fourth report of Committee B (Draft)
A76/59	Fifth report of Committee A (Draft)
A76/60	Sixth report of Committee A (Draft)

Information documents

A76/INF./1	Awards
A76/INF./2	Voluntary contributions by fund and by contributor, 2022
A76/INF./3	WHO reform WHO presence in countries, territories and areas: 2023 report

Diverse documents

A76/DIV./1 Rev.1	List of delegates and other participants
A76/DIV./2	Guide for delegates to the World Health Assembly
A76/DIV./3	List of decisions and resolutions
A76/DIV./4	List of documents

OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES[1]

President
H.E. Dr Chrisopher FEARNE (Malta)

Vice-Presidents
Professor Moustafa MIJIYAWA (Togo)
Dr Hani JOKHDAR (Saudi Arabia)
Dr Xuetao CAO (China)
Dr José Leonardo Ruales ESTUPIÑÁN (Ecuador)
Ms Dechen WANGMO (Bhutan)

Secretary
Dr Tedros Adhanom GHEBREYESUS, Director-General

Committee on Credentials

The Seventy-sixth World Health Assembly appointed a Committee on Credentials consisting of delegates of the following 12 Member States: Algeria, Azerbaijan, Bulgaria, Croatia, Eritrea, Fiji, Guatemala, Guyana, Indonesia, Kuwait, Singapore, Zambia.

Chair: Mr Hakim BOUAZIZ (Algeria)
Vice-Chair: Ms Bevon MCDONALD (Guyana)
Secretary: Mr Xavier DANEY, Senior Legal Officer

General Committee

The Seventy-sixth World Health Assembly elected the delegates of the following 17 countries as members of the General Committee: Cabo Verde, Côte d'Ivoire, Cuba, Democratic Republic of the Congo, Djibouti, France, India, Kazakhstan, Malawi, Mauritius, Philippines, Saint Lucia, Serbia, Sweden, Tonga, United Kingdom of Great Britain and Northern Ireland, United States of America.

Chair: H.E. Dr Christopher FEARNE (Malta)

Secretary: Dr Tedros Adhanom GHEBREYESUS, Director-General

MAIN COMMITTEES

Under Rule 34 of the Rules of Procedure of the World Health Assembly, each delegation is entitled to be represented on each main committee by one of its members.

Committee A

Chair: Dr Jalila bint Al Sayyed Jawad HASSAN (Bahrain)
Vice-Chairs: Dr Mohammad Isham JAAFAR (Brunei Darussalam)
Mr Martin NDOUTOUMOU ESSONO (Gabon)
Rapporteur: Mr Nogoibaev BEK (Kyrgyzstan)
Secretary: : Mr Ian ROBERTS, Coordinator, Library and Information Networks for Knowledge

Committee B

Chair: Dr Carlos Gabriel Alvarenga CARDOZA (El Salvador)
Vice-Chairs: Mrs Katarzyna DRĄŻEK-LASKOWSKA (Poland)
Dr Walaiporn PATCHARANARUMOL (Thailand)
Rapporteur: Ms Lucy CASSELS (New Zealand)
Secretary: Mrs Ivana MILOVANOVIC, Senior Policy Lead, Office of the Director-General's Envoy for Multilateral Affairs

REPRESENTATIVES OF THE EXECUTIVE BOARD

Dr Kerstin Vesna PETRIČ (Slovenia)
Dr Zaliha MUSTAFA (Malaysia)
Mr Jaime Hernán Urrego RODRÍGUEZ (Colombia)

---

[1] In addition, the list of delegates and other participants is contained in document A76/DIV./1.

RESOLUTIONS AND DECISIONS

RESOLUTIONS

WHA76.1 Programme budget 2024–2025

The Seventy-sixth World Health Assembly,

Having considered the Proposed programme budget 2024–2025;[1]

Having noted the report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly;[2]

Recalling that the Seventy-fifth World Health Assembly approved the extension of the period of the Thirteenth General Programme of Work from 2023 to 2025 through resolution WHA75.6 (2022);

Further noting that the Proposed programme budget 2024–2025 is the last programme budget to be prepared in line with the Thirteenth General Programme of Work, 2019–2025 and WHO's triple billion strategic priority approach;

Welcoming the fact that the Proposed programme budget 2024–2025 builds upon resolution WHA75.5 (2022), in which the Health Assembly approved a revision to the previously approved Programme budget 2022–2023 in order to incorporate lessons learned from the COVID-19 pandemic that affected all strategic priorities of the WHO base programme budget;

Recognizing that the Proposed programme budget 2024–2025 is built on country priorities with an emphasis on three overarching objectives to be achieved at all three levels of the Organization;

Stressing the continued importance of investment in the normative functions of the Organization and the criticality of strengthening country capacity to accelerate progress towards the triple billion targets;

Further welcoming the continued focus on strengthening of transparency, accountability and compliance, as well as opportunities for efficiency savings across all of WHO, and recognizing the importance of allocating adequate and sustainable funds equitably for enabling functions across all major offices;

Reaffirming WHO's full and continued commitment to and engagement in the implementation of United Nations development system reform, and its ongoing work to support countries in their efforts to reach all health-related Sustainable Development Goal targets;

Recalling that the allocation of financial resources must be accompanied by progress monitoring and an expectation of measurable results;

---

[1] Document A76/4.

[2] Document A76/43.

Re-emphasizing the necessity to ensure a strong WHO that will undertake the global leadership role in public health with respect to work that must be carried out under all circumstances to meet WHO's objective: the attainment by all peoples of the highest possible level of health;

Welcoming the increase in both the absolute level and the proportionate share of the budget at the country level to strengthen capacity at that level to accelerate progress towards the triple billion targets;

Recalling decision WHA75(8) (2022) in which the Health Assembly adopted the recommendations of the Working Group on Sustainable Financing,[1] and with particular reference to paragraph 39(e)(ii) of those recommendations;

Noting decision EB152(16) (2023) in which the Executive Board endorsed the Secretariat implementation plan on reform,[2] and decision EB152(15) (2023) in which, inter alia, the Executive Board recommended that the Seventy-sixth World Health Assembly, inter alia, adopt the recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance contained in the Appendix to its report,[3]

1. APPROVES the programme of work, as outlined in the Proposed programme budget 2024–2025, noting also the background information on the priority-setting as referred to on the Programme Budget digital platform;[4]

2. FURTHER APPROVES the budget for the financial period 2024–2025, under all sources of funds, namely, assessed and voluntary contributions of US$ 6834.2 million;

3. ALLOCATES the budget for the financial period 2024–2025 to the following strategic priorities and other areas:

Strategic priorities:[5]

(1) One billion more people benefiting from universal health coverage, US$ 1966.4 million;

(2) One billion more people better protected from health emergencies, US$ 1214.0 million;

(3) One billion more people enjoying better health and well-being, US$ 437.7 million;

(4) More effective and efficient WHO providing better support to countries, US$ 1350.0 million (including financing the United Nations Resident Coordinator system in accordance with relevant resolutions of the United Nations General Assembly);

Other areas:

- Polio eradication (US$ 694.3 million), special programmes (US$ 171.7 million) totalling US$ 866.0 million;

[1] Document A75/9, Appendix 2.

[2] Document EB152/34.

[3] Document EB152/33.

[4] https://www.who.int/about/accountability/budget/programme-budget-digital-platform-2024-2025/dashboards (accessed 4 May 2023).

[5] Representing a total amount that remains unchanged with respect to the revised base Programme budget 2022–2023.

- Emergency operations and appeals (US$ 1000.0 million), which, being subject to the event-driven nature of the activities concerned, is an estimated budget requirement that can be subject to increase as necessary;

4. RESOLVES that the budget will be financed as follows:

- by net assessments on Member States adjusted for estimated Member State non-assessed income, for a total of US$ 1148.3 million;[1]

- from voluntary contributions, for a total of US$ 5685.8 million;

5. FURTHER RESOLVES that the gross amount of the assessed contribution for each Member State shall be reduced by the sum standing to their credit in the Tax Equalization Fund; that this reduction shall be adjusted in the case of those Members that require staff members to pay income taxes on their WHO emoluments, taxes which the Organization reimburses to the said staff members; and that the amount of such tax reimbursements is estimated at US$ 8.0 million, resulting in a total assessment on Members of US$ 1156.3 million;

6. DECIDES that the Working Capital Fund shall be maintained at its existing level of US$ 31.0 million;

7. AUTHORIZES the Director-General to use the assessed contributions together with the voluntary contributions, subject to the availability of resources, to finance the budget as allocated in paragraph 3, up to the amounts approved;

8. FURTHER AUTHORIZES the Director-General, where necessary, to make budget transfers among the four strategic priorities, up to an amount not exceeding 5% of the amount allocated to the strategic priority from which the transfer is made. Any such transfers will be reported in the statutory reports to the respective governing bodies;

9. FURTHER AUTHORIZES the Director-General, where necessary, to incur additional expenditures in the emergency operations and appeals area, subject to availability of resources;

10. FURTHER AUTHORIZES the Director-General, where necessary, to incur expenditures in the special programmes and polio eradication components of the budget beyond the amount allocated for these components, as a result of additional governance and resource mobilization mechanisms, as well as their budget cycle, which inform the annual and/or biennial budgets for these special programmes, subject to availability of resources;

11. REQUESTS the Director-General:

(1) to submit regular reports on the financing and implementation of the budget as presented in document A76/4 with an emphasis on the expenditure of assessed contributions and its impact on the key performance indicators for flexible funding, including funding of high priority outputs up to at least 80%, and outlook on the financing of the Organization and the results of the coordinated resource mobilization strategy to the Health Assembly, through the Executive Board and its Programme, Budget and Administration Committee;

[1] In line with decision WHA75(8), the budget proposal was developed with a targeted first increase of 20% of assessed contributions assessment for the biennium 2022–2023.

(2) to submit annual reports on the progress of the results framework of the Thirteenth General Programme of Work, 2019–2025, broken down for all three levels of WHO, including the contribution of the Secretariat towards the achievement of programmatic outcomes and impacts, measured through an assessment of the delivery of the 42 outputs articulated in the Programme budget 2024–2025;

(3) to control costs and seek efficiencies across all of WHO, and to submit regular reports to the Executive Board and its Programme, Budget and Administration Committee with detailed information on these savings and global efficiencies as well as an estimation of savings achieved;

(4) to report on progress towards the implementation of budgetary, programmatic, financial, governance and accountability deliverables, as defined in the Secretariat implementation plan on reform,[1] on a regular basis to the World Health Assembly, through the Executive Board and its Programme, Budget and Administration Committee, as well as through quarterly information sessions.

(Ninth plenary meeting, 30 May 2023
Committee A, first report)

WHA76.2 Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies[2,3]

The Seventy-sixth World Health Assembly,

Having considered the consolidated report by the Director-General;[4]

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

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

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

Noting that integrated people-centred service delivery requires emergency, critical and operative care services that are linked to communities through primary care and by communication, transportation,

[1] Document A76/31.

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

[3] See Annex 3 for the financial and administrative implications for the Secretariat of this resolution.

[4] Document A76/7 Rev.1.

referral and counter-referral mechanisms,[1] and that these components are interdependent: capacity failures in responsiveness of the emergency, critical and operative care system may result in disrupted primary care delivery and poor outcomes, while failures in primary care and social services may lead to increased use of emergency, critical and operative care services and result in delays in the appropriate provision of life-saving care;

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

Acknowledging Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), and recognizing that well-organized, safe and high-quality emergency, critical and operative care is a key mechanism for achieving a range of associated targets – including those on universal health coverage (3.8), road safety (3.6), maternal and child health (3.1, 3.2), universal access to sexual and reproductive health-care services (3.7), noncommunicable diseases, mental health, and infectious diseases (3.4, 3.5 and 3.3);

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

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

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

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

Recalling also the mandate of WHO's Thirteenth General Programme of Work, 2019–2025 to improve integrated service delivery, protect people from health emergencies and to serve in particular the most disadvantaged, marginalized and hard-to-reach populations, to ensure that no one is left behind;[1]

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

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

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

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

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

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

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

---

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

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

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

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

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

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

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

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

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

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

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

(7) to promote innovative ways for community engagement in the design and delivery of emergency, critical and operative care services, including community education on early recognition, care seeking, and first aid; training for community first aid responders, such as the WHO community first aid responders programme; and structured mechanisms for incorporating community perspectives in strategic planning and monitoring of implementation;

---

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

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

[3] See https://www.who.int/health-topics/emergency-care#tab=tab_1 (accessed 25 January 2023).

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

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

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

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

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

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

3. REQUESTS the Director-General:

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

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

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

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

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

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

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

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

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

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

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

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

(Ninth plenary meeting, 30 May 2023
Committee A, third report)

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

WHA76.3 Increasing access to medical oxygen[1]

The Seventy-sixth World Health Assembly,

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

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

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

Noting that the wide application of medical oxygen is essential for the treatment of hypoxaemia across many communicable and noncommunicable diseases and medical conditions across the life course, to which older persons in particular are vulnerable, including but not limited to coronavirus disease (COVID-19), pneumonia, tuberculosis and chronic obstructive pulmonary disease, and situations requiring surgery, emergency and critical care, and therefore necessary for the achievement of the goals and targets of the WHO global action plan for the prevention and control of noncommunicable diseases, the End TB Strategy, the WHO package of essential noncommunicable (PEN) disease interventions for primary health care and the WHO Guidelines for Safe Surgery 2009;

Underscoring that medical oxygen access is particularly critical for pregnant women during and after delivery, newborns with respiratory distress and children with pneumonia, and therefore necessary for the achievement of the goals and targets of the Global Strategy for Women's, Children's and Adolescent's Health (2016–2030), the Every Newborn Action Plan and the integrated Global Action Plan for Pneumonia and Diarrhoea;

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

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

Recalling the publication of WHO medical oxygen treatment guidelines, good practices, technical specifications, forecasting tools, training videos, consultations, safety guidelines and the 2022 revisions to the monograph on Medicinal Oxygen that was adopted at the 56th meeting of the WHO Expert Committee on Specifications for Pharmaceutical Preparations for publication in the 11th Edition of The

[1] See Annex 3 for the financial and administrative implications for the Secretariat of this resolution.

[2] Document A76/7 Rev.1.

International Pharmacopoeia, which collectively aim to improve access to medical oxygen through the appropriate selection, procurement, instalment, operation and maintenance of medical oxygen systems and related infrastructure by Member States;

Acknowledging the inclusion of pulse oximeters and other medical oxygen-related devices as priority medical devices listed in Core Medical Equipment, the Interagency list of medical devices for essential interventions for reproductive, maternal, newborn and child health, the WHO list of priority medical devices for cancer management, the Priority medical devices list for the COVID-19 response and associated technical specifications, the WHO–UNICEF Technical specifications and guidance for oxygen therapy devices and the WHO list of priority medical devices for management of cardiovascular diseases and diabetes, and that medical oxygen devices are also regularly highlighted in the WHO compendium of innovative health technologies for low-resource settings;

Acknowledging the role of the Access to COVID-19 Tools Accelerator Oxygen Emergency Taskforce[1] in helping developing countries to finance urgently needed medical oxygen supplies to meet the surging demand during the COVID-19 pandemic and recognizing that large gaps in access to medical oxygen remain globally unaddressed, especially in developing countries;

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

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

URGES Member States,[2] taking into account their national contexts:

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

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

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

(4) to assess the scale of medical oxygen access gaps in their health systems, including at subnational- and local-level health facilities, in order to provide patients with the required amounts of medical oxygen and related diagnostic tools (including pulse oximeters and patient

[1] Chaired by Unitaid, the Access to COVID-19 Tools – Accelerator Oxygen Emergency Taskforce includes WHO (and the broader biomedical consortium WHO coordinates), UNICEF, The Global Fund, the World Bank, UNOPS, USAID, the Bill & Melinda Gates Foundation, the Clinton Health Access Initiative, the Program for Appropriate Technology in Health, the Access to Medicine Foundation, Save the Children and the Every Breath Counts Coalition.

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

monitors), and medical devices that deliver oxygen therapy (including invasive and non-invasive ventilators and continuous positive airway pressure), and the availability of qualified staff;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

REQUESTS the Director-General:

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

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

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

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

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

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

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

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

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

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

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

(Ninth plenary meeting, 30 May 2023
Committee A, third report)

WHA76.4 Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage[1]

The Seventy-sixth World Health Assembly,

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

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

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

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

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

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

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

---

[1] See Annex 3 for the financial and administrative implications for the Secretariat of this resolution.

[2] Document A76/7 Rev.1.

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

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

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

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

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

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

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

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

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

1. URGES Member States:[1]

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

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

of the United Nations General Assembly in 2023 on universal health coverage at the highest level, preferably at the level of Heads of State and Government;

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

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

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

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

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

(7) to ensure, by 2030, universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, and ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences;

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

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

2. REQUESTS the Director-General:

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

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

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

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

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

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

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

(Ninth plenary meeting, 30 May 2023
Committee A, third report)

WHA76.5 Strengthening diagnostics capacity[1][2]

The Seventy-sixth World Health Assembly,

Having considered the consolidated report by the Director-General;[3]

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

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

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

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

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

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

Recalling the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also recalling the Doha Declaration on the TRIPS Agreement and Public Health, which affirms that the TRIPS Agreement can and should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and which recognizes that intellectual property protection is important for the development of new medicines while also recognizing the concerns about its effects on prices;

---

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

[2] See Annex 3 for the financial and administrative implications for the Secretariat of this resolution.

[3] Document A76/7 Rev.1.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Recognizing the increasing burden of noncommunicable diseases and the Global action plan for the prevention and control of noncommunicable diseases 2013–2030, which includes addressing the lack of diagnostics for noncommunicable diseases through multistakeholder collaborations to develop new technologies that are affordable, safe, effective and quality controlled, and improving laboratory and diagnostic capacity and human resources;

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

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

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

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

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

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

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

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

(1) to consider the establishment of national diagnostics strategies, as part of their national health plans, that include regulation, assessment and management of diagnostics and development

of integrated networks to tackle all diseases and medical challenges, avoiding current silos often observed;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. REQUESTS the Director-General:

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

(2) to support Member States, upon their request and as appropriate, with technical advice for procurement that will enable access to good quality, affordable diagnostics for all Member States;[1]

(3) to provide cross-references between the WHO Model List of Essential In Vitro Diagnostics and the diagnostic devices already included in the WHO priority medical devices lists, in order to facilitate the identification of relevant diagnostics for comprehensive diagnostic services, in particular through the open electronic platforms eEDL[2] and MeDevIS;[3]

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

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

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

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

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

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

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

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

---

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

[2] WHO Model List of Essential In Vitro Diagnostics. Geneva: World Health Organization (https://edl.who-healthtechnologies.org/, accessed 31 January 2023).

[3] Priority Medical Devices Information System. Geneva: World Health Organization (https://medevis.who-healthtechnologies.org/, accessed 31 January 2023).

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

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

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

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

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

(Ninth plenary meeting, 30 May 2023
Committee A, third report)

WHA76.6 Strengthening rehabilitation in health systems[1]

The Seventy-sixth World Health Assembly,

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

Considering that the need for rehabilitation is increasing due to the epidemiological shift from communicable to noncommunicable diseases, while taking note of the fact that there are also new rehabilitation needs emerging from infectious diseases like coronavirus disease (COVID-19);

Considering further that the need for rehabilitation is increasing due to the global demographic shift towards rapid population ageing accompanied by a rise in physical and mental health challenges, injuries, in particular road traffic accidents, and comorbidities;

Expressing deep concern that rehabilitation needs are largely unmet globally and that in many countries more than 50% of people do not receive the rehabilitation services they require;

Recognizing that rehabilitation requires more attention by policy-makers and domestic and international actors when setting health priorities and allocating resources, including with regard to research, cooperation and technology transfer on voluntary and mutually agreed terms and in line with their international obligations;

Deeply concerned that most countries, especially developing countries, are not sufficiently equipped to respond to the sudden increase in rehabilitation needs created by health emergencies;

Emphasizing that rehabilitation services are key to the achievement of Sustainable Development Goal 3 (ensure healthy lives and promote well-being for all at all ages), as well as an essential part of achieving target 3.8 (achieve universal health coverage, including financial risk protection, access to

[1] See Annex 3 for the financial and administrative implications for the Secretariat of this resolution.

