GENEVA—The Sixty-ninth World Health Assembly closed today after approving new resolutions on WHO's Framework for Engagement with Non-State Actors; the Sustainable Development Goals; the International Health Regulations; tobacco control; road traffic deaths and injuries; nutrition; HIV, hepatitis and STIs; mycetoma; research and development; access to medicines and integrated health services.

WHO Framework of Engagement with Non-State Actors

The World Health Assembly has adopted the WHO Framework of Engagement with Non-State Actors (FENSA), after more than two years of intergovernmental negotiations

FENSA represents a major step in WHO's governance reform. It provides the Organization with comprehensive policies and procedures on engaging with non-governmental organizations, private sector entities, philanthropic foundations and academic institutions.

The Framework aims to strengthen WHO engagement with all stakeholders while protecting its work from conflicts of interest and undue influence from external actors, and is based on standardized process of due diligence and risk assessment. FENSA also facilitates an enhanced level of transparency and accountability in WHO's engagement with non-State actors, with information on these engagements publicly available online in the WHO Register of non-State actors.

Sustainable Development Goals

Delegates agreed a comprehensive set of steps that lay the groundwork for pursuing the health-related Sustainable Development Goals.
They agreed to prioritize universal health coverage, and to work with actors outside the health sector to address the social, economic and environmental causes of health problems, including antimicrobial resistance. They agreed to continue and expand efforts to address poor maternal and child health and infectious diseases in developing countries, and to put a greater focus on equity within and between countries, leaving no-one behind.

Delegates also asked WHO to take steps to ensure that the organization has the resources it needs at all levels to achieve the SDGs, to work with countries to strengthen their ability to monitor progress towards the goals, and to take the SDGs into consideration in developing the Organization's budget and programme of work.

International Health Regulations

The Health Assembly considered the report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response. Delegates commended the Committee for its work. They called on WHO to develop a global

implementation plan for the recommendations of the Committee, taking forward immediately those recommendations that are consistent with existing IHR (2005) practice and allowing for further discussion and consideration of the new approaches that are proposed.

The Review concluded that the escalation of the Ebola outbreak was not the fault of the IHR themselves. Instead, it identified a lack of implementation of the Regulations as contributing to the escalation. It also characterized the IHR as an invaluable international legal framework that provides the backbone for public health response.

Approaches proposed in the Committee's report to strengthen implementation of the Regulations include the introduction of a new, intermediate level of public health alert and recognition of external assessment of country core capacities as a best practice.

Tobacco control

In a move to further strengthen global tobacco control efforts, delegates decided to invite the WHO Framework Convention on Tobacco Control's (WHOFCTC) Conference of the Parties (COP) to provide information on outcomes of this biennial event to future World Health Assembly meetings.ÂÂÂ
They also invited the COP to consider requesting the Assembly to provide a report for information on relevant tobacco-related activities to future meetings of the COP. The seventh session of the COP is being held on 14-16 November, 2016, in New Delhi, India.

The WHO FCTC is the first treaty negotiated under WHO's auspices. To date, it comprises 180 Parties and is one of the most rapidly and widely embraced treaties in UN history. It was developed in response to the globalization of the tobacco epidemic and is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.

Delegates also decided to include a follow-up item on this issue at the Seventieth World Health Assembly.

Road traffic deaths and injuries

To support countries' efforts to reach the SDG target of reducing road traffic deaths and injuries by 50% by 2020, World Health Assembly delegates today adopted a resolution requesting Member States to accelerate implementation of the outcome document of the Second Global High-Level Conference on Road Safety 2011-2020 held in November 2015, (the Brasilia Declaration on Road Safety).

Road traffic crashesÂÂÂ kill more than 1.2 million people annually and injure up to 50 million.

The resolution calls for national strategies and plans to address the needs of the most vulnerable people on the roads, including children, youth, older people and people with disabilities. It urges countries to rethink transport policies and to adopt more sustainable modes of transport, like walking, cycling and public transport.

