



Concept Note:

WHO Resolution to drive collective action to improve affordable access to essential medicines and technologies for childhood non-communicable disease communities

WHAT?

Vision: Member States commit to urgent, strategic and collective action to achieve the Target of at least 80% of primary health care facilities in all countries having affordably available medicines included in the World Health Organization essential medicines list for children (EMLc) and basic technologies for the management of childhood noncommunicable diseases (NCDs), by 2030.

WHY?

Responding to concerns raised by childhood NCD Communities at United Nations (UN) [#CSocD64](#)
Acknowledging previous resolutions and declarations, including:

- 2025 Political Declaration on NCDs and Mental Health ([Appendix 1](#))
- 2025 WHA78.5 Resolution on Promoting and prioritizing an integrated lung health approach ([Appendix 2](#))
- 2025 EB156/CONF./6 Resolution on Reducing the burden of NCDs through promotion of kidney health and strengthening prevention and control of kidney disease ([Appendix 3](#))
- 2025 WHA78.11 Resolution on Rare diseases: a global health priority for equity and inclusion ([Appendix 4](#))
- 2024 Resolution on reducing maternal, newborn and child mortality ([Appendix 5](#))
- 2023 Resolution on Strengthening Diagnostics Capacity ([Appendix 6](#))
- 2022 Resolution on Access to medicines, vaccines and other health products in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health ([Appendix 7](#))
- 2021 Resolution on the highest attainable standard of health for persons with disabilities ([Appendix 8](#))
- 2019 Resolution on Improving the transparency of markets for medicines, vaccines and other health products ([Appendix 9](#))
- Roadmap for access (2019 - 2023) – Comprehensive support for access to medicines and vaccines. This Roadmap provides a list of relevant resolutions in its appendix ([Appendix 10](#))
- 2018 Resolution on Rheumatic Fever and Rheumatic Heart Disease ([Appendix 11](#))
- 2015 Resolution for transforming our world: the 2030 Agenda for Sustainable Development ([Appendix 12](#))
- 2010 WHA63.17 Resolution on Birth Defects ([Appendix 13](#))
- 2010 Sickle Cell Disease Strategy for the African Region ([Appendix 14](#))
- 1989 Convention on the Rights of the Child ([Appendix 15](#))



HOW?

- Initial draft resolution informed by input from a range of childhood NCD communities at a side-event held at the 64th Session of Commission for Social Development (#CSocD64)
- Leveraging relevant UN milestones, including:
 - o 50th Anniversary of the WHO Essential Medicines List in 2027
 - o 20th Anniversary of the WHO EML for Children (EMLc) in 2027
 - o 3rd UN High Level Meeting on Universal Health Coverage (UHC) in 2027
- Collaborating with international Childhood NCD Community leaders, allies and partners to engage individual Member States and identifying governments committed to this issue
- Socialising and refining an initial draft Resolution, including opportunities to consult and network at the 79th World Health Assembly in 2026
- Development of a supporting 1-page Infographic and webpage (with logos of supporting organisations) ahead of WHA79

WHEN?

- Timeline will align with upcoming UN side-events and other key events:
 - o February 2026 – [#CSocD64 Report and video](#) available online
 - o March 2026 – further NCD Community input informed side event at UN Women Commission on Status of Women (CSW70) – report from #CSocD64 launched
 - o April 2026 – initial draft socialised with childhood NCD Communities with view to finalising language in proposed draft and early identification of potential Country Sponsors and supporting organisations
 - o May 2026 – engagement at side-events at WHA79; share infographic flyer (v4)
 - o June 2026 - @MATES4Kids Community of Practice meeting
 - o September 2026 – UN Science Summit (“Better Together – Advancing Rights of Children and Adolescents”)
 - o December 2026 - @MATES4Kids Community of Practice meeting
- View to adoption at World Health Assembly, Geneva in 2027 to align with the 50th anniversary of the WHO EML and 20th anniversary of the WHO EMLc.

WHO?

- A broad range of Childhood NCD Communities and Allies, united to engage countries as signatories and progress the Resolution
- Secretariat support will be provided by [CLAN \(Caring & Living As Neighbours\)](#). CLAN is an Australian non-government organisation in Special Consultative Status with ECOSOC; a participant of the WHO GCM/NCDs; member of the WHO CSO Commission; and signatory to the ACFID Code of Conduct. CLAN has served as the Founding Secretariat of NCD Child, @MATES4Kids and IndigenousNCDs and is committed to equity for children living with chronic health conditions in resource poor settings of the world.

WHERE?

- Online / virtual / face-to-face collaboration
- Launch at World Health Assembly in Geneva (WHA79)

NEXT STEPS

- Please contact info@mates4kids.org if you would like to be involved, share edits for consideration or discuss any aspect of these collective efforts to improve access to essential medicines and technologies for childhood NCD communities.
- For more information about the work of @MATES4Kids (Maximising Access To Essential Supplies for Children) please visit www.mates4kids.org

APPENDICES: Relevant previous WHO Resolutions & Declarations

APPENDIX 1 – A/80/L.34 (UNGA80, New York, 2025)

Agenda item 127, submitted by the President of the General Assembly

Title: Political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being

2. Reaffirm General Assembly resolution 70/1 of 25 September 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, stressing the need for a comprehensive and people-centred approach, with a view to leaving no one behind, reaching the furthest behind first, and the importance of health across all the goals and targets of the 2030 Agenda for Sustainable Development, which are integrated and indivisible;

16. Recognize also that noncommunicable diseases, mental health conditions and their underlying risk factors and determinants affect people at all ages, including children and young people;

25. Recognize that achieving universal health coverage is essential for the prevention and control of noncommunicable diseases, including through integrated, sustainable, resilient and well-financed health systems for health promotion, prevention, screening, diagnosis, treatment, care and rehabilitation for people living with, or at elevated risk of, noncommunicable diseases and mental health conditions, focusing on a primary health care approach, while recognizing the importance of well-functioning referral systems, to connect primary health care with secondary and tertiary health care for conditions that require specialized services;

30. Acknowledge that there are cost-effective and evidence-based interventions for preventing, screening, diagnosing, treating and caring for people living with or at elevated risk of noncommunicable diseases and mental health conditions, while also acknowledging that scarce resources and increasing prices of certain health products and services mean that Member States must prioritize the most affordable and feasible interventions, which, for the most part, can be delivered at community and primary health care level based on context-specific considerations;