[2] Document A76/7 Rev.1.

quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all);

Reaffirming that rehabilitation services contribute to the enjoyment of human rights, such as the right to the enjoyment of the highest attainable standard of physical and mental health, including sexual and reproductive health, the right to work and the right to education, among others, and that Member States' obligations and commitments in this regard are consistent with the United Nations Convention on the Rights of Persons with Disabilities;

Noting the Declaration of Astana, which emphasizes that rehabilitation is an essential element of universal health coverage and an essential health service for primary health care;

Recalling resolution WHA54.21 (2001) and the International Classification of Functioning, Disability and Health, which provides a standard language and a conceptual basis for the definition and measurement of health, functioning and disability;

Recalling also the role of rehabilitation for effective implementation of: resolution WHA66.10 (2013), in which the Health Assembly endorsed the global action plan for the prevention and control of noncommunicable disease 2013–2020; resolution WHA69.3 (2016) on the global strategy and action plan on ageing and health 2016–2020; resolution WHA71.8 (2018) on improving access to assistive technology; decision WHA73(33) (2020) on the road map for neglected tropical diseases 2021–2030; resolution WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies; and resolution WHA74.8 (2021) on the highest attainable standard of health for persons with disabilities;

Recalling further the political declaration of the high-level meeting of the United Nations General Assembly on universal health coverage (2019), including the commitment therein to increase access to health services for all persons with disabilities, remove physical, attitudinal, social, structural, and financial barriers, provide quality standard of care and scale up efforts for their empowerment and inclusion;

Noting that persons in marginalized or vulnerable situations often lack access to affordable, quality and appropriate rehabilitation services and to assistive technology, accessible products, services and environments, which impacts their health, well-being, educational achievement, economic independence and social participation;

Concerned about the affordability of accessing rehabilitation services, related health products and assistive technology, and inequitable access to such products within and among Member States, as well as the financial hardships associated with high prices, which impede progress towards achieving universal health coverage;

Reaffirming that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of needed treatment, promotive, preventive, rehabilitative and palliative essential health services, while recognizing that, for most people, rehabilitation services and access to rehabilitation-related assistive technology are often an out-of-pocket expense, and ensuring that users' access to these services is not restricted by financial hardship or other barriers;

Noting with concern that, in most countries, the current rehabilitation-related workforce is insufficient in number and quality to serve the needs of the population, and that the shortage of rehabilitation professionals is higher in low- and middle-income countries and in rural, remote and hard-to-reach areas;

Stressing that disability-sensitive, quality, basic and continued education and training of health professionals, including effective communication skills, are crucial to ensure that they have the adequate professional skills and competencies in their respective roles and functions to provide safe, quality, accessible and inclusive health services;

Noting that rehabilitation is a set of interventions designed to optimize functioning in individuals with health conditions or impairments in interaction with their environment and, as such, is an essential health strategy for achieving universal health coverage, increasing health and well-being, improving quality of life, delaying the need for long-term care and empowering persons to achieve their full potential and participate in society;

Noting as well that the benefits of improving access to affordable assistive technology, accessible products, services and infrastructures and rehabilitation include improved health outcomes following a range of interventions, as well as facilitated participation in education, employment and other social activities, and significantly reduced health care costs and burden of care providers, and that telerehabilitation can contribute to the process of rehabilitation;

Further noting that rehabilitation requires a human-centred, goal-oriented and holistic approach, guiding coordinated cross-governmental mechanisms that integrate measures linked to public health, education, employment, social services and community development and to work in collaboration with civil society organizations, representative organizations and other relevant stakeholders;

Recognizing that the provision of timely care for the acutely ill and injured will prevent millions of deaths and long-term disabilities and contribute to universal health coverage;

Concerned that lack of access to rehabilitation may expose persons with rehabilitation needs to higher risks of marginalization in society, poverty, vulnerability, complications and comorbidities, and impact on function, participation and inclusion in society;

Noting with concern that the fragmentation of rehabilitation governance in many countries and the lack of integration of rehabilitation into health systems and services and along the continuum of care result in inefficiencies and failure to respond to individual and populations' needs;

Also noting with concern that the lack of awareness among health care providers of the relevance of rehabilitation across the life course and for a wide range of health conditions leads to preventable complications, comorbidities and long-term loss of functioning;

Appreciating the efforts made by Member States, the WHO Secretariat and international partners in recent years to strengthen rehabilitation in health systems, but mindful of the need for further action;

Deeply concerned that, without concerted action, including through international cooperation, for strengthening rehabilitation in health systems, rehabilitation needs will continue to go unmet with long-term consequences for persons and their families, societies and economies;

Noting the Rehabilitation 2030 Initiative, which acknowledges the profound unmet need of rehabilitation, emphasizes the need for equitable access to quality rehabilitation and identifies priority actions to strengthen rehabilitation in health systems,

1. URGES Member States:[1]

(1) to raise awareness of and build national commitment for rehabilitation, including for assistive technology, and strengthen planning for rehabilitation, including its integration into national health plans and policies, as appropriate, while promoting interministerial and intersectoral work and meaningful participation of rehabilitation users, particularly persons with disabilities, older persons, persons in need of long-term care, community members, and community-based and civil society organizations at all stages of planning and delivery;

(2) to incorporate appropriate ways to strengthen financing mechanisms for rehabilitation services and the provision of technical assistance, including by incorporating rehabilitation into packages of essential care where necessary;

(3) to expand rehabilitation to all levels of health, from primary to tertiary, and to ensure the availability and affordability of quality and timely rehabilitation services, accessible and usable for persons with disabilities, and to develop community-based rehabilitation strategies, which will allow rehabilitation to reach underserved rural, remote and hard-to-reach areas, while implementing person-centred strategies and participatory, specialized and differentiated intensive rehabilitation services to meet the requirements of persons with complex rehabilitation needs;

(4) to ensure the integrated and coordinated provision of high-quality, affordable, accessible, gender-sensitive, appropriate and evidence-based interventions for rehabilitation along the continuum of care, including strengthening referral systems and the adaptation, provision and servicing of assistive technology related to rehabilitation, including after rehabilitation, and promoting inclusive, barrier-free environments;

(5) to develop strong multidisciplinary rehabilitation skills suitable to the country context, including in all relevant health workers; to strengthen capacity for analysis and prognosis of workforce shortages as well as to promote the development of initial and continuous training for professionals and staff working in rehabilitation services; and to recognize and respond to different types of rehabilitation needs, such as needs related to physical, mental, social and vocational functioning, including the integration of rehabilitation in early training of health professionals, so that rehabilitation needs can be identified at all levels of care;

(6) to enhance health information systems to collect information relevant to rehabilitation, including system-level rehabilitation data, and information on functioning, utilizing the International Classification of Functioning, Disability and Health, ensuring data disaggregation by sex, age, disability and any other context-relevant factor, and compliance with data protection legislation, for a robust monitoring of rehabilitation outcomes and coverage;

(7) to promote high-quality rehabilitation research, including health policy and systems research;

(8) to ensure timely integration of rehabilitation into emergency preparedness and response, including emergency medical teams;

(9) to urge public and private stakeholders to stimulate investment in the development of available, affordable and usable assistive technology and support for implementation research and

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

innovation for efficient delivery and equitable access with a view to maximizing impact and cost effectiveness;

2. INVITES international organizations and other relevant stakeholders, including intergovernmental and nongovernmental organizations and organizations of persons with disabilities, private sector companies and academia:

(1) to support Member States,[1] as appropriate, in their national efforts to implement the actions in the Rehabilitation 2030 Initiative and to strengthen advocacy for rehabilitation, as well as support and contribute to the WHO-hosted World Rehabilitation Alliance, a multistakeholder initiative to advocate for health system strengthening for rehabilitation;

(2) to harness and invest in research and innovation in relation to rehabilitation, inclusive of available, affordable and usable assistive technology, including the development of new technologies, and support Member States, as appropriate, in collecting health policy and system research to ensure future evidence-based rehabilitation policies and practices;

3. REQUESTS the Director-General:

(1) to develop, with input from Member States and in collaboration with relevant international organizations and other stakeholders, and to publish, before the end of 2026, a WHO baseline report with information on the capacity of Member States to respond to existing and foreseeable rehabilitation needs;

(2) to develop feasible global health system rehabilitation targets and indicators for effective coverage of rehabilitation services for 2030, focusing on tracer health conditions, for consideration by the Seventy-ninth World Health Assembly, through the 158th session of the Executive Board;

(3) to develop and continuously support the implementation of technical guidance and resources to provide support to Member States in their national efforts to implement the actions of the Rehabilitation 2030 Initiative, building on their national situations in access to physical, mental, social and vocational rehabilitation;

(4) to ensure that there are appropriate resources as regards the institutional capacity of WHO, at headquarters and at regional and local levels, to support Member States in strengthening and increasing the variety of available rehabilitation services and access to available, affordable and usable assistive technology, and to facilitate international collaboration in this regard;

(5) to support Member States to systematically integrate rehabilitation and assistive technology into their emergency preparedness and response as part of their investment in strengthening their own emergency medical teams, including by addressing the long-term rehabilitation needs of those affected by health emergencies, including COVID-19;

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

(Ninth plenary meeting, 30 May 2023
Committee A, fourth report)

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

WHA76.7 Behavioural sciences for better health[1]

The Seventy-sixth World Health Assembly,

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

Noting that behavioural science is a multidisciplinary scientific approach that deals with human action and its psychological, social and environmental drivers, determinants and influencing factors, and that it is applied in protecting and improving people's health by informing the development of public health policies, programmes and interventions that can range from legislation and fiscal measures to communications and social marketing, as well as to support other public health efforts;

Acknowledging, while noting the contribution of behavioural science in achieving improved health outcomes, the centrality of epidemiological data on the incidence and prevalence of diseases and their risk factors in public health and in informing the development of health policies and the health system;

Recognizing the value of high-quality data about behaviours collected with a variety of methods in guiding the health sector, including in health in all policies and whole-of government activities, aimed at reducing risk factors, addressing health determinants, creating environments conducive to health and well-being and increasing equal access to healthy options, and informing the development of behavioural interventions;

Acknowledging that supporting individuals to enact healthier behaviours to achieve improved health outcomes is challenging due both to the complexity inherent in human behaviour and the different national contexts, and that no single discipline can provide a complete understanding of the matter, and that developing interventions to change behaviour of either individuals regarding their own health or health service employees and health professionals requires a comprehensive and interdisciplinary approach that includes but is not limited to anthropology, communications, economics, neuroscience, psychology and sociology;

Noting that individuals, communities and populations are often exposed to multiple behavioural influences including by all types of public and private sector communications, and that behavioural science can facilitate the understanding of how such influences and communications guide decision-making;

Recognizing the interest among the Member States in strengthening the use of behavioural science in informing policy development and decision-making for public health and taking note of behavioural science-related initiatives on the national, regional and global level;

Understanding that behavioural factors at the individual, collective and institutional levels, shaped by economic, environmental and social determinants of health, many of which are not amenable by individual action alone, are important contributors to increasing trends in both communicable and noncommunicable diseases and their risk factors, injuries, and health emergency risks as well as other health challenges that pose a significant challenge to health systems and increase disease burden globally, and that behavioural science can affect these outcomes and that therefore, improving the health and well-being of citizens is also the responsibility of the governments and in relevant contexts, nongovernmental organizations, civil society and health providers, and private-sector entities whose

[1] See Annex 3 for the financial and administrative implications for the Secretariat of this resolution.

[2] Document A76/7 Rev.1.

products, services or other influences have a role in protecting and promoting the health of the population and preventing diseases;

Taking note of the United Nations Secretary-General's Guidance Note on Behavioural Science, which encourages United Nations agencies to invest in behavioural science and work in a connected and collaborative interagency community to realize its tremendous potential to achieve impact;[1]

Recalling the Ottawa Charter for Health Promotion (1986), resolution WHA57.16 (2004) on health promotion and healthy lifestyles, the Rio Political Declaration on Social Determinants of Health (2011), endorsed by the Sixty-fifth World Health Assembly in resolution WHA65.8 (2012), the Moscow Declaration on Healthy Lifestyles and Noncommunicable Disease Control (2011), the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development (2016), the WHO Global report on health equity for persons with disabilities (2022) and the United Nations Framework Convention on Climate Change and the Paris Agreement, and emphasizing the need to address health-related behaviours;

Acknowledging that participatory approaches of behavioural science that meet WHO principles for respectful care are fundamental to optimizing the design and uptake of health services and other care services, maximizing adherence to treatment and improving self-management support and reducing risk behaviours;

Highlighting the contribution of behavioural science in achieving universal health coverage and in strengthening prevention of, preparedness for and response to public health emergencies including through strong and resilient health systems, and taking into account the lessons learned from the coronavirus disease (COVID-19) pandemic;

Concerned about the impact on behaviours of health-related misinformation and disinformation, including during the COVID-19 pandemic;

Recognizing that cost effective and secure use of information and communication technologies in support of health and health-related fields has a potential to improve the quality and coverage of health services, increase access to health information and skills, and promote positive changes in health behaviours;

Welcoming WHO's work on behavioural sciences for better health as part of a comprehensive approach to equity in health, healthier behaviours and to achieve improved health and well-being including mental health and mental well-being;

Recognizing the importance of building capacity to systematically adopt evidence, including from behavioural science and implementation studies, in order to: (i) understand the methods that promote systematic uptake of effective approaches to impact routine individual practices and beyond, including at the professional, organization and government levels; and (ii) understand and examine drivers of behaviour among people and what can sustain or change behaviour,

1. URGES Member States,[2] taking into account their national and subnational circumstances, contexts and priorities:

(1) to acknowledge the role of behavioural science, through the provision of an improved understanding of individual behaviours, in the generation of evidence to inform health policies,

[1] Available at https://www.un.org/en/content/behaviouralscience/ (accessed 26 January 2023).

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

public health activities and clinical practices, integrated with collective action through health in all policies, whole-of-government and whole-of-society approaches on economic, environmental and social determinants of health;

(2) to identify opportunities to use behavioural science in developing and strengthening effective, tailored, equitable and human-centred health-related policies and functions across sectors, while ensuring commitment, capability and coordination across sectors in achieving the health-related Sustainable Development Goals;

(3) to use behavioural science in participatory approaches including bidirectional communication with providers and local stakeholders and empower communities in understanding public health problems and designing and evaluating interventions to address them, in order to further enhance the effectiveness, local ownership and sustainability of interventions;

(4) to develop and allocate sustainable human and financial resources for building or strengthening technical capacity for the use of behavioural science in public health;

(5) to establish behavioural science functions or units for generating, sharing and translating evidence, to inform a national strategy as appropriate, and to monitor, evaluate and share lessons learned from subnational, national and regional levels responsible for the local implementation of behaviourally informed policies and interventions;

(6) to promote enabling environments and incentives, including appropriate measures in other policy areas, that encourage and facilitate behaviours that are beneficial to the physical and mental health of individuals as well as to the environment, and supportive to the development of healthy, safe and resilient communities;

(7) to strengthen the capacity of health professionals through pre-service training, where appropriate, among academia, non-State actors and civil society, on behavioural science approaches in patient care and in a variety of public health functions, intersectoral policy frameworks and institutional policies;

(8) to promote and support cooperation and partnership among Member States, between non-State actors, relevant stakeholders, health organizations, academic institutions, research foundations, the private sector and civil society, to implement plans and programmes based on behavioural science and to improve the quality of behavioural science insights by appropriate means, including the generation and sharing of evidence-based data which should follow the principles of interoperability and openness;

2. REQUESTS the Director-General:

(1) to support the use of behavioural science approaches in the work of the Organization, across programmes and activities, and to continue to advocate an evidence- and behavioural science-based approach in informing health-related policies;

(2) to mainstream behavioural science approaches in the work of the Organization and to advocate for necessary structural considerations, including as appropriate behavioural science teams, units or functions and for the allocation of sufficient funding and human resources;

(3) to support Member States, at their request, in developing or strengthening of behavioural science function(s) or unit(s);

(4) to evaluate, within existing resources, based on a prior request by the Member State(s) concerned, the behavioural science initiatives such as policies, interventions, programmes and research and share the results of such evaluations;

(5) to establish a global repository of behavioural science evidence from empirical studies, including from randomized controlled trials on behavioural interventions that can be accessed and used in the strengthening of health promotion interventions, among others, with a view to achieve societal and lifestyle changes, and interventions aimed at tackling misinformation and disinformation related to public health, including studies with positive and no or negative outcomes;

(6) to provide behavioural science-related technical support, normative guidance, capacity-building and knowledge sharing to Member States upon their request including through the WHO Academy;

(7) to compile and disseminate evidence on improved outcomes resulting from the application of the behavioural sciences to public health;

(8) to develop guidance, including through application of behavioural science, that addresses public health priorities including vaccine hesitancy, as well as misinformation and disinformation that conflicts with public health-based evidence, in particular among vulnerable groups, including migrants;

(9) to create synergies and find ways to better integrate behavioural science approaches aimed at promoting health and addressing the social determinants of health;

(10) to report on progress in implementing this resolution 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.

(Ninth plenary meeting, 30 May 2023
Committee A, fifth report)

WHA76.8 Scale of assessments for 2024–2025

The Seventy-sixth World Health Assembly,

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

ADOPTS the scale of assessments of Members and Associate Members for the biennium 2024–2025 as set out below.

Members and Associate Members	WHO scale for 2024–2025 %
Afghanistan	0.0060
Albania	0.0080
Algeria	0.1090
Andorra	0.0050
Angola	0.0100

[1] Document A76/7 Rev.1.

Members and Associate Members	WHO scale for 2024–2025 %
Antigua and Barbuda	0.0020
Argentina	0.7190
Armenia	0.0070
Australia	2.1111
Austria	0.6790
Azerbaijan	0.0300
Bahamas	0.0190
Bahrain	0.0540
Bangladesh	0.0100
Barbados	0.0080
Belarus	0.0410
Belgium	0.8281
Belize	0.0010
Benin	0.0050
Bhutan	0.0010
Bolivia (Plurinational State of)	0.0190
Bosnia and Herzegovina	0.0120
Botswana	0.0150
Brazil	2.0131
Brunei Darussalam	0.0210
Bulgaria	0.0560
Burkina Faso	0.0040
Burundi	0.0010
Cabo Verde	0.0010
Cambodia	0.0070
Cameroon	0.0130
Canada	2.6282
Central African Republic	0.0010
Chad	0.0030
Chile	0.4200
China	15.2550
Colombia	0.2460
Comoros	0.0010
Congo	0.0050
Cook Islands (not a member of the United Nations)	0.0010
Costa Rica	0.0690
Côte d’Ivoire	0.0220
Croatia	0.0910
Cuba	0.0950
Cyprus	0.0360
Czechia	0.3400
Democratic People’s Republic of Korea	0.0050
Democratic Republic of the Congo	0.0100
Denmark	0.5530
Djibouti	0.0010
Dominica	0.0010
Dominican Republic	0.0670
Ecuador	0.0770
Egypt	0.1390

Members and Associate Members	WHO scale for 2024–2025 %
El Salvador	0.0130
Equatorial Guinea	0.0120
Eritrea	0.0010
Estonia	0.0440
Eswatini	0.0020
Ethiopia	0.0100
Faroe Islands	0.0010
Fiji	0.0040
Finland	0.4170
France	4.3183
Gabon	0.0130
Gambia	0.0010
Georgia	0.0080
Germany	6.1114
Ghana	0.0240
Greece	0.3250
Grenada	0.0010
Guatemala	0.0410
Guinea	0.0030
Guinea-Bissau	0.0010
Guyana	0.0040
Haiti	0.0060
Honduras	0.0090
Hungary	0.2280
Iceland	0.0360
India	1.0441
Indonesia	0.5490
Iran (Islamic Republic of)	0.3710
Iraq	0.1280
Ireland	0.4390
Israel	0.5610
Italy	3.1892
Jamaica	0.0080
Japan	8.0335
Jordan	0.0220
Kazakhstan	0.1330
Kenya	0.0300
Kiribati	0.0010
Kuwait	0.2340
Kyrgyzstan	0.0020
Lao People’s Democratic Republic	0.0070
Latvia	0.0500
Lebanon	0.0360
Lesotho	0.0010
Liberia	0.0010
Libya	0.0180
Lithuania	0.0770
Luxembourg	0.0680
Madagascar	0.0040

Members and Associate Members	WHO scale for 2024–2025 %
Malawi	0.0020
Malaysia	0.3480
Maldives	0.0040
Mali	0.0050
Malta	0.0190
Marshall Islands	0.0010
Mauritania	0.0020
Mauritius	0.0190
Mexico	1.2211
Micronesia (Federated States of)	0.0010
Monaco	0.0110
Mongolia	0.0040
Montenegro	0.0040
Morocco	0.0550
Mozambique	0.0040
Myanmar	0.0100
Namibia	0.0090
Nauru	0.0010
Nepal	0.0100
Netherlands (Kingdom of the)	1.3771
New Zealand	0.3090
Nicaragua	0.0050
Niger	0.0030
Nigeria	0.1820
Niue (not a member of the United Nations)	0.0010
North Macedonia	0.0070
Norway	0.6790
Oman	0.1110
Pakistan	0.1140
Palau	0.0010
Panama	0.0900
Papua New Guinea	0.0100
Paraguay	0.0260
Peru	0.1630
Philippines	0.2120
Poland	0.8371
Portugal	0.3530
Puerto Rico (not a member of the United Nations)	0.0010
Qatar	0.2690
Republic of Korea	2.5742
Republic of Moldova	0.0050
Romania	0.3120
Russian Federation	1.8661
Rwanda	0.0030
Saint Kitts and Nevis	0.0020
Saint Lucia	0.0020
Saint Vincent and the Grenadines	0.0010
Samoa	0.0010
San Marino	0.0020

Members and Associate Members	WHO scale for 2024–2025 %
Sao Tome and Principe	0.0010
Saudi Arabia	1.1841
Senegal	0.0070
Serbia	0.0320
Seychelles	0.0020
Sierra Leone	0.0010
Singapore	0.5040
Slovakia	0.1550
Slovenia	0.0790
Solomon Islands	0.0010
Somalia	0.0010
South Africa	0.2440
South Sudan	0.0020
Spain	2.1341
Sri Lanka	0.0450
Sudan	0.0100
Suriname	0.0030
Sweden	0.8711
Switzerland	1.1341
Syrian Arab Republic	0.0090
Tajikistan	0.0030
Thailand	0.3680
Timor-Leste	0.0010
Togo	0.0020
Tokelau (not a member of the United Nations)	0.0010
Tonga	0.0010
Trinidad and Tobago	0.0370
Tunisia	0.0190
Türkiye	0.8451
Turkmenistan	0.0340
Tuvalu	0.0010
Uganda	0.0100
Ukraine	0.0560
United Arab Emirates	0.6350
United Kingdom of Great Britain and Northern Ireland	4.3753
United Republic of Tanzania	0.0100
United States of America	22.0000
Uruguay	0.0920
Uzbekistan	0.0270
Vanuatu	0.0010
Venezuela (Bolivarian Republic of)	0.1750
Viet Nam	0.0930
Yemen	0.0080
Zambia	0.0080
Zimbabwe	0.0070
TOTAL	**100.0000**

(Ninth plenary meeting, 30 May 2023
Committee B, second report)

WHA76.9 Amendments to the Financial Regulations and Financial Rules

The Seventy-sixth World Health Assembly,

Having considered the report on amendments to the Financial Regulations and Financial Rules,[1] and having noted the report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly,[2]

1. APPROVES the changes to the Financial Regulations as originally shown in the Annex to document EB152/30, now incorporating option A into proposed new Regulation 6.5.1 with respect to the application of Article 7 of the Constitution of the World Health Organization as reflected in Annex 1 to the present document, to be effective as from 1 June 2023;

2. NOTES that the changes to the Financial Rules as confirmed by the Executive Board at its 152nd session, including the removal of point (e) in the proposed revised Rule 111.2 and reflected in Annex 2 to document A76/20,[3] shall be effective at the same time as the amendments to the Financial Regulations approved in paragraph 1;

3. AUTHORIZES the Director-General to renumber the Financial Regulations and Financial Rules appropriately.

(Ninth plenary meeting, 30 May 2023
Committee B, second report)

WHA76.10 Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution of the World Health Organization

The Seventy-sixth World Health Assembly,

Having considered the report on status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution of the World Health Organization,[4] and having noted the report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly;[5]

Noting that, at the time of opening of the Seventy-sixth World Health Assembly, the voting rights of Afghanistan, Central African Republic, Comoros, Dominica, Equatorial Guinea, Lebanon, Lesotho, Libya, Somalia, South Sudan, Venezuela (Bolivarian Republic of) and Yemen were suspended, such suspension shall continue until the arrears of the Member States concerned have been reduced, at the present or future Health Assemblies, to a level below the amount that would justify invoking Article 7 of the Constitution of the World Health Organization;

---

[1] Document A76/20.

