

Second report of Committee A

(Draft)

Committee A held its fifth, sixth and seventh meetings on 29 May 2024 chaired by Mrs Katarzyna Drażek-Laskowska (Poland), Mr Apurva Chandra (India) and Mr Alexandre Peña Ghisleni (Brazil).

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

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

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

11.1 Universal health coverage

One resolution entitled:

- Social participation for universal health coverage, health and well-being

One decision entitled:

- Development of a global strategy and action plan for integrated emergency, critical and operative care, 2026–2035

11.2 Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

One resolution entitled:

- Strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies

One resolution entitled:

- Increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs

11.3 Draft global action plan for infection prevention and control

One decision entitled:

- Global action plan and monitoring framework on infection prevention and control

Agenda item 11.1

Social participation for universal health coverage, health and well-being

The Seventy-seventh World Health Assembly,

Having considered the report by the Director-General;¹

Reaffirming the principle enshrined in the WHO Constitution of the enjoyment of the highest attainable standard of health as one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition; Sustainable Development Goal target 16.7 to ensure responsive, inclusive, participatory and representative decision-making at all levels;² and the importance of creating a safe and enabling environment for participation for universal health coverage, respecting principles of equality, equity and non-discrimination;³

Recalling the 2023 United Nations General Assembly's political declaration of the high-level meeting on universal health coverage,³ which promotes participatory, inclusive approaches to health governance for universal health coverage, including by exploring modalities for enhancing a meaningful whole-of-society approach and social participation, involving all relevant stakeholders, including local communities, health workers and care workers in the health sector, volunteers, civil society organizations and youth in the design, implementation and review of universal health coverage, to systematically inform decisions that affect public health, so that policies, programmes and plans better respond to individual and community health needs, while fostering trust in health systems;

Reiterating the importance of empowering people and communities as part of the primary health care approach, which includes the engagement of individuals, families, communities and civil society through their participation in the development and implementation of policies and plans that have an impact on health, as per the Declaration of Astana,⁴ welcomed by the Health Assembly in resolution WHA72.2 (2019) and building on the Declaration of Alma-Ata (1978);⁵

Deeply concerned about the exacerbation of inequities within and between countries, due to the coronavirus disease (COVID-19) pandemic, climate change and conflicts, along with inadequate progress to address all determinants of health equity and well-being,⁶ as well as the structural factors

¹ Document A77/4.

² Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels: SDG Target 16.7 "Ensure responsive, inclusive, participatory and representative decision-making at all levels" [website]. New York: United Nations (https://sdgs.un.org/goals/goal16#targets_and_indicators, accessed 10 January 2024).

³ See General Assembly resolution 78/4.

⁴ Declaration of Astana. Astana: Global Conference on Primary Health Care. 2018 (<https://www.who.int/publications/i/item/WHO-HIS-SDS-2018.61>, accessed 10 November 2023).

⁵ Declaration of Alma-Ata. Alma-Ata: International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978 (<https://www.who.int/publications/i/item/WHO-EURO-1978-3938-43697-61471>, accessed 10 November 2023).

⁶ Including, but not restricted to, social, commercial, economic and cultural determinants.

that affect these,¹ and recalling the Rio Political Declaration on Social Determinants of Health (2011)² that identifies promoting participation in policy-making and implementation as one of five key action areas to address health inequities, and pledges to promote and enhance inclusive and transparent decision-making, implementation and accountability for health and health governance at all levels, including through public participation, and to empower the role of communities and strengthen civil society contribution to policy-making and implementation by adopting measures to enable their effective participation;

Recalling the need to promote the participation of all women³ and all those in vulnerable and/or marginalized situations⁴ including, inter alia, persons with disabilities⁵ and Indigenous Peoples,⁶ in decision-making processes for health, so that health-related policies and plans respond to their needs across the life-course, as a strategy to achieve the Sustainable Development Goals' promise to reach first those who are furthest behind and advance gender equality;⁷

Noting the importance of long-term, sustained community engagement to ensure trust and effective public health interventions,⁸ and expressing concern at the erosion of trust, particularly during the COVID-19 pandemic, as well as the negative impacts of health-related misinformation, disinformation, hate speech and stigmatization, on multiple media platforms, on people's physical and mental health, recalling the political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response;⁹

Acknowledging WHO's efforts to strengthen its own engagement with civil society at headquarters, regional and country office levels, including through initiatives such as the WHO Civil Society Commission, the WHO Youth Council, Civil Society Organizations-WHO Director-General's Dialogues and Ad Hoc Task Team on WHO-Civil Society Engagement, which are complementary to social participation in decision-making for health within countries;

¹ Structural factors relate to the governance and policy frameworks and cultural norms that produce the social determinants of health.

² Rio Political Declaration on Social Determinants of Health. Rio de Janeiro: World Conference on Social Determinants of Health. 2011 (<https://www.who.int/publications/m/item/rio-political-declaration-on-social-determinants-of-health>, accessed 10 November 2023).

