World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY

(Draft) A75/66
28 May 2022

Third report of Committee B

(Draft)

Committee B held its fifth, sixth and seventh meetings on 27 May 2022, chaired by Mr Rajesh Bhushan (India).

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

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

15. Human resources for health

- Working for Health: draft 2022–2030 action plan

One resolution entitled:

– Human resources for health

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

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

18.1 Maternal, infant and young child nutrition

One decision

18.2 WHO Implementation Framework for Billion 3

One resolution entitled:

– Outcome of the SIDS Summit for Health: For a healthy and resilient future in small island developing States

One resolution entitled:

– Well-being and health promotion

- WHO global strategy for food safety

One decision

One decision entitled:

– Reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets – infection prevention and control

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

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

17.2 Global Health for Peace Initiative

One decision

Agenda item 15

Human resources for health

The Seventy-fifth World Health Assembly,

Having considered the Working for Health: draft 2022–2030 action plan;[1]

Recalling resolution WHA74.14 (2021) and previous resolutions and reaffirming the provisions in resolution WHA74.14 on protecting, safeguarding and investing in the health and care workforce;

Noting the continuing disruption to essential health services and the delivery of coronavirus disease (COVID-19)-related services, including: (a) all medical countermeasures including personal protective equipment, vaccines, diagnostics and therapeutics, and (b) treatment when falling sick, including in an intensive care unit, due inter alia to inequitable access to quality, safe, effective and affordable health products within and among countries and to insufficient workforce availability in most countries;

Concerned that the progress being made in addressing the global shortage of health workers is inequitable, highlighting the variation across regions, particularly in those countries on the WHO Health Workforce Support and Safeguards List (2020);

Alarmed at the increasing challenges to the health, well-being, lives and safety of health and care workers, including attacks on the health workforce and health facilities from the beginning of the COVID-19 pandemic and including in conflict and other settings in recent years and especially in recent months and the reported increases in psychological distress and mental health conditions experienced by health and care workers exacerbated by the onset of the COVID-19 pandemic, influencing reduced productivity and performance and impacting workforce retention;

Recognizing United Nations Security Council resolution 2286 (2016) on protection of the wounded and sick, medical personnel and humanitarian personnel in armed conflict, and acknowledging resolution WHA70.6 (2017), which recognized the need to substantially increase the protection and security of health and social workers and health facilities in all settings, including acute and protracted public health emergencies and humanitarian settings;

Further recalling resolution WHA63.16 (2010) on the WHO Global Code of Practice on the International Recruitment of Health Personnel, through which the Sixty-third World Health Assembly adopted the Global Code, and the Global Code's recognition that an adequate and accessible health workforce is fundamental to an integrated and effective health system and to the provision of health services, bearing in mind the necessity of mitigating the potentially negative effects of health personnel migration on health systems, particularly those of developing countries;

Bearing in mind the recommendations of the Report of the WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel on the need for the full implementation of the Global Code as well as health workforce-

[1] Document A75/12.

and health systems-related support and safeguards through strengthened international cooperation, particularly to countries facing the greatest challenges;

Noting the mismatch between global and regional workforce needs to achieve universal health coverage, COVID-19 recovery and future emergency preparedness and response versus the inadequate investment in the health and care workforce education, decent employment, continuous training and retention;

Recognizing the need to further advance equity for women in the health and care sector and emphasizing the critical role that women, who represent almost 70% of health workers, play in the health and care sector,

1. ADOPTS the Working for Health 2022–2030 Action Plan as a platform and implementation mechanism for accelerating investments in health and care worker education, skills, jobs, safeguarding and protection;

2. CALLS ON Member States,[1] in accordance with national contexts and priorities:

(1) to implement the Working for Health 2022–2030 Action Plan and integrate, as appropriate, its objectives and actions for workforce planning and financing, education and employment, and protection and performance within their health and care workforce strategies, investment plans and programmes at national and subnational levels, in line with resolution WHA74.14;

(2) to implement and monitor policy options and actions, supported by multisectoral partnership, coordination and financing:

(a) to enhance protection and safeguarding, as well as to optimize the distribution, deployment and utilization of the health and care workforce, with a focus on the employment, inclusion and participation of women at all levels and youths;

(b) to consider regional and global approaches to building multidisciplinary health and care worker capacity to address and respond to population needs, with particular emphasis for the most vulnerable groups, and to enable the functioning of efficient health systems and service delivery, with specific attention to equity, accessibility diversity and social inclusion;

(c) to maximize the health, social and economic benefits of investment in the health and care workforce, with a view to achieving universal health coverage;