[2] Document A76/45.

[3] See also EB152/2023/REC/1, Annex 1.

[4] Document A76/21.

[5] Document A76/44.

Noting that Bolivia (Plurinational State of), Gabon, Sao Tome and Principe and Sierra Leone were in arrears at the time of the opening of the Seventy-sixth World Health Assembly to such an extent that it was necessary for the Health Assembly to consider, in accordance with Article 7 of the Constitution of the World Health Organization, whether the voting privileges of those countries should be suspended at the opening of the Seventy-seventh World Health Assembly in 2024,

DECIDES:

(1) that, in accordance with the statement of principles set out in resolution WHA41.7 (1988), if, by the time of the opening of the Seventy-seventh World Health Assembly, Bolivia (Plurinational State of), Gabon, Sao Tome and Principe and Sierra Leone are still in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution of the World Health Organization, their voting privileges shall be suspended as from the said opening;

(2) that any suspension that takes effect as set out in paragraph (1) above shall continue at the Seventy-seventh World Health Assembly and subsequent Health Assemblies, until the arrears have been reduced to a level below the amount that would justify invoking Article 7 of the Constitution of the World Health Organization;

(3) that this decision shall be without prejudice to the right of any Member to request restoration of its voting privileges in accordance with Article 7 of the Constitution of the World Health Organization.

(Ninth plenary meeting, 30 May 2023
Committee B, second report)

WHA76.11 Housing allowance for the Director-General

The Seventy-sixth World Health Assembly,

Noting the recommendations of the Executive Board with reference to a housing allowance for the Director-General,[1]

1. ESTABLISHES a housing allowance for the Director-General of US$ 7000 per month adjusted annually with reference to the consumer price index for Geneva;

2. DECIDES that this housing allowance will be in lieu of any other schemes to support the cost of accommodation that may be applicable to WHO staff;

3. DECIDES that the Director-General's contract shall be amended accordingly;

4. DECIDES that the housing allowance will be effective from 1 June 2023 in place of the interim allowance granted in decision WHA75(13) (2022).

(Ninth plenary meeting, 30 May 2023
Committee B, second report)

[1] Document A76/26, Annex.

WHA76.12 Salaries of staff in ungraded positions and of the Director-General

The Seventy-sixth World Health Assembly,

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

1. ESTABLISHES the salaries of Assistant Directors-General and Regional Directors[2] at US$ 193 080 gross per annum with a corresponding net salary of US$ 142 933;

2. ESTABLISHES the salary of the Deputy Director-General[3] at US$ 212 632 gross per annum with a corresponding net salary of US$ 155 837;

3. ESTABLISHES the salary of the Director-General at US$ 265 910 gross per annum with a corresponding net salary of US$ 199 637;

4. DECIDES that those adjustments in remuneration shall take effect from 1 January 2023.

(Ninth plenary meeting, 30 May 2023
Committee B, second report)

WHA76.13 Report of the International Civil Service Commission[4]

The Seventy-sixth World Health Assembly,

Having considered the report by the Director-General,[5] and having noted the report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly;[6]

Noting the recommendations of the Programme, Budget and Administration Committee of the Executive Board with reference to the amendments to the statute of the International Civil Service Commission adopted by the United Nations General Assembly at its seventy-seventh session on 30 December 2022 in resolution 77/256 A–B,

1 ACCEPTS the amendments to the statute of the International Civil Service Commission adopted by the United Nations General Assembly at its seventy-seventh session on 30 December 2022 in resolution 77/256 A;

2 REQUESTS the Director-General to notify this acceptance to the Secretary-General of the United Nations.

(Ninth plenary meeting, 30 May 2023
Committee B, second report)

---

[1] Document A76/7 Rev.1.

[2] Salary category UG1.

[3] Salary category UG2.

[4] See Annex 3 for the financial and administrative implications for the Secretariat of this resolution.

[5] Document A76/27.

[6] Document A76/47.

WHA76.14 Extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030[1]

The Seventy-sixth World Health Assembly,

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

Recalling resolution WHA61.17 (2008) on the health of migrants, and resolution WHA70.15 (2017) and decision WHA72(14) (2019) on promoting the health of refugees and migrants, as well as the commitments made in the 2019 political declaration of the high-level meeting on universal health coverage,[3] to ensure that no one is left behind;

Recognizing the role that the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 plays in advancing and coordinating WHO's work on refugee and migrant health, in line with the Thirteenth General Programme of Work, 2019–2025 and in collaboration with IOM, UNHCR and other relevant international organizations, including but not limited to UNFPA and UNICEF, and stakeholders, avoiding duplication;

Reaffirming the goals and objectives of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023, and recognizing its contribution and prioritization effort to improve global health equity by addressing the physical and mental health and well-being of refugees and migrants, as evidenced during the coronavirus disease (COVID-19) pandemic;

Noting the contribution of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to meet the targets set in the Sustainable Development Goals, including those of Goals 3, 5 and 10, as well as the objectives of the Global Compact for Safe, Orderly and Regular Migration and the Global Compact on Refugees,

1. DECIDES to extend the time frame of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 from 2023 to 2030;

2. URGES Member States:

(1) to continue to address the health needs and multiple situations of vulnerability of migrants and refugees, in line with national contexts and priorities and in accordance with relevant international obligations and commitments;

(2) to strengthen the integration of refugee and migrant health in global, regional and national initiatives, in collaboration with donors and other relevant stakeholders and partnerships including health and migration forums, to accelerate progress towards target 3.8 of the Sustainable Development Goals;

(3) to identify and share, through informal consultations to be convened by the Secretariat at least every two years, challenges, lessons learned and best practices related to the implementation of actions within the WHO global action plan on promoting the health of refugees and migrants, 2019–2030;

---

[1] See Annex 3 for the financial and administrative implications for the Secretariat of this resolution.

[2] Document A76/7 Rev.1.

[3] United Nations General Assembly resolution 74/2, adopted on 10 October 2019.

3. ENCOURAGES relevant stakeholders and networks to engage with Member States in the implementation of actions consistent with the WHO global action plan on promoting the health of refugees and migrants, 2019–2030;

4. REITERATES to the Director-General the importance of allocating the necessary resources to implement the WHO global action plan on promoting the health of refugees and migrants, 2019–2030;

5. REQUESTS the Director-General:

(1) to continue implementing the WHO global action plan on promoting the health of refugees and migrants, 2019–2030;

(2) to continue to provide technical assistance, develop guidelines and promote knowledge sharing as well as collaboration and coordination within and among Member States, for the implementation of actions consistent with the WHO global action plan on promoting the health of refugees and migrants, 2019–2030;

(3) to promote the production of knowledge through surveillance and research and support efforts to translate the WHO global action plan on promoting the health of refugees and migrants, 2019–2030 into concrete capacity-building actions, with a focus on the specific health needs of refugees and migrants, while taking into account their situations of vulnerability;

(4) to submit a progress report to the Health Assembly in 2025, 2027 and 2029 on the implementation of this resolution and on the WHO global action plan on promoting the health of refugees and migrants, 2019–2030.

(Ninth plenary meeting, 30 May 2023
Committee B, third report)

WHA76.15 Appointment of the External Auditor

The Seventy-sixth World Health Assembly,

Having considered the report by the Director-General on the appointment of the External Auditor and its addendums,[1]

RESOLVES that Comptroller and Auditor General of India shall be appointed External Auditor of the accounts of the World Health Organization for the four-year period from 2024 to 2027 and that he/she audits in accordance with the principles incorporated in Regulation XIV of the Financial Regulations and the Appendix to the Financial Regulations, provided that, should the necessity arise, he/she may designate a representative to act in his/her absence.

(Ninth plenary meeting, 30 May 2023
Committee B, fourth report)

[1] Documents A76/25, A76/25 Add.1 and A76/25 Add.2.

WHA76.16 The health of Indigenous Peoples[1]

The Seventy-sixth World Health Assembly,

Recalling that Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health, as declared by the United Nations Declaration on the Rights of Indigenous Peoples adopted by the United Nations General Assembly through resolution 61/295 (2007);

Recalling the commitments of the World Conference on Indigenous Peoples in 2014 to intensifying efforts to reduce rates of HIV and AIDS, malaria, tuberculosis and noncommunicable diseases and to ensure their access to sexual and reproductive health, as reflected in United Nations General Assembly resolution 69/2 (2014);

Recalling further the United Nations resolutions on Indigenous Peoples and the Outcome document of the high-level plenary meeting of the General Assembly known as the World Conference on Indigenous Peoples, adopted by the United Nations General Assembly on 22 September 2014;

Recalling the Constitution of the World Health Organization, which recognizes that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity;

Recalling the Expert Mechanism on the Rights of Indigenous Peoples, including its study on the Right to Health and Indigenous Peoples with a focus on children and youth (A/HRC/33/57), as well as taking note of the work of the United Nations Permanent Forum on Indigenous Issues and the United Nations Special Rapporteur on the Rights of Indigenous Peoples, recognizing the contribution that Indigenous Peoples make to these discussions;

Recalling also resolutions WHA62.14 (2009) on reducing health inequities through action on the social determinants of health, WHA65.8 (2012) that endorsed the Rio Political Declaration on Social Determinants of Health and WHA74.16 (2021) on the Social Determinants of Health;

Recognizing regional WHO activities on the health of Indigenous Peoples;

Recalling the United Nations General Assembly resolutions 75/168 (2020), 76/148 (2021) and 77/203 (2022) on the rights of Indigenous Peoples, the latter of which reaffirms that Indigenous Peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, and also reaffirms that Indigenous individuals have the right to access, without any discrimination, to all social and health services;

Also recalling United Nations General Assembly resolution 74/2 (2019), entitled “Political declaration of the high-level meeting on universal health coverage”, which recognizes the need to tackle health inequities and inequalities within and among countries through political commitment, policies and international cooperation, including those that address social, economic and environmental and other determinants of health;

Recognizing the importance of holding consultations and cooperating in good faith with the Indigenous Peoples concerned through their own representative institutions in order to obtain their free,

[1] See Annex 3 for the financial and administrative implications for the Secretariat of this resolution.

prior and informed consent before adopting and implementing legislative or administrative measures that may affect them as outlined in the United Nations Declaration on the Rights of Indigenous Peoples;

Recognizing that the health needs and vulnerabilities of Indigenous Peoples vary as they are heterogenous groups of peoples and live in different environmental and social contexts;

Recalling that the United Nations Declaration on the Rights of Indigenous Peoples expressed concern that Indigenous Peoples have suffered from historic injustices as a result of, inter alia, their colonization and dispossession of their lands, territories and resources, thus preventing them from exercising, in particular, their right to development in accordance with their own needs and interests;

Noting reports of the United Nations Department of Economic and Social Affairs, according to which life expectancy can be considerably lower for Indigenous Peoples, lack of access to medical services is higher among Indigenous Peoples, and, as to social, economic and environmental determinants of health, Indigenous Peoples are disproportionally subject to poverty, poor housing, cultural barriers, violence, including gender-based violence, racism, experiencing disability, pollution and lack of access to education, economic opportunities, social protection, water and sanitation, as well as appropriate resilience planning for climate change and natural and other emergencies;

Also noting with concern that Indigenous women often experience disproportionally poorer maternal health outcomes and face considerable barriers to accessing primary health care and other essential health care services, with particular risks to young mothers;

Recognizing the particular vulnerability of Indigenous youth, caused by the changing living environments, including social, cultural, economic and environmental determinants;

Recognizing further that the political, social and economic empowerment, inclusion and non-discrimination of all Indigenous Peoples can support and promote the building of sustainable and resilient communities and facilitate addressing social determinants of health and challenges during public health emergencies;

Recognizing also the need to mainstream a gender perspective and support the full, equal and meaningful participation and leadership at all levels of Indigenous women and girls, and protect their human rights;

Recognizing that Indigenous Peoples are likely to disproportionately experience disability as compared with the general population,[1]

1. URGES Member States, taking into account their national contexts and priorities, and the limitations set out in the United Nations Declaration on the Rights of Indigenous Peoples Article 46.2, and in consultation with Indigenous Peoples, with their free, prior and informed consent:

(1) to develop knowledge about the health situation for Indigenous Peoples through ethical data collection about the health situation for Indigenous Peoples in national contexts with the purpose to identify specific needs and gaps in access to and coverage by current physical and mental health services and obstacles in their use, identification of reasons for these gaps and recommendations on how to address them;

[1] Rights of Indigenous Peoples/Persons with disabilities: Thematic Paper towards the preparation of the 2014 World Conference on Indigenous Peoples. Inter-Agency Support Group on Indigenous Peoples' Issues: 2014 (https://www.un.org/en/ga/69/meetings/indigenous/pdf/IASG%20Thematic%20Paper_Disabilities.pdf, accessed 3 October 2023).

(2) to develop, fund and implement national health plans, strategies or other measures for Indigenous Peoples, as applicable, to reduce gender inequality as well as social, cultural and geographic barriers to their equitable access to quality health services, provided in Indigenous languages, including during public health emergencies, and taking a life course approach with a particular emphasis on reproductive, maternal and adolescent health, while recognizing Indigenous health practices, as appropriate;

(3) to pay particular attention to ensuring universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes;

(4) to incorporate an intercultural and intersectoral approach in the development of public policies on the health of Indigenous Peoples that also accounts for equitable opportunities for partaking in participatory platforms, overcoming gender inequality as well as barriers related to geographical remoteness, disability, age, language, information availability and accessibility, digital connectivity and other factors;

(5) to explore ways to integrate, as appropriate, safe and evidence-based traditional and complementary medicine services, within national and/or subnational health systems, particularly at the level of primary health care, and mental health and wellness services;

(6) to adopt an inclusive and participatory approach in the development and implementation of research and development to promote Indigenous health, taking into account their traditional knowledge and practices;

(7) to encourage the attraction, training, recruitment and retention of Indigenous Peoples as health workers, as well as training and capacity-building of human resources to care for Indigenous Peoples with an intercultural approach, including in the context of public health emergencies;

(8) to contribute to capacity-building for Indigenous Peoples so that they may conduct health and environmental monitoring and surveillance in Indigenous territories, with appropriate consideration to the specific conditions of vulnerability, marginalization and discrimination experienced by Indigenous Peoples, and recalling their right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as the manifestations of their sciences, technologies and cultures, including, inter alia, human and genetic resources, seeds, medicines and knowledge of the properties of fauna and flora;

(9) to address the health needs of Indigenous Peoples, strengthening access to mental health services and care and adequate nutrition, with full consideration to their social, cultural and geographic realities, providing access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services and strengthening access to immunization in Indigenous territories and for Indigenous Peoples irrespective of where they live;

(10) to promote basic, accessible and intercultural information and support health promotion and disease prevention in Indigenous communities that are not in voluntary isolation;

2. CALLS ON relevant actors in consultation with Indigenous Peoples, with their free, prior and informed consent:

(1) to engage and support full, effective and equal participation of Indigenous Peoples, through their own representative institutions, in the development, as well as monitoring and evaluation of

the implementation, of the relevant health plans, strategies or other measures for Indigenous Peoples, including those related to public health emergencies;

(2) to foster the appropriate funding of research and development related to the health of Indigenous Peoples including through the relevant resources and collaboration, while ensuring that rights related to Indigenous Peoples' cultural heritage, traditional knowledge and cultural expressions, and the valuing of Indigenous knowledge systems are respected;

(3) to follow the highest ethical principles when carrying out research and development related to the health of Indigenous Peoples using appropriate culturally diverse consensual approaches and observing the rights of Indigenous Peoples over their traditional lands, territories and resources, cultural heritage, traditional knowledge and traditional cultural expressions, as set out in the United Nations Declaration on the Rights of Indigenous Peoples;

(4) to engage in dialogue and cooperate with relevant sectors with the aim of ensuring that equity guides all policies that address the social and cultural determinants of health which have an adverse impact on Indigenous Peoples, including through ensuring the highest quality, availability and affordability of goods and services essential to their health and well-being, including during public health emergencies, as set out in the United Nations Declaration on the Rights of Indigenous Peoples;

3. REQUESTS the Director-General:

(1) to develop, for the consideration of the Seventy-ninth World Health Assembly through the 158th session of the Executive Board, a Global Plan of Action for the Health of Indigenous Peoples, in consultation with Member States, Indigenous Peoples, relevant United Nations and multilateral system agencies, as well as civil society, academia and other stakeholders, in line with WHO's Framework of Engagement with Non-State Actors, taking a life course approach, with a particular emphasis on reproductive, maternal and adolescent health, and with a specific focus on those in vulnerable situations, and bearing in mind local context;

(2) to provide technical support, upon request of the Member States, for the development of national plans for the promotion, protection and enhancement of the physical and mental health of Indigenous Peoples, including in the context of public health emergencies;

(3) to propose, in consultation with Member States, strategic lines of action for the improvement of the health of Indigenous Peoples in the development of the draft fourteenth General Programme of Work.

(Ninth plenary meeting, 30 May 2023
Committee B, fourth report)

WHA76.17 The impact of chemicals, waste and pollution on human health[1]

The Seventy-sixth World Health Assembly,

Reaffirming that the objective of WHO is the attainment by all peoples of the highest possible level of health and its function, inter alia, is to serve as the directing and coordinating authority on international health work;

[1] See Annex 3 for the financial and administrative implications for the Secretariat of this resolution.

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

Recognizing that the health sector has a critical role and unique expertise to contribute to the sound management of chemicals and waste and protection from their harmful impacts on health and well-being;

Recognizing the importance of the One Health approach, including the work of the One Health High-Level Expert Panel, as well as the importance of WHO's role in this integrated, unifying approach through its collaboration with the other Quadripartite organizations (FAO, UNEP and WOAH) and their One Health Joint Plan of Action (2022–2026);

Recalling WHO's longstanding recognition of the importance of sound chemicals management for human health, the key role of WHO in providing leadership and coordination on the human health aspects of the sound management of chemicals throughout their life cycle, and the necessity of health sector participation in, and contribution to, these efforts as set out in: resolution WHA59.15 (2006) on the Strategic Approach to International Chemicals Management; resolution WHA63.25 (2010) on improvement of health through safe and environmentally sound waste management; resolution WHA63.26 (2010) on improvement of health through sound management of obsolete pesticides and other obsolete chemicals; resolution WHA67.11 (2014) on public health impacts of exposure to mercury and mercury compounds; resolution WHA68.8 (2015) on health and the environment: addressing the health impact of air pollution; and WHA69.4 (2016) on the role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond;

Recalling the Road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond and recognizing it as a tool to facilitate cross-sectoral collaboration and to identify concrete actions towards the achievement of the sound management of chemicals;

Recalling the WHO Global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments, which builds on: scaling up primary prevention; acting on determinants of health in all policies and sectors; strengthening health sector leadership, governance and coordination; building mechanisms for governance, and political and social support; generating the evidence base on risks and solutions; and monitoring progress;

Welcoming United Nations Environment Assembly resolution 5/8 (2022) on the science-policy panel to contribute further to the sound management of chemicals and waste and to prevent pollution, and the invitation to WHO to play a role in the meetings of the ad-hoc open-ended working group to prepare proposals for the science-policy panel, as appropriate;

Further welcoming United Nations Environment Assembly resolution 5/14 (2022) entitled "End plastic pollution: towards an international legally binding instrument";

Noting the adoption of Human Rights Council resolution 48/13 (2021) and General Assembly resolution 76/300 (2022) on the human right to a clean, healthy and sustainable environment;

Recognizing the work on the promotion of the sound management of chemicals and waste and the prevention of pollution by multilateral agreements and intergovernmental bodies, including the Inter-Organization Programme for the Sound Management of Chemicals and the International Conference on

Chemicals Management, and welcoming the continuation of their work to contribute further to the sound management of chemicals and waste and to prevent pollution;

Recognizing that unsound management of chemicals and waste, as well as pollution, can cause significant adverse effects on human health and the environment, and that these are important factors in many noncommunicable diseases;

Recognizing further the linkages between the health impacts of chemicals, waste and pollution and other priority global health issues including inequity and vulnerability, maternal and child health, antimicrobial resistance and the meaningful achievement of universal health coverage, and that inaction on these linkages limits our collective capacity to strengthen our health systems, including in the context of health emergencies;

Noting that the market and non-market costs of inaction could be as high as 10% of global gross domestic product and that 2 million lives and 53 million disability-adjusted life years were lost in 2019 due to exposures to selected chemicals with nearly half of those deaths attributable to lead exposure and resulting cardiovascular disease and 138 000 deaths from pesticides involved in suicides representing 20% of all global suicides;

Recognizing that robust data are only available for a small number of potential chemical exposures, and that people are exposed to many more chemicals in their daily lives, and noting that children are particularly vulnerable to these exposures resulting in childhood death, illnesses and disability, particularly in developing countries;

Emphasizing the cross-cutting nature and relevance of the sound management of chemicals and waste and the prevention of pollution to many of the goals and targets of the 2030 Agenda for Sustainable Development, including for human health, gender equality, nutrition, sustainable consumption and production patterns, climate change, oceans and seas, clean air and water and biodiversity;

Aware that production, consumption and the use of chemicals and the amount of waste generated will grow substantially over the coming years, and expressing great concern with regard to the unsound management of chemicals and waste and its adverse effects on human, animal and plant health and the environment;

Welcoming the acknowledgement of the interlinkages between biodiversity and health and the three objectives of the Convention on Biological Diversity in the Kunming-Montreal Global Biodiversity Framework, agreeing that that framework is to be implemented by States Parties, with consideration of the One Health approach, among other holistic approaches that are based on science, mobilize multiple sectors, disciplines and communities to work together, and aim to sustainably optimize the health of people, animals and plants and the equilibrium of ecosystems based on scientific evidence and on risk assessments developed by relevant international organizations, and recalling decision 14/4 of the Conference of the Parties of the Convention on Biological Diversity which requested the Executive Secretary and the World Health Organization, as well as other partners, to continue the development of a draft global action plan to mainstream biodiversity and health linkages into national policies, strategies, programmes and accounts;

Aware of the extensive WHO research concerning the linkages between pollution and health risks, including on the disproportionate effect that pollution has on persons in vulnerable situations;[1]

[1] Agreed language taken from resolutions WHA75.19, WHA74.4, WHA74.5, WHA74.15, WHA74.16.