³ See United Nations General Assembly resolution 58/142 (2003).

⁴ This is consistent with language in United Nations General Assembly resolution 76/136 (2021) on promoting social integration through social inclusion – “persons in vulnerable or marginalized groups or situations”.

⁵ See resolution WHA74.8 (2021).

⁶ See resolution WHA76.16 (2023).

⁷ See United Nations General Assembly resolution 70/1 (2015).

⁸ See resolution WHA73.8 (2020).

⁹ See United Nations General Assembly resolution 78/3 (2023).

Noting the WHO definition of social participation as empowering people, communities and civil society through inclusive participation in decision-making processes that affect health across the policy cycle and at all levels of the system;^{1,2}

Noting also WHO's efforts to develop practical technical guidance on social participation;^{1,3}

Noting further the variety of social participation mechanisms⁴ to facilitate two-way dialogue between governments and people, communities and civil society, that may be implemented either virtually or in-person, and the importance of a combination of relevant mechanisms to achieve broad and meaningful engagement that can improve health and well-being;

Recognizing that empowering people, communities and civil society for equitable, diverse and inclusive participation involves strengthening their capacities to meaningfully engage, financing their participation, valuing lived and living experiences, and addressing power imbalances in the design of the participatory space;

Noting the need to prevent, manage and mitigate conflicts of interest to uphold the integrity of social participation through legitimate representation and ensure that private and personal interests do not override public health goals;

Noting also that public policies and legislation may help to implement, fund and sustain social participation for health and well-being, promote transparency, and facilitate the inclusive, equitable and diverse representation of the population;³

Noting further the importance of the monitoring and evaluation of social participation within countries, including the quality of engagement, whose interests are represented, and whether, how, and to what extent the recommendations influence higher-level decisions that affect health and well-being;

Underlining the importance of implementing, strengthening and sustaining regular and meaningful social participation in health-related decisions across the system to foster mutual respect and trust, which can be leveraged during health emergencies and other crises with health impact as part of a whole-of-society approach for strengthened trust, preparedness, response and resilience;⁵

¹ Social participation for universal health coverage: Technical paper. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/375276>, accessed 1 January 2024).

² The policy cycle includes situational analysis, priority setting, planning, budgeting, implementation, monitoring, evaluation and review of progress, at local, subnational and national levels. See *Strategizing national health in the 21st century: A handbook*. Geneva: World Health Organization; 2016 (<https://www.who.int/publications/i/item/9789241549745>, accessed 10 November 2023).

³ *Voice, agency, empowerment – handbook on social participation for universal health coverage*. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240027794>, accessed 10 November 2023).

⁴ A participatory space is one where people come together physically or virtually to interact. The term “social participation mechanism” encompasses various modalities, techniques, instruments and methods used by organizers to foster communication and debate in a participatory space. See *Voice, agency, empowerment – handbook on social participation for universal health coverage*. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240027794>, accessed 10 November 2023).

⁵ See, inter alia, resolutions WHA73.1 (2020), WHA73.8 (2020) and United Nations General Assembly Human Rights Council resolution 48/2 and United Nations General Assembly resolution 78/3 (2023).

Acknowledging the important contribution that social participation and robust community health services can make to improved health service delivery, health promotion, health literacy, resilience to health emergencies, effective risk communication and community engagement, tackling vaccine hesitancy, addressing the social determinants of health, fostering healthy aging, accelerating the health-related Sustainable Development Goals, and advancing gender equality, health equity and fairness,

1. URGES Member States¹ to implement, strengthen and sustain regular and meaningful social participation in health-related decisions across the system as appropriate, taking into consideration national context and priorities, through:

- (1) strengthening public sector capacities for the design and implementation of meaningful social participation;
- (2) enabling equitable, diverse and inclusive participation with particular focus on promoting the voices of all those in vulnerable and/or marginalized situations;
- (3) striving to ensure that social participation influences transparent decision-making for health across the policy cycle, at all levels of the system;
- (4) implementing and sustaining regular and transparent social participation using a range of mechanisms supported by public policy and legislation;
- (5) allocating adequate and sustainable public sector resources in support of effective social participation;
- (6) facilitating capacity strengthening for civil society to enable diverse, equitable, transparent and inclusive social participation; and
- (7) supporting related research, and piloting projects/programmes and their monitoring and evaluation to promote implementation of social participation;

2. REQUESTS the Director-General:

- (1) to advocate for the regular and sustained implementation of meaningful social participation, both within the health sector as well as across other sectors and multilateral organizations that affect health equity and well-being, as a means to accelerate equitable progress towards universal health coverage, health security and the health-related Sustainable Development Goals;
- (2) to develop technical guidance and operational tools for strengthening and sustaining social participation, including monitoring and evaluating implementation within countries, and provide training and technical support upon the request of Member States;
- (3) to document, publish and disseminate Member States' experiences in implementing meaningful social participation through different types of mechanisms, at different stages of the policy cycle, and at different levels of the system;

¹ And, where applicable, regional economic integration organizations.