(3) to utilize, where relevant, the global health and care worker compact to inform national review, action and implementation to protect and support health and care workers;

(4) to engage at the national, regional and global levels to undertake and accelerate work on building a health and care workforce through training programmes and using best available educational and training facilities, online platforms and hybrid learning opportunities; and to increase the absorption of trained staff into health and care systems through sustainable employment practices;

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

3. INVITES international, regional, national and local partners and stakeholders from across the health sector and other relevant sectors, as appropriate, to engage in and support implementation of the Working for Health 2022–2030 Action Plan:

(1) to implement, as appropriate, national, regional and global employment initiatives to promote decent jobs, including for youth and women in the health and care sector;

(2) to invite Member States and regional bodies to undertake educational investment and educational training opportunities in person and through hybrid learning or other technological platforms to allow greater access to learning tools, including through the WHO Academy;

(3) to support the Working for Health Multi-Partner Trust Fund and encourage direct funding to Member States for the implementation of the Working for Health 2022–2030 Action Plan in collaboration with national stakeholders, United Nations agencies and implementing partners;

4. REQUESTS the Director-General:

(1) to support implementation of the Working for Health 2022–2030 Action Plan for Member States through technical support, and mobilize catalytic funding and expertise, especially for those countries on the WHO Health Workforce Support and Safeguards List (2020), taking advantage of the existing WHO training platforms, such as the WHO Academy, as a key resource for global health professionals, political leaders, business leaders and representatives of civil society;

(2) to support Member States in how to protect health and care workers and safeguard their rights, and to promote and ensure decent work, free from racial and all other forms of discrimination, and a safe and enabling practice environment, including by taking into account, as appropriate, the global health and care worker compact;

(3) to report on the progress of the implementation of this resolution to the Seventy-eighth and Eighty-first World Health Assembly (in 2025 and 2028, respectively), aligned with reporting on the Global Strategy on Human Resources for Health: Workforce 2030 and the WHO Global Code of Practice on the International Recruitment of Health Personnel; and also report to the Eighty-third World Health Assembly (in 2030), in advance of the Working for Health 2022–2030 Action Plan's end-point.

Agenda item 18.1

Maternal, infant and young child nutrition

The Seventy-fifth World Health Assembly, having considered the consolidated report by the Director-General,[1]

Decided to request the Director-General:

(1) to develop guidance for Member States on regulatory measures aimed at restricting the digital marketing of breast-milk substitutes, so as to ensure that existing and new regulations designed to implement the International Code of Marketing Breast-milk Substitutes and subsequent relevant Health Assembly resolutions adequately address digital marketing practices;

(2) to report on the performance of the task described in paragraph (1) to the Seventy-seventh World Health Assembly in 2024.

[1] A75/10 Rev.1.

Agenda item 18.2

Outcome of the SIDS Summit for Health: For a healthy and resilient future in small island developing States

The Seventy-fifth World Health Assembly, having considered the consolidated report by the Director-General;[1]

Noting that climate change, a persistent crisis, threatens the health of the people of all Member States, but that the populations of the small island developing States are among the first and hardest hit;

Noting also that, besides climate change, small island developing States share grave health and sustainable development challenges posed by the impacts of natural and manmade hazards, environmental degradation, health emergencies, loss of biodiversity, the COVID-19 pandemic, external economic shocks, malnutrition, noncommunicable diseases and mental health conditions;

Recognizing that small island developing States are disproportionately impacted by climate change, which undermines the progress towards their achievement of the 2030 Agenda for Sustainable Development, including Sustainable Development Goal 3 on good health and well-being;

Further recognizing that the vulnerabilities of small island developing States to extreme weather events, including natural and man-made hazards, and other external economic shocks, underscore the importance of strong and resilient health systems, underpinned by universal health coverage, that focus on equitable access, quality, as well as financial protection and financing for development in the era of COVID-19 and beyond;

Recalling General Assembly resolution 69/15 (2014), which set forth the SIDS Accelerated Modalities of Action (SAMOA Pathway) for accelerated development plan in small island developing States, and resolution 70/1 (2015), which adopted the 2030 Agenda for Sustainable Development with the collective aim towards a transformative step for a sustainable and resilient path in ensuring that no one is left behind, and noting the correlation between high levels of vulnerability and impacts on progress towards achieving the Sustainable Development Goals;

Recalling WHO's memorandum of understanding with the United Nations Framework Convention on Climate Change in the margins of the twenty-third session of the Conference of the Parties to the Convention (COP23), and the launch of the special initiative to protect people living in small island developing States and the report submitted to the Seventy-third World Health Assembly in May 2020 on the implementation of the plan;

Welcoming the initiative of the Director-General to host the first SIDS Summit for Health: For a Healthy and Resilient Future in Small Island Developing States on 28 and 29 June 2021;

[1] Document A75/10 Rev.1 (item 18.2, WHO's implementation framework for Billion 3).