Strengthen primary health ca48. Strengthen and orient health systems and social care policies and capacities to achieve universal health care and support the essential needs of people living with or at risk of noncommunicable diseases and mental health conditions, across the life course, including through measures such as the following, in line with national contexts: (a) expanding primary health and community-based services to improve health promotion, prevention, screening, diagnosis, treatment, referral pathways and follow-up, for hypertension, diabetes, cancers, chronic respiratory diseases, chronic kidney disease and other noncommunicable diseases, as well as anxiety, depression, oral diseases and sickle cell disease; (b) integrating, as appropriate, prevention, screening, diagnosis, rehabilitation and long-term care into existing programmes for communicable diseases, maternal and child health, and sexual and reproductive health programmes; (c) integrating, as appropriate, responses to noncommunicable diseases and communicable diseases, such as HIV/AIDS and tuberculosis, especially in countries with the highest prevalence rates, taking into account their linkages; (d) shifting, as appropriate, mental health care and resources from specialized institutions to general health care services delivered in community-based settings; and (e) ensuring access to care for

people in humanitarian settings and ensuring continuity of care for people during emergencies and prolonged movement;

53. Improve childhood cancer survival through scaling up interventions in order to achieve a survival rate of at least 60 per cent globally by 2030, as proposed by the Global Initiative for Childhood Cancer;

55. Promote national policies for an integrated approach to lung health encompassing both noncommunicable and communicable diseases within primary health care and scale up prevention, early diagnosis and treatment of asthma and chronic obstructive pulmonary disease by improving measures such as access to effective treatment, strengthening diagnostic services and establishing structured programmes and services for the long-term management of chronic respiratory diseases;

57. Scale up, particularly at the primary health care level and within general health care services, the accessibility, availability and provision of psychosocial and psychological support, and pharmacological treatment for depression, anxiety and psychosis, as well as for other related conditions, including childhood and youth mental health conditions, and self-harm, harmful use of alcohol, other substance abuse, epilepsy, dementia, autism spectrum disorder and attention deficit hyperactivity disorder, while addressing related stigma, including through inclusive and accessible quality public education and the involvement of people with lived experience;

60. Promote equitable, sustainable and affordable access to quality-assured vaccines, therapeutics, diagnostics, medicines and other health products for noncommunicable diseases and mental health conditions while supporting and creating systems to uphold their quality and safety, including through: (a) applying pricing policies, promoting increased price transparency and strengthening financial protection mechanisms, such as health benefit packages, which reduce out-of-pocket expenditure; (b) strengthening procurement, including through pooled procurement, and diversified, resilient supply chains; and (c) strengthening regulatory systems;

63. Encourage the promotion of increased access to affordable, safe, effective and quality medicines, including generics, vaccines, diagnostics and health technologies, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also reaffirming the 2001 World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property rights 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 noting the need for appropriate incentives in the development of new health products;

Target: at least 80 per cent of primary health care facilities in all countries have availability of World Health Organization-recommended essential medicines and basic technologies for noncommunicable diseases and mental health conditions, at affordable prices, by 2030.

68. Take measures to reduce out-of-pocket expenditure and the risk of impoverishment for people and households affected by noncommunicable diseases and mental health conditions by implementing financial protection policies to cover or limit the cost of essential services, diagnostics, assistive products, psychosocial support and medicines;

Target: at least 60 per cent of countries have financial protection policies or measures in place that cover or limit the cost of essential services, diagnostics, medicines and other health products for noncommunicable diseases and mental health conditions by 2030.

69. Promote, develop and implement noncommunicable diseases and mental health multisectoral national plans, and subnational plans, as appropriate to national circumstances and based on a whole-of-government, health-in-all policies and whole-of-society approach, that: (a) are focused on a set of evidence-based, cost-effective and affordable interventions that are based on the local context; (b) identify the roles and responsibilities of government ministries and agencies; (c) are costed and budgeted and linked to broader health, development and emergency plans; (d) respect human rights and engage in a culturally competent way with communities and people living with noncommunicable diseases and mental health conditions; (e) are ambitious, operational and realistic and have measurable targets; and (f) encourage international support, including from development partners, to complement these efforts;

72. Address the impact of misinformation and disinformation around the prevention and treatment of noncommunicable diseases and mental health conditions and their risk factors, including by increasing health literacy and regulating the digital environment in a manner consistent with national and international law, to protect, especially, children and young people;

Target: at least 80 per cent of countries have an operational, multisectoral, integrated policy, strategy or action plan on noncommunicable diseases and mental health and well-being by 2030.

APPENDIX 2 – WHA 78.5 (Geneva 2025)

Agenda item 13.1 at the Seventy-eighth World Health Assembly (22 May 2025)

Title: Promoting and prioritizing an integrated lung health approach

Noting with deep concern that, in 2021, communicable and noncommunicable lung diseases, including coronavirus disease (COVID-19), were among the leading causes of mortality, causing more than 18 million deaths globally;

Recognizing the critical importance of addressing both communicable and noncommunicable diseases that affect the lungs, including tuberculosis, pneumonia, influenza, COVID-19, chronic obstructive pulmonary disease, pulmonary fibrosis, asthma and lung cancer,² and the need to strengthen primary healthcare in the context of an integrated approach towards attainment of universal health coverage; and acknowledging that pulmonary diseases and other noncommunicable diseases often share the same risk factors, requiring a horizontal preventive approach;

Recalling also resolution WHA76.5 (2023) on strengthening diagnostics capacity, resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines, and other health products, the global strategy and plan of action on public health, innovation and intellectual property, adopted by the Health Assembly through resolution WHA61.21 (2008) and resolution WHA67.22 (2014) on access to essential medicines;

1. URGES Member States,

(7) to improve access to and affordability and availability of safe, effective and quality medicines, vaccines and health technologies using the WHO Model List of Essential Medicines and the WHO Model List of Essential In Vitro Diagnostics with an emphasis on cost-effectiveness, sustainable allocation of resources and evidence-based approaches including by increasing national capacities, and with a focus on building effective regulatory systems, manufacturing capacities and/or procurement strategies and policies for fair pricing to address both communicable and noncommunicable lung diseases, including tuberculosis, pneumonia, influenza and COVID-19, as well as chronic obstructive pulmonary disease, asthma, pulmonary fibrosis and lung cancer;

2. REQUESTS the Director-General:

(5) to strengthen the capacity of the Secretariat to provide support for the implementation of cost-effective interventions and country-adapted models of care for both communicable and noncommunicable lung diseases, including tuberculosis, pneumonia, influenza and COVID-19, as well as chronic obstructive pulmonary disease, asthma, pulmonary fibrosis and lung cancer;

Agenda item 7, 156th Session of the WHO Executive Board (3 February 2025)