- (4) to facilitate regular sharing and exchange of Member States' experiences of social participation;
- (5) to harmonize technical support on social participation across WHO divisions and the three levels of the Organization; and
- (6) to report on progress in the implementation of this resolution to the Health Assembly in 2026, 2028 and 2030.

Agenda item 11.1

Development of a global strategy and action plan for integrated emergency, critical and operative care, 2026–2035

The Seventy-seventh World Health Assembly,

Having considered the report by the Director-General;¹

Recalling resolution WHA76.2 (2023) on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies,

Decided to request the Director-General:

- (1) to develop, in consultation with Member States, relevant United Nations specialized agencies – as well as civil society, academia and other stakeholders, in line with WHO’s Framework of Engagement with Non-State Actors – a global strategy for integrated emergency, critical and operative care to support the implementation of resolution WHA76.2 for the period 2026–2035, for consideration by the Seventy-ninth World Health Assembly, through the Executive Board at its 158th session;
- (2) to translate the global strategy into an action plan with targets to be achieved by 2035.

¹ Document A77/4.

Agenda item 11.2

Strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies

The Seventy-seventh World Health Assembly,

Having considered the report by the Director-General;¹

Reaffirming the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

Recalling United Nations General Assembly resolution 77/300 (2023)² on Mental health and psychosocial support, Human Rights Council resolution 52/12 (2023)³ on Mental health and human rights and United Nations Security Council resolution 2668 (2022)⁴ on United Nations peacekeeping operations in which the importance of mental health services for peace operations personnel was emphasized;

Reaffirming United Nations General Assembly resolution 46/182 (1991)⁵ and subsequent resolutions including 78/119 (2023)⁶ on the Strengthening of the coordination of humanitarian emergency assistance of the United Nations;

Recalling World Health Assembly resolutions WHA64.10 (2011)⁷ on strengthening national health emergency and disaster management capacities and resilience of health systems, WHA65.20 (2012)⁸ on WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies and WHA73.1 (2020)⁹ on COVID-19 response and decision WHA74(14) (2021)¹⁰ on mental health preparedness for and response to the COVID-19 pandemic;

Noting the adoption at the Thirty-third International Conference of the Red Cross and Red Crescent of resolution 33IC/19/R2 (2019)¹¹ on addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies;

¹ Document A77/4.

² Resolution A/77/300.

³ Resolution A/HRC/RES/52/12.

⁴ Resolution S/RES/2668.

⁵ Resolution A/RES/46/182.

⁶ Resolution A/RES/78/119.

⁷ Resolution WHA64.10.

⁸ Resolution WHA65.20.

⁹ Resolution WHA73.1 (2020).

¹⁰ Decision WHA74(14) (2021).

¹¹ Resolution 33IC/19/R2.

Noting the role of the Inter-Agency Standing Committee to formulate guidance on humanitarian matters¹ and the relevant intersectoral guidelines and tools that it has published, including the Mental Health and Psychosocial Support Minimum Service Package;²

Noting the Joint Interagency Call for Action on Mental Health and Psychosocial Support 2020³ and the role of the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings, which supports country-level intersectoral coordination, normative guides and surge capacity;

Recognizing the role of the WHO Comprehensive Mental Health Action Plan 2013–2030⁴ adopted by the Health Assembly in resolution WHA65.4⁵ (2012) and updated in decision WHA74(14) on mental health preparedness for and response to the COVID-19 pandemic, reaffirming its goals and objectives, and noting that the mental health and psychosocial needs of people affected by armed conflict, natural and human-caused disasters and health and other emergencies require actions beyond those identified by the WHO Comprehensive Mental Health Action Plan 2013–2030;

Deeply concerned that persons with mental health conditions and psychosocial needs who are especially vulnerable to the impacts of armed conflicts, natural and human-caused disasters and health and other emergencies and continue to be subject to widespread discrimination, stigma, stereotypes, prejudice, violence, abuse, social exclusion and segregation, neglect, unlawful and arbitrary deprivation of liberty, institutionalization, overmedicalization and treatment practices that fail to respect their human rights;

Underlining the importance of implementing integrated quality mental health services available, accessible and affordable to all, including in fragile conflict-affected and vulnerable settings, as well as the need to introduce, through training and standardization of services, evidence-based approaches and best practices to the promotion of mental health and psychosocial well-being, the provision of mental health services and psychosocial support and the prevention of mental health conditions and harmful behaviour, addiction or suicide;

Noting WHO's *World mental health report: Transforming mental health for all*,⁶ which, drawing on the latest evidence, highlights why and where change is most needed and recommends how it can best be achieved, to deepen the value and commitment given to mental health and psychosocial well-being, reshape the environments that influence mental health and psychosocial well-being and strengthen mental health systems, including in emergency and humanitarian settings;

¹ Resolution A/RES/46/182.

