



# Major Outcomes of the 71st Session of the World Health Assembly of WHO

By Nirmalya Syam and Mirza Alas

The 71st session of the World Health Assembly (WHA) of the World Health Organization (WHO) took place from 21 to 26 May 2018 in Geneva, Switzerland. This year's Health Assembly was held under the Presidency of Dr. Pagwesese David Parirenyatwa, the Minister of Health of Zimbabwe. This was also the first Assembly for the new Director-General (DG) of WHO, Dr. Tedros Adhanom Ghebreyesus from Ethiopia, who is the first WHO DG from Africa as well as the first DG who has been elected to the office by the WHA. Previous WHO DGs were appointed by the WHA on the recommendation of the WHO Executive Board.

## Financial Situation of the WHO

The World Health Assembly adopted a decision accepting the WHO programmatic and financial reports for 2016-2017, including the audited financial statements for 2017, after taking note of the report of the Programme, Budget and

Administration Committee (PBAC) of the WHO Executive Board.

In this context, it is worth noting that the assessed contributions from member States to WHO had decreased and the voluntary contributions increased. The most serious issue WHO is facing continues to be the progressive loss of control by its member States over the regular, public and compulsory budget. An increasing financial dependency is taking place that affects the organization's independence and integrity. In less than 20 years, the budget went from being more than 50 per cent financed through public funds (constituted by assessed contributions), to currently only 16 per cent (2017). The World Health Organization is currently in the hands of specific voluntary donors (84 per cent) encompassing a small number of developed countries and philanthropic foundations. A major problem this creates is that these voluntary contributions can direct the agenda of the organization to

### Major Highlights

- Adoption of the General Programme of Work (GPW) of WHO for the period 2019-2023, as well as important decisions on addressing access to medicines and vaccines and their global shortage, and the recommendations of an overall programme review of the WHO Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property (GSPA-PHI).
- Adoption of an important resolution to support the preparation of a high-level meeting of the United Nations General Assembly (UNGA) this year on ending tuberculosis (TB).
- Resolution supporting the preparation of a third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (NCDs).
- Other significant resolutions that were adopted include resolutions on digital health, improving access to assistive technology and addressing the burden of snakebite venom.

specific priorities causing a donor-driven agenda. It is desirable that an organization such as WHO should have clear rules between public and private financing. Reforms must be pursued to transform the WHO into an effective international public health agency. For that, the majority of its budget (at least 51 per cent) should come from public funding. In order to preserve its independence, no single contributor to the budget (assessed or voluntary) of the Organization should contribute more than 10 or 15 per cent of the overall budget. An increase of the regular budget by member States is the only way to ensure that the WHO continues doing its core work without having to incessantly follow donor-driven agenda priorities. In order to ensure a balance between the contributions from member States and from private donors, WHO member States should consider the possibility of fixing a ceiling on the extent of private voluntary contributions.

## Adoption of the General Programme of Work 2019-2023

The World Health Assembly adopted resolution WHA71.1 approving the thirteenth General Programme of Work of WHO for the period 2019-2023. The resolution requests the DG to use the GPW as the basis for strategic direction of planning, monitoring and evaluation of WHO's work during the period 2019-2023 and to develop programme budgets in consultation with member States, based on a realistic assessment of income and WHO capacity. The DG is also requested to provide guidance and support to the WHO Regional and Country offices on the implementation of the GPW and report to the Health Assembly in 2022 on the potential extension of the GPW to 2025 to align it with the wider UN planning cycle.

This is the first time that WHO has undertaken extensive consultations with member States in formulating the GPW. The approved GPW places emphasis on the leadership role of WHO as a "directing and coordinating authority." It also emphasized the importance of more flexibility in funding. This was a direct message from the Director-General during the WHO Executive Board meeting in January 2018 where

he exhorted the member States to provide funding that is not earmarked in order to give the WHO better room for manoeuvre to do its job.

It will be critical for developing countries to ensure that implementation of the General Programme of Work of WHO is rooted in its constitutional mandate and ensure that the purpose of the organization reflects the principles that inspired its creation. Article 2 of the Constitution of WHO defines the first function of WHO: "to act as the directing and coordinating authority on international health work" and lays down a long and detailed list of other functions of the Organization. It is important for the new GPW priorities to be in line with the priority areas under Art.2. The priority areas of WHO should be concentrated on: coordination, technical assistance, research, dissemination of scientific information, and regulatory promotion with an objective of building national and regional capabilities.