Title: Reducing the burden of noncommunicable diseases through promotion of kidney health and strengthening prevention and control of kidney disease

(PP4) Reaffirming our commitment to accelerate the implementation of the 2019 and 2023 Political Declarations of the High-Level Meetings of the General Assembly on UHC, by providing financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and cost-effective essential medicines and vaccines for all; [A/RES/74/2 and A/RES/78/4];

(PP7) Concerned that access to kidney care is highly inequitable worldwide, especially in resource-limited settings where kidney disease often goes undiagnosed and untreated, leaving millions at risk of death;

(PP12) Recognizing that kidney disease is a preventable, but potentially fatal consequence of many infections in adults, adolescents and children, including malaria, 2 Including but not restricted to social, environmental, commercial, and economic determinants. EB156/CONF./6 3 dengue fever, HIV, tuberculosis, hepatitis, sepsis, COVID-19, diarrheal illnesses, and neglected tropical diseases;

(OP)1. URGES Member States, in accordance with their national context and priorities, to:

(1) invest in health systems to integrate prevention, early detection, and management of kidney disease into national health policies and inclusion of kidney management into UHC benefit packages, with the aim to provide financial risk protection and universal access to the full spectrum of quality and sustainable kidney care services (to progressively include peritoneal and hemodialysis, kidney transplantation, and conservative kidney care) (EB154(7)) delivered by an adequately trained health workforce, to all individuals without any discrimination, with particular emphasis on those at risk, in vulnerable and marginalized situations, including Indigenous Peoples (WHA76.16 (2023)), pregnant women, and children (WHA77.5 (2024)) and to ensure all patients have equitable access to appropriate care;

(4) strengthen and integrate the monitoring of kidney disease burden, access to care, quality of care and morbidity and mortality outcomes into national health information systems, to inform policy decisions and guide research;

(6) take measures to promote progressive access to kidney replacement therapy, of which kidney transplantation is preferred, enabling timely referral for transplantation, as well as by implementing interventions to maximize the availability of organs for clinical use aligned with the WHO Guiding Principles on human cell, tissue and organ transplantation;

APPENDIX 4 – WHA78.11 Resolution

Agenda item 13.3

Title: Rare diseases: a global health priority for equity and inclusion

The Seventy-eighth World Health Assembly, Having considered the report by the Director-General;¹ Recognizing that a rare disease is often described as a specific health condition affecting fewer than 1 in 2000 individuals in general population, and that there are currently more than 7000 known rare diseases impacting more than 300 million people globally, with 70% of these conditions starting in childhood;² and that, while the frequency of most rare diseases can be described by prevalence, some rare diseases can be more precisely described by incidence;³

Recognizing from an equity perspective that women and children living with a rare disease encounter greater challenges in accessing care, including the late diagnosis, biases in symptom assessment and reduced access to timely and appropriate treatment, which significantly impact their quality of life and overall health outcomes;

Recognizing also the importance of achieving universal health coverage, including for persons living with a rare disease and their families and caregivers, and that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of essential quality health services, from health promotion to disease prevention, treatment, rehabilitation and palliative care, as well as essential, safe, affordable, effective and quality medicines, vaccines, diagnostics and health technologies, including assistive technologies, ensuring that the cost of using these services does not lead to financial hardship;

Recalling in particular the United Nations Sustainable Development Goal target 3.8 (Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all), the United Nations political declaration of the high-level meeting on universal health coverage (2019),⁵ which includes rare diseases, and the political declaration of the high-level meeting on universal health coverage (2023),⁶ reaffirming the commitment to ensure that no one is left behind, and other universally agreed resolutions and declarations;

Noting that reaching the correct diagnosis can take more than five years, that many persons living with a rare disease never receive a timely or adequate diagnosis, although nearly half of genetic diseases start in childhood, and that insufficient screening programmes, including newborn screening, and unequal access to diagnostic services, infrastructure and expertise contribute to delayed diagnosis and management;

Recalling resolution WHA77.5 (2024), in which the Health Assembly invited Member States, inter alia, to consider implementing a universal newborn screening programme, including comprehensive screening for congenital disorders; and recognizing the importance of early detection programmes, including those for prevention and mitigation of health conditions that may result in disabilities, while also addressing the specific needs and considerations for diagnosis, management and long-term care that meets the needs of affected children;

Recognizing that early identification can prevent the onset of disease symptoms or delay the progression of both common and rare diseases, thereby reducing child mortality and morbidity,

improving the quality of life of persons living with a rare disease and conferring significant benefits on them, their families, their caregivers and society as a whole;

(d) to accelerating efforts toward achieving and extending universal health coverage by 2030, ensuring healthy lives and well-being for all individuals, including persons living with a rare disease, throughout their life course, in order to stop the rise and reverse the trends towards catastrophic out-of-pocket health expenditure as appropriate, by re-emphasizing the commitment to progressively providing persons living with a rare disease with quality essential health products, healthcare services and affordable medicines, diagnostics and health technologies by 2030;

(e) to strengthening health systems, particularly in primary healthcare, to ensure universal access to a wide range of affordable and high-quality healthcare services for persons living with a rare disease, especially children;

(i) to considering, as appropriate, the development and utilization of digital technologies,⁹ including telemedicine and data-sharing platforms in order to improve access to specialists and treatments, especially in remote areas or where medical resources are limited, ensuring that technologies are accessible;

(4) to strengthen cooperation at national, regional and international levels to promote equitable and timely access to affordable, safe, effective and quality medicines for all persons living with a rare disease across the world, leaving no one behind;

Agenda item 11.7 at the Seventy-Seventh World Health Assembly (WHA77)

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

Proposed by: Botswana, Canada, Denmark, Djibouti, Egypt, Ethiopia, Finland, Gambia, Kenya, Kuwait, Lebanon, Monaco, Netherlands (Kingdom of the), Nigeria, Norway, Panama, Paraguay, Sierra Leone, Somalia, South Africa, Sweden, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania and United States of America

The 77th WHA:

- (PP7) Deeply concerned by the preventable tragedies of maternal, newborn and child deaths and cognizant of the leading direct causes of maternal mortality¹ identified as postpartum hemorrhage, eclampsia and pre-eclampsia, sepsis, embolism, and unsafe abortion,² which per the WHO definition is demonstrated to be responsible for the majority of abortion-associated maternal mortality,^{3,4} while recognizing that indirect causes of maternal death, including HIV/AIDS, anaemia, malaria, diabetes, cardiorespiratory conditions, tuberculosis, and malnutrition are steadily increasing as a proportion of maternal deaths and consequently the need to strengthen national health infrastructure and institutions and improve access to emergency care and that prematurity, birth trauma and asphyxia, acute respiratory infections, malaria, diarrhoea and congenital anomalies are the leading direct causes of mortality in children under 5 years; and that we will not progress towards universal health coverage by 2030 unless we provide effective interventions with quality where and when they are most needed;
- (PP14) Recognizing also that approximately 50%³ of global maternal, stillbirth, newborn and child deaths occur in fragile and humanitarian settings highlighting the urgent need in fragile contexts to step up investments, including through enhanced international cooperation, to expand coverage and improve quality of primary health care services, noting that primary health care services, including nutrition services, should be high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, to accelerate progress to achieve the Sustainable Development Goals; ⁴
- (PP15) Acknowledging that lack of access to essential emergency, critical, surgical, anesthesia, and nursing services for injuries, structural birth defects, which will proportionally increase as child survival improves,⁵ and other acute emergencies, will result in unacceptable disparities in survival and disability, a high prevalence of neglected surgically treatable conditions in lower middle-income countries (LMICs), and that people accessing surgical care in LMICs will endure catastrophic health expenditure; ⁶
- (PP16) Acknowledging also the critical importance of government leadership and a whole-of government and whole-of-society approaches in improving maternal, newborn and child health expanding the coverage of, and equitable access to integrated primary health care services with strong referral linkages to high quality secondary care services with ensured legislative and domestic budgetary support and oversight, and the need to regularly update national health and financing policies, strategies and plans to accelerate progress in improving women's, children's and adolescents' health

Invites Member States...

- (1) to take measures to significantly reduce maternal, neonatal and child mortality and morbidity and increase access to quality health care services for newborns, infants and children, as well as all women before, during and after pregnancy and childbirth, including through providing antenatal and postnatal care, sufficient numbers of skilled health personnel and adequately supplied birthing facilities;
- (3) to scale up, as appropriate, evidence-based, cost-effective interventions to achieve the current and forthcoming service coverage targets of relevant global and regional strategies and action plans needed to achieve Sustainable Development Goal targets 3.1 and 3.2, including access to quality prevention services, testing, treatment, care and support;
- (6) to accelerate implementation of the actions laid out in resolutions WHA69.20 and WHA75.8, strengthen and expand collaborative efforts such as those promoted by WHO technical departments and the Global Accelerator for Paediatric Formulations (GAP-f) network for securing better access to medicines for children, including antiretroviral therapy for HIV and report to the Seventy-eighth World Health Assembly, and subsequently as appropriate, on progress achieved, remaining gaps and specific actions needed to further promote better access to age-appropriate, quality assured, affordable medicines and commodities for pregnant and lactating woman, and for maternal, adolescent, child and newborn health services;
- (14) to enable access to essential safe quality medicines for pregnant women, lactating women, mothers, newborns and children through accelerating implementation of the actions laid out in resolutions WHA69.20 (2016) and WHA75.8 (2022) and by promoting, supporting and financing accelerated investigation, development, manufacturing, registration and supply of age-appropriate, quality assured formulations of medicines for diseases that affect mothers, newborns and children;

APPENDIX 6 – WHA76.5 (Geneva, 30 May 2023)

Title: Strengthening diagnostics capacity

Recognizing the development of the Universal Health Coverage Compendium² and the WHO lists of priority medical devices, ³ including those required for reproductive, maternal and newborn health,⁴ cancer management,⁵ coronavirus disease (COVID-19),⁶ and cardiovascular diseases and diabetes,⁷ and for covering the broad range of medical devices used for diagnostic purposes;

Noting the publication of the First WHO Model List of Essential In Vitro Diagnostics, ⁵ followed by a second⁶ and a third edition, ⁷ the guidance on selection of essential in vitro diagnostics at country level⁸ and the guidance for procurement of in vitro diagnostics and related laboratory items and equipment;

Recognizing the development of the Universal Health Coverage Compendium² and the WHO lists of priority medical devices, ³ including those required for reproductive, maternal and newborn health,⁴ cancer management,⁵ coronavirus disease (COVID-19),⁶ and cardiovascular diseases and diabetes,⁷ 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 increasing burden of noncommunicable diseases³ and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2030, ⁴ 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;⁵

Noting resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines and other health products;²

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”; ³

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

(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;

APPENDIX 7 – A/HRC/RES/50/13 (14 July 2022)

Adopted at the 55th Session of the Human Rights Council on 7 July 2022.

Title: Access to medicines, vaccines and other health products in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

The Human Rights Council,

Guided by the purposes and principles of the Charter of the United Nations,

Reaffirming the Universal Declaration of Human Rights,

Reaffirming also that the right of everyone to the enjoyment of the highest attainable standard of physical and mental health is a human right as reflected in, inter alia, the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of the Child and, with respect to non-discrimination, in the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities, and that the Constitution of the World Health Organization also recognizes the enjoyment of the highest attainable standard of health as a fundamental right of every human being, without distinction of race, religion, political belief, economic or social condition,

Extremely concerned that, according to the World Health Organization, worldwide, tuberculosis is the thirteenth cause of death and the second cause of death from infectious diseases after COVID-19; that HIV/AIDS remains one of the world's most significant public health challenges, particularly in developing countries; that tropical diseases impose a devastating human, social and economic burden on more than 1 billion people, predominantly in neglected tropical and subtropical areas and among those in the most vulnerable and marginalized situations; that non-communicable diseases kill 41 million people every year, equivalent to 71 per cent of all deaths globally, mostly in developing countries; and that people living with non-communicable diseases are at a higher risk of severe illness and death due to COVID-19,

Stressing that the full and equal enjoyment of the right to the highest attainable standard of physical and mental health implies sustained efforts to solve current health challenges particularly affecting those in the most vulnerable and marginalized situations, as well as better prevention, preparedness and responses to future health emergencies, including pandemics,

Seriously concerned about the high prices of some health products and the inequitable access within and among States, as well as the financial hardships associated with high prices, which continue to impede progress towards achieving universal health coverage for all,

Concerned at the lack of access to quality, safe, effective and affordable medicines for children in appropriate dosage forms, and at problems in the rational use of children's medicines in many countries, and that, globally, children aged under 5 years still do not have secure access to medicines for the treatment of communicable and non-communicable diseases, including rare diseases,

Concerned also that the increasing incidence of non-communicable diseases constitutes a heavy burden on societies, with serious health, social and economic consequences, which represent a

leading threat to human health and development, and recognizing the urgent need to improve accessibility to safe, affordable, effective and quality medicines and technologies to diagnose, treat and control non-communicable diseases, to strengthen viable financing options and to promote the use of affordable medicines, including generics, as well as improved access to preventive, curative, palliative and rehabilitative services, particularly at the community level,