² The Mental Health and Psychosocial Support Minimum Service Package. Geneva: Inter-Agency Standing Committee; 2022 (<https://interagencystandingcommittee.org/sites/default/files/migrated/2023-01/IASC%20MHPSS%20Minimum%20Service%20Package.pdf>, accessed 1 December 2023).

³ Joint Interagency Call for Action on MHPSS 2020. Geneva: Inter-Agency Standing Committee; 2020 (<https://interagencystandingcommittee.org/sites/default/files/migrated/2020-12/Joint%20Interagency%20Call%20for%20Action%20on%20MHPSS%202020.pdf>, accessed 1 December 2023).

⁴ WHO Comprehensive Mental Health Action Plan 2013–2030. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240031029>, accessed 1 December 2023).

⁵ Resolution WHA65.4 (2012).

⁶ World mental health report: Transforming mental health for all. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240049338>, accessed 1 December 2023).

Expressing deep concern about the increased but unmet mental health and psychosocial support needs of people affected by armed conflicts, natural and human-caused disasters and health and other emergencies, and noting that pre-existing conditions may resurface or be exacerbated, and underscoring the urgent demand to increase efforts to prepare for and respond to these needs by means of prevention, mitigation, promotion, protection and assistance;

Recognizing that mental health and psychosocial well-being are critical to the survival, recovery and daily functioning of people affected by armed conflicts, natural and human-caused disasters and health and other emergencies, to their enjoyment of human rights and fundamental freedoms and to their access to protection and assistance;

Noting the Inter-Agency Standing Committee's six core principles on sexual exploitation and abuse;¹

Recognizing the long-term negative human, social, economic and development impacts of armed conflicts, natural and human-caused disasters and health and other emergencies on mental health and psychosocial well-being especially when limited human and financial resources, fragile infrastructure, and socioeconomic vulnerabilities exacerbate the challenges faced by individuals in accessing services and support;

Recognizing, in particular, the increased risk faced by children, women, caregivers, persons with disabilities and survivors of all forms of violence, including gender-based violence, as well as others who are in vulnerable or marginalized situations across the life course;

Recognizing the severe and multifaceted impact of armed conflicts, natural and human-cause disasters and health and other emergencies on the mental health of children and youth, who are disproportionately at risk of experiencing potentially traumatic events and other stressors including exposure to violence and loss, disruption of their cognitive and emotional development, as well as increasing social exclusion, and emphasizing the urgent need for attention and concerted action to reduce their suffering and improve mental health and psychosocial well-being;

Recognizing further the profound and lasting impact of armed conflicts on the mental health and psychosocial well-being of former combatants, children associated with armed forces and armed groups, and prisoners of war and the unique challenges faced by them in reintegrating into society, overcoming the stigma associated with their experiences; and emphasizing in this regard the importance of addressing their specific mental health and psychosocial needs, acknowledging the significance of providing comprehensive services to support their psychological recovery;

Recognizing the necessity of addressing the mental health and psychosocial needs of refugees, internally displaced persons, and migrants, in line with national capacities and policies, and the importance of taking active measures to address gender inequalities and differing needs and opportunities through policies and approaches that promote meaningful participation in society and gender equality;

Emphasizing the imperative to bolster health systems in countries, including ensuring the availability of, acceptable, quality and sustainable accessible and affordable mental health services and

¹ IASC Six Core Principles. Geneva: Inter-Agency Standing Committee; 2022 (https://interagencystandingcommittee.org/sites/default/files/migrated/2019-01/iasc_six_core_principles_relating_to_sexual_exploitation_and_abuse_2002.pdf, accessed 1 December 2023).

psychosocial support that not only address immediate needs but also foster long-term resilience, which contributes to the holistic recovery of affected individuals and communities, which is critical to achieving universal health coverage that gives mental health equitable value and priority as physical health, and access to quality and affordable services;

Recognizing that the mental health and psychosocial well-being of humanitarian and health and care workforces and volunteers is often affected as they work under highly stressful conditions and are often exposed to risks and potentially traumatic events and stressors, and that their safety, security, health and well-being are vital to provide quality services, as well as the importance of leadership for mental health, including in ensuring capacities and skills for mental health and psychosocial services as well as in supporting resilience;

Recognizing that safe digital technologies including quality self-help approaches and telemedicine have the potential to contribute substantially to national efforts to achieve universal health coverage that gives mental health the same value and priority as physical health, and improve access to mental health services, while taking into account data protection and ethics in their development and implementation;

