27 May 2016, GENEVA--Delegates at the World Health Assembly have agreed resolutions and decisions on air pollution, chemicals, the health workforce, childhood obesity, violence, noncommunicable diseases, and the election of the next Director-General.

Air pollution

Delegates welcomed a new road map for responding to the adverse health effects of air pollution. Every year, 4.3 million deaths occur from exposure to indoor air pollution and 3.7 million deaths are attributable to outdoor air pollution. The road map outlines actions to be taken between 2016 and 2019, and is organized into four categories.

It sets out to expand the knowledge base, by building and disseminating global evidence and knowledge impacts of air pollution of health and the effectiveness of interventions and policies to address it. The road map also aims to enhance systems to monitor and report on health trends and progress towards the air pollution-related targets of the Sustainable Development Goals. It focuses on leveraging health sector leadership and coordinated action at all levels – local, national, regional and global – to raise awareness of air pollution. Lastly, it will enhance the health sector's capacity to address the adverse health effects from air pollution through training, guidelines and national action plans.

Chemicals

The Health Assembly also approved a resolution on the health sector's role in the sound management of chemicals. Chemicals contribute significantly to the global economy, living standards and health, but poor management also contributes significantly to the global burden of disease and death, particularly in developing countries. Worldwide, 1.3 million lives are lost every year due to exposures to chemicals, such as lead and pesticides.

Delegates reconfirmed their commitment to ensuring chemicals are used and produced in ways that minimize significant adverse effects on human health and the environment by 2020. The resolution urges Member States to strengthen international cooperation, through transferring expertise, technologies and scientific data, as well as exchanging good practices to manage chemicals and waste.

The resolution asks the WHO Secretariat to develop and to present to the Seventieth World Health Assembly a road map outlining concrete actions to enhance the health sector engagement towards meeting the 2020 goal and associated targets of the 2030 Agenda for Sustainable Development. It also requests the Secretariat to develop a report on the impacts of waste on health and actions the health sector could take to protect it.

Health Workforce

Delegates agreed today to adopt the Global Strategy on Human Resources for Health: Workforce 2030, which aims to accelerate progress towards universal health coverage and the achievement of the Sustainable Development Goals (SDGs) by ensuring equitable access to health workers in every country. Today's resolution calls on countries to take steps to strengthen their health workforces, including actively forecasting gaps between needs for and supply of health workers, collecting and reporting better data, and ensuring adequate funding for the health workforce.

Population growth, ageing societies, and changing disease patterns are expected to drive greater demand for well-trained health workers in the next 15 years. The global economy is projected to create around 40 million new health sector jobs by 2030; mostly in middle- and high-income countries. But despite that anticipated growth, there will be a projected shortage of 18 million health workers needed to achieve the SDGs in low- and lower-middle income countries, fuelled in part by labour mobility, both within and between nations.

Ending Childhood Obesity

Delegates considered the report of the Commission on Ending Childhood Obesity which sets out the approaches and combinations of interventions that are likely to be most effective in tackling childhood and adolescent obesity in different contexts around the world. In 2014, an estimated 41 million children under 5 years of age were affected by overweight or obesity, and 48% of these lived in Asia and 25% in Africa. Under-nutrition in early childhood places children at an especially high risk of developing obesity later in life when food and physical activity patterns change.

Member States welcomed the six recommendations detailed in the Commission's report. These include strategies to tackle environmental norms that foster obesity, reduce the risk of obesity through the life-course and treat children who are already obese to improve their current and future health. The Health Assembly calls on the WHO Secretariat to develop an implementation plan to guide further action, in consultation with Member States, and invited stakeholders to work towards implementation of the actions. The Assembly also recommended Member States develop national responses to end childhood and adolescent obesity, in line with the report's recommendations.

Global plan of action on violence

Delegates agreed a resolution on the WHO global plan of action on violence. Non-fatal acts of violence take a particular toll on women and children. One-in-four children has been physically abused; one-in-five girls has been sexually abused; and one-in-three women has experienced physical and/or sexual intimate partner violence at some point in her lifetime.

The plan is designed to help countries strengthen action to address interpersonal violence, in particular violence against women and girls, and children. The resolution encourages countries to strengthen the role of the health system in responding to violence. It invites partners to take steps to accomplish the plan¹s four strategic directions: strengthen health system leadership and governance; enhance health service delivery and the capacity of health workers and

providers to respond to the needs of people who have experienced violence; boost programming to prevent interpersonal violence; and improve information and evidence.

Prevention and control of noncommunicable diseases

Member States reviewed the progress made by countries in addressing noncommunicable diseases (NCDs), including heart and lung diseases, cancers and diabetes, since the first UN High-level Meeting on NCDs in 2011.

There has been a significant increase in the number of countries with a national multisectoral NCD action plan (from 18% of countries in 2010 to 37% in 2015) and a NCD department within national ministries of health (from 53% to 66%). Globally, the probability of dying between the ages of 30 and 70 from a major NCD has dropped slightly, as well as alcohol per capita consumption, and the prevalence of raised blood pressure.ÂÂ However, significant global increases are witnessed in the prevalence of obesity and overweight.

In preparation for the third UN High-level Meeting on NCDs in 2018, Member States requested WHO update a set of very cost-effective and affordable NCD interventions that can be implemented by all Member States, as well as to develop an approach to register and publish contributions of the private sector to achieving global NCD targets.

Director-General election

Delegates have agreed three proposals from the Director-General to increase transparency around the upcoming election of her successor.

They approved the Director-General's proposal to acknowledge the nomination of prospective candidates provided the nominating country agrees. The deadline for submissions is 22 September and nominations are not formally opened until the following day. However, the DG can now publicly acknowledge the names of prospective candidates submitted before then providedÂÂ the nominating country is in agreement.

They agreed to webcast the Candidates' Forum expected to be held in November this year. The Forum is an interactive dialogue where each candidate gives a 30-minute presentation of their vision and plans for WHO, followed by a questions and answer session with Member State representatives. Participation in the live event is limited to Member States, but the event will now be webcast live on the WHO website in all official languages.

The Assembly also decided that candidates nominated by the Executive Board to the World Health Assembly will have the opportunity to address the Health Assembly before voting takes place. Delegates further decided that these addresses be webcast on the WHO website in all official WHO languages.