8. *Recognizes* the innovative funding mechanisms and arrangements that contribute to the availability of vaccines and medicines in developing countries, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Gavi Alliance, Unitaid, the Access to COVID-19 Tools (ACT) Accelerator initiative and the COVID-19 Technology Access Pool (C-TAP), especially for those living in poverty, children and other persons in vulnerable situations, and calls upon all States, United Nations agencies, funds and programmes, in particular the World Health Organization, and relevant intergovernmental organizations, within their respective mandates, and encourages relevant stakeholders, including companies involved in the research and development, manufacture, importing, distribution and supply of pharmaceuticals, while safeguarding public health from undue influence by any form of real, perceived or potential conflict of interest, to further collaborate to enable equitable access to quality, safe and effective medicines and vaccines that are affordable to all, including those living in poverty, children and other persons in vulnerable situations;

10. *Encourages* States, in cooperation with other stakeholders, to redouble efforts to achieve a continuous supply of quality, safe, effective and affordable health products through research and development that meets public health needs, for the efficient application and management of intellectual property standards, to carry out evidence-based selection of health products and to seek fair and affordable pricing, to adopt good procurement and supply chain management and to promote appropriate prescribing, dispensing and rational use of health products;

APPENDIX 8 – WHA74.8 (31 May 2021)

Adopted by the World Health Assembly at its seventy-fourth session.

Title: Resolution on the highest attainable standard of health for persons with disabilities

The Seventy-fourth World Health Assembly,

Having considered the report on the WHO global disability action plan 2014–2021: better health for all people with disability,

Recalling resolutions WHA58.23 (2005) on disability, including prevention, management and rehabilitation, WHA66.9 (2013) on disability, WHA67.7 (2014) on the WHO global disability action plan 2014–2021: better health for all people with disability, WHA71.8 (2018) on improving access to assistive technology; and WHA72.3 (2019) on community health workers delivering primary health care: opportunities and challenges;

Also noting, with concern, that persons with disabilities face persistent inequality in social, economic, health and political spheres, and thus are more likely to live in poverty than persons without disabilities; and that they are more likely to have risk factors for noncommunicable diseases; as well as being more likely to be unable to get access to essential health services, public health functions, medicines and treatment, due to environmental, financial, legal and attitudinal barriers in society, including discrimination and stigmatization, as well as lack of reliable and comparable data;

Also noting that enabling universal access to assistive technology and rehabilitation services promotes the inclusion, participation and engagement of persons with disabilities in all areas of society;

Highlighting the role of community health workers in advancing equitable access of persons with disabilities to safe, quality, accessible, inclusive and innovative health services in urban and rural areas and in reducing inequities;

Stressing also that accessible health facilities, accessible health-related information and disability-specific health services and solutions are essential for persons with disabilities to benefit equally from health education, promotion, prevention, treatment and rehabilitation; and stressing further that technological solutions could be an effective means to enhance accessibility;

(3) to develop, implement and strengthen policies and programmes, as appropriate, to improve access to rehabilitation, as well as affordable and quality assistive technology within universal health and/or social services coverage, and to ensure their sustainability;

APPENDIX 9 – WHA72.8

Agenda item 11.7, 72nd World Health Assembly

Title: Improving the transparency of markets for medicines, vaccines and other health products

The Seventy-second World Health Assembly,

Having considered the report by the Director-General on access to medicines and vaccines and its annex entitled “draft road map for access to medicines, vaccines, and other health products, 2019–2023” and the report by the Director-General on medicines, vaccines and health products: cancer medicines, pursuant to resolution WHA70.12 (2017) on cancer prevention and control in the context of an integrated approach;

Seriously concerned about high prices for some health products, 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;

Recognizing that the types of information publicly available on data across the value chain of health products, including prices effectively paid by different actors and costs, vary among Member States and that the availability of comparable price information may facilitate efforts towards affordable and equitable access to health products;

Seeking to enhance the publicly available information on the prices applied in different sectors, in different countries and the access to and use of this information, while recognizing different national and regional legal frameworks and contexts and acknowledging the importance of differential pricing;

Agreeing that policies that influence the pricing of health products and that reduce barriers to access can be better formulated and evaluated when there are reliable, comparable, transparent and sufficiently detailed data¹ across the value chain,

1. URGES Member States in accordance with their national and regional legal frameworks and contexts:

(1) to take appropriate measures to publicly share information on the net prices² of health products;

(2) to take the necessary steps, as appropriate, to support dissemination and enhanced availability of, and access to, aggregated results data and, if already publicly available or voluntarily provided, costs from human subject clinical trials regardless of outcomes or whether the results will support an application for marketing approval, while ensuring patient confidentiality;

(3) to work collaboratively to improve the reporting of information by suppliers on registered health products, such as reports on sales revenues, prices, units sold, marketing costs, and subsidies and incentives;

(4) to facilitate improved public reporting of patent status information and the marketing approval status of health products;

(5) to improve national capacities, including through international cooperation and open and collaborative research and development and production of health products, especially in developing countries and low- and middle-income countries (LMICs), including health products for the diseases that primarily affect them, as well as for product selection, cost-effective procurement, quality assurance, and supply chain management;

2. REQUESTS the Director-General to:

(2) to continue supporting Member States, especially LMICs, in developing and implementing their national policies relevant to the transparency of markets for health products, including national capacities for local production, rapid and timely adoption of generic and biosimilar products, cost-effective procurement, product selection, quality assurance and supply-chain management of health products;

(5) to continue WHO's efforts to biennially convene the Fair Pricing Forum with Member States and all relevant stakeholders to discuss the affordability and transparency of prices and costs relating to health products;

(6) to continue supporting existing efforts to determine the patent status of health products and promote publicly available user-friendly patent status information databases for public health actors, in line with the global strategy and plan of action on public health, innovation and intellectual property, and to work with other relevant international organizations and stakeholders to improve international cooperation, avoid duplication of work, and promote relevant initiatives;

APPENDIX 10 – Access Roadmap for 2019 – 2023

Accessed: https://cdn.who.int/media/docs/default-source/controlled-substances/roadmap-english-v2.pdf?sfvrsn=23a165af_2 (April 2026)

Roadmap 2019-2023

How the roadmap was developed

The report on ‘Addressing the global shortage of, and access to, medicines and vaccines’ presented to the 71st World Health Assembly in May 2018 proposed actions for prioritization according to: WHO’s comparative advantage, providing value for money, and leading to achievable and sustainable improvements. These prioritised actions form the basis for the activities, actions and deliverables outlined in this report.