Noting the existing relevant work and initiatives by the United Nations High Commissioner for Refugees and other relevant agencies and parts of the United Nations system as well as the International Red Cross and Red Crescent Movement, regional organizations, States, humanitarian organizations and other relevant actors aimed at addressing mental health and psychosocial needs, and emphasizing the importance of coordinating the response, including information sharing, with other local and international actors and building on local needs and available resources;

Recognizing that emergencies, despite their tragic nature and adverse effects on mental health, are unparalleled opportunities to build better mental health systems for all people in need,

1. URGES Member States, in accordance with national context and priorities:

(1) to continue to implement the WHO Comprehensive Mental Health Action Plan 2013–2030,¹ integrating its goals and objectives for strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies, within their health and care strategies, investment plans and programmes at national and subnational levels;

(2) to include mental health and psychosocial support as an integral component of preparedness, response and recovery activities in all emergencies and across sectors, including health, protection, education, shelter, food, water, sanitation, hygiene and livelihoods, based on needs assessments² and taking into account, as appropriate, provisions of the Inter-Agency Standing Committee’s Mental Health and Psychosocial Support Minimum Service Package;

(3) to invest, in line with national context, long-term in local and community-based services to prevent, prepare for and respond to mental health and psychosocial needs, including by

¹ WHO Comprehensive Mental Health Action Plan 2013–2030. Geneva: World Health Organization, 2021 (<https://www.who.int/publications/i/item/9789240031029>, accessed 2 February 2024).

² The needs assessment includes assessments of impacts, resources, risks and vulnerabilities (IASC Multi-sector Initial Rapid Assessment (MIRA). New York: Inter-Agency Standing Committee; 2015, https://interagencystandingcommittee.org/sites/default/files/migrated/2019-02/mira_manual_2015.pdf).

strengthening local and community resilience and the capacities of local personnel, including capacities to identify and guide people with mental health conditions and psychosocial needs towards the appropriate level of mental health and psychosocial support through formal referral systems;

(4) to enhance coordination to address these needs and to ensure that mental health and psychosocial support responses include a range of complementary services and supports such as community self-help approaches, safe digital technologies, mental health care integrated with general health services, mental health and psychosocial support in schools and social services, and specialized mental health services;

(5) to stimulate and facilitate country-level mental health and psychosocial support intersectoral technical working groups in emergency settings to support coordination and collaboration across sectors, to develop comprehensive response strategies for MHPSS, including it in the national disaster preparedness and response plans to monitor the quality of the integrated response, and to collect and integrate lessons learned;

(6) to support MHPSS as an integral component in domestic emergency response systems, including disaster laws, risk management or preparedness plans and emergency response coordination mechanisms and to support the inclusion of MHPSS in international response systems taking into consideration, as appropriate and in line with national context, the IASC Technical Note “Linking Disaster Risk Reduction (DRR) and Mental Health and Psychosocial Support (MHPSS)”;¹

(7) to take action to address all forms of discrimination, stigma and exclusion related to mental health and psychosocial needs in emergencies, including all women and girls, through approaches that are participatory, respect dignity and informed consent and reinforce the equal access of affected people, in particular persons with lived experiences;

(8) to take measures to protect and promote the mental health and psychosocial well-being of the humanitarian, health and care workforce, including volunteers by developing and implementing organizational policies (e.g. related to security, supervision, rest, discrimination, and harassment, including sexual misconduct) that protect their mental health, while equipping these workers and volunteers as well as their managers with the necessary skills, tools and supervision to cope with stressful situations and responding to their specific mental health and psychosocial needs;

(9) to aim to mobilize and allocate sustainable and predictable resources for MHPSS through domestic, bilateral and multilateral channels, including international cooperation and development assistance, as well as partnerships with the private sector;

(10) to support the continuation of education and the integration of mental health and psychosocial support in schools and education settings, taking into account, as appropriate provisions from the Inter-Agency Standing Committee’s Mental Health and Psychosocial Support Minimum Service Package, to contribute to effective and adapted learning to offer protection

¹ Linking Disaster Risk Reduction (DRR) and Mental Health and Psychosocial Support (MHPSS). Inter-Agency Standing Committee, 2021. ([https://interagencystandingcommittee.org/sites/default/files/migrated/2021-03/Technical Note%20Linking Disaster Risk Reduction %28DRR%29 and Mental Health and Psychosocial Support %28MHPSS%29- Practical Tools%20 Approaches and Case Studies.pdf](https://interagencystandingcommittee.org/sites/default/files/migrated/2021-03/Technical%20Note%20Linking%20Disaster%20Risk%20Reduction%20and%20Mental%20Health%20and%20Psychosocial%20Support%20-Practical%20Tools%20Approaches%20and%20Case%20Studies.pdf), accessed 2 February 2024).

from the negative and long-lasting effects of emergencies; increasing their capacity to comprehend and better face challenging environments, as well as create capacity and skills at the level of teachers and teaching staff, allowing them to recognize the need for mental health and psychosocial support in children of various ages;

