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Digital health

Recognizing the potential of digital technologies to play a major role in improving public health, delegates agreed on a resolution on digital health. The resolution urges Member States to prioritize the development and greater use of digital technologies in health as a means of promoting Universal Health Coverage and advancing the Sustainable Development Goals.

It requests that WHO develop a global strategy on digital health and supports the scale-up of these technologies in countries by providing technical assistance and normative guidance, monitoring trends and promoting best practices to improve access to health services.

The resolution also asks Member States to identify priority areas in which they would benefit from WHO assistance, such as implementation, evaluation and scale up of digital health services and applications, data security, ethical and legal issues. Examples of existing digital health technologies include systems that track disease outbreaks by using "crowdsourcing" or community reporting; and mobile phone text messages for positive behaviour change for prevention and management of diseases like diabetes.

Snakebite

Delegates agreed a resolution that aims to reduce the number of people around the world who are either killed or are physically or mentally disabled by snakebite. An estimated

1.8 – 2.7 million people are bitten by venomous snakes each year, with between 81 000 and 138 000 people dying as a result. For every person who dies following a snakebite, another four or five are left with disabilities such as blindness, restricted mobility or amputation, and post-traumatic stress disorder.

Snakebite overwhelmingly affects people from poor agricultural and herding communities and was categorized by WHO last year as a high-priority neglected tropical disease. Poor prevention, health worker training, diagnosis and treatment of cases of snakebite, as well as a lack of available tools, are all holding up progress on addressing the global burden of the disease.

Acknowledging the urgent need to improve access to safe, effective and affordable antivenoms for snakebite, delegates urged WHO to accelerate and coordinate global efforts to control snakebite ‘envenoming’ - the life-threatening disease that follows the bite of a venomous snake.

Physical activity

Member States endorsed the WHO Global Action Plan on Physical Activity (GAPPA), a new initiativeÂ aimed at increasing participation in physical activity by people of all ages and ability toÂ promote health and beat noncommunicable diseases, including heart disease, stroke, diabetes and breast and colon cancer, and support improved mental health and quality of life.

Worldwide, 23% of adults and 81% of adolescents aged 11-17 years do not meet the global recommendations for physical activity. Prevalence of inactivity is as high as 80% in some adult populations influenced by changing patterns of transportation, use of technology, urbanization and cultural values.

GAPPA provides countries with a prioritized list of policy actions to address the multiple cultural, environmental and individual determinants of physical inactivity. These actions are connected to four objectives that focus on creating active societies, environments, active people and active systems. The plan’s goal is a 15% reduction in the global prevalence of physical inactivity in adults and in adolescents by 2030.

Assistive technology

Delegates adopted a resolution urging Member States to develop, implement and strengthen policies and programmes to improve access to assistive technology and requesting the

Director-General to prepare by 2021 a global report on effective access to assistive technology.

Assistive technology, such as wheelchairs, hearing aids, walking frames, reading glasses and prosthetic limbs, enables people with difficulties in functioning to live productive and dignified lives, participating in education, the labour market and social life. Without such technology, people with disabilities and older people and others in need are often excluded, isolated and locked into poverty, and the burden of morbidity and disability increases.

An estimated 1 billion people would benefit from assistive products, a number that will rise to more than 2 billion by 2050. Yet 90% do not have access, owing to high costs and a lack of availability. The Director-General was requested to report on progress in the implementation of the present resolution to the Seventy-fifth World Health Assembly and thereafter to submit a report to the Health Assembly every four years until 2030.

International Health Regulations

Delegates welcomed a proposed five-year global strategic plan to improve public health preparedness and response, through implementation of the International Health Regulations.

The International Health Regulations (IHR) are an international legal instrument that is binding on 196 countries across the globe, including all WHO Member States of WHO. Their aim is to help the international community prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.

The IHR, which entered into force on 15 June 2007, require countries to report certain disease outbreaks and public health events to WHO. The IHR define the rights and obligations of countries to report public health events, and establish a number of procedures that WHO must follow in its work to uphold global public health security.

In 2017, WHO recorded a total of 418 public health events in its event management system: the initial source in reporting 136 of these was national government agencies, including National IHR Focal Points. The new strategy aims to help countries strengthen the core capacities they need to implement the regulations, including more reporting through IHR.

Pandemic Influenza Framework (PIP) Framework

Delegates considered the report by the Director-General on progress to implement decision WHA70(10) on Review of the Pandemic Influenza Preparedness Framework. The Health Assembly approved all the recommendations in the Director-General's report but requested that the final text of the analysis requested in decision WHA70(10)8b, be submitted to WHA 2019 rather than WHA 2020.

The Pandemic Influenza Preparedness (PIP) Framework brings together Member States, industry, other stakeholders, and WHO to implement an innovative Â global approach to pandemic influenza preparedness and response. It was adopted by Member States during the World Health Assembly in 2011.

A key principle in the PIP Framework is that fairness and equity must continue to drive global work to prepare for a pandemic response. Thus, the PIP Framework has two objectives: to strengthen the sharing of influenza viruses with pandemic potential and increase access of developing countries to pandemic vaccines, antiviral medicines and other essential response products.

Rheumatic fever and rheumatic heart disease

Delegates agreed a resolution calling for WHO to launch a coordinated global response to rheumatic heart disease, which affects around 30 million people each year. In 2015, the disease was estimated to have caused 350 000 deaths. The disease most commonly occurs in childhood and disproportionately affects girls and women.

Rheumatic heart disease is a preventable condition arising from acute rheumatic fever. Despite the availability of effective measures for prevention and treatment of the disease, cases have not significantly declined in recent years. Socioeconomic and environmental factors such as poor housing, undernutrition, overcrowding and poverty increase the likelihood and the severity of the disease.

Improving standards of living, expanding access to appropriate care, and ensuring a consistent supply of quality-assured antibiotics are some of the key strategies that can dramatically reduce the number of people affected. Delegates called on WHO to reinvigorate efforts to tackle rheumatic fever and to lead and coordinate renewed global efforts for itsÂ prevention and control.