The actions for prioritization as described in the WHA report have been consolidated into 10 activity areas as shown in Figure 1.

Figure 1: Activity areas to be addressed during 2019-2023

- 1 Research and development for medicines and vaccines that meets public health needs
- 2 Fair pricing and financing policies
- 3 Application and management of intellectual property to contribute to innovation and promote public health
- 4 Procurement and supply chain management
- 5 Appropriate prescribing, dispensing and use
- 6 Regulatory systems that ensure quality, safety and efficacy of medicines and vaccines
- 7 Preparedness for emergencies
- 8 Good governance
- 9 Collecting, monitoring and using key data
- 10 Health workforce capacity for access to medicines and vaccines

Figure 2: Overview of WHO’s draft thirteenth general programme of work 2019-2030: strategic priorities and shifts



WHO IMPACT AND OUTCOME	
FRAMEWORK	(2019-2023)
Target	Indicator
Increase availability of essential medicines for primary health care, including the ones free of charge to 80%	1. Availability of essential medicines for primary health care, including the ones free of charge
	2. Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis
Increase the availability of oral morphine in facilities caring for patients in need of this treatment for palliative care at all levels from 25% to 50%	Availability of oral morphine in facilities at all levels
Increase service coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for severe mental health disorders to 50%	1. Proportion of persons with severe mental disorder who are using services (%)
	2. Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders
Increase coverage of 2nd dose of measles containing vaccine (MCV) to 90%	Coverage of 2nd dose of measles containing vaccine (MCV)
Increase treatment coverage of RR-TB to 80%	Coverage of MDR/RR-TB treatment as a percent of estimated incidence

Annex 1: Appendix 1 to A71/12

A71/12

APPENDIX 1

KEY RESOLUTIONS OF THE HEALTH ASSEMBLY AND REGIONAL COMMITTEES, AND REGIONAL COMMITTEE DOCUMENTS FROM THE PAST 10 YEARS RELEVANT TO ACCESS TO SAFE, EFFECTIVE AND QUALITY MEDICINES, VACCINES AND HEALTH PRODUCTS

Resolution ¹ (year)	Title
Health Assembly	
WHA70.7 (2017)	Improving the prevention, diagnosis and clinical management of sepsis
WHA70.12 (2017)	Cancer prevention and control in the context of an integrated approach
WHA70.14 (2017)	Strengthening immunization to achieve the goals of the global vaccine action plan
WHA70.16 (2017)	Global vector control response: an integrated approach for the control of vector-borne diseases
WHA69.1 (2016)	Strengthening essential public health functions in support of the achievement of universal health coverage
WHA69.11 (2016)	Health in the 2030 Agenda for Sustainable Development
WHA69.20 (2016)	Promoting innovation and access to quality, safe, efficacious and affordable medicines for children
WHA69.21 (2016)	Addressing the burden of mycetoma
WHA69.23 (2016)	Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination
WHA69.25 (2016)	Addressing the global shortage of medicines and vaccines, and the safety and accessibility of children's medication
WHA68.2 (2015)	Global technical strategy and targets for malaria 2016–2030
WHA68.6 (2015)	Global vaccine action plan
WHA68.7 (2015)	Global action plan on antimicrobial resistance
WHA68.15 (2015)	Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage
WHA68.18 (2015)	Global strategy and plan of action on public health, innovation and intellectual property
WHA68.20 (2015)	Global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications
WHA67.1 (2014)	Global strategy and targets for tuberculosis prevention, care and control after 2015
WHA67.6 (2014)	Viral hepatitis
WHA67.14 (2014)	Health in the post-2015 development agenda
WHA67.19 (2014)	Strengthening of palliative care as a component of comprehensive care throughout the life course
WHA67.20 (2014)	Regulatory system strengthening for medical products
WHA67.21 (2014)	Access to biotherapeutic products, including similar biotherapeutic products, and ensuring their quality, safety and efficacy
WHA67.22 (2014)	Access to essential medicines

¹ Unless otherwise indicated.

Resolution¹ (year)	Title
WHA67.23 (2014)	Health intervention and technology assessment in support of universal health coverage
WHA67.25 (2014)	Antimicrobial resistance
WHA66.7 (2013)	Implementation of the recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children
WHA66.12 (2013)	Neglected tropical diseases
WHA66.22 (2013)	Follow up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination
WHA65.3 (2012)	Strengthening noncommunicable disease policies to promote active ageing
WHA65.4 (2012)	The global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level
WHA65.5 (2012)	Poliomyelitis: Intensification of the global eradication initiative
WHA65.17 (2012)	Global vaccine action plan
WHA65.19 (2012)	Substandard/spurious/falsely-labelled/falsified/counterfeit medical products
WHA65.21 (2012)	Elimination of schistosomiasis
WHA65.22 (2012)	Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination
WHA64.5 (2011)	Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits
WHA63.1 (2010)	Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits
WHA63.12 (2010)	Availability, safety and quality of blood products
WHA62.10 (2009)	Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits
WHA62.16 (2009)	Global strategy and plan of action on public health, innovation and intellectual property
WHA61.1 (2008)	Poliomyelitis: mechanism for management of potential risks to eradication
WHA61.15 (2008)	Global immunization strategy
WHA61.21 (2008)	Global strategy and plan of action on public health, innovation and intellectual property
WHA60.1 (2007)	Smallpox eradication: destruction of variola virus stocks
WHA60.13 (2007)	Control of leishmaniasis
WHA60.16 (2007)	Progress in the rational use of medicines
WHA60.20 (2007)	Better medicines for children
WHA60.28 (2007)	Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits
WHA60.29 (2007)	Health technologies
WHA60.30 (2007)	Public health, innovation and intellectual property
Regional Committee for South-East Asia	
Document SEA/RC70/7	Hepatitis
Document SEA/RC70/8	Tuberculosis: 'Bending the curve'
Document SEA/RC70/9	Access to medicines
Document SEA/RC69/9	Antimicrobial resistance
SEA/RC68/R3 (2015)	Antimicrobial resistance
SEA/RC68/R5 (2015)	Cancer prevention and control – The way forward
SEA/RC66/R7 (2013)	Effective management of medicines

¹ Unless otherwise indicated.

² Unless otherwise indicated.