It requests the WHO secretariat to continue facilitating development of voluntary global performance targets on risk factors and service delivery mechanisms. It also asks WHO to help countries implement policies and practices, including on trauma care and rehabilitation; and facilitate preparations for the Fourth United Nations Global Road Safety Week in May 2017.

Nutrition

Delegates adopted two resolutions on nutrition. The first, drawn up in response to the recently launched UN Decade of Action on Nutrition from 2016 to 2025, urges countries to make concrete policy and financial commitments to improve people's diets, and report back regularly on those policies and investments.

It calls on UN bodies to guide and implement national nutrition programmes and support monitoring and reporting mechanisms. It specifically requests that WHO and FAO work together to help countries develop, strengthen and implement their plans and maintain an open access database of commitments for public accountability.

The second welcomed WHO guidance on ending the inappropriate promotion of foods for infants and young children. The guidance clarifies that, in order to protect, promote and support breastfeeding, the marketing of "follow-up formula" and "growing-up milks"—targeted for consumption by babies aged 6 months to 3 years—should be regulated in just the same manner as infant formula for 0 to 6-month-olds is. This recommendation is in line with the International Code of Marketing of Breast-milk Substitutes adopted by the World Health Assembly in 1981. Milk that is marketed as a general family food is not covered by the guidance, since it is not marketed specifically for feeding of infants and young children.

In light of the poor nutritional quality of some food and beverages marketed to infants and young children, the WHO guidance also indicates that foods for infants and young children should be promoted only if they meet standards for composition, safety, quality and nutrient levels and are in line with national dietary guidelines.

The guidance also lays out key principles of how health professionals should interact with companies that market complementary foods. It recommends that health professionals do not accept gifts or free samples from these companies. They should not distribute samples, coupons, or products to families nor allow the companies to provide education or market foods through their health facilities. The guidance also recommends that companies do not sponsor meetings of health professionals.

The resolution urges countries, health professionals, the food industry, and the media to implement the guidance. In the resolution, countries also requested support from WHO to implement the guidance and monitor and evaluate its impact on infant and young child nutrition. They asked WHO to work with other international organizations on promoting national implementation of the guidance, and to will report back to the Assembly in 2018 and 2020.

HIV, viral hepatitis and sexually transmitted infections

The World Health Assembly has adopted three global health sector strategies on: HIV, viral hepatitis and sexually transmitted infections (STIs) for the period 2016-2021. The integrated strategies highlight the critical role of Universal Health Coverage. Their targets are aligned with those laid out in the Sustainable Development Goals.

The strategies outline actions to be taken by countries and by the WHO secretariat. Each aims to accelerate and intensify the health sector response to further progress towards ending all three epidemics.

The HIV strategy aims to further accelerate the expansion of access to antiretroviral therapy to all people living with HIV as well as the further scale-up of prevention and testing to reach interim targets: Since 2000, it has been estimated that as many as 7.8 million HIV-related deaths and 30 million new HIV infections have been averted. By 2020 the strategy aims to reduce global HIV-related deaths to below 500 000, to reduce new HIV infections below 500 000 and ensure zero new infections among infants.

The hepatitis strategy – the first of its kind - introduces the first-ever global targets for viral hepatitis. These include a 30% reduction in new cases of hepatitis B and C by 2020 and a 10% reduction in mortality. Key approaches will be to expand vaccination programmes for hepatitis A,B, and E; focus on preventing mother-to-child transmission of hepatitis B; improved injection, blood and surgical safety; “harm reduction” for people who inject drugs and increase access to treatment for hepatitis B and C.

The STI strategy specifically emphasizes the need to scale up prevention, screening and surveillance, in particular for adolescents and other at-risk populations, as well as the need to control the spread and impact of drug resistance. Although diagnostic tests for STIs are widely used in high-income countries, in low- and middle-income countries, diagnostic tests are largely unavailable. Resistance of STIs—in particular gonorrhoea—to antibiotics has increased rapidly in recent years and has reduced treatment options. More than 1 million sexually transmitted infections (STIs) are acquired every day worldwide. Each year, there are an estimated 357 million new infections with 1 of 4 STIs: chlamydia, gonorrhoea, syphilis and trichomoniasis.