(11) to address long-term mental health needs, whether or not related to an immediate emergency, by seizing the opportunity to use emergencies and emergency preparedness as a catalyst for mental health reform by converting short-term attention to mental health and psychosocial well-being into momentum for building health systems that deliver sustainable and quality community-based mental health and psychosocial support;

2. REQUESTS the Director-General:

(1) to support initiatives that celebrate the date of 10 October as a World Mental Health Day, including of emergency-affected people, and to collaborate with and encourage Member States and relevant stakeholders to consider taking appropriate measures in that regard;

(2) to provide technical guidance and advice to Member States, upon request, that supports implementation of the WHO Comprehensive Mental Health Action Plan 2013–2030, especially in addressing challenges related to the implementation of integrated mental health and psychosocial support for all;

(3) to ensure that WHO has the capacity and resources at all levels to facilitate inter-agency coordination on mental health and psychosocial support to support Member States;

(4) to support Member States by making mental health and psychosocial support a key aspect of preparedness and integrating it into all pillars across WHO emergency response and recovery activities, as well as relevant humanitarian coordination mechanisms, clusters and sectors supported by dedicated budget lines within allocated budgets and indicators, guided, as appropriate, by the Inter-Agency Standing Committee’s Mental Health and Psychosocial Support Minimum Service Package;¹

(5) to support strengthening evaluation and research capacities in the field of mental health and psychosocial support in humanitarian crisis situations to ensure evidence-based support measures and interventions;

(6) to support Member States in emergency and disaster risk management, preparedness and readiness actions for mental health and psychosocial support in order to strengthen MHPSS capacities during emergencies in a way that contributes to the development of sustainable mental health services, including community-based services, within the health system;

(7) to report on the progress achieved in the implementation of the present resolution and on the implementation of the comprehensive mental health action plan 2013–2030, which was endorsed by the Health Assembly in decision WHA74(14) (2021), with an annual report to be submitted to the Health Assembly through the Executive Board, from 2025 to 2031, complementing the request to include mental health in the consolidated reporting on

¹ IASC Minimum Service Package: Mental Health and Psychosocial Support. Geneva: Inter-Agency Standing Committee; 2022 (<https://interagencystandingcommittee.org/sites/default/files/migrated/2023-01/IASC%20MHPSS%20Minimum%20Service%20Package.pdf>, accessed 11 January 2024).

noncommunicable diseases, requested by the Health Assembly in decision WHA72(11) (2019) on follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.

Agenda item 11.2

Increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs

The Seventy-seventh World Health Assembly,

Having considered the report by the Director-General;¹

Recalling resolutions WHA40.13 (1987) on development of guiding principles for human organ transplants, WHA42.5 (1989) on preventing the purchase and sale of human organs and WHA44.25 (1991) on human organ transplantation, WHA57.18 (2004) on human organ and tissue transplantation and WHA63.22 (2010) on human organ and tissue transplantation (updated WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation);²

Noting initiatives by the WHO regions in advancing the implementation of current resolutions on transplantation, including decisions taken by the WHO Regional Committee for the Americas³ and the WHO Regional Committee for Africa;⁴

Noting the report by the Secretariat on principles on the donation and management of blood, blood components and other medical products of human origin, which promotes respect for human dignity, availability and safety, and good governance;⁵

Welcoming United Nations General Assembly resolution 77/236 (2022) on strengthening and promoting effective measures and international cooperation on organ donation and transplantation to prevent and combat trafficking in persons for the purpose of organ removal and trafficking in human organs;

Noting the Madrid resolution on organ donation and transplantation (2011),⁶ an outcome of the Third WHO Global Consultation on Organ Donation and Transplantation (2010) that provides recommendations for countries to progress towards meeting the transplant needs of patients;

Aware that transplantation is currently the preferred, if not the only, therapeutic alternative for patients with end-stage organ failure and that many other diseases benefit from the clinical application of human cells and tissues, and that such treatments depend on the altruistic donation of cells, tissues and organs;

¹ Document A77/4.

² In resolution WHA63.22, the Health Assembly endorsed the updated WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation. See document WHA63/2010/REC/1, resolution WHA63.22 and Annex 8.

³ See document CD57/11 and resolution CD57.R11 (2019).

⁴ See document AFR/RC70/12.

⁵ Document A70/19.

⁶ The Madrid resolution on organ donation and transplantation: national responsibility in meeting the needs of patients, guided by the WHO principles. Transplantation. 2011; 91: S29–S31. doi: 10.1097/01.tp.0000399131.74618.a5.