Resolution¹ (year)	Title
SEA/RC65/R3 (2012)	Consultative Expert Working Group on Research and Development: Financing and Coordination
SEA/RC65/R6 (2012)	Regional strategy for universal health coverage
SEA/RC64/R3 (2011)	2012: Year of Intensification of Routine Immunization in the South-East Asia Region: Framework for increasing and sustaining coverage
SEA/RC64/R5 (2011)	National essential drug policy including the rational use of medicines
SEA/RC63/R4 (2010)	Prevention and containment of antimicrobial resistance
SEA/RC62/R6 (2009)	Measures to ensure access to safe, efficacious, quality and affordable medical products
SEA/RC61/R5 (2008)	Dengue prevention and control
SEA/RC60/R5 (2007)	The new Stop TB Strategy and its implementation
SEA/RC60/R8 (2007)	Challenges in polio eradication
Regional Committee for Africa	
AFR/RC66/R2 (2016)	Regional strategy on regulation of medical products in the African Region, 2016–2025
AFR/RC64/R4 (2014)	Regional Strategic Plan for Immunization 2014–2020
AFR/RC63/R4 (2013)	Addressing the challenge of women's health in Africa: Report of the Commission on Women's Health in the African Region
AFR/RC63/R6 (2013)	Regional strategy on neglected tropical diseases in the WHO African Region
AFR/RC63/R7 (2013)	The WHO consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection; recommendations for a public health approach – implications for the African Region
AFR/RC62/R2 (2012)	HIV/AIDS: Strategy for the African Region
AFR/RC62/R7 (2012)	Consideration and endorsement of the Brazzaville Declaration on noncommunicable diseases
Regional Committee for the Eastern Mediterranean Region	
EM/RC63/R.3 (2016)	Improving access to assistive technology
EM/RC63/R.5 (2016)	Strategic framework for blood safety and availability 2016–2025
EM/RC59/R.3 (2012)	Health systems strengthening in countries of the Eastern Mediterranean Region: challenges, priorities and options for future action
Regional Committee for the Western Pacific	
WPR/RC66.R1 (2015)	Viral hepatitis
WPR/RC65.R5 (2014)	Expanded programme on immunization
WPR/RC64.R5 (2013)	Hepatitis B control through vaccination: setting the target
WPR/RC63.R4 (2012)	Regional action plan for neglected tropical diseases in the Western Pacific (2012–2016)
Regional Committee for Europe	
EUR/RC66/R5 (2016)	Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery
EUR/RC66/R9 (2016)	Action plan for the health sector response to HIV in the WHO European Region
EUR/RC66/R10 (2016)	Action plan for the health sector response to viral hepatitis in the WHO European Region
EUR/RC65/R5 (2015)	Priorities for health systems strengthening in the WHO European Region 2015–2020: walking the talk on people centredness
EUR/RC65/R6 (2015)	Tuberculosis action plan for the WHO European Region 2016–2020
EUR/RC64/R5 (2014)	European Vaccine Action Plan 2015–2020

¹ Unless otherwise indicated.

Resolution¹ (year)	Title
Directing Council of the Pan American Health Organization	
CD55.R5 (2016)	Plan of action for the prevention and control of HIV and sexually transmitted infections 2016–2021
CD55.R7 (2016)	Plan of action for malaria elimination 2016–2020
CD55.R8 (2016)	Resilient health systems
CD55.R9 (2016)	Plan of action for the elimination of neglected infectious diseases and post-elimination actions 2016–2022
CD55.R12 (2016)	Access and rational use of strategic and high-cost medicines and other health technologies
CD54.R7 (2015)	Plan of action for the prevention and control of viral hepatitis
CD54.R9 (2015)	Strategy on health-related law
CD54.R15 (2015)	Plan of action on antimicrobial resistance
CD52.R10 (2013)	Chronic kidney disease in agricultural communities in Central America

APPENDIX 11 – WHA71.14 (Geneva, 26 May 2018)

SEVENTY-FIRST WORLD HEALTH ASSEMBLY, Agenda item 12.8, 26 May 2018

Title: Rheumatic fever and rheumatic heart disease

The Seventy-first World Health Assembly,

Having considered the report on rheumatic fever and rheumatic heart disease;¹

Reaffirming resolutions: WHA66.10 (2013) on follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases; WHA68.7 (2015) on global action plan on antimicrobial resistance; WHA69.2 (2016) on committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health; and WHA69.25 (2016) on addressing the global shortage of medicines and vaccines, and the safety and efficacy of children's medicine; and the 2015 African Union Addis Ababa Communiqué on Eradication of Rheumatic Heart Disease in Africa;²

Concerned with a lack of reliable access to essential medicines for the prevention and treatment of group A beta haemolytic streptococcal pharyngitis, acute rheumatic fever and rheumatic heart disease;

1. URGES Member States:

(4) to ensure timely, affordable and reliable access to cost-effective essential laboratory technologies and medicines for the diagnosis, prevention and treatment of acute rheumatic fever and rheumatic heart disease;

2. INVITES relevant international stakeholders such as nongovernmental organizations, academic institutions, private sector entities and philanthropic foundations, as appropriate, to assist in driving forward global efforts for the prevention and control of rheumatic heart disease, and collaborate:

(3) to facilitate timely, affordable and reliable access to existing and cost-effective new medicines and technologies for prevention and control of rheumatic heart disease by supporting research and development, including gaining a greater understanding of the pathogenesis and 1 And, where applicable, regional economic integration organizations. WHA71.14 3 epidemiology of acute rheumatic fever and rheumatic heart disease, and by providing open-access resources;

3. REQUESTS the Director-General:

(3) to foster international partnerships for mobilizing resources, sharing best practice methodologies, developing and supporting a strategic research and development agenda, and facilitating access to existing and new medicines and technologies;

70th Session of the General Assembly; Agenda items 15 and 116

Title: Transforming our world: the 2030 Agenda for Sustainable Development

23. People who are vulnerable must be empowered. Those whose needs are reflected in the Agenda include all children, youth, persons with disabilities (of whom more than 80 per cent live in poverty), people living with HIV/AIDS, older persons, indigenous peoples, refugees and internally displaced persons and migrants. We resolve to take further effective measures and actions, in conformity with international law, to remove obstacles and constraints, strengthen support and meet the special needs of people living in areas affected by complex humanitarian emergencies and in areas affected by terrorism.

26. To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind. We commit to accelerating the progress made to date in reducing newborn, child and maternal mortality by ending all such preventable deaths before 2030. We are committed to ensuring universal access to sexual and reproductive health-care services, including for family planning, information and education. We will equally accelerate the pace of progress made in fighting malaria, HIV/AIDS, tuberculosis, hepatitis, Ebola and other communicable diseases and epidemics, including by addressing growing anti-microbial resistance and the problem of unattended diseases affecting developing countries. We are committed to the prevention and treatment of non-communicable diseases, including behavioural, developmental and neurological disorders, which constitute a major challenge for sustainable development.