Mycetoma

The Health Assembly adopted a resolution on mycetoma. Mycetoma is a chronic, progressively destructive inflammatory disease of the skin, subcutaneous and connective tissue, muscle and bone. It usually affects the foot but also can also affect other parts of the body.
Mycetoma appears to mainly affect poor agricultural labourers and herdsmen. Due to its slow progression and painless nature, many patients come forward for treatment at an advanced stage of the disease when amputation is the only available treatment.

The global burden of mycetoma cannot be determined accurately due to lack of data. However, a 2013 systematic review of available data reported almost 9 000 cases in 50 countries around the world.

The new resolution on will help raise awareness of the disease. A wider recognition of the burden of mycetoma is expected to boost the development of control strategies and tools suitable for implementation in poor and remote areas where many of the cases occur.

Access to medicines and vaccines

Delegates agreed a range of measures aimed at addressing the global shortage of medicines and vaccines, especially for children.
Delegates agreed to develop ways to forecast, avert and reduce shortages. These include notification systems, better ways of monitoring supply and demand, improving financial management of procurement systems to prevent funding shortfalls, and improving affordability through price negotiations and voluntary or compulsory licensing of high-priced medicines.

Access to medicines and vaccines is one of the cornerstones of universal health coverage, and is critical to the achievement of the health-related SDGs. Stock-outs and shortages have been increasing in severity in recent years in most parts of the world, including of antibiotics, anaesthetics, chemotherapy drugs and other essential medicines. Benzathine penicillin, an antibiotic used to treat congenital syphilis and rheumatic heart disease, has been in chronic short supply for several years.

The products most susceptible to shortages are those that are off-patent, difficult to formulate, have a short shelf-life, or are made by a small number of manufacturers. Low-volume markets, poor visibility of demand, and overly aggressive price reduction in procurement also contribute to shortages.

Research and development

Delegates at the World Health Assembly agreed today to accelerate the development of the WHO Global Observatory on Health Research and Development in order to identify gaps in R&D, especially for diseases that disproportionately affect developing countries and attract little investment.
The observatory is a database of research and development projects. It is a key feature of WHO’s strategic R&D workplan, endorsed by the Assembly in 2013, to help achieve the development and delivery of health productsÂÂÂ for which market mechanisms fail to provide incentives. A demonstration version of the observatory was made available at the beginning of 2016, integrating available information on funding for health R&D, health products in the pipeline, clinical trials and research publications.

The workplan also includes six demonstration projects aimed at developing products. These include an initiative on R&D for visceral leishmaniasis; development of a vaccine against schistosomiasis; a single-dose cure for malaria; development of affordable biomarkers as diagnostics; open-source drug development for diseases of poverty and a multiplexed point-of-care test for acute febrile illness. Funding is urgently needed to develop both the observatory and the demonstration projects.

The delegates urged WHO's Member States to increase funding for the observatory, and to

strengthen their own national R&D observatories. They also requested WHO to expedite the development of the observatory, promote and advocate for sustainable financing for it, and to establish an expert advisory committee to identify R&D priorities based on analysis provided by the observatory and other sources.

Integrated health services

The Health Assembly today adopted the WHO Framework on Integrated, People-Centred Health Services, which calls for a fundamental shift in the way health services are funded, managed and delivered.

Longer lifespans and the growing burden of long-term chronic conditions requiring complex interventions over many years, are putting increasing pressure on health systems globally. Unless they are transformed, health systems will become increasingly fragmented, inefficient and unsustainable.

Integrated people-centred care means putting people and communities, not diseases, at the centre of health systems, and empowering people to take charge of their own health rather than being passive recipients of services. Evidence shows that health systems oriented around the needs of people and communities become more effective, cost less, improve health literacy and patient engagement, and are better prepared to respond to health crises.

Delegates requested WHO to develop indicators to track progress toward integrated people-centred health services.