The GPW is also silent on the following issues:

*Partnerships and management of conflict of interest* - One of the organisational shifts mentioned in the GPW is to transform partnerships. It proposes expansion of partnerships and resource mobilisation from non-state actors. However, the GPW is silent on the risks involved in both activities. Therefore, member States need to ensure in the implementation of the GPW that risks in such activities will be avoided and managed adequately. Currently, WHO does not have a robust policy on conflict of interest that specifies how to avoid them and manage them when they arise. The GPW mentions in several sections the importance of engaging with a multitude of actors and to use the WHO Framework of Engagement with Non-State Actors (FENSA) in order to carry on these engagements. However, as explained above it is unclear how the organization will avoid potential institutional conflict of interest. FENSA does not provide enough safeguards for this purpose. Notably, in his opening address to the Health Assembly the DG had said that:

"Some people say that WHO is under threat because of the number of new actors in global health. I say we are more likely to succeed than ever before. By leveraging the experience, the skills, resources and

networks of our partners, our impact can be exponentially larger than if we were acting alone. So to those who say that WHO is under threat, it's quite the contrary. All those global partners are coming with opportunities and WHO should consider it as such. To truly fulfil our mandate, we must make our partnerships even deeper and stronger. We're doing this in several different ways. (...) And we're also engaging with the private sector, who will be crucial partners in achieving health for all. The Framework of Engagement with Non-State Actors, adopted by this Assembly last year, provides the guardrails for that engagement, but FENSA is not a fence. We must use whatever partnerships are open to us, in whatever way we can, to achieve our goal. We have to believe in partnerships – that's the only way."

**Norm setting activities** - The GPW stresses the importance of the normative role of WHO which includes designing and promoting regulations of harmful products. However, this role should extend beyond health prevention and promotion and is particularly relevant when it comes to helping countries regulate industry practices that may be harmful to health. The norms and standard setting roles of WHO should be transparent, evidence-based and free from conflict of interest. Furthermore, the role of WHO should include providing technical assistance to the member States upon request and should be free from any conflict of interest.

**Access to medicines, vaccines and health products** - In the area of access to medicines, vaccines and health products the GPW focuses on mobilizing the political will of governments to put in place policies to promote access. However, it will also be necessary for the WHO to press industry stakeholders to take actions to facilitate access and allow governments to rationalize public financing, for example by pressing for greater accountability and transparency in R&D costs, promoting registration for new products on a needs-basis, sharing of data on clinical trials, and public health oriented intellectual property management.

The GPW also mentions that the WHO will strengthen coordination for R&D efforts based on health needs in order to increase access to medicines and health products, including traditional medicines. Coordination efforts are important but insufficient. WHO should be actively advocating for the implementation of the principles on R&D established in the context of the follow-up to the WHO Consultative Expert Working Group (CEWG) on R&D and in the United Nations High Level Declaration on antimicrobial resistance (AMR). These are principles of equity, affordability, efficiency, shared responsibility, promoting greater collaboration and transparency, and exploring means to de-link the financing of R&D from product prices. Even though the GPW mentions access to medicines as an important component of universal health coverage (UHC), this is not part of the strategic shifts. It is important that for effectively implementing the GPW in this regard, WHO member States should implement the GSPA-PHI recommendations as part of the strategic priorities and address the issue of IP and access to medicines comprehensively.

## **Addressing the Global Shortage of, and Access to, Medicines and Vaccines**

The World Health Assembly adopted decision WHA71(8) which requests the WHO Director-General to elaborate a roadmap report, in consultation with member States, outlining the programming of WHO's work on access to medicines and vaccines, including activities, actions and deliverables for the period 2019-2023, and submit the roadmap report to the 2019 Health Assembly through the 144th session of the Executive Board.