Conscious that, despite the priority given by many Member States to prevention strategies, the burden of noncommunicable diseases treatable through transplantation continues to grow, as does the commensurate need for transplantation of human cells, tissues and organs;

Mindful that facilitating access to transplantation of human cells, tissues and organs can reduce the premature mortality associated with noncommunicable and other diseases, improve the quality of life of thousands of patients throughout the world, and help communities to diminish the high costs of alternative treatment modalities;

Noting that expanded access to transplant therapies might contribute to the achievement of the United Nations Sustainable Development Goals, in particular, targets 3.4 (reduction of premature mortality from noncommunicable diseases) and 3.8 (access to universal health care);¹

Aware that, despite the progress made over the past two decades, transplantation is not fully developed in all Member States, making access to these therapies neither universal nor equitable, a problem that impacts countries regardless of their level of development;²

Noting with concern that the pandemic of coronavirus disease (COVID-19) had a profound, negative effect on donation and transplantation activities,³ revealing the need to consider including transplant therapies in approaches designed to strengthen the resilience of health care systems;

Convinced that insufficient access to transplantation therapies is one of the root causes of trafficking in persons for the purpose of organ removal and trafficking in human organs, practices that undermine human rights and pose serious risks to public health;

Alarmed that armed conflicts, natural disasters and humanitarian emergencies are fuelling migration, particularly among disadvantaged populations and those in the most vulnerable situations, thereby increasing the risk of trafficking in persons for the purpose of organ removal and trafficking in human organs and exacerbating inequities in access to therapies based on human cells, tissues and organs;

Noting with concern the lack of full implementation of the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation, particularly regarding transparent data reporting and health authority oversight of transplant practices;

Aware that technological innovations applicable to human cells, tissues and organs are increasingly enabling therapies that, given the unique origin of these novel treatments, require specific regulations with a particular focus on ethical considerations,⁴

¹ Domínguez-Gil B, Ascher NL, Fadhil RAS, Muller E, Cantarovich M, Ahn C, et al. The reality of inadequate patient care and the need for a global action framework in organ donation and transplantation. *Transplantation*. 2022; 1;106(11):2111-2117. doi: 10.1097/TP.0000000000004186.

² See document A75/41.

³ Aubert O, Yoo D, Zielinski D, Cozzi E, Cardillo M, Dürr M, et al. COVID-19 pandemic and worldwide organ transplantation: a population-based study. *Lancet Public Health*. 2021;6(10):e709-e719. doi: 10.1016/S2468-2667(21)00200-0.

⁴ WHO Expert Committee on Biological Standardization: seventy-seventh report. Geneva: World Health Organization; 2023 (WHO Technical Report Series, No. 1048) (<https://iris.who.int/bitstream/handle/10665/373128/9789240078116-eng.pdf?sequence=1>, accessed 30 December 2023).

1. URGES Member States, in accordance with their national contexts:
 - (1) to implement or strengthen existing preventive strategies targeted at reducing the burden of noncommunicable and other diseases treatable with transplantation;
 - (2) to integrate donation, transplantation and transplant follow-up activities into health care systems, so deceased donation is routinely considered as an option at the end of life and transplantation is incorporated in the continuum of care of patients with noncommunicable and other diseases or conditions that may benefit from this therapy, by pursuing policies that support universal health coverage and eliminate financial barriers to access quality, safe, effective, affordable and essential health services;¹
 - (3) to protect living donors by requiring informed consent and appropriate medical and psychosocial evaluation, as well as by providing proper follow-up care;
 - (4) to increase the availability of human cells, tissues and organs for transplantation with special attention to developing deceased donation to its maximum therapeutic potential, including donation after the neurological determination of death and, where appropriate, donation after the circulatory determination of death, and in line with the relevant WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation;
 - (5) to establish, where appropriate, official international cooperation for the exchange of human cells, tissues and organs or transplant services, based on the principles of reciprocity and solidarity, as a means of facilitating universal access to transplantation therapies;
 - (6) to develop and implement regulatory frameworks aligned with the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation, in particular by encouraging donation as an altruistic, voluntary and non-remunerated act and by promoting equitable access to transplantation therapies;
 - (7) to designate authorities and improve capacities to provide governance and implementation of donation and transplantation activities in their jurisdictions;
 - (8) to ensure that donation and transplantation activities take place in centres specifically authorized, accredited or registered, and establish control measures, such as periodic or risk-based inspections and the collection and timely reporting of data on every donation and transplant procedure, including transplants carried out on residents in other jurisdictions;
 - (9) to promote the safety and efficacy of transplantation by collecting data on the outcomes of recipients and living donors, conducting biovigilance and relevant surveillance, ensuring capacity to trace cells, tissues and organs from donor to recipient, and vice versa, and encouraging the use of globally consistent coding systems for human cells, tissues and organs;
 - (10) to consider including donation and transplantation in national and regional preparedness plans designed to increase the resilience of health care systems and to facilitate an effective response to transplant needs in the event of crisis;

¹ See United Nations General Assembly resolution 78/4 (2023).