Noting that the negotiations for the new international instrument for the Strategic Approach and sound management of chemicals and waste beyond 2020 are in progress for consideration at the fifth session of the International Conference on Chemicals Management, it is timely to highlight the importance of health sector engagement in efforts to address the impacts of chemicals, waste and pollution;

Concerned that the production, consumption and disposal of plastic products, including microplastics and related chemicals, which can be released to the environment, may potentially impact human, plant and animal health as well as the environment, directly or indirectly;

Recalling the adoption of resolution 5/7 (2022) on the sound management of chemicals and waste by the fifth session of the United Nations Environment Assembly, which requested the Executive Director, subject to availability of resources, in cooperation with the World Health Organization, to update the report entitled *State of the science of endocrine disrupting chemicals 2012* and to present a full range of options for addressing asbestos contaminants in products and the environment;

Reaffirming the importance of the Rio Principles in addressing the sound management of chemicals for health;

Recognizing the importance of science and risk-based assessments to inform the development of policies and strategies concerning public health issues;

Convinced that the availability of policy-relevant scientific evidence and findable, accessible, interoperable and reusable data on the impacts of and interactions between chemicals, waste and pollution could help countries design effective public health policies, as well as better abide by their international obligations, and that it could further the work of intergovernmental bodies, the private sector and other relevant stakeholders in this regard,

1. CALLS UPON Member States,[1] taking into account national contexts and legislation:

(1) to strengthen implementation of the WHO Global strategy on health, environment and climate change and the Road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond, taking a health-in-all policies approach;

(2) to support WHO in scaling up work on plastics and health to enable better information of the potential human health impacts associated with plastic, including plastic pollution, with the aim of strengthening the public health aspects, including under the work of the Intergovernmental Negotiating Committee to develop an international legally binding instrument on plastic pollution;

(3) to encourage the health sector to strengthen partnerships and collaborative efforts to develop and update regulatory frameworks, including the harmonization of protocols for national human biomonitoring and surveillance programmes particularly for chemicals of concern such as cadmium, lead, mercury, highly hazardous pesticides and endocrine disrupting chemicals;

(4) to further explore, recognize and act on the linkages between chemicals, waste and pollution and other health priorities at the domestic and international levels, such as maternal and

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

child health, antimicrobial resistance, and the importance of identifying, preventing and addressing environmentally-related disease in universal health coverage;

(5) to engage in the ad hoc open-ended working group established by United Nations Environment Assembly in resolution 5/8 (2022) to prepare proposals for the science-policy panel to contribute further to the sound management of chemicals and waste and prevent pollution, particularly with regard to inclusion of health aspects and participation of the health sector in the eventual panel;

(6) to recognize the importance of science-based domestic regulation of highly hazardous pesticides, in efforts to reduce adverse occupational health effects, exposure of children, and the consequences of highly hazardous pesticides on human health and diseases, including to address suicide and neurological disorders;

2. ENCOURAGES, as articulated in resolution WHA69.4 (2016), the continued participation of the health sector, including WHO within its functions and Member States, during the negotiations for the new international instrument for the Strategic Approach and sound management of chemicals and waste beyond 2020 to be considered at the fifth session of the International Conference on Chemicals Management, and invites the governing bodies of relevant multilateral agreements, other international instruments and intergovernmental bodies, such as the International Conference on Chemicals Management, the secretariat of the Strategic Approach to International Chemicals Management, and the United Nations Environment Programme, to consider the present resolution, as appropriate and to recognize this resolution and the work of the health sector and to facilitate this engagement;

3. INVITES the governing bodies of relevant multilateral agreements, other international instruments, and intergovernmental bodies to consider the present resolution, as appropriate;

4. REQUESTS the Director General:

(1) to publish a report, incorporating science- and risk-based assessments and conclusions on the human health implications of chemicals, waste and pollution as well as reporting on existing data gaps, including from a One Health approach, ensuring data disaggregation by sex, age, disability and any other relevant factor, that takes into account persistent and bioaccumulative and persistent and mobile substances, as well as substances that are carcinogenic, mutagenic or reprotoxic, neurotoxic, immunotoxin or harmful to cardiovascular, respiratory and other organ systems, or endocrine disruptors;

(2) in consultation with other One Health Quadripartite members, to further develop research on the linkages among human and animal health and the environment, such as in the case of chemicals, waste and pollution;

(3) to work jointly with the United Nations Environment Programme, to update the report entitled *State of the science of endocrine disrupting chemicals 2012* to be prepared prior to the sixth session of the United Nations Environment Assembly, in line with United Nations Environment Assembly resolution 5/7 (2022);

(4) to continue to provide technical support to countries, in particular developing countries, upon request, to build capacity to conduct science-based assessments and research, including on the association of pollution from plastics, including microplastics, as well as cadmium, arsenic, lead, agrochemical pesticides, among others, with known health effects, in order to inform the development of public health policies and support the strengthening of health systems in this area;

(5) to develop an awareness-raising campaign including an online platform that could be replicated by national and local authorities, on the health impacts of chemicals, waste and pollution, including as contaminants in drinking water and food, as well as on the prevention of suicide deaths from highly hazardous pesticides;

(6) to advocate for a multisectoral, multistakeholder approach to addressing pollution, including the animal and human health sectors both as contributors to pollution as well as in their work to identify, prevent, mitigate and treat the health impacts of pollution especially at country level;

(7) to establish organizational work and support lines in relation to the overall orientation and guidance of the Strategic Approach to International Chemicals Management, and the intersessional work of the International Conference on Chemicals Management, building on WHO's existing relevant work, as well as the health sector strategy of the Strategic Approach to International Chemicals Management;

(8) to actively contribute, in accordance with its mandate, to the work of the Intergovernmental Negotiating Committee, which is in charge of developing a legally binding instrument on plastic pollution, and of the ad hoc open-ended working group to establish a science-policy panel to contribute further to the sound management of chemicals and waste and to prevent pollution, and to explore the full range of options for the future involvement of WHO for the consideration by the Seventy-seventh World Health Assembly through the Executive Board at its 154th session, considering its collaboration with the United Nations Environment Programme and other organizations, as applicable, including within the framework of the Inter-Organization Programme for the Sound Management of Chemicals;

(9) to submit, when complete, the outcome of the intersessional process to prepare recommendations regarding the Strategic Approach and sound management of chemicals and waste beyond 2020 to the Seventy-eighth World Health Assembly for consideration through the Executive Board at its 156th session, along with a report on any updates needed to the Road map to enhance the engagement of the health sector in the new instrument;

(10) to work, including within the framework of the Inter-Organization Programme for the Sound Management of Chemicals, to encourage science-based review, research and regulation of highly hazardous pesticides used in agriculture to reduce human, animal and environmental hazards;

(11) to continue to collaborate with the Inter-Organization Programme for the Sound Management of Chemicals to promote broad engagement and coordination of relevant intergovernmental organizations, further strengthening international cooperation and multisectoral engagement in the sound management of chemicals and waste;

(12) to support countries upon request, especially developing countries, to develop national, or regional, human biomonitoring programmes for chemicals of concern, through capacity-building and technology transfer on voluntary and mutually agreed terms and in line with international obligations, with the aim of helping to identify potential risks in the territories regarding population groups; to collect data to support the development of public policies; as well as to support the improvement of national health systems;

(13) to report on the implementation of this resolution to the Seventy-seventh World Health Assembly in 2024 through the Executive Board at its 154th session, and to the Seventy-eighth World Health Assembly in 2025 through the Executive Board at its 156th session, and submit progress reports to the Health Assembly in 2027 and 2029.

(Ninth plenary meeting, 30 May 2023
Committee B, fourth report)

WHA76.18 Accelerating action on global drowning prevention[1]

The Seventy-sixth World Health Assembly,

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

Recalling resolution WHA64.27 (2011), which recognized drowning as a leading global cause of child death from unintentional injury, requiring multisectoral approaches to prevention through the implementation of evidence-based interventions;

Recalling also resolution WHA74.16 (2021), which recognized the need to strengthen efforts to address the social, economic, gender-related and environmental determinants of health, including the need to address the consequence of the adverse impact of climate change, natural disasters and extreme weather events;

Recalling also the adoption of resolution 75/273 (2021) by the United Nations General Assembly on global drowning prevention, inviting WHO to assist Member States in their drowning prevention efforts and to coordinate actions within the United Nations system among relevant United Nations entities;

Further recalling the publication by the WHO Secretariat of the Global report on drowning, as well as subsequent guidance showing that drowning is a serious and neglected public health issue that can be prevented with feasible, low-cost, effective and scalable interventions;

Deeply concerned that drowning has been the cause of over 2.5 million preventable deaths in the past decade but has been largely unrecognized relative to its impact, and that peak drowning rates are among children;

Recognizing the interlinkages between drowning and development, and noting that over 90% of deaths occur in low- and middle-income countries;

Noting with concern that the official global estimate of 235 000 deaths per annum excludes drownings attributable to flood-related climatic events and water transport incidents, resulting in a significant under-representation of drowning deaths;

Underlining that drowning has connections with the social determinants of health, including through increased vulnerabilities to the effects of climate change, in particular flooding events, which are predicted to increase in severity and frequency, unsafe modes of water transport and inherently riskier livelihoods dependent on exposure to water;

---

[1] See Annex 3 for the financial and administrative implications for the Secretariat of this resolution.

[2] Document A76/7 Rev. 1.

Underlining further that in all countries, other connections with the social determinants of health include drowning being a high risk in poor rural communities in close proximity to water bodies, where poverty prevents implementation of drowning-prevention interventions, livelihood needs may lead to children being unsupervised and where long-term economic and social impacts of drowning exacerbate and prolong socioeconomic marginalization;

Emphasizing that drowning prevention requires the urgent development of an effective coordinated response among relevant stakeholders in this regard,

1. WELCOMES the invitation of the United Nations General Assembly[1] for WHO to assist Member States, upon their request, in their drowning prevention efforts, and further accepts for WHO to coordinate actions within the United Nations system among relevant United Nations entities and to facilitate the observance of World Drowning Prevention Day on 25 July each year;

2. URGES Member States:

(1) to assess their national situations concerning the burden of drowning, ensuring targeted efforts to address national priorities, including through the appointment of a national drowning prevention focal point, as appropriate, and assuring that resources available are commensurate with the extent of the problem;

(2) to develop and implement national multisectoral drowning-prevention programmes, with a focus on community, including emergency response planning and linkage with community first aid response and emergency care systems, as appropriate, in line with WHO recommended interventions, particularly in countries with a high burden of drowning;

(3) to ensure that policy planning and implementation across sectors such as health, education, environment, climate adaptation planning, rural economic development, fisheries, water transport and disaster risk reduction, particularly policies that address the underlying drivers of increased flood risk, are undertaken in a manner that reduces drowning risks;

(4) to promote drowning prevention through community engagement and public awareness and behavioural change campaigns;

(5) to promote capacity-building and support international cooperation by sharing lessons learned, experiences and best practices, within and among the regions;

3. REQUESTS the Director-General:

(1) to encourage research on the context and risk factors for drowning, facilitate adaptation of effective drowning prevention and safe rescue and resuscitation measures that can be applied in local communities, and evaluate the effectiveness of drowning-prevention programmes;

(2) to prepare a global status report on drowning prevention by the end of 2024 to guide future targeted actions;

(3) to provide Member States, upon their request, with technical knowledge and support to implement and evaluate public health, urban and environmental policies and programmes for drowning prevention and mitigation of its consequences;

(4) to foster capacity-building and facilitate knowledge exchange among Member States and relevant stakeholders, promoting dissemination and uptake of evidence-based guidance for drowning prevention;

(5) to establish a global alliance for drowning prevention with organizations of the United Nations system, international development partners and nongovernmental organizations;

(6) to report on progress in the implementation of this resolution to the Health Assembly in 2025, to include reporting on the global status report on drowning prevention and reflect on contributions to the agenda of the Thirteenth General Programme of Work, 2019–2025, and subsequently in 2029, to include reporting on achievements of the global alliance and intersections with broader agendas, including the Sustainable Development Goals and the Sendai Framework for Disaster Risk Reduction 2015–2030.

(Ninth plenary meeting, 30 May 2023
Committee B, fourth report)

WHA76.19 Accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification[1]

The Seventy-sixth World Health Assembly,

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

Recalling resolutions WHA39.31 (1986) on prevention and control of iodine disorders; WHA45.33 (1992) on national strategies for overcoming micronutrient malnutrition; WHA58.24 (2005) on sustaining the elimination of iodine deficiency disorders; WHA65.6 (2012) on the comprehensive implementation plan on maternal, infant and young child nutrition; and WHA68.19 (2015) on the outcome of the Second International Conference on Nutrition, which promote food fortification as a mechanism to prevent micronutrient deficiencies and birth defects associated with nutritional deficiencies;

Recalling also resolution WHA63.17 (2010) on birth defects, which requested the Director-General to support Member States in developing national plans for implementation of effective interventions to prevent and manage birth defects within their national maternal, newborn and child health plan, and food fortification strategies, among others, for the prevention of birth defects, and promoting equitable access to such services; and which urged Member States to increase coverage of effective prevention measures, including folic acid supplementation;

Recognizing that micronutrient deficiencies are a public health concern as they constitute a risk factor for many diseases, and they may lead to increasing morbidity and mortality rates; and that the latest estimates indicate that 372 million preschool children and 1.2 billion women of reproductive age worldwide are at risk of at least one micronutrient deficiency;

[1] See Annex 3 for the financial and administrative implications for the Secretariat of this resolution.

[2] Document A76/7 Rev. 1.

Recognizing the primary role of healthy, balanced and diverse diets and sustainable food systems that help to reduce the prevalence of nutritional deficiencies, complemented with population strategies, such as food fortification, and/or supplementation, across the life cycle;

Recognizing that anaemia in 2019 globally affected 570 million women of reproductive age (29.9%), 31.9 million pregnant women (36.5%) and 269 million children 6 to 59 months of age (40%), worldwide, impairing their physical capacity and work performance and, when women were pregnant, increasing the risk of complications and maternal and neonatal mortality;

Recognizing that, while the number of countries with adequate and safe iodine intake reached 118 in 2020, several countries still require increased efforts to ensure adequate iodine intake; that vitamin A deficiency in children 6 to 59 months of age remains a public health concern, affecting 29% of them in 2013, putting them at increased risk of mortality; and that the lack of vitamin D exposes children to rickets and osteomalacia and adults to osteoporosis;

Concerned that surveys evaluating folate insufficiency among women of reproductive age show that this condition is highly prevalent in more than 40%, increasing their probability of having babies with neural tube defects; and that an estimated 240 000 newborns worldwide die within 28 days of birth each year due to birth defects, that birth defects can lead to long-term disability, taking a significant toll on individuals, families, health systems and societies, and that nine out of 10 children born with a major birth defect are in low- and middle-income countries;

Noting the availability of new or updated guidance and tools to support Member States in the design, development, operation, evaluation and monitoring of their fortification programmes, including WHO guidelines on fortification of different products, a Manual for millers, regulators, and programme managers, and the Micronutrient survey manual and companion toolkit, among others;

Acknowledging the scientific evidence of the protective effect of fortifying foods with folic acid and other micronutrients of concern within populations, such as iron, vitamin A, zinc, calcium and vitamin D, when implemented as to not exceed Tolerable Upper Intake Levels; and recognizing that, according to national circumstances, safe and effective food fortification and/or supplementation policies, when adequately designed and implemented, can be a safe, proven and cost-effective intervention that improves micronutrient status and other health outcomes, including by preventing spina bifida and anencephaly;

Acknowledging the challenges that countries face to plan, implement, monitor and educate on food fortification programmes, upon a science-based risk–benefit assessment, as well as to assess the impact on the population of these measures,

1. URGES Member States,[1] taking into account their national circumstances and capacities:

(1) to recognize the importance of, and promote, healthy and balanced diets, and nutritional education for all populations, including in regular health and promotion of maternal and child health programmes;

(2) to make decisions on food fortification with micronutrients and/or supplementation, including to prevent birth defects on the basis of public health needs and a risk–benefit assessment, using as vehicles foodstuffs considered most appropriate in the country, and carrying out regular monitoring;

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

(3) to conduct dialogues among government officials, health professionals and civil society on the importance of preventing micronutrient deficiencies and birth defects through the promotion of healthy diets, and safe and effective food fortification and/or supplementation policies, adequately designed and implemented;

(4) to build multisectoral collaborations among health ministries and national health authorities, agriculture, social protection, trade, development, the food and food processing industry, and other stakeholders to consider implementing safe and effective food fortification and/or supplementation policies;

(5) to consider further strengthening surveillance and national estimates of anaemia, neural tube defects and other birth defects to better monitor progress towards prevention and to ensure accountability for improved health outcomes;

(6) to establish systems for newborn screening diagnosis and early management of anaemia, neural tube defects and other birth defects in newborns and children under 5 years;

(7) to consider, in accordance with national circumstances, appropriate ways to strengthen financing mechanisms and other enhancements for food fortification and/or supplementation programmes to ensure quality implementation, capacity to monitor compliance, impact and regular reporting of programme performance, coverage, quality and evolution of the micronutrient status, including attention to consequences of intake, coverage and status;

(8) to share information, as appropriate and through WHO, within the framework of the report on implementation of this resolution, on the status of food fortification in each respective country and its impact on the population, including possible adverse effects;

2. REQUESTS the Director-General:

(1) to continue providing normative evidence-based guidance and standards to Member States on food fortification and supplementation, with micronutrients and its implementation in appropriate vehicles, and the assessment of the micronutrient status and the causes of the deficiencies, based on the nutritional status of the population, in particular to prevent birth defects;

(2) to provide guidance on risk–benefit assessment, monitoring of compliance, and periodic evaluation of coverage and impact of the food fortification and supplementation programmes;

(3) to develop technical and quality assurance guidance for food fortification and, within available resources, for supplementation, to non-State actors who produce and process food; to ensure the establishment of quality assurance and quality control systems in accordance with national standards as well as governmental inspection and technical audit, auditing to enforce them; and to strengthen the existing quality infrastructure through capacity-building and experience sharing;

(4) to develop a report on the global status of food fortification and supplementation, and use it to identify global and national priorities to periodically evaluate whether food fortification programmes adhere to WHO recommendations, including not to exceed the Tolerable Upper Intake Levels for each nutrient, to allow the adjustment and promotion of food fortification programmes towards 2030;

(5) to provide technical support to Member States to conduct needs and feasibility assessments, design fortification programmes, strengthen surveillance and develop estimates on micronutrient deficiencies, and for the prevention and management of neural tube and other birth defects;

(6) to report on the implementation of this resolution through biennial reports to the Health Assembly until 2030, beginning with the Seventy-ninth World Health Assembly, to be issued in 2026, 2028 and 2030, respectively.

(Ninth plenary meeting, 30 May 2023
Committee B, fourth report)

_____

DECISIONS

WHA76(1) Composition of the Committee on Credentials

The Seventy-sixth World Health Assembly appointed a Committee on Credentials consisting of delegates of the following 12 Member States: Algeria, Azerbaijan, Bulgaria, Croatia, Eritrea, Fiji, Guatemala, Guyana, Indonesia, Kuwait, Singapore, Zambia.

(First plenary meeting, 21 May 2023)

WHA76(2) Election of officers of the Seventy-sixth World Health Assembly

The Seventy-sixth World Health Assembly elected the following officers:

President: H.E. Dr Christopher Fearne (Malta)

Vice-Presidents: Professor Moustafa Mijiyawa (Togo)
Dr Hani Jokhdar (Saudi Arabia)
Dr Xuetao CAO (China)
Dr José Leonardo Ruales Estupiñán (Ecuador)
Ms Dechen Wangmo (Bhutan)

(First plenary meeting, 21 May 2023)

WHA76(3) Election of officers of the main committees

The Seventy-sixth World Health Assembly elected the following officers of the main committees:

Committee A:	**Chair**	Dr Jalila bint Al Sayyed Jawad Hassan (Bahrain)
Committee B:	**Chair**	Dr Carlos Gabriel Alvarenga Cardoza (El Salvador)

(First plenary meeting, 21 May 2023)

The main committees subsequently elected the following officers:

Committee A:	**Vice-Chair**	Dr Mohammad Isham Jaafar (Brunei Darussalam) Mr Martin Ndoutoumou Essono (Gabon)
	Rapporteur	Mr Nogoibaev Bek (Kyrgyzstan)
Committee B:	**Vice-Chair**	Mrs Katarzyna Drążek-Laskowska (Poland) Dr Walaiporn Patcharanarumol (Thailand)
	Rapporteur	Ms Lucy Cassels (New Zealand)

(First meetings of Committees A and B,
22 and 24 May 2023, respectively)

WHA76(4) Establishment of the General Committee

The Seventy-sixth World Health Assembly elected delegates of the following 17 countries as members of the General Committee: Cabo Verde, Côte d'Ivoire, Cuba, Democratic Republic of the Congo, Djibouti, France, India, Kazakhstan, Malawi, Mauritius, Philippines, Saint Lucia, Serbia, Sweden, Tonga, United Kingdom of Great Britain and Northern Ireland, United States of America.

(First plenary meeting, 21 May 2023)

WHA76(5) Adoption of the agenda

The Seventy-sixth World Health Assembly adopted the provisional agenda prepared by the Executive Board at its 152nd session, with the deletion of three items and two subitems, as well as the exclusion of one supplementary item.