51. What we are announcing today – an Agenda for global action for the next 15 years – is a charter for people and planet in the twenty-first century. Children and young women and men are critical agents of change and will find in the new Goals a platform to channel their infinite capacities for activism into the creation of a better world.

Goal 1. End poverty in all its forms everywhere

1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions

Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture

2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons

Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

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

3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

APPENDIX 13 – WHA63.17

Agenda item 11.7

Title: Birth defects

The Sixty-third World Health Assembly,

Having considered the report on birth defects;¹

Concerned by the high number of stillbirths and neonatal deaths occurring worldwide and by the large contribution of neonatal mortality to under-five mortality;

Recognizing the importance of birth defects as a cause of stillbirths and neonatal mortality;

Mindful that effective interventions to prevent birth defects including provision of appropriate community genetic services within the primary health care are available that can be integrated into maternal, reproductive and child health services as well as interventions to limit exposure to risk factors for birth defects;

Concerned by the inadequate coverage of maternal, newborn and child health interventions and the barriers to access to health services that still exist in countries with the highest burden of maternal, newborn and child deaths;

(3) 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, strengthening health systems and primary care, including improved coverage of vaccination against diseases such as measles and rubella, of addressing tobacco and alcohol use among pregnant women and women trying to conceive, and food fortification strategies, for the prevention of birth defects, and promoting equitable access to such services;

Sixtieth session Malabo, Equatorial Guinea, 30 August–3 September 2010

Provisional agenda item 7.6 SICKLE-CELL DISEASE: A STRATEGY FOR THE WHO AFRICAN REGION

Report of the Regional Director

4. This strategy provides a set of public health interventions to reduce the burden of SCD in the African Region through improved awareness, disease prevention and early detection. The interventions include improvements in health-care provision; effective clinical, laboratory, diagnostic and imaging facilities adapted to different levels of the health system; screening of newborns; training of health workers and development of protocols; genetic counselling and testing; accessibility to health care; establishment of patient support groups; advocacy; and research.

7. Although more than 40 countries are affected, much of the data are still hospital-based and not population-based. Most SCD manifestations are readily amenable to treatment using available interventions; however, the interventions are not accessed by the majority of patients, specifically the vulnerable groups: children under five years, adolescents and pregnant women. In addition, laboratory facilities for accurate diagnosis are limited.

10. Despite logistic and economic constraints, neonatal SCD screening along with CHCM (Comprehensive Health Care Management) have been successfully practised in some parts of Africa. For example, in Benin where neonatal screening and CHCM were practised, the under-five mortality rate of SCD was 15.5 per 10 000, which is ten times lower than the overall under-five mortality rate.¹⁰ These findings are consistent with those from developed countries, demonstrating the benefit of newborn screening and close follow-up of children using CHCM.¹¹

18. The guiding principles of this strategy are:

- (a) country ownership, leadership, fairness and community participation in the implementation of this regional strategy;**
- (b) effectiveness, cost-effectiveness and accessibility of proven interventions and services, especially for the poor and for rural dwellers;**
- (c) integrated and evidence-based interventions and prevention-focused population-based approach for step-by-step implementation of priority interventions as part of the national health plan;**
- (d) partnership, team building and coordination involving all players at various levels; coordination should foster clear definition and understanding of roles, responsibilities and mandates;**
- (e) cultural sensitivity, creativity and accountability involving individuals, patients, civil society and communities in decision-making, planning, implementation and evaluation.**

20. Advocacy for resource mobilization and increased awareness. Member States should develop and implement effective advocacy interventions to create awareness of SCD and enhance efforts for local and international resource mobilization in order to ensure availability of appropriate infrastructure, equipment, supplies and medicines. WHO and countries should collaborate in developing regional networks and global alliances to help reduce the burden of SCD. High-level advocacy should be explored and encouraged.

26. Early identification and screening. Ideally, the disease should be identified at birth as part of routine newborn screening or at any subsequent contact the child has with a health facility. Depending on national policy, early identification can be done by universal screening of all newborns, targeted screening of babies born to carrier mothers, and screening of pregnant women. Screening of babies should be done by collecting blood from a heel prick; testing can be done using iso-electric-focusing or high-performance liquid chromatography. Such services should be available alongside counselling and health education since diagnosis raises serious medical, ethical and cultural issues which may differ from one country to another.

28. Provision of affordable medicines for SCD management and pain relief. The use of quality generic medicines as part of the national essential medicines list should be promoted. Subregional economic entities can help in the manufacture and purchase of these medications. Since many SCD patients tend to revert to traditional medicine practices, traditional pharmacopoeias should be fostered after proper testing, validation and standardization. Traditional health practitioners should be involved in SCD management and referral whenever possible.

31. Research promotion. It is important to describe the history of SCD, its clinical evolution and association with malaria and other diseases. In line with the Algiers Declaration, there is a need to promote innovative research in SCD directed towards basic knowledge and its transformation into new tools such as medicines, vaccines and diagnostic tools; it is also important to identify knowledge gaps and evaluate strategies. It is necessary to promote research in both conventional and traditional medicine to produce evidence of safety, efficacy and quality.

33. WHO and partners should support countries by:

(b) advocating for increased resource allocation especially for prevention; provision of adequate infrastructure, equipment and medicines; and research;

34. The existing level of funding allocated to SCD prevention and control is generally insufficient. Additional internal and external resources will be required to support implementation of this strategy. Specifically there is need to ensure the availability of trained human resources at different levels of the health system along with the provision of medicines and equipment.

Title: Convention on the Rights of the Child

Article 6

1. States Parties recognize that every child has the inherent right to life.
2. States Parties shall ensure to the maximum extent possible the survival and development of the child.

Article 23

1. States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.
2. States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.
3. Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development
4. States Parties shall promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.


Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:
 - (a) To diminish infant and child mortality;

- (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;
- (c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;
- (d) To ensure appropriate pre-natal and post-natal health care for mothers;
- (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;
- (f) To develop preventive health care, guidance for parents and family planning education and services.

3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

4. States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.



"We need affordable access to medicine and equipment"

- The inherent right to life (Article 6).
- Governments recognise that a child living with a mental or physical disability should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate your active participation in the community ... and ensure access to health care services and rehabilitation SERVICES (Article 23).
- The right to the enjoyment of the highest attainable standard of health and facilities including the provision of necessary medical assistance and health care (Article 24).