Noting with appreciation the outcome statement of the SIDS Summit for Health[1] agreed upon by the small island developing States that are Member States of WHO;

Noting the actions proposed in the SIDS Summit for Health Outcome for all partners to small island developing States to guide them in pursuing key actions needed to prevent and respond to the urgent threats faced by small island developing States;

Acknowledging the commitments made by the Director-General to pursue the actions requested of the Secretariat in response to the SIDS Summit for Health outcome statement, including on the establishment of a Leaders Group for Health, and organizing a second SIDS Summit for Health in 2023;

Taking note of the SIDS Summit for Health outcome statement, which emphasizes the urgent health challenges and needs of small island developing States with the aim of amplifying small island developing States' voice, promoting collaborative action and strengthening health and development partnerships and financing,

1. URGES Member States[2] to strengthen their collaboration and partnership in support and recognition of the unique vulnerabilities of small island developing States in addressing the various health needs and priorities as highlighted in the SIDS Summit for Health outcome statement and assisting the small island developing States' response to address persistent health, climate change and development challenges that they encounter including through the implementation of the SAMOA Pathway;

2. CALLS UPON all international, regional, and national partners from within and beyond the health sector, to pursue the actions called for in the SIDS Summit for Health outcome statement and to promote the needs and required actions needed for small island developing States;

3. DECIDES to propose a Voluntary Health Trust Fund for small island developing States with the terms of reference to be tabled in conjunction with a report from the Secretariat on current practices for funding participation of Member States in WHO meetings, at the Seventy-sixth World Health Assembly, with a view, inter alia, to facilitate the participation of small island developing States in WHO meetings and to support technical and capacity-building in their favour on issues of direct relevance to their situation and encourage all States and partners to make voluntary contributions to the Voluntary Health Trust Fund for small island developing States;

4. REQUESTS the Director-General:

(1) to continue to pursue the commitments made before and at the SIDS Summit for Health, including:

(a) Support for the SIDS Leaders Group for Health for high level advocacy and driving further attention globally on the health challenges and initiatives of the small island developing States and collaboration across Member States and partners;

[1] SIDS Summit for Health Outcome Statement: For a Healthy and Resilient Future in Small Island Developing States, https://cdn.who.int/media/docs/default-source/sids-summit/sids-summit-for-health---final-outcome-statement.pdf?sfvrsn=7a5db89f_5, accessed 13 May 2022.

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

(b) Support for the leveraging of improved multisectoral and innovative financing for small island developing States and strengthening platforms to better support small island developing States on urgent health challenges;

(c) Facilitating greater collaboration for cooperation frameworks with other United Nations entities, Member States[1] and partners;

(2) to report to the Seventy-seventh World Health Assembly in 2024 on the progress made as well as the outcomes of the second SIDS Summit for Health.

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

Agenda item 18.2

Well-being and health promotion

The Seventy-fifth World Health Assembly,

Considering the vast implications that current economic, environmental and social conditions have on the health of societies, communities and people and the potential that health promotion, health protection and disease prevention have on enhancing the capacities of people to protect and improve their health and well-being, in addition to health and social measures by governments;

Reaffirming that health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity;

Reaffirming also, as enshrined in the WHO Constitution, 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;

Further reaffirming that the objective of WHO shall be the attainment by all peoples of the highest possible level of health;

Reaffirming that governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures;

Recalling United Nations General Assembly resolution 70/1 (2015) entitled "Transforming our world: the 2030 Agenda for Sustainable Development", which identifies as part of the new Agenda to promote physical and mental health and well-being, and to extend life expectancy for all, that we must achieve universal health coverage and access to quality health care and affirms that no one must be left behind;

Recalling also United Nations General Assembly resolution 67/81 (2012), which recognizes that effective and financially sustainable implementation of universal health coverage is based on a resilient and responsive health system that provides comprehensive primary health care services, with extensive geographical coverage, including in remote and rural areas, and with a special emphasis on access to populations most in need, and has an adequate skilled, well-trained and motivated workforce, as well as capacities for broad public health measures, health protection and addressing determinants of health through policies across sectors, including promoting the health literacy of the populations;

Further recalling the 2008 report of the Commission on the Social Determinants of Health and the three overarching recommendations of the Commission: to improve daily living conditions, to tackle the inequitable distribution of power, money and resources; and to measure and understand the problem and assess the impact of action;