This decision was adopted in the context of a report by the WHO Secretariat on addressing the global shortage of medicines and vaccines and also access to medicines and vaccines. The report contains a section on progress in implementing resolution WHA 69.25 and an annexed report on access to medicines and vaccines. Resolution WHA 69.25 requested the WHO to develop technical definitions of shortages and stock-outs of medicines and vaccines, and also develop an assessment of the magnitude of the nature of the problem of shortages of medicines and vaccines, develop a global shortage notification system that

would include information to better detect and understand the causes of medicines shortages. A progress report on implementation this resolution was discussed at the Executive Board meeting in January 2017 where separate discussions also took place on the recommendations of the United Nations Secretary-General's High Level Panel on Access to Medicines (UNHLP). In the context of discussions on the need for further discussions on the UNHLP report, the then Director-General of WHO had proposed including a report on WHO's work on access to medicines in the report on global shortage of medicines and vaccines. Thus, the 2017 Assembly discussed a report describing both the implementation of the WHO resolutions on global shortage of medicines and vaccines as well as the work of WHO on access to medicines. The 2017 Health Assembly agreed to further consider this report at the Executive Board meeting in January 2018. At the Executive Board meeting in January 2017, Algeria, Brazil, Chile, Colombia, Costa Rica, Netherlands and Portugal submitted the draft decision text for the elaboration of a roadmap on programming of WHO's work on access to medicines and vaccines.

A formal consultation on the elaboration of the roadmap will be held on 10-11 September 2018.

A critical strategic consideration for member States will be how to ensure complementarity between the roadmap that is being requested of the Secretariat and the implementation of the recommendations of the GSPOA, particularly the recommendations of the overall programme review of implementation of the GSPOA.

## **Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property**

The World Health Assembly adopted decision WHA71(9) requesting member States to implement as appropriate and taking into account national contexts, the recommendations of the overall programme review of the implementation of the WHO Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property (GSPA-PHI), and further dis-

cuss the recommendations of the review panel that are not emanating from the GSPA-PHI. The resolution also requests the DG to implement the recommendations addressed to the Secretariat, as prioritized by the review panel, on the basis of an implementation plan and report on progress to the World Health Assembly in 2020.

In 2008, following a two-year negotiation process, the Sixty-first World Health Assembly debated the report of an inter-governmental working group and subsequently adopted by consensus a global strategy and plan of action on public health, innovation and intellectual property through resolution WHA61.21. The aim of the strategy was to promote new thinking on innovation and access to medicines. The GSPA-PHI was comprised of eight elements, 25 sub-elements and 108 specific actions. The global strategy was complemented by a report of a subsequent consultative expert working group (CEWG) in 2012, with recommendations aimed to improve the monitoring, financing and coordination of global health research and development for new medicines, diagnostic, vaccines and other medical technologies. The CEWG recommended a number of initiatives including establishment of pooled funds, prizes, patent pools, and open approaches to R&D. It also recommended that WHO member States should begin a process for negotiation of a binding agreement on R&D relevant to the health needs of developing countries. However, many of the CEWG recommendations have not been actively pursued.

The resolution establishing the global strategy also requested the WHO DG to provide biennial implementation reports, in addition to a comprehensive evaluation of the GSPA-PHI after four years. In a subsequent resolution WHA62.16, the DG was further requested to conduct an overall programme review of the GSPA-PHI in 2014 on its achievements, remaining challenges and recommendations on the way forward. Resolution WHA68.18 (2015) extended the time frame of the GSPA-PHI from 2015 to 2022. It further decided to extend the deadline for the overall programme review to 2018. The resolution established to a process for carrying out 1) a comprehensive evaluation, and 2) an overall programme review. The comprehensive evaluation of the implementation of the GSPA-PHI was to be undertaken by an in-

dependent expert evaluator and the overall programme review was to be conducted by a panel of 18 experts, taking into consideration the findings of the comprehensive evaluation and other technical and managerial aspects of the programme.

The purpose of the comprehensive review was to assess the status of implementation of the eight elements of the global strategy: (a) prioritizing research and development needs, (b) promoting research and development, (c) building and improving innovative capacity, (d) transfer of technology, (e) application and management of intellectual property to contribute to innovation and promote public health, (f) improving delivery and access, (g) promoting sustainable financing mechanisms, and (h) establishing monitoring and reporting systems. The separate process of the programme review, on the other hand, was aimed to "be a more policy-oriented, forward-looking exercise, using specific terms of reference".

The overall programme review report was submitted in November 2017. The findings of the review included the following:

1. The fundamental concerns that justified the development of the GSPA-PHI remain valid today;
2. R&D is still not sufficiently directed at health products for diseases that mainly affect developing countries and resources devoted to R&D on these diseases have not sufficiently increased;
3. The 108 action points under the GSPA-PHI are too broad and numerous, which makes it difficult to monitor progress, and very little effort has been devoted by stakeholders towards implementation of the action points. The level of awareness about the GSPA-PHI at the country level is very low.