(Second plenary meeting, 22 May 2023)

WHA76(6) Verification of credentials

The Seventy-sixth World Health Assembly approved the report of the Committee on Credentials[1] and accepted the credentials presented by the following 189 Member States as being in conformity with the Rules of Procedure of the World Health Assembly: Afghanistan; Albania; Algeria; Andorra; Angola; Antigua and Barbuda; Argentina; Armenia; Australia; Austria; Azerbaijan; Bahamas; Bahrain; Bangladesh; Barbados; Belarus; Belgium; Belize; Benin; Bhutan; Bolivia (Plurinational State of); Bosnia and Herzegovina; Botswana; Brazil; Brunei Darussalam; Bulgaria; Burkina Faso; Burundi; Cabo Verde; Cambodia; Cameroon; Canada; Central African Republic; Chad; Chile; China; Colombia; Comoros; Congo; Cook Islands; Costa Rica; Côte d'Ivoire; Croatia; Cuba; Cyprus; Czechia; Democratic People's Republic of Korea; Democratic Republic of the Congo; Denmark; Djibouti; Dominica; Dominican Republic; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Estonia; Eswatini; Ethiopia; Fiji; Finland; France; Gabon; Gambia; Georgia; Germany; Ghana; Greece; Grenada; Guatemala; Guinea; Guinea-Bissau; Guyana; Haiti; Honduras; Hungary; Iceland; India; Indonesia; Iran (Islamic Republic of); Iraq; Ireland; Israel; Italy; Jamaica; Japan; Jordan; Kazakhstan; Kenya; Kiribati; Kuwait; Kyrgyzstan; Lao People's Democratic Republic; Latvia; Lebanon; Lesotho; Liberia; Libya; Lithuania; Luxembourg; Madagascar; Malawi; Malaysia; Maldives; Mali; Malta; Marshall Islands; Mauritania; Mauritius; Mexico; Monaco; Mongolia; Montenegro; Morocco; Mozambique; Namibia; Nauru; Nepal; Netherlands (Kingdom of the); New Zealand; Nicaragua; Niger; Nigeria; North Macedonia; Norway; Oman; Pakistan; Palau; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Poland; Portugal; Qatar; Republic of Korea; Republic of Moldova; Romania; Russian Federation; Rwanda; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Samoa; San Marino; Saudi Arabia; Senegal; Serbia; Seychelles; Sierra Leone; Singapore; Slovakia; Slovenia; Solomon Islands; Somalia; South Africa; South Sudan; Spain; Sri Lanka; Sudan; Sweden; Switzerland; Syrian Arab Republic; Tajikistan; Thailand; Timor-Leste; Togo; Tonga; Trinidad and Tobago; Tunisia; Türkiye; Turkmenistan; Tuvalu; Uganda; Ukraine; United Arab Emirates; United Kingdom of Great Britain and Northern Ireland; United Republic of Tanzania; United States of America; Uruguay; Uzbekistan; Vanuatu; Venezuela (Bolivarian Republic of); Viet Nam; Yemen; Zambia; Zimbabwe.

(Fourth plenary meeting, 23 May 2023)

[1] Document A76/49.

WHA76(7) Election of Members entitled to designate a person to serve on the Executive Board

The Seventy-sixth World Health Assembly, after considering the recommendations of the General Committee, elected delegates of the following as Members entitled to designate a person to serve on the Executive Board: Australia, Barbados, Cameroon, Comoros, Democratic People's Republic of Korea, Lesotho, Qatar, Switzerland, Togo, Ukraine.

(Eighth plenary meeting, 26 May 2023)

WHA76(8) Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression[1]

The Seventy-sixth World Health Assembly, having considered the report by the Director-General requested in resolution WHA75.11 (2022);[2] noting the decision of the WHO Regional Committee for Europe to close the WHO European Office for the Prevention and Control of Noncommunicable Diseases in Moscow and to request the Secretariat to relocate its functions and management of activities to the WHO Regional Office for Europe in Copenhagen, as soon as possible and no later than 1 January 2024; recalling the decision contained in resolution WHA75.11 (2022) that continued action by the Russian Federation to the detriment of the health situation in Ukraine, at regional and global levels, would necessitate that the Health Assembly should consider the application of relevant articles of the Constitution of the World Health Organization; recognizing the unprecedented challenges resulting from the Russian Federation's aggression against Ukraine; recognizing also the ongoing work of WHO, its implementing partners and other humanitarian organizations in addressing the health and humanitarian impacts of the Russian Federation's aggression in Ukraine, and the wider region,

Decided:

(1) to condemn in the strongest terms the Russian Federation's continued aggression against Ukraine, including attacks on health care facilities documented through the WHO Surveillance System for Attacks on Health Care, as well as widespread attacks on civilians and critical civilian infrastructure that have led to heavy casualties and hampered access to health care;

(2) to express serious concerns over the continued health emergency in Ukraine and refugee-receiving and -hosting countries, triggered by the Russian Federation's aggression against Ukraine, as well as the wider-than-regional health and humanitarian impacts including, inter alia, significant numbers of refugees fleeing Ukraine; the risks of radiological, biological and chemical events and hazards; and the exacerbation of an already significant global food security crisis;

(3) to draw attention to the fact that the Russian Federation's aggression against Ukraine continues to constitute exceptional circumstances, causing a serious impediment to the health of the population of Ukraine, as well as having regional and wider-than-regional health impacts;

[1] See Annex 3 for the financial and administrative implications for the Secretariat of this decision.

[2] Document A76/12.

(4) to urge the Russian Federation to immediately cease any attacks on hospitals and other health care facilities, and fully respect and protect all medical personnel and humanitarian personnel engaged in medical duties, their means of transport and equipment, the sick and wounded, civilians, health and humanitarian aid workers, and health care systems;

(5) to urge the relevant Member States to adhere to international humanitarian law, and international human rights law, as applicable, and WHO's norms and standards, and also allow and facilitate safe, rapid and unhindered access to populations in need of assistance by staff deployed by WHO on the ground, and by all other medical and humanitarian personnel;

(6) to request the Director-General:

(a) to continue to implement resolution WHA75.11 (2022), on the health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression;

(b) to report to the Seventy-seventh World Health Assembly in 2024, through the Executive Board at its 154th session, on the implementation of resolution WHA75.11 (2022), including an assessment of the direct and indirect impact of the Russian Federation's aggression against Ukraine on the health of the population of Ukraine, as well as related regional and wider-than-regional health impacts including on its adverse effect on the attainment of the objective and functions of WHO.

(Ninth plenary meeting, 30 May 2023 –
Committee A, second report)

WHA76(9) Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health[1]

The Seventy-sixth World Health Assembly, having considered the consolidated report by the Director-General,[2]

Decided:

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

(2) to request the Director-General to submit a draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases for consideration by the Eightieth World Health Assembly in 2027, through the Executive Board at its 160th session, and to incorporate revised interventions to Appendix 3 of the WHO global

[1] See Annex 3 for the financial and administrative implications for the Secretariat of this decision.

[2] Document A76/7 Rev.1.

[3] See Technical Annex (version dated 26 December 2022). Updated Appendix 3 of the WHO Global NCD Action Plan 2013-2030. Geneva: World Health Organization (https://cdn.who.int/media/docs/default-source/ncds/mnd/2022-app3-technical-annex-v26jan2023.pdf?sfvrsn=62581aa35, accessed 25 July 2023).

action plan for the prevention and control of noncommunicable diseases 2013–2030 on a continuous basis, when data are available.

(Ninth plenary meeting, 30 May 2023 –
Committee A, third report)

WHA76(10) Substandard and falsified medical products[1]

The Seventy-sixth World Health Assembly, having considered the consolidated report by the Director-General,[2]

Decided to request the Director-General:

(1) to facilitate the conduct of an independent evaluation of the Member State mechanism on substandard and falsified medical products in accordance with the terms of reference to be developed by the Steering Committee of the Member State mechanism;

(2) to report on the outcome of the independent evaluation of the Member State mechanism on substandard and falsified medical products to the governing bodies consistent with existing reporting requirements of the Member State mechanism on substandard and falsified medical products.

(Ninth plenary meeting, 30 May 2023 –
Committee A, fourth report)

WHA76(11) Global strategy on infection prevention and control[1]

The Seventy-sixth World Health Assembly, having considered the consolidated report by the Director-General,[2]

Decided to adopt the global strategy on infection prevention and control.[3]

(Ninth plenary meeting, 30 May 2023 –
Committee A, fourth report)

---

[1] See Annex 3 for the financial and administrative implications for the Secretariat of this decision.

[2] Document A76/7 Rev.1.

[3] Available at https://www.who.int/publications/m/item/global-strategy-on-infection-prevention-and-control (accessed 6 October 2023).

WHA76(12) Global Health and Peace Initiative[1]

The Seventy-sixth World Health Assembly, having considered the consolidated report by the Director-General,[2]

Decided:

(1) to take note of the Roadmap for the Global Health and Peace Initiative as referenced in document A76/7 Rev.1;[3]

(2) to request the Director-General to report on progress made on strengthening the Roadmap for the Global Health and Peace Initiative, as a living document, through consultations with Member States[4] and Observers[5] and other stakeholders, as decided by Member States, to the Seventy-seventh World Health Assembly in 2024 through the Executive Board at its 154th session.

(Ninth plenary meeting, 30 May 2023 –
Committee A, sixth report)

WHA76(13) Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan[1]

The Seventy-sixth World Health Assembly, having taken note of the report by the Director-General[6] requested in decision WHA75(10) (2022),

Decided to request the Director-General:

(1) to report, based on field monitoring and assessment conducted by WHO, on progress in the implementation of the recommendations contained in the report on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan by the Director-General[6] to the Seventy-seventh World Health Assembly in 2024, bearing in mind the legal obligation of the occupying power;

(2) to provide support to the Palestinian health sector, using a health system strengthening approach, including capacity-building programmes, improving basic infrastructure, human and technical resources and the provision of health facilities, ensuring the accessibility, affordability and quality of health care services required to address and deal with structural problems emanating from the prolonged occupation, and developing strategic plans for investment in specific treatment and diagnostic capacities locally;

---

[1] See Annex 3 for the financial and administrative implications for the Secretariat of this decision.

[2] Document A76/7 Rev.1.

[3] Available at https://www.who.int/publications/m/item/roadmap-for-the-global-health-for-peace-initiative--draft (accessed 6 October 2023).

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

[5] As described in document EB146/43, paragraph 3.

[6] Document A76/15.

(3) to ensure sustainable procurement of WHO prequalified vaccines, medicine and medical equipment for the occupied Palestinian territory in compliance with international humanitarian law and WHO's norms and standards;

(4) to ensure non-discriminatory, affordable and equitable access to medical countermeasures such as vaccines, therapeutics and diagnostics for the protected occupied population in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan in compliance with international law and WHO's norms and standards;

(5) to ensure unhindered and safe passage for Palestinian ambulances as well as respect for and protection of medical personnel, in compliance with international humanitarian law, and to facilitate the access of Palestinian patients and medical staff to the Palestinian health institutions in occupied east Jerusalem and abroad;

(6) to identify the impact of barriers to health access in the occupied Palestinian territory, including east Jerusalem, as a result of movement restrictions and territorial fragmentation, as well as progress made in the implementation of the recommendations contained in the reports of the Director-General to the Health Assembly on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan;

(7) to ensure respect for and protection of the wounded and injured population, health and humanitarian aid workers, the health care system, and all medical and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities in compliance with the Geneva Conventions and their Additional Protocols;

(8) to assess, in full cooperation with UNICEF and other relevant United Nations entities and the WHO Regional Office for the Eastern Mediterranean and the WHO country office in the occupied Palestinian territory, including east Jerusalem, the extent and nature of psychiatric morbidity and other forms of mental health problems resulting from protracted aerial and other forms of bombing among the population, particularly children and adolescents, of the occupied Palestinian territory, including east Jerusalem;

(9) to continue strengthening partnership with other United Nations entities and partners in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, to enhance humanitarian health response capacities by delivering aid and protection in an inclusive and sustained manner before, during and after a pandemic crisis;

(10) to report, based on field assessments conducted by WHO, on health conditions of the Syrian population in the occupied Syrian Golan, including prisoners and detainees, and ensure their adequate access to mental, physical and environment health services, and to report on ways and means to provide them with health-related technical assistance;

(11) to continue providing the necessary technical assistance in order to meet the health needs of the Palestinian people, including prisoners and detainees, in cooperation with the efforts of the International Committee of the Red Cross, as well as the health needs of handicapped and injured people;

(12) to support the development of the health system in the occupied Palestinian territory, including east Jerusalem, by focusing on the development of human resources, in order to localize health services, decreasing referrals, reducing cost, strengthening provision of mental health services and maintaining strong primary health care with integrated complete appropriate health services;

(13) to ensure the allocation of human and financial resources in order to achieve these objectives.

(Ninth plenary meeting, 30 May 2023 –
Committee B, first report)

WHA76(14) WHO programmatic and financial reports for 2022–2023, including audited financial statements for 2022

The Seventy-sixth World Health Assembly, having considered the Results Report 2022 (Programme budget 2022–2023: performance assessment)[1] and the audited financial statements for the year ended 31 December 2022,[2] and having noted the report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly,[3]

Decided to accept the Results Report 2022 (Programme budget 2022–2023: performance assessment) and the audited financial statements for the year ended 31 December 2022.

(Ninth plenary meeting, 30 May 2023 –
Committee B, second report)

WHA76(15) Report of the External Auditor

The Seventy-sixth World Health Assembly, having considered the report of the External Auditor to the Health Assembly;[4] and having noted the report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly,[5]

Decided to accept the report of the External Auditor to the Health Assembly.

(Ninth plenary meeting, 30 May 2023 –
Committee B, second report)

WHA76(16) Reform of the global internship programme[6]

The Seventy-sixth World Health Assembly, having considered the report by the Director-General,[7]

Decided to adopt a revised deadline of 31 December 2025 to achieve the target of at least 50% of accepted interns to originate from low- and middle-income countries.

(Ninth plenary meeting, 30 May 2023 –
Committee B, second report)

---

[1] Document A76/16.

[2] Document A76/17.

[3] Document A76/41.

[4] Document A76/22.

[5] Document A76/46.

[6] See Annex 3 for the financial and administrative implications for the Secretariat of this decision.

[7] Document A76/28.

WHA76(17) Appointment of representatives to the WHO Staff Pension Committee

The Seventy-sixth World Health Assembly appointed Mr Tshering Nidup of the delegation of Bhutan as an alternate member of the WHO Staff Pension Committee for a three-year term until the closure of the Seventy-ninth World Health Assembly in May 2026.

The Seventy-sixth World Health Assembly renewed the mandate of Dr Ahmed Shadoul of the delegation of Sudan as a member of the WHO Staff Pension Committee and appointed him for a three-year term until the closure of the Seventy-ninth World Health Assembly in May 2026.

The Seventy-sixth World Health Assembly appointed Mr Gerald Anderson of the delegation of the United States of America, the most senior alternate member, as a member of the WHO Staff Pension Committee for the remainder of his term of office until the closure of the Seventy-eighth World Health Assembly in May 2025.

(Ninth plenary meeting, 30 May 2023 –
Committee B, second report)

WHA76(18) Recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance[1]

The Seventy-sixth World Health Assembly, having considered the consolidated report by the Director-General,[2]

Decided:

(1) to adopt the recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance contained in the Appendix to the report of the Agile Member States Task Group;[3]

(2) to request the Director-General to put in place measures to support the implementation of the recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance contained in the Appendix to the report of the Agile Member States Task Group and to track and report on this implementation on an ongoing basis alongside reporting on the Secretariat implementation plan on reform.

(Ninth plenary meeting, 30 May 2023 –
Committee B, second report)

---

[1] See Annex 3 for the financial and administrative implications for the Secretariat of this decision.

[2] Document A76/7 Rev.1.

[3] Document EB152/33.

WHA76(19) Sustainable financing: feasibility of a replenishment mechanism, including options for consideration[1]

The Seventy-sixth World Health Assembly, having considered the report by the Director-General,[2] and having noted the report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly,[3]

Decided:

(1) to welcome the continued efforts to improve the sustainable financing of WHO;

(2) to urge Member States[4] and other donors[5] to ensure the full financing of the base budget segment of the Fourteenth General Programme of Work, and to continue to strive to provide WHO with unearmarked voluntary contributions consistent with the recommendations of the Working Group on Sustainable Financing adopted by the Seventy-fifth World Health Assembly;[6]

(3) to continue for WHO to accept, alongside unearmarked voluntary contributions, voluntary contributions[7] that are earmarked and/or single-year contributions from Member States and other donors and further increase transparency of reporting on voluntary earmarked contributions and on their impact and allocation across the three levels of the Organization;

(4) to request the Director-General, in consultation with Member States, including through regional consultations and with due consideration of the Framework of Engagement with Non-State Actors:

(a) to proceed with the planning of a WHO investment round for the last quarter of 2024 to facilitate the financing of the Fourteenth General Programme of Work, to provide regular updates to and receive advice from Member States and present a report with a full plan that includes modalities and anticipated costs and efficiencies (including staffing adjustments) for undertaking this exercise, for consideration and approval of concrete next steps by the Executive Board at its 154th session, through the Programme Budget and Administration Committee at its thirty-ninth meeting and to submit an updated report to the Seventy-seventh World Health Assembly, through the Programme, Budget and Administration Committee at its fortieth meeting;

(b) to draft a fourteenth general programme of work that is effective from 2025, includes a financing envelope, and articulates a strong results narrative that demonstrates the added value of WHO's normative work and technical support in achieving country-level impact, drawing on lessons learned from the Thirteenth General Programme of Work for approval by the Seventy-seventh World Health Assembly, through the Programme, Budget and

---

[1] See Annex 3 for the financial and administrative implications for the Secretariat of this decision.

[2] Document A76/32.

[3] Document A76/40.

[4] And, regional economic integration organizations, as appropriate.

[5] When engaging with donors representing non-State actors, the Secretariat will apply relevant policies and rules including the Framework of engagement with non-State actors.

[6] See decision WHA75(8) (2022).

[7] As reflected in the WHO Programme Budget Portal (https://open.who.int) and in the annual Health Assembly information document on voluntary contributions.

Administration Committee at its thirty-ninth meeting and the Executive Board at its 154th session;

(c) to develop a target funding envelope for the WHO investment round, based on the base segment of the financing envelope to deliver the draft fourteenth general programme of work, minus the approved and expected assessed contributions;

(d) to include an evaluation element in the planning of the WHO investment round prior to consideration of additional investment rounds.

(Ninth plenary meeting, 30 May 2023 –
Committee B, second report)

WHA76(20) Extension of the WHO traditional medicine strategy: 2014–2023 to 2025[1]

The Seventy-sixth World Health Assembly, having considered the consolidated report by the Director-General;[2] recognizing United Nations General Assembly resolution 70/1 (2015), entitled Transforming our world: the 2030 Agenda for Sustainable Development, Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and target 3.8 (Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all); noting that in United Nations General Assembly resolution 74/2 (2019), entitled Political declaration of the high-level meeting on universal health coverage, Heads of State and Government recommitted to achieve universal health coverage by 2030 by, inter alia, exploring ways to integrate, as appropriate, safe and evidence-based traditional and complementary medicine services within national and/or subnational health systems, particularly at the level of primary health care, according to national context and priorities; noting also the WHO global report on traditional and complementary medicine 2019, and progress made in the implementation of the WHO traditional medicine strategy: 2014–2023; highlighting the importance of WHO's role in providing technical support for the integration of evidence-based traditional and complementary medicine, as appropriate, into health systems and services by Member States, as well as in supporting measures to regulate the practice of traditional and complementary medicine, including legal and sustainable resources of traditional and complementary medicine, and for the protection and conservation of traditional and complementary medicine resources, in particular knowledge and natural resources,[3] according to national laws and regulations; noting the reported use of traditional and complementary medicine during the coronavirus disease (COVID-19) pandemic in several Member States; recognizing the efforts of Member States to evaluate through an evidence-based approach, including rigorous clinical trials, as appropriate, the potential of traditional and complementary medicine, including in health system preparedness for and response to health emergencies; recognizing also the value and the diversity of the cultures of Indigenous Peoples and local communities and their holistic traditional knowledge,[4]

Decided to request the Director-General:

(1) to extend the WHO traditional medicine strategy: 2014–2023 to 2025;

---

[1] See Annex 3 for the financial and administrative implications for the Secretariat of this decision.

[2] Document A76/7 Rev.1.

[3] All activities will be in compliance with Member State obligations pursuant to the Convention on International Trade in Endangered Species of Wild Fauna and Flora and other international agreements on the protection of endangered species of wild fauna and flora.

[4] See United Nations General Assembly document A/C.3/76/L.22/Rev.1 (Rights of indigenous peoples).

(2) to develop, guided by the WHO traditional medicine strategy: 2014–2023 and in consultation with Member States[1] and relevant stakeholders, a draft new global traditional medicine strategy for the period 2025–2034 and to submit the draft strategy for consideration by the Seventy-eighth World Health Assembly in 2025, through the Executive Board at its 156th session.

(Ninth plenary meeting, 30 May 2023 –
Committee B, third report)

WHA76(21) Voluntary Health Fund for small island developing States (terms of reference)[2]

The Seventy-sixth World Health Assembly, having considered the draft terms of reference for a Voluntary Health Fund for small island developing States[3] and the request to postpone the convening of the second SIDS Summit for Health until 2024,[4]

Decided:

(1) to adopt the terms of reference for a Voluntary Health Fund for small island developing States;[5]

(2) to request the Director-General:

(a) to make the necessary arrangements to make the Voluntary Health Fund for small island developing States operational;

(b) to report on the operations of the Voluntary Health Fund for small island developing States, including its terms of reference, at the Eightieth World Health Assembly in 2027, as indicated in the relevant section of the Fund's terms of reference.

(Ninth plenary meeting, 30 May 2023 –
Committee B, third report)

WHA76(22) Achieving well-being: a global framework for integrating well-being into public health utilizing a health promotion approach[2]

The Seventy-sixth World Health Assembly, having considered the consolidated report by the Director-General,[6]

---

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

[2] See Annex 3 for the financial and administrative implications for the Secretariat of this decision.

[3] Document A76/34, Annex.