Recalling also the Thirteenth General Programme of Work, 2019–2025 and the target of one billion people enjoying better health and well-being by 2023;

Building on the legacy of the 1986 Ottawa Charter for Health Promotion and noting the outcomes of other previous global conferences on health promotion;

Acknowledging that the health and well-being of the population is associated with peace, security, stability, improved productivity and economic growth and that socially and economically unfair and largely avoidable inequities within and between countries may have a reverse impact;

Noting that health is produced and that it can be endangered in all environments of the society, which is why promoting health and well-being requires environmentally and financially sustainable action and investment by multiple sectors of government and input from wider society, including multisectoral engagement with social and economic actors, from individuals, communities, nongovernmental organizations and the private sector;

Acknowledging that successful promotion of health and well-being builds on complementary and essential approaches, including a Health in All Policies approach, emphasizing that public policies and decisions made in policy areas other than health impact citizens' health and its determinants; the whole-of-government approach, referring to the joint activities performed by diverse ministries, public administrations and public agencies in order to provide common solutions; as well as the whole-of-society approach, stressing the role of participatory governance and partnerships with different non-State actors at all levels, including the private sector, nongovernmental organizations, communities and individuals;

Acknowledging also that the promotion of health and well-being can address determinants of health and/or risk factors at the population, community, specific group or individual levels and in different contexts, taking into account the specific needs of people in vulnerable situations, including the removal of attitudinal, institutional and environmental barriers encountered by persons with disabilities;

Noting the increasing impact on premature mortality from noncommunicable diseases, the continued burden caused by communicable diseases and the new demands they both put on governments in the protection and promotion of health in order to achieve health equity and ensuring universal health coverage;

Emphasizing that in order to have capacity for health-informed decisions and health-seeking behaviours individuals must have achieved an appropriate level of health literacy;

Stressing that the development of interventions at population, community and individual levels to further increase health literacy and improve health outcomes must be guided by evidence, in particular from social and behavioural science, with consideration given to using innovative approaches, communication channels and technologies;

Noting that many persons with disabilities, particularly girls and women, face barriers to access information and education, including with regard 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 as adopted by the United Nations General Assembly;

Recalling that multisectoral action on social, environmental and economic determinants of health, for the entire population and proportionate to the level of disadvantage of people in vulnerable situations, is essential to create inclusive, equitable, economically productive, resilient and healthy societies with healthy environments that make healthy options the easy options to choose;

Acknowledging the importance of national, international and global cooperation and solidarity for the equitable benefit of all people and the important role that relevant multilateral organizations, under the leadership of WHO, have in articulating and promoting norms and guidelines and identifying and sharing good practices for supporting actions on social, environmental and economic determinants of health;

Considering that positioning human health and well-being as one of the key features of what constitutes a successful, inclusive and fair society in the 21st century is consistent with our commitment to human rights at national, regional and international levels,

1 URGES Member States:[1]

(1) to strengthen health promotion and disease prevention through high-impact public policies, based on scientific evidence and best available knowledge, across sectors, developed through participatory processes, to strengthen health systems and to address health determinants and reduce risk factors, including appropriate regulation, and use health and health equity impact assessments in their development in order to achieve equitable outcomes;

(2) to strengthen the health system and empower the health workforce, including by base and continuous training, in the provision of health promotion, disease prevention and health communication at all levels of health services, including by using innovative approaches, communication channels and technologies, ensuring that people in vulnerable situations have access to information;

(3) to develop enabling environments conducive to health by addressing determinants of health across sectors and by reducing risk factors and thus make it easier for individuals to make healthy choices to support the realization of healthy, safe and resilient communities;

(4) to accelerate efforts to ensure healthy lives and promote well-being and universal health coverage by 2030 for all throughout the life course, and in this regard re-emphasize our resolve to cover one billion additional people by 2025 with quality essential health and mental health services, quality, safe and effective essential medicines, vaccines, diagnostics and health technologies, and essential and quality health information, with a view to cover all people by 2030;

(5) to ensure the implementation of country- and context-specific essential public health functions to protect and promote health and to prevent diseases;

(6) to ensure 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;

(7) to consider taking steps to include basic health knowledge in curricula to ensure that everybody has an appropriate level of health literacy and implement effective, high-impact, quality-assured, people-centred, gender-, disability- and health literacy-responsive, equity-oriented and evidence-based interventions, mindful of cultural contexts to meet the health needs of all throughout the life course, and in particular persons with disabilities and people in vulnerable situations, ensuring universal access to nationally determined sets of integrated quality

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

health services at all levels of care for health promotion, prevention, diagnosis, treatment and care, and rehabilitation in a timely manner, including promoting return-to-work programmes;