The review panel found that though the eight elements of the GSPA-PHI are broadly valid, the main problem is the lack of impact in its implementation. The review panel suggested that the review could best add value by recom-

mending a strategy that is more focused in scope and scale, and includes a set of priority actions for each of the eight elements, to address current needs in R&D and access to medicines. Accordingly, the review identified 33 priority action areas, including 17 high-priority actions, with measurable indicators and deliverables. These action areas were identified on the basis of their specificity and feasibility. The WHO and its member States are specifically responsible for implementation of these action areas. The WHO is recommended to publish in 2018 a draft implementation plan for these action areas, establish a monitoring mechanism to support implementation and publish annual reports. Member States are requested to collect and report information to G-Finder.

The recommendations of the overall programme review were discussed at the Executive Board meeting in January 2018. There was disagreement between developed and developing countries on whether all the recommendations of the review panel should be adopted. Developed countries were of the view that some of the recommendations were not part of the GSPA-PHI recommendations and went beyond the same. After drafting group deliberations, the EB adopted a compromise in decision which has been accepted by the Health Assembly. The reference in the decision to recommendations of the review panel not emanating from the GSPA-PHI, relate to recommendations of the review panel on transparency on costs of R&D, identification of essential medicines that are at risk of being in short supply and mechanisms to avoid shortages, and for countries to commit to contribute \$30 million to implement the recommendations.

The decision by the Assembly urges member States to further discuss the outstanding recommendations. However, no modality or timeline has been set for concluding the discussions on these key recommendations. It will be critical for the WHO member States to set clear timeframe for concluding the discussions which should focus exclusively on the outstanding recommendations of the review panel.

## Preparation for a High-Level Meeting of the General Assembly on Ending Tuberculosis

The WHA approved resolution WHA71.3 that accelerates preparations for a high-level meeting of the United Nations General Assembly (UNGA) on ending tuberculosis. The meeting will take place on the 26 September 2018 in New York and is expected to adopt a political declaration.

Tuberculosis is the top infectious killer worldwide and the leading cause of deaths resulting from antimicrobial resistance and among people with HIV. In 2016, over 10 million people developed TB, and 1.7 million died of TB.<sup>1</sup> Globally, 40 per cent of the patients with TB did not get diagnosed or notified.<sup>2</sup> The increase in cases of multidrug resistant TB (MDR-TB) further reaffirms the need to recognize TB as a global public health and economic challenge. The response for MDR-TB will need to be central to the AMR agenda.

Resolution WHA71.3 recalls the commitments made in the Sustainable Development Goals (SDGs), specifically the target of ending tuberculosis by 2030 under SDG3, and the WHO End TB strategy adopted in 2014 with targets of reducing the incidence of TB, reducing TB mortality and eliminating catastrophic costs among TB patients and their households. The End TB Strategy also rests on three pillars: integrated, patient-centred care and prevention; bold policies and supportive systems; and intensified research and innovation.

The resolution urges Member States to support the preparation for the high-level meeting of the UNGA and to implement the commitments in the Moscow Declaration, the End TB Strategy and the SDGs to end the TB epidemic. The resolution also requests the WHO Director-General to support the preparations for the high-level meeting, to support the implementation of the commitments made and particularly to support countries that have a high burden of MDR-TB) in their national emergency response and to support the implementation of the global action plan on antimicrobial resistance.

The Director-General of WHO has also been tasked with the development of a global strategy for TB research and innovation and a draft multi-sectoral accountability framework.<sup>3</sup> The framework will be presented to the UNGA during the high-level meeting, and a progress report on the implementation of the approved resolution will be presented to next year's Health Assembly.

During the discussions at the Assembly, developing country delegates emphasized the need to ensure that there is access to affordable quality medicines, vaccines and diagnostics for TB and the need to incentivize research and development. Member States also highlighted the need to increase funding to implement commitments and that more effective treatments for MDR-TB are urgently needed. They also noted the significance of TB as a key component in the response to HIV-AIDS co-infection and antimicrobial resistance. Developing countries emphasized their need for technical assistance in implementing the End TB Strategy and the Moscow Declaration.