[4] See document A76/34.

[5] Annex 2.

[6] Document A76/7 Rev.1.

Decided:

(3) to adopt the global framework for integrating well-being into public health utilizing a health promotion approach;[1]

(4) to request that the Director-General report on implementation of the global framework for integrating well-being into public health utilizing a health promotion approach to the Seventy-seventh World Health Assembly in 2024, the Seventy-ninth World Health Assembly in 2026 and the Eighty-fourth World Health Assembly in 2031, as part of the reporting requirements under resolution WHA75.19 (2022).

(Ninth plenary meeting, 30 May 2023 –
Committee B, fourth report)

WHA76(23) Social determinants of health[2]

The Seventy-sixth World Health Assembly, having considered the consolidated report by the Director-General and its addendum on social determinants of health,[3]

Decided:

(5) to note the operational framework for monitoring social determinants of health equity;[4]

(6) to request the Director-General to submit the updated report on social determinants of health, their impact on health and health equity, progress made so far in addressing them and recommendations for further action, to the Seventy-seventh World Health Assembly in 2024, through the Executive Board at its 154th session.

(Ninth plenary meeting, 30 May 2023 –
Committee B, fourth report)

---

[1] Available at https://www.who.int/publications/m/item/wha-76---achieving-well-being--a-global-framework-for-integrating-well-being-into-public-health-utilizing-a-health-promotion-approach (accessed 25 April 2023).

[2] See Annex 3 for the financial and administrative implications for the Secretariat of this decision.

[3] Documents A76/7 Rev.1 and A76/7 Rev.1 Add.1.

[4] See https://www.who.int/initiatives/action-on-the-social-determinants-of-health-for-advancing-equity/operational-framework/member-state-consultation-on-draft-operational-framework-for-monitoring-social-determinants-of-health-equity (accessed 10 October 2023).

ANNEXES

ANNEX 1

Amended Financial Regulations of the World Health Organization[1]

Regulation I – Applicability and Delegation of Authority

1.1 These Regulations shall govern the financial administration of the World Health Organization.

1.2 The Director-General is responsible for ensuring effective financial administration of the Organization in accordance with these Regulations.

1.3 Without prejudice to Regulation 1.2 the Director-General may delegate in writing to other officers of the Organization such authority and related accountability as he or she considers necessary for the effective implementation of these Regulations.

1.4 The Director-General shall establish Financial Rules, including relevant guidance and limits for the implementation of these Regulations, in order to ensure effective financial administration, the exercise of economy, and safeguard of the assets of the Organization.

Regulation II – The Financial Period

2.1 The financial period for the programme budget shall be two consecutive calendar years beginning with an even-numbered year. The financial period for statutory financial reporting shall consist of one calendar year.

Regulation III – The Budget

3.1 The budget estimates for the financial period, as referred to in Article 55 of the Constitution (hereinafter referred to as "budget proposals"), shall be prepared by the Director-General. The budget proposals shall be presented in United States dollars.

3.2 The budget proposals shall include such information, annexes and explanatory statements as may be requested by, or on behalf of, the Health Assembly and such further annexes or statements as the Director-General may deem necessary and useful.

3.3 The Director-General shall submit the budget proposals at least 12 weeks before the opening of the regular session of the Health Assembly, and before the opening of the appropriate session of the

[1] Text adopted by the Fifty-third World Health Assembly and amended by the Fifty-eighth, Sixtieth, Sixty-second, Sixty-fourth, Sixty-sixth and Seventy-sixth World Health Assemblies (resolutions WHA53.6, WHA58.20, WHA60.9, WHA62.6, WHA64.22, WHA66.3 and WHA76.9). Previous text adopted by the Fourth World Health Assembly (resolution WHA4.50) and amended by the Thirteenth, Eighteenth, Twenty-fifth, Twenty-sixth, Twenty-ninth, Thirtieth, Thirty-third, Thirty-seventh, Forty-first, Forty-fourth, and Forty-eighth World Health Assemblies (resolutions WHA13.19, WHA18.13, WHA25.14, WHA25.15, WHA26.26, WHA29.27, WHA30.21, WHA33.8, WHA41.12, WHA44.16, WHA48.21, and decision WHA37(10)).

Executive Board, at which they are to be considered. At the same time, the Director-General shall transmit these proposals to all Members (including Associate Members).[1]

3.4 The Executive Board shall submit these proposals, and any recommendations it may have thereon, to the Health Assembly.

3.5 The budget for the following financial period shall be approved by the Health Assembly in the year preceding the biennium to which the budget proposals relate, after consideration and report on the proposals by the appropriate main committee of the Health Assembly.

3.6 Should the Director-General, at the time of the session of the Executive Board that submits the budget proposals and its recommendations thereon to the Health Assembly, have information which indicates that there may, before the time of the Health Assembly, be a need to alter the proposals in the light of developments, he or she shall report thereon to the Executive Board, which shall consider including in its recommendations to the Health Assembly an appropriate provision therefore.

3.7 Should developments subsequent to the session of the Executive Board that considers the budget proposals, or any of the recommendations made by it, necessitate or render desirable in the opinion of the Director-General an alteration in the budget proposals, the Director-General shall report thereon to the Health Assembly.

3.8 Supplementary proposals may be submitted to the Board by the Director-General whenever necessary to increase the budget previously approved by the Health Assembly. Such proposals shall be submitted in a form and manner consistent with the budget proposals for the financial period.

Regulation IV – Budget Approval

4.1 The budget approved by the Health Assembly shall constitute an authorization to the Director-General to incur contractual obligations and make payments for the purposes for which the budget was approved and up to the amounts so approved, subject to available funding.

4.2 Once the budget has been approved, commitments can be made by the Director-General in the financial period to which they relate for delivery in that financial period or the subsequent calendar year, subject to available funding.

4.3 The programme budget approval resolution sets out the limits on any possible transfers between strategic priorities. In addition to any transfer of credits between sections authorized in the budget approval resolution, the Director-General is authorized, with the prior concurrence of the Executive Board or of any committee to which it may delegate appropriate authority, to transfer credits between sections. When the Executive Board or any committee to which it may have delegated appropriate authority is not in session, the Director-General is authorized, with the prior written concurrence of the majority of the members of the Board or such committee, to transfer credits between sections. The Director-General shall report such transfers to the Executive Board at its next session.

[1] Note. Throughout the Financial Regulations and Financial Rules, the term “Members” shall refer to both Members and Associate Members.

4.4 As the programme budget is approved in United States dollars, and considering the measures under Regulation 6.6, the Director-General is authorized to undertake foreign exchange hedging transactions to minimize the foreign exchange risk to the Organization.

Regulation V – Provision of Budget Funds

5.1 The budget shall be financed by assessed contributions from Members, according to the scale of assessments determined by the Health Assembly, by voluntary contributions, by finance revenue (including interest revenue) and any other revenue attributable to the budget. Members' financial obligations under Article 56 of the WHO Constitution are limited to the assessed contributions.

5.2 The Health Assembly shall approve the amount to be financed by assessed contributions from Member States, and shall approve the amount to be raised by the Director-General from voluntary sources.

5.3 In the event that the total financing for the budget is less than the amount approved by the Health Assembly under the budget proposals, the Director-General shall review implementation plans for the budget in order to make any adjustments that may be necessary.

5.4 Assessed contributions are made available for implementation on 1 January of each year of the financial period. Voluntary contributions are made available for implementation upon recording of agreements with the resource contributors.

5.5 The Director-General shall submit to the Health Assembly annual reports on the collection of the contributions (both voluntary and assessed).

Regulation VI – Assessed Contributions

6.1 The assessed contributions of Members based on the scale of assessments shall be divided into two equal annual instalments. In the first year of the financial period, the Health Assembly may decide to amend the scale of assessments to be applied to the second year of the financial period.

6.2 After the Health Assembly has adopted the budget, the Director-General shall inform Members of their commitments in respect of assessed contributions for the financial period and request them to pay the first and second instalments of their contributions.

6.3 If the Health Assembly decides to amend the scale of assessments, or to adjust the amount of the budget to be financed by assessed contributions from Members for the second year of a biennium, the Director-General shall inform Members of their revised commitments and shall request Members to pay the revised second instalment of their contributions.

6.4 Instalments of assessed contributions shall be due and payable as of 1 January of the year to which they relate.

6.5 As of 1 January of the following year, the unpaid balance of such assessed contributions shall be considered to be one year in arrears.

6.5.1 In application of Article 7 of the Constitution, if a Member is in arrears in the payment of its assessed contributions to the Organization in an amount which equals or exceeds the amount of the contributions due from the preceding two full years at the time of opening of the World Health Assembly, the Health Assembly shall consider whether the voting privileges of such Member shall be

suspended. The suspension shall take place from the opening day of the following Health Assembly, if at that time the Member is still in arrears to the extent referred to above. If the Member is no longer in arrears to the said extent, the decision shall lapse, and the suspension will not take effect. Where voting privileges of a Member have previously been suspended due to arrears in the payments of its assessed contributions or rescheduled payment of arrears, and the Member is no longer in arrears to the said extent, the suspension of voting privileges of the Member shall lapse automatically and its voting privileges be reinstated.

6.6 Where the total of annual assessed contributions for a Member is US$ 200 000 or greater, that Member's contributions shall be assessed half in United States dollars and half in Swiss francs. Where the total of annual assessed contributions for a Member is less than US$ 200 000, that Member's contributions shall be assessed in United States dollars only. The contributions shall be paid in either United States dollars, euros or Swiss francs, or such other currency or currencies as the Director-General shall determine.

6.7 The acceptance by the Director-General of any currency that is not fully convertible shall be subject to a specific, annual approval on a case-by-case basis by the Director-General. Such approvals will include any terms and conditions that the Director-General considers necessary to protect the World Health Organization.

6.8 Payments made by a Member for assessed contributions shall be credited to the Member's account and applied first against the oldest amount outstanding. Where restoration of voting privileges is decided by the Health Assembly on the basis of a reschedule of payments of arrears, payments are applied to the oldest outstanding regular assessment first.

6.9 Payments of assessed contributions in currencies other than United States dollars shall be credited to Members' accounts at the United Nations rate of exchange ruling on the date of receipt by the World Health Organization.

6.10 New Members shall be required to make an assessed contribution for the financial period in which they become Members at rates to be determined by the Health Assembly. Such contributions shall be recorded as revenue in the year in which they are due.

6.11 For those Members in arrears who wish to reschedule the payment of their arrears as part of an arrangement to have their voting privileges restored, or to prevent their voting rights from being suspended, requests should be made in writing to the Director-General prior to the opening of the Health Assembly at which the suspension of voting privileges takes place, including at least the following information: (i) the total amount due, including the current year's assessment; (ii) the period over which payment is proposed; and (iii) the minimum amount of payment that the Member intends to make each year

Regulation VII – Working Capital Fund and Internal Borrowing

7.1 Pending the receipt of assessed contributions, implementation of the budget financed from these contributions may be financed from the Working Capital Fund and thereafter by internal borrowing. The amount of the Working Capital Fund is approved by the Health Assembly. Internal borrowing may be made against available cash reserves of the Organization.

7.2 The level of the Working Capital Fund shall be based on a projection of financing requirements taking into consideration projected revenue and expenditure from assessed contributions. Any proposals that the Director-General may make to the Health Assembly for varying the level of the Working Capital

Fund from that previously approved shall be accompanied by an explanation demonstrating the need for the change.

7.3 Any repayments of borrowing under Regulation 7.1 shall be made from the collection of arrears of assessed contributions and shall be credited first against any internal borrowing outstanding and secondly against any borrowing outstanding from the Working Capital Fund.

Regulation VIII – Revenue: Other Sources and Cost Recovery

8.1 The Director-General is delegated the authority, under Article 57 of the Constitution, to accept gifts and bequests, either in cash or in kind, provided that he or she has determined that such contributions can be used by the Organization, and that any conditions which may be attached to them are consistent with the objective and policies of the Organization.

8.2 The Director-General is authorized to levy a charge on voluntary contributions for indirect costs. This charge shall be credited to the Programme Support Cost Fund, together with finance revenue, including interest earnings, and used to reimburse all, or part of, the indirect costs incurred by the Organization. All direct costs of the implementation of programmes financed by voluntary contributions, except bequests, shall be charged against the relevant contribution (award). Voluntary contributions shall include sufficient amounts to cover the full cost of implementation.

8.3 The Director-General shall establish policies for cost recovery.

8.4 The Director-General may enter into commitments financed by other resources for future budget periods, provided that such commitments are:

(a) related to activities, programmes, projects or programme support that continue beyond the end of the current budget period; and

(b) financed fully by signed agreements valid for the duration of the commitments and/or funds received.

Regulation IX – Funds

9.1 Funds are established to enable the Organization to segregate the financing of categories of activities in its records. Funds cover all sources of revenue and expenses.

9.2 Awards are established to account for voluntary contributions or any other activities so that relevant revenue and expenses may be recorded and reported upon.

9.3 Other accounts shall be established as necessary to meet the requirements of the administration of the Organization, including capital expenditure.

9.4 The Director-General may establish revolving funds so that activities may be operated on a self-financing basis. The purpose of such accounts shall be reported to the Health Assembly, including details of sources of revenue and expenses charged against such funds, and the disposition of any surplus balance at the end of a financial period.

9.5 The purpose of any account established under Regulations 9.3 and 9.4 shall be specified and shall be subject to these Financial Regulations and such Financial Rules as are established by the Director-

General under Regulation 12.1, prudent financial management, and any specific conditions agreed with the appropriate authority.

Regulation X – Custody of Cash, Cash Equivalents or Investments

10.1 The Director-General shall designate the banks or financial institutions in which funds in the custody of the Organization shall be held.

10.2 The Director-General may designate any investment (or asset) managers and/or custodians that the Organization may wish to appoint for the management of the cash, cash equivalents or other investments in its custody.

Regulation XI – Investments

11.1 Any cash not required for immediate payment may be invested and may be pooled while ensuring that capital is preserved, liquidity is maintained and returns may be generated.

11.2 Revenue from investments shall be credited to the Programme Support Cost Fund in accordance with Regulation 8.2, unless otherwise provided in the regulations, rules or resolutions.

11.3 Investment policies and procedures shall be drawn up in accordance with best industry practice, having due regard for the preservation of capital, the liquidity and the return requirements of the Organization.

Regulation XII – Internal Control

12.1 The Director-General shall:

(a) establish operating policies and procedures in order to ensure effective financial administration, the exercise of economy, and safeguard of the assets of the Organization;

(b) designate the officers who may receive funds, incur financial commitments and make payments on behalf of the Organization;

(c) maintain an effective internal control structure to ensure the accomplishment of established objectives and goals for operations; the economical and efficient use of resources; the reliability and integrity of information; compliance with policies, plans, procedures, rules and regulations; and the safeguarding of assets;

(d) maintain an internal audit function which is responsible for the review, evaluation and monitoring of the adequacy and effectiveness of the Organization's overall systems of internal control. For this purpose, all systems, processes, operations, functions and activities within the Organization shall be subject to such review, evaluation and monitoring.

Regulation XIII – Accounts and Financial Statements

13.1 The Director-General shall establish such accounts as are necessary and shall maintain them in accordance with International Public Sector Accounting Standards.

13.2 Financial statements shall be prepared annually in accordance with International Public Sector Accounting Standards, together with such other information as may be necessary to indicate the current financial position of the Organization.

13.3 The financial statements shall be presented in United States dollars. The accounting records may, however, be kept in such currency or currencies as the Director-General may deem necessary.

13.4 The financial statements shall be submitted to the External Auditor(s) not later than 31 March following the end of the year to which they relate.

13.5 The Director-General may make such ex gratia payments as deemed to be necessary in the interest of the Organization. A statement of such payments shall be included with the final accounts.

13.6 The Director-General may authorize, after full investigation, the writing-off of the loss of any asset, other than arrears of contributions. A statement of such losses written off shall be included with the final accounts.

Regulation XIV – External Audit

14.1 External Auditor(s), each of whom shall be the Auditor-General (or officer holding equivalent title or status) of a Member government, shall be appointed by the Health Assembly. The term of office shall be four years, covering two budgetary periods, and can be renewed once for an additional term of four years. External Auditor(s) appointed may be removed only by the Assembly.

14.2 Subject to any special direction of the Health Assembly, each audit which the External Auditor(s) performs/perform shall be conducted in conformity with generally accepted common auditing standards and in accordance with the Additional Terms of Reference set out in the Appendix to these Regulations.

14.3 The External Auditor(s) may make observations with respect to the efficiency of the financial procedures, the accounting system, the internal financial controls and, in general, the administration and management of the Organization.

14.4 The External Auditor(s) shall be completely independent and solely responsible for the conduct of the audit and, except as permitted under Regulation 14.7 below, any local or special examination.

14.5 The Health Assembly may request the External Auditor(s) to perform certain specific examinations and issue separate reports on the results.

14.6 The Director-General shall provide the External Auditor(s) with the facilities required for the performance of the audit.

14.7 For the purpose of making a local or special examination or for effecting economies of audit cost, the External Auditor(s) may engage the services of any national Auditor-General (or equivalent title) or commercial public auditors of known repute or any other person or firm that, in the opinion of the External Auditor(s), is technically qualified.

14.8 The External Auditor(s) shall issue a report on the audit of the annual financial statements prepared by the Director-General pursuant to Regulation XIII. The report shall include such information as he/she/they deem(s) necessary in regard to Regulation 14.3 and the Additional Terms of Reference.

14.9 The report(s) of the External Auditor(s) shall be transmitted through the Executive Board, together with the audited financial statements, to the Health Assembly not later than 1 May following the end of the financial year to which the final accounts relate. The Executive Board shall examine the annual financial statements and the audit report(s) and shall forward them to the Health Assembly with such comments as it deems necessary.

Regulation XV – Resolutions involving Expenditures

15.1 Neither the Health Assembly nor the Executive Board shall take a decision involving expenditures unless it has before it a report from the Director-General on the administrative and financial implications of the proposal.

15.2 Where, in the opinion of the Director-General, the proposed expenditure cannot be made from the existing approved programme budget, it shall not be incurred until the Health Assembly has made the necessary budget approval.

Regulation XVI – General Provisions

16.1 These Regulations shall be effective as of the date of their approval by the Health Assembly, unless otherwise specified by the Health Assembly. They may be amended only by the Health Assembly.

16.2 In case of doubt as to the interpretation and application of any of the foregoing Regulations, the Director-General is authorized to rule thereon, subject to confirmation by the Executive Board at its next session.

16.3 The Financial Rules established by the Director-General as referred to in Regulation 1.4 above, and the amendments made by the Director-General to such rules, shall enter into force after confirmation by the Executive Board. They shall be reported upon to the Health Assembly for its information.

Appendix

Additional terms of reference governing the external audit of the World Health Organization

1. The External Auditor(s) shall perform such audit of the accounts of the World Health Organization, including all Trust Funds and special accounts, as deemed necessary in order to satisfy himself/herself/themselves:

(a) that the financial statements are in accord with the books and records of the Organization;

(b) that the financial transactions reflected in the statements have been in accordance with the rules and regulations, the budgetary provisions, and other applicable directives;

(c) that the securities and moneys on deposit and on hand have been verified by the certificates received direct from the Organization's depositaries or by actual count;

(d) that the internal controls, including the internal audit, are adequate in the light of the extent of reliance placed thereon;

(e) that procedures satisfactory to the External Auditor(s) have been applied to the recording of all assets, liabilities, surpluses and deficits.

2. The External Auditor(s) shall be the sole judge as to the acceptance in whole or in part of certifications and representations by the Secretariat and may proceed to such detailed examination and verification as he/she/they choose(s) of all financial records including those relating to supplies and equipment.

3. The External Auditor(s) and staff shall have free access at all convenient times to all books, records and other documentation which are, in the opinion of the External Auditor(s), necessary for the performance of the audit. Information classified as privileged and which the Secretariat agrees is required by the External Auditor(s) for the purposes of the audit, and information classified as confidential, shall be made available on application. The External Auditor(s) and staff shall respect the privileged and confidential nature of any information so classified which has been made available and shall not make use of it except in direct connection with the performance of the audit. The External Auditor(s) may draw the attention of the Health Assembly to any denial of information classified as privileged which, in his/her/their opinion, was required for the purpose of the audit.

4. The External Auditor(s) shall have no power to disallow items in the accounts but shall draw to the attention of the Director-General for appropriate action any transaction that creates doubt as to legality or propriety. Audit objections, to these or any other transactions, arising during the examination of the accounts shall be immediately communicated to the Director-General.

5. The External Auditor(s) shall express and sign an opinion on the financial statements of the Organization. The opinion shall include the following basic elements:

(a) identification of the financial statements audited;

(b) a reference to the responsibility of the entity's management and responsibility of the External Auditor(s);

(c) a reference to the audit standards followed;

(d) a description of the work performed;

(e) an expression of opinion on the financial statements as to whether:

(i) the financial statements present fairly the financial position as at the end of the period and the results of the operations for the period;

(ii) the financial statements were prepared in accordance with the stated accounting policies;

(iii) the accounting policies were applied on a basis consistent with that of the preceding financial period;

(f) an expression of opinion on the compliance of transactions with the Financial Regulations and legislative authority;

(g) the date of the opinion;

(h) the External Auditor's(s') name and position;

(i) the place where the report has been signed;

(j) should it be necessary, a reference to the report of the External Auditor(s) on the financial statements.

6. The report of the External Auditor(s) to the Health Assembly on the financial operations of the period should mention:

(a) the type and scope of examination;

(b) matters affecting the completeness or accuracy of the accounts, including where appropriate:

(i) information necessary to the correct interpretation of the accounts;

(ii) any amounts that ought to have been received but which have not been brought to account;

(iii) any amounts for which a legal or contingent obligation exists and which have not been recorded or reflected in the financial statements;

(iv) expenditures not properly substantiated;

(v) whether proper books of accounts have been kept; where in the presentation of statements there are deviations of a material nature from a consistent application of generally accepted accounting principles, these should be disclosed;

(c) other matters that should be brought to the notice of the Health Assembly such as:

(i) cases of fraud or presumptive fraud;

(ii) wasteful or improper expenditure of the Organization's money or other assets (notwithstanding that the accounting for the transaction may be correct);

(iii) expenditure likely to commit the Organization to further outlay on a large scale;

(iv) any defect in the general system or detailed regulations governing the control of receipts and disbursements, or of supplies and equipment;

(v) expenditure not in accordance with the intention of the Health Assembly, after making allowance for duly authorized transfers within the budget;

(vi) expenditure in excess of appropriations as amended by duly authorized transfers within the budget;

(vii) expenditure not in conformity with the authority that governs it;

(d) the accuracy or otherwise of the supplies and equipment records as determined by stocktaking and examination of the records. In addition, the report may contain reference to:

(e) transactions accounted for in a previous financial period, concerning which further information has been obtained, or transactions in a later financial period concerning which it seems desirable that the Health Assembly should have early knowledge.