(8) to support establishment, as appropriate, of mechanisms for generating, gathering and sharing evidence for developing high-impact policies to promote and protect people's physical, mental and social well-being and comprehensively address structural, social, economic, environmental and other determinants of health by working across all sectors through a whole-of-government, whole-of-society and Health in All Policies approach;

(9) to consider, as appropriate, establishing governmental, regional, subregional and local structures responsible for population-level health promotion, with sustainable financing, and continuous reporting and strengthen population-based health promotion implementation and ensure its resilience;

(10) to promote health and well-being through coordinated and multisectoral action throughout the life course and by providing conditions for people to access and enjoy clean and safe water, healthy food from sustainable food systems, clean air, tobacco-free environments, social participation, free from all forms of discrimination and inequalities and where all people are able and empowered to take responsibility for their own health and well-being;

(11) to design and orient public systems and infrastructures, including health systems that serve people's needs, that are accessible and affordable to all to ensure health equity contributing to sustainable and resilient economic development;

2. REQUESTS the Director-General:

(1) to develop, within the mandate of WHO, a framework on achieving well-being, building on the 2030 Agenda for Sustainable Development with its 17 Sustainable Development Goals and identify the role that health promotion plays within this, in consultation with Member States[1] for consideration by the Seventy-sixth World Health Assembly, through the Executive Board at its 152nd session, in 2023;

(2) to develop as part of that framework an implementation and monitoring plan that includes identifying and supporting the translation into practice of innovative approaches for well-being using health promotion tools, new technologies and approaches to contribute to the WHO general programme of work;

(3) to provide technical support to Member States in strengthening their governance, financing, human resources, evidence generation, data disaggregation and research structures for well-being and health promotion;

(4) to promote and recommend scientifically sound interdisciplinary research to develop the evidence base for interventions for the promotion of health and well-being at population, community and individual levels, including by using big data, building on the measurement systems of the Sustainable Development Goals;

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

(5) to report on the implementation of this resolution 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, through the relevant sessions of the Executive Board.

Agenda item 18.2

WHO global strategy for food safety

The Seventy-fifth World Health Assembly, having considered the consolidated report by the Director-General,[1]

Decided:

(1) to adopt the updated WHO global strategy for food safety;

(2) to call on Member States to develop national implementation road maps or reflect actions to implement the strategy within existing food safety policies and programmes and to make appropriate financial resources available to support such work;

(3) to request the Director-General to report on progress in the implementation of the updated WHO global strategy for food safety to the Seventy-seventh World Health Assembly in 2024 and thereafter every two years until 2030.

[1] Document A75/10 Rev.1.

Agenda item 18.2

Reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets – infection prevention and control

The Seventy-fifth World Health Assembly, having considered the report by the Director-General,

Decided to request the Director-General:

(1) to update the interim guidance on reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets in order to answer questions on the scope of the guidance, including the species that the guidance covers (mammalian species or mammalian species plus other species) and farmed or wild live animals;

(2) to develop plans to support country implementation of the interim guidance on reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets – infection prevention and control;

(3) to report on progress made in updating the interim guidance on reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets – infection prevention and control and the country support plans to the Seventy-seventh World Health Assembly in 2024 and thereafter every two years until 2030, in parallel with reporting on the progress in implementing the WHO global strategy for food safety.

Agenda item 17.2

Global Health for Peace Initiative

The Seventy-fifth World Health Assembly, having considered the consolidated report by the Director-General,[1]

Recalling that the WHO Constitution recognizes that the health of all peoples is fundamental to the attainment of peace and security, and recalling resolution WHA34.38 (1981), which recognized the role of physicians and other health workers in the preservation and promotion of peace as the most significant factor for the attainment of health for all;

Reiterating the commitment of Member States to the 2030 Agenda for Sustainable Development, which emphasized, inter alia, that there can be no sustainable development without peace and no peace without sustainable development; and emphasizing the importance of ensuring healthy lives, promoting well-being for all at all ages, and promoting just, peaceful and inclusive societies;

Noting the role of WHO within its mandate as the directing and coordinating authority on international health matters,

Decided:

(1) to note the report;

(2) to request the Director-General to consult with Member States[2] and Observers[3] on the implementation of the proposed ways forward contained in document EB150/20 on the Global Health for Peace Initiative, and to then develop – in full consultation with Member States[2] and Observers,[3] and in full collaboration with other organizations of the United Nations system and relevant non-State actors in official relations with WHO – a road map for the Initiative, for consideration by the Seventy-sixth World Health Assembly in 2023 through the Executive Board at its 152nd session.

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[1] Document A75/10 Rev.1.

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

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