(11) to take measures to prevent and combat trafficking in persons for the purpose of organ removal and trafficking in human organs and to protect victims and survivors of these crimes by strengthening legislative frameworks, enforcing clinical protocols for the psychosocial evaluation of prospective living donors, engaging health care professionals, governments and other stakeholders in reporting suspected or confirmed cases of trafficking to law enforcement agencies, promoting international cooperation,¹ and collecting data and conducting research on the trends in both crimes;²

(12) to promote research and innovation to maximize the use and optimize the outcomes of transplantation of human cells, tissues and organs, as well as to enable development of alternative therapies to those based on the clinical use of human cells, tissues and organs;

(13) to implement regulatory frameworks applicable to innovative therapies developed from substantially manipulated cells, tissues and organs that ensure the protection of donors and recipients, and that pursue equity in access to these novel therapies and sustainable health care systems;

(14) to participate in consultations organized by WHO to develop a global strategy on donation and transplantation;

(15) to consider providing appropriate support to WHO in implementing this resolution;

2. REQUESTS the Director-General:

(1) to provide Member States, upon request, with technical assistance for developing national legislation and regulations aligned with the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation, assessing transplantation needs, establishing or strengthening national authorities, improving capacities to increase the availability of cells, tissues and organs, and implementing ethical, effective and safe transplant programmes;

(2) to assist Member States, upon request, to strengthen their regulatory capacity to effectively oversee donation and transplantation practices, including through monitoring and evaluating transplantation programme performance and donor and recipient outcomes;

(3) to continue collecting, analysing and making available to Member States global data on the legislation, regulations, practices, safety, quality, effectiveness, epidemiology and ethics of donation and transplantation of human cells, tissues and organs;

(4) to revise the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation to incorporate additional principles that address new ethical challenges posed by scientific

¹ World Medical Assembly statement on measures for the prevention and fight against transplant-related crimes. Seventy-first World Medical Assembly General Assembly. Cordoba; 2020 ([https://www.wma.net/policies-post/wma-statement-on-measures-for-the-prevention-and-fight-against-transplant-related-crimes/#:~:text=The%20WMA%20emphasises%20the%20responsibility,assisting%20international%20organisations%2C%20medical%20associations](https://www.wma.net/policies-post/wma-statement-on-measures-for-the-prevention-and-fight-against-transplant-related-crimes/#:~:text=The%20WMA%20emphasises%20the%20responsibility,assisting%20international%20organisations%2C%20medical%20associations,), accessed 26 December 2023).

² The Global Report on Trafficking in Persons prepared by the United Nations Office on Drugs and Crime, in accordance with the provisions set out in United Nations General Assembly resolution 70/179 (2015).

advancements in the field, in particular principles to safeguard the intrinsic value of novel products and treatments that are developed from human cells, tissues and organs;

(5) to continue and strengthen cooperation with United Nations agencies, including the United Nations Office on Drugs and Crime, inter-agency mechanisms, Member State ministries and other relevant stakeholders to improve country, regional and global capacity to respond to identified cases of trafficking in persons for the purpose of organ removal and of trafficking in human organs;

(6) to provide, in cooperation with key international professional associations and other relevant stakeholders, reference guidance to Member States on the diagnosis of death by neurological and by circulatory criteria;

(7) to develop, in consultation with Member States, nongovernmental organizations and other relevant stakeholders in accordance with the Framework of Engagement with Non-State Actors and within existing resources, a global strategy on donation and transplantation, for consideration by the Seventy-ninth World Health Assembly, through the Executive Board at its 158th session, that supports Member States to integrate donation and transplantation into health care systems and promotes the implementation of the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation;

(8) to further explore, as part of the global strategy referred to in operative paragraph 2(7), and in accordance with the current framework for world health days, the feasibility and potential impact of establishing a World Donor Day to raise public awareness and enhance understanding on the need for altruistic donation of human cells, tissues and organs and propel global action by Member States to structure appropriate donation and transplantation systems, taking into consideration the existence of other relevant events either observed by WHO or established by other international entities;

(9) to establish an expert committee in accordance with the Regulations for Expert Advisory Panels and Committees,¹ to assist the Secretariat in developing the proposed global strategy on donation and transplantation and support its implementation;

(10) to provide a consolidated report on progress in the implementation of this resolution in 2026 to the Seventy-ninth World Health Assembly, through the Executive Board at its 158th session, as well as on progress in the implementation of resolution WHA63.22 on human organ and tissue transplantation.

¹ Regulations for Expert Advisory Panels and Committees. Geneva: World Health Organization; 2022 (<https://apps.who.int/gb/bd/PDF/bd47/EN/regu-for-expert-en.pdf>, accessed 30 December 2023).

Agenda item 11.3

Global action plan and monitoring framework on infection prevention and control

The Seventy-seventh World Health Assembly, having considered the report by the Director-General,¹

Decided to adopt the global action plan and monitoring framework on infection prevention and control as contained in the Table in document EB154/8.

= = =

¹ Document A77/4.