7. The External Auditor(s) may make such observations with respect to his/her/their findings resulting from the audit and such comments on the financial report as he/she/they deem(s) appropriate to the Health Assembly or to the Director-General.

8. Whenever the External Auditor's(s') scope of audit is restricted, or insufficient evidence is available, the External Auditor's(s') opinion shall refer to this matter, making clear in the report the reasons for the comments and the effect on the financial position and the financial transactions as recorded.

9. In no case shall the External Auditor(s) include criticism in any report without first affording the Director-General an adequate opportunity of explanation on the matter under observation.

10. The External Auditor(s) is/are not required to mention any matter referred to in the foregoing which is considered immaterial.

_____

ANNEX 2

Terms of reference for a Voluntary Health Fund for small island developing States[1]

[Document A76/34, Annex – 19 May 2023]

1. Introduction

1.1 Small island developing States (SIDS), as listed by the United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States, are faced with grave developmental and health challenges, which are disproportionately posed by climate change, natural and human-made hazards, environmental degradation, health emergencies, the loss of biodiversity, the ongoing impact of the coronavirus disease (COVID-19) pandemic, external economic shocks, malnutrition, communicable and noncommunicable diseases, mental health and other health issues that exacerbate their vulnerability. The Seventy-fifth World Health Assembly acknowledged and recognized the need to further develop the capacities of SIDS to address these matters and stimulate their participation in the work of the Secretariat in these areas.

1.2 Therefore, the Seventy-fifth World Health Assembly decided to propose a Voluntary Health Fund for SIDS,[2] with the terms of reference to be tabled at the Seventy-sixth World Health Assembly in 2023, with a view, inter alia, to facilitating the participation of SIDS in WHO meetings and supporting the provision of technical assistance and capacity-building in favour of SIDS on issues of direct relevance to SIDS.

2. Purposes and principles

2.1 The overall purpose of the Fund is to facilitate the participation in WHO meetings of SIDS that are Member States of WHO and to support the provision of technical and assistance and capacity building in favour of SIDS on issues of direct relevance to their situation, namely:

(i) to facilitate their participation in annual World Health Assembly sessions and any other formal meetings of bodies established by any of the WHO governing bodies, including negotiating sessions, in particular by providing travel and accommodation, where appropriate, in line with current practices for funding the participation of Member States in WHO meetings, and consistent with WHO's rules, regulations, policies and procedures; and

(ii) to support the provision of technical assistance and capacity-building on key principal health concerns and challenges for SIDS, as indicated in the preamble of resolution WHA75.18.

[1] See decision WHA76(21).

[2] See resolution WHA75.18 (2022).

2.2 The support of the Fund will be available to delegations of SIDS, both resident and non-resident in Geneva.

3. Governance

3.1 Donor contributions to the Fund will be used to fund the participation of SIDS within the framework of the terms of reference of the Fund and subject to WHO Financial Regulations and Financial Rules, policies and procedures.

3.2 To ensure efficient, transparent and accountable administration and to support uniform and consolidated reporting, the WHO Secretariat is designated as the Fund Manager for the Fund. WHO will administer the operationalization of the Fund in accordance with WHO Financial Regulations and Financial Rules.

4. Contributions to the Fund

4.1 Contributions to the Fund may be accepted from governments, intergovernmental or nongovernmental organizations, and non-State actors in line with the Framework of Engagement with Non State Actors, foundations and the public at large, in accordance with WHO Financial Regulations and Financial Rules, policies and procedures.

4.2 Contributions to the Fund will be accepted in United States dollars or any fully convertible currency. Such contributions shall be deposited into a bank account, as designated by WHO as the Fund Manager and recorded in accordance with WHO Financial Regulations and Financial Rules.

4.3 The value of the contribution payment, if made in a currency other than United States dollars, shall be determined by applying the United Nations operational rate of exchange in effect on the date of payment. Gains and losses on currency exchanges shall be recorded in the Fund.

5. Reporting, transparency and accountability

5.1 WHO, as the Fund Manager, will prepare annual consolidated programmatic and financial reports covering the funding received, its utilization and the results achieved, and will make these reports publicly available. The Fund will be subject to the full oversight practices of WHO, including the internal and external audit procedures of WHO.

6. Selection Committee

6.1 WHO will advise on the status of the Fund.

6.2 In the event that the Fund is sufficient to provide support as described in Section 2, a SIDS Voluntary Health Fund Selection Committee will be established consisting of six (6) representatives, one (1) from each WHO region, with preference given to SIDS that are Member States of WHO in that region, if any. Each representative shall serve a term of one year and will be eligible for reappointment at the end of their term. Decisions will be taken by consensus. No Committee member should serve more than two consecutive terms. Committee meetings shall be chaired by a SIDS member appointed by the SIDS that are Member States of WHO and co-chaired by WHO.

6.3 Committee members shall recuse themselves from deliberating on proposals that benefit the country they represent.

6.4 The Committee will also be responsible for:

(i) providing recommendation on the meeting(s) and technical assistance and capacity building programmes that are a priority for SIDS participation;

(ii) providing guidance on the eligibility criteria and the application process;

(iii) providing strategic guidance on the Fund;

(iv) providing advice on the criteria for technical review of the purpose of the Fund, subject to WHO Financial Regulations and Financial Rules, policies and procedures;

(v) prioritizing the provision of funding to eligible proposals recommended by the Fund Manager, based on the funds available;

(vi) reviewing periodic progress reports on the Fund's utilization;

(vii) working with donors to provide communication around their support to the Fund; and

(viii) approving the anticipated secretariat costs submitted by the Secretariat.

6.5 As the Fund Manager, WHO will be responsible for:

(i) accepting financial contributions from donors;

(ii) assisting in advocating with donors to support the Fund;

(iii) managing the communication, such as the dissemination of information, the setting up of the webpage for ease of application and the issuance of completion certificate;

(iv) administering funds received, in accordance with WHO Financial Regulations and Financial Rules, policies and procedures and the Fund's terms of reference;

(v) establishing a set of criteria for technical review of proposals, in line with WHO policies and procedures;

(vi) assessing proposals for utilization of the Fund against WHO Financial Regulations and Financial Rules, policies and procedures and the Fund's terms of reference, and reporting to the Committee those proposals that meet the criteria;

(vii) overseeing the overall monitoring and evaluation of the achievement of the objectives of the Fund, as well as the progress of the financial contributions and utilization of the Fund;

(viii) where proposals recommended by the Committee incorporate travel-related financing for sponsored participants or delegates, formulating the amounts payable and disbursing them in accordance with current practices for funding participation of Member States in WHO's meetings; and

(ix) providing reports to the Committee on the achievement of the objectives of the Fund, including notification that the Fund has been utilized.

6.6 The Fund Manager and the Committee will be jointly responsible for the mobilization of resources for the Fund. The Secretariat will advise the Committee on the anticipated costs incurred on the Secretariat in the administration of the Fund, and with the approval of the Committee the costs will be financed by the Fund.

7. Application process

7.1 Depending on the level of funding available, the Committee will assess, select and decide the meeting(s) and technical assistance and capacity-building programmes that will require funding support. A SIDS Member State may wish to decline or postpone any funding support by advising the Committee, in which case the funding support shall be made available to another SIDS Member State of WHO, as recommended by the Committee.

7.2 SIDS that are Member States of WHO will be informed of the available funding opportunity through the WHO established channels of communication and will be advised, depending on their needs, to submit their application.

7.3 Any application submitted should be in line with the guidance that will accompany the instructions as in 7.2 above.

7.4 Upon receipt of application(s) and after the deadline indicated, the Chair of the Selection Committee will convene the Committee meeting in line with Section 6 of the terms of reference of the Fund.

8. Eligibility criteria

8.1 *Who can apply.* In relation to the funding support under paragraph 2.1(i) above, only government officials/civil servants from SIDS that are Member States of WHO, as provided under Annex 1.A below, who are based in their home country or any of their relevant missions abroad, are eligible to apply.

8.2 *Duration.* The duration of the delegates programme coincides with the duration of annual World Health Assembly sessions, or any other formal meetings of bodies established by any of the WHO governing bodies, including negotiating sessions. As for the World Health Assembly session, a one-day or two-day induction course will be organized in Geneva by the Selection Committee prior to the beginning of the session.

8.3 *Scope of financial coverage.* The Fund financially supports the programmes described under Section 2 above. Regarding Section 2.1(i) above, the Fund supports the programme in the form of a weekly or monthly stipend for the duration of the programme and covers the cost of a round-trip ticket in economy class, based on WHO rules on travel. The participant is responsible for arranging her/his own temporary accommodation in Geneva and covering it with the weekly or monthly stipend. The Fund does not cover health insurance costs or other expenses, including personal expenses, during the participant's stay in Geneva. The participant is responsible for obtaining necessary visa(s) and health insurance.

8.4 *How to apply.* At the time of the application, the candidate must have:

(i) an advanced university degree in a relevant health discipline, climate change, international relations, political science, law or any other related discipline. Significant relevant experience may be considered in lieu of an advanced university degree;

(ii) a minimum of three (3) years' experience in the government of her/his home country, with relevant experience in the field of health and intergovernmental affairs;

(iii) a good understanding of any of the official WHO languages; and

(iv) a commitment to sharing the knowledge and experience gained during the technical assistance and capacity-building programmes with their colleagues.

Interested and qualified candidates must submit applications through their ministry of foreign affairs, their permanent mission to the United Nations Office at Geneva or their mission accredited to WHO headquarters in Geneva.

8.5 *Additional information.* The Committee may provide additional information in relation to the requirements that should be met by the applicants, such as an application form, a note verbale template, a visa information form, email contacts and the due date for application. The Committee, depending on the availability of funds in the Fund, may advise on other funding support, such as that required under Section 2.1(ii) above.

9. Final provisions

9.1 These terms of reference will be reviewed by the World Health Assembly every four (4) years.

9.2 In the event of termination of the Fund, any balance remaining at the time the Fund is closed shall be disposed of in a manner that is consistent with WHO Financial Regulations and Financial Rules.

_____

ANNEX 3

Financial and administrative implications for the Secretariat of resolutions and decisions adopted by the Health Assembly

Resolution WHA76.2:	Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies
A.	**Link to the approved revised Programme budget 2022–2023**
1.	**Output(s) in the approved revised Programme budget 2022–2023 under which this resolution would be implemented:** 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages 2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings
2.	**Short justification for considering the resolution, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the resolution:** Within 6.5 years.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total budgeted resource levels required to implement the resolution, in US$ millions:** US$ 55.50 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 3.50 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 12.00 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 40.00 million.

5. Level of resources already available to fund the implementation of the resolution in the current biennium, in US$ millions

– **Resources available to fund the resolution in the current biennium:**

US$ 2.00 million.

– **Remaining financing gap in the current biennium:**

US$ 1.50 million.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)a

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.26	0.23	0.22	0.24	0.20	0.22	0.54	1.90
	Activities	0.10	0.10	0.10	0.10	0.10	0.10	1.00	1.60
	Total	0.36	0.33	0.32	0.34	0.30	0.32	1.54	3.50
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.50	0.45	0.45	0.75	0.40	0.45	1.00	4.00
	Activities	1.20	1.20	1.20	1.20	1.20	1.20	0.80	8.00
	Total	1.70	1.65	1.65	1.95	1.60	1.65	1.80	12.00
B.4. Future bienniums resources to be planned	Staff	2.30	2.20	2.00	2.30	1.80	2.00	3.80	16.40
	Activities	3.60	3.50	3.50	3.50	3.50	3.50	2.50	23.60
	Total	5.90	5.70	5.50	5.80	5.30	5.50	6.30	40.00

[a] The row and column totals may not always add up, owing to rounding.

Resolution WHA76.3: Increasing access to medical oxygen

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this resolution would be implemented:

1.3.1. Provision of authoritative guidance and standards on quality, safety and efficacy of health products, essential medicines and diagnostics lists

1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems

1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services

2. Short justification for considering the resolution, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Zero.
4.	**Estimated time frame (in years or months) to implement the resolution:** Seven years.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total budgeted resource levels required to implement the resolution, in US$ millions:** US$ 17.10 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 1.44 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 8.29 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 7.37 million.
5.	**Level of resources already available to fund the implementation of the resolution in the current biennium, in US$ millions** – **Resources available to fund the resolution in the current biennium:** US$ 1.44 million. – **Remaining financing gap in the current biennium:** Zero. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Zero.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.05	0.07	0.05	0.05	0.05	0.05	0.33	0.65
	Activities	0.06	0.05	0.05	0.04	0.05	0.04	0.50	0.79
	Total	0.11	0.12	0.10	0.09	0.10	0.09	0.83	1.44
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.60	0.50	0.50	0.45	0.43	0.50	1.26	4.24
	Activities	1.00	0.65	0.60	0.30	0.50	0.50	0.50	4.05
	Total	1.60	1.15	1.10	0.75	0.93	1.00	1.76	8.29
B.4. Future bienniums resources to be planned	Staff	0.60	0.50	0.50	0.44	0.43	0.44	1.26	4.17
	Activities	0.70	0.55	0.45	0.25	0.45	0.40	0.40	3.20
	Total	1.30	1.05	0.95	0.69	0.88	0.84	1.66	7.37

Resolution WHA76.4: Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this resolution would be implemented:

1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages

1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course

1.1.5. Countries enabled to strengthen their health and care workforce

1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage

3.1.1. Countries enabled to address social determinants of health across the life course

3.3.1. Countries enabled to address environmental determinants, including climate change

2. Short justification for considering the resolution, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the resolution:

Eight years (until 2030, aligned with the Sustainable Development Goals).

B. Resource implications for the Secretariat for implementation of the resolution

1. Total budgeted resource levels required to implement the resolution, in US$ millions:

US$ 2105.64 million.

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:

US$ 138.12 million.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:

Not applicable.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:

US$ 425.01 million.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

US$ 1542.51 million.

5. Level of resources already available to fund the implementation of the resolution in the current biennium, in US$ millions

– **Resources available to fund the resolution in the current biennium:**

US$ 20.00 million.

– **Remaining financing gap in the current biennium:**

US$ 118.12 million.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	17.60	4.36	8.56	5.16	6.40	5.96	7.21	55.25
	Activities	26.40	6.54	12.84	7.74	9.60	8.94	10.81	82.87
	Total	44.00	10.90	21.40	12.90	16.00	14.90	18.02	138.12
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	56.65	24.63	21.49	8.19	17.44	19.43	22.17	170.00
	Activities	84.97	36.94	32.24	12.29	26.16	29.15	33.26	255.01
	Total	141.62	61.57	53.73	20.48	43.60	48.58	55.43	425.01
B.4. Future bienniums resources to be planned	Staff	194.36	65.84	57.45	55.83	111.10	51.95	80.48	617.01
	Activities	291.53	98.76	86.18	83.74	166.65	77.92	120.72	925.50
	Total	485.89	164.60	143.63	139.57	277.75	129.87	201.20	1542.51

Resolution WHA76.5: Strengthening diagnostics capacity	
A.	**Link to the approved revised Programme budget 2022–2023**
1.	**Output(s) in the approved revised Programme budget 2022–2023 under which this resolution would be implemented:** 1.3.1. Provision of authoritative guidance and standards on quality, safety and efficacy of health products, essential medicines and diagnostics lists 1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems 1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services 1.3.4. Research and development agenda defined and research coordinated in line with public health priorities. 1.3.5. Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices 2.1.2. Capacities for emergency preparedness strengthened in all countries 2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated
2.	**Short justification for considering the resolution, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Zero.
4.	**Estimated time frame (in years or months) to implement the resolution:** Seven years.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total budgeted resource levels required to implement the resolution, in US$ millions:** US$ 49.51 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 5.23 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Zero.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 11.56 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 32.72 million.

5. Level of resources already available to fund the implementation of the resolution in the current biennium, in US$ millions

– **Resources available to fund the resolution in the current biennium:**

US$ 4.00 million.

– **Remaining financing gap in the current biennium:**

US$ 1.23 million.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Zero.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.36	0.26	0.27	0.27	0.26	0.27	3.06	4.75
	Activities	0.03	0.03	0.03	0.03	0.03	0.03	0.30	0.48
	Total	0.39	0.29	0.30	0.30	0.29	0.30	3.36	5.23
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.77	0.57	0.59	0.59	0.57	0.59	6.64	10.32
	Activities	0.09	0.07	0.07	0.07	0.07	0.07	0.80	1.24
	Total	0.86	0.64	0.66	0.66	0.64	0.66	7.44	11.56
B.4. Future bienniums resources to be planned	Staff	2.26	1.68	1.73	1.73	1.66	1.73	19.44	30.23
	Activities	0.19	0.14	0.14	0.14	0.14	0.14	1.60	2.49
	Total	2.45	1.82	1.87	1.87	1.80	1.87	21.04	32.72

Resolution WHA76.6: Strengthening rehabilitation in health systems

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this resolution would be implemented:

1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages

1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results

1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course

2.1.2. Capacities for emergency preparedness strengthened in all countries

2. Short justification for considering the resolution, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4.	**Estimated time frame (in years or months) to implement the resolution:** Eight years: from 2023 to 2030.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total budgeted resource levels required to implement the resolution, in US$ millions:** US$ 78.98 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 2.68 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 21.96 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 54.34 million.
5.	**Level of resources already available to fund the implementation of the resolution in the current biennium, in US$ millions** – **Resources available to fund the resolution in the current biennium:** US$ 2.68 million. – **Remaining financing gap in the current biennium:** Not applicable. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.26	0.12	0.05	0.24	0.05	0.11	0.53	1.36
	Activities	0.14	0.04	0.02	0.06	0.00	0.06	1.00	1.32
	Total	0.40	0.16	0.07	0.30	0.05	0.17	1.53	2.68
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.53	0.49	0.45	0.50	0.42	0.46	1.11	3.96
	Activities	3.68	2.72	0.80	4.16	1.76	2.88	2.00	18.00
	Total	4.21	3.21	1.25	4.66	2.18	3.34	3.11	21.96
B.4. Future bienniums resources to be planned	Staff	1.39	1.26	1.17	1.31	1.08	1.19	4.34	11.74
	Activities	9.20	6.80	2.00	10.40	2.00	7.20	5.00	42.60
	Total	10.59	8.06	3.17	11.71	3.08	8.39	9.34	54.34

Resolution WHA76.7: Behavioural sciences for better health	
A.	**Link to the approved revised Programme budget 2022–2023**
1.	**Output(s) in the approved revised Programme budget 2022–2023 under which this resolution would be implemented:** 4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform 4.2.5. Cultural change fostered and organizational performance enhanced through coordination of the WHO-wide transformation agenda
2.	**Short justification for considering the resolution, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the resolution:** Seven years.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total budgeted resource levels required to implement the resolution, in US$ millions:** US$ 35.46 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 4.63 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Zero.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 12.50 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 18.33 million.
5.	**Level of resources already available to fund the implementation of the resolution in the current biennium, in US$ millions** – **Resources available to fund the resolution in the current biennium:** US$ 2.00 million. – **Remaining financing gap in the current biennium:** US$ 2.63 million. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** US$ 1.00 million.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.41	0.40	0.28	0.70	0.27	0.30	0.67	3.03
	Activities	0.20	0.20	0.20	0.20	0.20	0.20	0.40	1.60
	Total	0.61	0.60	0.48	0.90	0.47	0.50	1.07	4.63
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	1.00	0.90	0.70	1.40	0.70	0.80	1.50	7.00
	Activities	0.70	0.70	0.70	0.70	0.70	0.70	1.30	5.50
	Total	1.70	1.60	1.40	2.10	1.40	1.50	2.80	12.50
B.4. Future bienniums resources to be planned	Staff	1.45	1.39	1.00	2.00	1.00	1.10	2.20	10.14
	Activities	1.04	1.04	1.04	1.04	1.04	1.04	1.95	8.19
	Total	2.49	2.43	2.04	3.04	2.04	2.14	4.15	18.33

Resolution WHA76.9: Amendments to the Financial Regulations and Financial Rules

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this resolution would be implemented:

4.3.1. Sound financial practices and oversight managed through an efficient and effective internal control framework

2. Short justification for considering the resolution, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the resolution:

Undefined.

B. Resource implications for the Secretariat for implementation of the resolution

1. Total budgeted resource levels required to implement the resolution, in US$ millions:

Zero. The amendments to the Financial Regulations and Financial Rules would not require additional investment to implement that is not already accounted for in terms of resources planned.

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:

Zero.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:

Not applicable.

3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** Zero.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** Zero.
5.	**Level of resources already available to fund the implementation of the resolution in the current biennium, in US$ millions** – **Resources available to fund the resolution in the current biennium:** Not applicable. – **Remaining financing gap in the current biennium:** Not applicable. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

Resolution WHA76.13: Report of the International Civil Service Commission	
A.	**Link to the approved revised Programme budget 2022–2023**
1.	**Output(s) in the approved revised Programme budget 2022–2023 under which this resolution would be implemented:** 4.3.2. Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery
2.	**Short justification for considering the resolution, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the resolution:** Not defined.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total budgeted resource levels required to implement the resolution, in US$ millions:** Zero. Associated costs would be accounted for within post cost averages, which form the basis of staff planning for approved programme budget levels. Consequently, no additional costs are involved.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** Zero.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.

3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** Zero.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** Zero.
5.	**Level of resources already available to fund the implementation of the resolution in the current biennium, in US$ millions** – **Resources available to fund the resolution in the current biennium:** Not applicable. – **Remaining financing gap in the current biennium:** Not applicable. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

Resolution WHA76.14:	Extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030
A.	**Link to the approved revised Programme budget 2022–2023**
1.	**Output(s) in the approved revised Programme budget 2022–2023 under which this resolution would be implemented:** 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages 1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course 1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage 2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported 3.1.1. Countries enabled to address social determinants of health across the life course 4.1.1. Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts 4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform
2.	**Short justification for considering the resolution, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the resolution:** Seven years. The WHO Global Action Plan on Promoting the Health of Refugees and Migrants covers the period 2019–2023. The resolution would extend the time frame until 2030.

B.	Resource implications for the Secretariat for implementation of the resolution
1.	**Total budgeted resource levels required to implement the resolution, in US$ millions:** US$ 71.89 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 4.55 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 18.26 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 49.08 million.
5.	**Level of resources already available to fund the implementation of the resolution in the current biennium, in US$ millions** – **Resources available to fund the resolution in the current biennium:** US$ 4.55 million. – **Remaining financing gap in the current biennium:** Not applicable. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.22	0.18	0.17	0.19	0.16	0.17	1.01	2.10
	Activities	0.05	0.10	0.05	0.10	0.10	0.05	2.00	2.45
	Total	0.27	0.28	0.22	0.29	0.26	0.22	3.01	4.55
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	1.14	1.11	0.83	1.09	0.83	0.88	3.96	9.84
	Activities	0.78	0.78	0.78	0.78	0.78	0.78	3.74	8.42
	Total	1.92	1.89	1.61	1.87	1.61	1.66	7.70	18.26
B.4. Future bienniums resources to be planned	Staff	3.07	3.00	2.24	2.94	2.24	2.37	10.64	26.50
	Activities	2.09	2.09	2.09	2.09	2.09	2.09	10.04	22.58
	Total	5.16	5.09	4.33	5.03	4.33	4.46	20.68	49.08

Resolution WHA76.16: The health of Indigenous Peoples	
A.	**Link to the approved revised Programme budget 2022–2023**
1.	**Output(s) in the approved revised Programme budget 2022–2023 under which this resolution would be implemented:** 4.2.6 "Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored
2.	**Short justification for considering the resolution, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the resolution:** Three years (June 2023–May 2026).
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total budgeted resource levels required to implement the resolution, in US$ millions:** US$ 6.68 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 0.48 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 4.89 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 1.31 million.
5.	**Level of resources already available to fund the implementation of the resolution in the current biennium, in US$ millions** – **Resources available to fund the resolution in the current biennium:** US$ 0.48 million. – **Remaining financing gap in the current biennium:** Zero. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Zero.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.03	0.03	0.03	0.03	0.03	0.03	0.14	0.32
	Activities	0.01	0.01	0.01	0.01	0.01	0.01	0.10	0.16
	Total	0.04	0.04	0.04	0.04	0.04	0.04	0.24	0.48
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.17	0.16	0.14	0.14	0.12	0.14	0.74	1.61
	Activities	0.40	0.39	0.40	0.40	0.40	0.39	0.90	3.28
	Total	0.57	0.55	0.54	0.54	0.52	0.53	1.64	4.89
B.4. Future bienniums resources to be planned	Staff	0.03	0.03	0.03	0.03	0.03	0.03	0.64	0.82
	Activities	0.02	0.02	0.02	0.02	0.02	0.02	0.37	0.49
	Total	0.05	0.05	0.05	0.05	0.05	0.05	1.01	1.31

Resolution WHA76.17: The impact of chemicals, waste and pollution on human health

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this resolution would be implemented:

3.3.1. Countries enabled to address environmental determinants, including climate change

2. Short justification for considering the resolution, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the resolution:

Six years.

B. Resource implications for the Secretariat for implementation of the resolution

1. Total budgeted resource levels required to implement the resolution, in US$ millions:

US$ 71.03 million.

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:

US$ 2.03 million.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:

None anticipated.

3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 23.00 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 46 million.
5.	**Level of resources already available to fund the implementation of the resolution in the current biennium, in US$ millions** – **Resources available to fund the resolution in the current biennium:** US$ 2.03 million. – **Remaining financing gap in the current biennium:** Zero. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.05	0.10	0.10	0.20	0.10	0.10	0.50	1.15
	Activities	0.06	0.05	0.07	0.10	0.05	0.05	0.50	0.88
	Total	0.11	0.15	0.17	0.30	0.15	0.15	1.00	2.03
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	1.16	1.41	0.99	1.03	1.25	1.04	1.46	8.34
	Activities	1.84	1.59	2.01	3.97	1.75	1.96	1.54	14.66
	Total	3.00	3.00	3.00	5.00	3.00	3.00	3.00	23.00
B.4. Future bienniums resources to be planned	Staff	2.32	2.82	1.98	2.06	2.5	2.08	2.92	16.68
	Activities	3.68	3.18	4.02	7.94	3.5	3.92	3.08	29.32
	Total	6.00	6.00	6.00	10.00	6.00	6.00	6.00	46.00

Resolution WHA76.18: Accelerating action on global drowning prevention	
A.	**Link to the approved revised Programme budget 2022–2023**
1.	**Output(s) in the approved revised Programme budget 2022–2023 under which this resolution would be implemented:** 3.1.1. Countries enabled to address social determinants of health across the life course
2.	**Short justification for considering the resolution, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:** Not applicable.

3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the resolution:** The resolution would be implemented over a period of six years. Final reporting on progress made in the implementation of this resolution to the Health Assembly would be in 2029.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total budgeted resource levels required to implement the resolution, in US$ millions:** US$ 14.490 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 2.375 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Zero.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 4.443 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 7.672 million.
5.	**Level of resources already available to fund the implementation of the resolution in the current biennium, in US$ millions** – **Resources available to fund the resolution in the current biennium:** US$ 2.375 million. – **Remaining financing gap in the current biennium:** Zero. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.060	–	–	–	–	0.065	1.067	1.192
	Activities	0.078	0.013	–	0.007	0.011	0.120	0.954	1.183
	Total	0.138	0.013	–	0.007	0.011	0.185	2.021	2.375
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.150	0.130	0.142	0.100	0.100	0.140	1.203	1.965
	Activities	0.236	0.230	0.233	0.233	0.233	0.233	1.080	2.478
	Total	0.386	0.360	0.375	0.333	0.333	0.373	2.283	4.443
B.4. Future bienniums resources to be planned	Staff	0.530	0.500	0.520	0.455	0.480	0.515	2.272	5.272
	Activities	0.250	0.250	0.250	0.250	0.250	0.250	0.900	2.400
	Total	0.780	0.750	0.770	0.705	0.730	0.765	3.172	7.672

Resolution WHA76.19: Accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this resolution would be implemented:

3.1.2. Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach

2. Short justification for considering the resolution, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the resolution:

Seven years.

B. Resource implications for the Secretariat for implementation of the resolution

1. Total budgeted resource levels required to implement the resolution, in US$ millions:

US$ 13.74 million.

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:

US$ 1.42 million.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:

Zero.

3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 4.10 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 8.22 million.
5.	**Level of resources already available to fund the implementation of the resolution in the current biennium, in US$ millions** – **Resources available to fund the resolution in the current biennium:** US$ 0.82 million. – **Remaining financing gap in the current biennium:** US$ 0.60 million. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Zero.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.08	0.07	0.06	0.07	0.06	0.07	0.21	0.62
	Activities	0.10	0.10	0.10	0.10	0.10	0.10	0.20	0.80
	Total	0.18	0.17	0.16	0.17	0.16	0.17	0.41	1.42
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.32	0.28	0.26	0.28	0.24	0.27	0.85	2.50
	Activities	0.20	0.20	0.20	0.20	0.20	0.20	0.40	1.60
	Total	0.52	0.48	0.46	0.48	0.44	0.47	1.25	4.10
B.4. Future bienniums resources to be planned	Staff	0.64	0.56	0.54	0.56	0.48	0.54	1.70	5.02
	Activities	0.40	0.40	0.40	0.40	0.40	0.40	0.80	3.20
	Total	1.04	0.96	0.94	0.96	0.88	0.94	2.50	8.22

Decision WHA76(8):	Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation`s aggression
A.	**Link to the approved revised Programme budget 2022–2023**
1.	**Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:** 2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities
2.	**Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Twelve months.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 240 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** Not applicable.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** US$ 140 million.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 100 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** Not applicable.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** – **Resources available to fund the decision in the current biennium:** US$ 44.96 million. – **Remaining financing gap in the current biennium:** US$ 95.04 million. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Total funding pledged is US$ 61.27 million as at May 2023. Difficult to estimate the amount that could be further mobilized due to competing priorities, particularly other emergencies, but this is likely to be sufficient.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.2.b. 2022–2023 additional resources	Staff	0.00	0.00	0.00	27.94	0.00	0.00	0.23	28.17
	Activities	0.00	0.00	0.00	111.77	0.00	0.00	0.06	111.83
	Total	0.00	0.00	0.00	139.71	0.00	0.00	0.29	140.00
B.3. 2024–2025 resources to be planned	Staff	0.00	0.00	0.00	19.96	0.00	0.00	0.17	20.13
	Activities	0.00	0.00	0.00	79.83	0.00	0.00	0.04	79.87
	Total	0.00	0.00	0.00	99.79	0.00	0.00	0.21	100.00
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision WHA76(9): Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages

1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results

1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course

2.1.2. Capacities for emergency preparedness strengthened in all countries

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

Four years: from 2023 to 2027.

When next updated, the draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases (Appendix 3 of the WHO global action plan to prevent and control noncommunicable diseases 2013–2030) would be submitted for consideration by the Eightieth World Health Assembly in 2027 through the Executive Board at its 160th session.

B.	Resource implications for the Secretariat for implementation of the decision
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 1.175 million. Substantive work to be performed to comply with this mandate falls under the umbrella of decisions WHA72(11) (2019) and WHA75(11) (2022), which were costed before adoption. The work costed for decision WHA76(9) refers specifically to additional work required for the development of the draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases (Appendix 3 of the WHO global action plan to prevent and control noncommunicable diseases 2013–2030) that is requested in the current mandate for 2027.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 0.150 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 0.175 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 0.850 million.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** – **Resources available to fund the decision in the current biennium:** US$ 0.050 million. – **Remaining financing gap in the current biennium:** US$ 0.100 million. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	–	–	–	–	–	–	0.000	0.000
	Activities	–	–	–	–	–	–	0.150	0.150
	Total	–	–	–	–	–	–	0.150	0.150
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	–	–	–	–	–	–	0.000	0.000
	Activities	–	–	–	–	–	–	0.175	0.175
	Total	–	–	–	–	–	–	0.175	0.175
B.4. Future bienniums resources to be planned	Staff	0.027	0.023	0.021	0.024	0.020	0.021	0.539	0.675
	Activities	0.000	0.000	0.000	0.000	0.000	0.000	0.175	0.175
	Total	0.027	0.023	0.021	0.024	0.020	0.021	0.714	0.850

Decision WHA76(10): Substandard and falsified medical products

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

16 months, from June 2023 to October 2024.

The outcome of an independent evaluation of the Member State mechanism would be submitted to the Seventy-eighth World Health Assembly in 2025 through the Executive Board at its 156th session.

B. Resource implications for the Secretariat for implementation of the decision

1. Total budgeted resource levels required to implement the decision, in US$ millions:

US$ 0.41 million.

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:

US$ 0.25 million.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:

Not applicable.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:

US$ 0.16 million.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

Not applicable.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions

– **Resources available to fund the decision in the current biennium:**

US$ 0.25 million.

– **Remaining financing gap in the current biennium:**

Not applicable.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	–	–	–	–	–	–	0.07	0.07
	Activities	–	–	–	–	–	–	0.18	0.18
	Total	–	–	–	–	–	–	0.25	0.25
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	–	–	–	–	–	–	0.11	0.11
	Activities	–	–	–	–	–	–	0.05	0.05
	Total	–	–	–	–	–	–	0.16	0.16
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision WHA76(11): Global strategy on infection prevention and control	
A.	**Link to the approved revised Programme budget 2022–2023**
1.	**Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:** 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages
2.	**Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Eight and a half years, from 2023 to 2031, inclusive.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 15.61 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 1.59 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 3.53 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 10.49 million.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** – **Resources available to fund the decision in the current biennium:** US$ 0.60 million. – **Remaining financing gap in the current biennium:** US$ 0.99 million. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** US$ 0.50 million.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.05	0.05	0.04	0.05	0.04	0.03	0.80	1.06
	Activities	0.03	0.03	0.03	0.03	0.03	0.03	0.35	0.53
	Total	0.08	0.08	0.07	0.08	0.07	0.06	1.15	1.59
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.11	0.09	0.09	0.10	0.08	0.09	1.90	2.46
	Activities	0.10	0.10	0.10	0.10	0.10	0.10	0.47	1.07
	Total	0.21	0.19	0.19	0.20	0.18	0.19	2.37	3.53
B.4. Future bienniums resources to be planned	Staff	0.33	0.28	0.26	0.29	0.24	0.26	5.23	6.89
	Activities	0.30	0.30	0.30	0.30	0.30	0.30	1.80	3.60
	Total	0.63	0.58	0.56	0.59	0.54	0.56	7.03	10.49

Decision WHA76(12): Global Health and Peace Initiative

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities

2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

Five years.

B. Resource implications for the Secretariat for implementation of the decision

1. Total budgeted resource levels required to implement the decision, in US$ millions:

US$ 50.95 million.

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:

US$ 4.15 million.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:

Not applicable.

3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 14.40 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 32.40 million.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** **– Resources available to fund the decision in the current biennium:** US$ 4.15 million. **– Remaining financing gap in the current biennium:** Not applicable. **– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.80	0.10	0.00	0.00	0.15	0.00	0.15	1.20
	Activities	2.20	0.20	0.00	0.00	0.25	0.00	0.30	2.95
	Total	3.00	0.30	0.00	0.00	0.40	0.00	0.45	4.15
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	1.00	0.80	0.30	0.50	0.80	0.20	0.30	3.90
	Activities	3.00	2.00	1.00	1.00	2.00	1.00	0.50	10.50
	Total	4.00	2.80	1.30	1.50	2.80	1.20	0.80	14.40
B.4. Future bienniums resources to be planned	Staff	2.50	2.00	1.00	1.50	2.00	1.00	0.60	10.60
	Activities	6.00	4.00	2.00	2.30	4.00	2.00	1.50	21.80
	Total	8.50	6.00	3.00	3.80	6.00	3.00	2.10	32.40

Decision WHA76(13):	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
A.	**Link to the approved revised Programme budget 2022–2023**
1.	**Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:** 2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated 2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings 4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform 4.2.4. Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13 4.3.4. Safe and secure environment, with efficient infrastructure maintenance, cost-effective support services and responsive supply chain, including occupational health and safety
2.	**Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** One year (May 2023–May 2024).
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 21 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 14 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 7 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** Not applicable.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions

– **Resources available to fund the decision in the current biennium:**

US$ 13 million.

– **Remaining financing gap in the current biennium:**

US$ 1 million.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Fund raising is ongoing.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.00	0.00	0.00	0.00	3.00	0.00	0.00	3.00
	Activities	0.00	0.00	0.00	0.00	11.00	0.00	0.00	11.00
	Total	0.00	0.00	0.00	0.00	14.00	0.00	0.00	14.00
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.00	0.00	0.00	0.00	2.00	0.00	0.00	2.00
	Activities	0.00	0.00	0.00	0.00	5.00	0.00	0.00	5.00
	Total	0.00	0.00	0.00	0.00	7.00	0.00	0.00	7.00
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision WHA76(16): Reform of the global internship programme

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

4.3.2. Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

Two and a half years.

B.	Resource implications for the Secretariat for implementation of the decision
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 14.58 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 1.32 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 13.26 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** Not applicable.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** – **Resources available to fund the decision in the current biennium:** US$ 0.54 million. – **Remaining financing gap in the current biennium:** US$ 0.78 million. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Activities	0.05	0.00	0.02	0.14	0.06	0.11	0.94	1.32
	Total	0.05	0.00	0.02	0.14	0.06	0.11	0.94	1.32
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Activities	0.22	0.00	0.20	2.70	0.63	1.07	8.44	13.26
	Total	0.22	0.00	0.20	2.70	0.63	1.07	8.44	13.26
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision WHA76(18):	Recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance
A.	**Link to the approved revised Programme budget 2022–2023**
1.	**Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:** 4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform 4.2.2. The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation 4.2.3. Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships 4.2.4. Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13 4.2.5. Cultural change fostered and organizational performance enhanced through coordination of the WHO-wide transformation agenda 4.2.6. "Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored 4.3.1. Sound financial practices and oversight managed through an efficient and effective internal control framework 4.3.2. Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery 4.3.3. Effective, innovative and secure digital platforms and services aligned with the needs of users, corporate functions, technical programmes and health emergencies operations
2.	**Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** One year. The present costing only relates to the recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance contained in document EB152/33, Appendix.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 2.97 million. This includes only Secretariat support as requested. Direct interventions by Member States, as in all costings, are not costed here.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 2.97 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:

Not applicable.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

Not applicable.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions

– **Resources available to fund the decision in the current biennium:**

US$ 2.97 million.

– **Remaining financing gap in the current biennium:**

Zero.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.10	0.02	0.04	0.03	0.05	0.03	1.16	1.43
	Activities	0.09	0.02	0.03	0.02	0.04	0.03	1.31	1.54
	Total	0.19	0.04	0.07	0.05	0.09	0.06	2.47	2.97
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision WHA76(19):	Sustainable financing: feasibility of a replenishment mechanism, including options for consideration
A.	**Link to the approved revised Programme budget 2022–2023**
1.	**Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:** 4.2.3. Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships
2.	**Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Seven months. The present costing covers the period between the Seventy-sixth World Health Assembly and the time when a full plan will be considered by Member States as per the decision. It should be noted that the present costing only relates to the initial activities needed to present a full plan to Member States for their review and approval. It does not include costs related to the development of the General Programme of Work, the investment case or the evaluation. The decision requires further consultation with Member States and reporting to the Executive Board at its 154th session in January 2024 through the Programme Budget and Administration Committee at its thirty-ninth meeting. At its 154th session, the Executive Board may indicate to the Secretariat, changes or corrections reflecting further development of the plan.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 1.10 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 1.10 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** Not applicable.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** Not applicable.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** – **Resources available to fund the decision in the current biennium:** US$ 1.10 million. – **Remaining financing gap in the current biennium:** Not applicable. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.05	0.05	0.05	0.05	0.05	0.05	0.30	0.60
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.50
	Total	0.05	0.05	0.05	0.05	0.05	0.05	0.80	1.10
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision WHA76(20): Extension of the WHO traditional medicine strategy: 2014–2023 to 2025

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages

1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage

1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

Two years (2023–2025).

B. Resource implications for the Secretariat for implementation of the decision

1. Total budgeted resource levels required to implement the decision, in US$ millions:

US$ 2.00 million.

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:

US$ 0.50 million.

2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 1.50 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** Not applicable.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** **– Resources available to fund the decision in the current biennium:** US$ 0.50 million. **– Remaining financing gap in the current biennium:** Zero. **– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.01	0.01	0.01	0.01	0.01	0.01	0.15	0.21
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.29	0.29
	Total	0.01	0.01	0.01	0.01	0.01	0.01	0.44	0.50
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.01	0.01	0.01	0.01	0.01	0.01	0.44	0.50
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00
	Total	0.01	0.01	0.01	0.01	0.01	0.01	1.44	1.50
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision WHA76(21):	Voluntary Health Fund for small island developing States (terms of reference)
A.	**Link to the approved revised Programme budget 2022–2023**
1.	**Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:** 3.3.1. Countries enabled to address environmental determinants, including climate change
2.	**Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Four years.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 1.30 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** Not applicable.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** US$ 0.65 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 0.65 million.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** – **Resources available to fund the decision in the current biennium:** Not applicable. This is a new mechanism; resources will need to be mobilized from scratch in the biennium 2024–2025. – **Remaining financing gap in the current biennium:** Not applicable. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.15	0.15
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.50
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.65	0.65
B.4. Future bienniums resources to be planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.15	0.15
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.50
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.65	0.65

Decision WHA76(22): Achieving well-being: a global framework for integrating well-being into public health utilizing a health promotion approach

A. Link to the approved revised Programme budget 2022–2023

1. Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:

3.2.2. Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:

Not applicable.

3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

Eight years.

B. Resource implications for the Secretariat for implementation of the decision

1. Total budgeted resource levels required to implement the decision, in US$ millions:

US$ 79.00 million.

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:

US$ 4.18 million.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:

Zero.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:

US$ 18.60 million.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

US$ 56.22 million.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions

– **Resources available to fund the decision in the current biennium:**

US$ 2.00 million.

– **Remaining financing gap in the current biennium:**

US$ 2.18 million.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

US$ 0.50 million.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.37	0.26	0.14	0.25	0.20	0.19	0.23	1.64
	Activities	0.45	0.40	0.35	0.40	0.40	0.34	0.20	2.54
	Total	0.82	0.66	0.49	0.65	0.60	0.53	0.43	4.18
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	1.86	1.13	0.72	1.08	0.86	0.93	0.97	7.55
	Activities	1.97	1.73	1.51	1.73	1.75	1.49	0.87	11.05
	Total	3.83	2.86	2.23	2.81	2.61	2.42	1.84	18.60
B.4. Future bienniums resources to be planned	Staff	5.79	3.52	2.24	3.37	2.68	2.89	3.02	23.51
	Activities	5.83	5.12	4.47	5.12	5.18	4.40	2.59	32.71
	Total	11.62	8.64	6.71	8.49	7.86	7.29	5.61	56.22

Decision WHA76(23):	Social determinants of health
A.	**Link to the approved revised Programme budget 2022–2023**
1.	**Output(s) in the approved revised Programme budget 2022–2023 under which this decision would be implemented:** 3.1.1. Countries enabled to address social determinants of health across the life course
2.	**Short justification for considering the decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** One year.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** Zero. Ongoing related work has been costed under resolution WHA74.16 (2021) and no additional costs are involved.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** Zero.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US$ millions:** Zero.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** Zero.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** – **Resources available to fund the decision in the current biennium:** Not applicable. – **Remaining financing gap in the current biennium:** Not applicable. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.