In particular, South Africa pointed out the critical role of BRICS countries in combatting TB and their efforts towards achieving universal access to medication and treatment for TB. BRICS countries have also advocated for a multi-sector platform and the need to integrate ending TB into Universal Health Coverage (UHC) and also address the social determinants of health and the risks factors for TB. These include issues of housing, poverty and adequate nutrition. Additionally, ending TB will require political leadership and accountability. The BRICS countries called upon heads of state to attend the UN high-level meeting in the fall.

As the negotiations on the draft text for the political declaration begin in New York it will be critical for member States to ensure that the concerns expressed by developing countries at the WHA are taken into consideration and are reflected in the final declaration.

## Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (NCDs)

The World Health Assembly adopted resolution WHA71.2 supporting the preparation of the third High-level meeting on NCDs at the United Nations General Assembly on 27 September 2018.

WHO estimates that NCDs kill 40 million people each year, equivalent to 70 per cent of all deaths globally. Each year, 15 million people die from an NCD between the ages of 30 and 69 years; over 80 per cent of these "premature" deaths occur in low- and middle-income countries.

WHO also projects that efforts to reach target 3.4 of the Sustainable Development Goals (by 2030 reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being) require that the existing political commitments made at the United Nations General Assembly in 2011 and 2014 be implemented on a dramatically larger scale. Under a business-as-usual scenario (without significantly expanding efforts before 2020), the current rate of decline in the number of premature deaths from non-communicable diseases is insufficient.<sup>4</sup>

Resolution WHA71.2 supports the advancement towards the achievement of SDG 3.4 and to step up efforts on prevention and control. The resolution also urges member States to engage in the preparation of the High-level meeting at all levels and encourages the participation of Heads of State and Government and the call for action through a concise, action-oriented outcome document.

The resolution asks the WHO DG to continue to support members States in their efforts to reduce by one third premature mortality from NCDs and to report to the Seventy-second World Health Assembly, through the Executive Board, on the outcomes of the third High-level Meeting of the General Assembly on the Pre-

vention and Control of Non-communicable Diseases and its follow-up.

During the discussions at the Health Assembly developing countries stressed a number of issues that need attention in combatting NCDs. These include access to quality and affordable medicines, implementation of measures such as taxes to discourage consumption of harmful products like tobacco, sugar trans-fats and products that are directly marketed to children. Developing countries also mentioned the lack of financial and technical capacity to deal with the increased burden of NCDs and their double burden of disease due to infectious diseases. Member States observed that health systems will need to be strengthened and that there is a need to look at the social determinants of health and have a multisectoral approach including physical activity. Several delegations also stated that issues of conflict of interest and industry influence in combating NCDs were yet to be adequately addressed. Another key point that needs attention is ensuring adopting regulations that are free from conflict of interest. Countries also pointed out that it was necessary to have mechanisms that would help monitor progress and help implement the WHO action plan on NCDs including the "best buys" interventions that have already been identified. Furthermore, it was emphasized that in order to make progress it will be necessary to have international cooperation and support for developing countries. Some developed countries emphasized that interventions need to be scientific and evidence based and the discussions should include all stakeholders and private partnerships.

All countries agreed to support the High-level meeting at the UNGA in September where a political declaration will be approved and where it will be fundamental that concerns expressed by developing countries are reflected and that commitments are made that would support developing countries in particular to deal with the complexity of NCDs.

## Other resolutions

The Assembly also adopted the following other important resolutions:

*Digital Health*<sup>5</sup> - The World Health Assembly

adopted resolution WHA71.7 on digital health which recognizes the role that digital technologies can play in achieving progress for sustainable development and in supporting health systems while at the same time identifying that these technologies can complement service delivery.

The resolution urges member States to do an assessment on their use of digital technology for health, to look into how to integrate this technology in existing infrastructure and to identify areas where there will be need for normative guidance and technical assistance. It also urges member States to disseminate best practices, to build capacity for human resources and to develop legislation.

The resolution asks the Director-General to develop a global strategy on digital health, to provide technical assistance and normative guidance, to develop a repository of information including regulations and evidence on the effects of digital technology and monitor developments and trends in the area. It also requests the DG to collaborate with other UN agencies and other relevant stakeholders in order to strengthen implementation and generate capacity and to report to the Seventy-third World Health Assembly in 2020 on the implementation of this resolution

*Improving access to assistive technology*<sup>6</sup>- The World Health Assembly adopted resolution WHA71.8 on improving access to assistive technology. The resolution points out that there are one billion people who need these types of technologies and this number is likely to increase. Moreover, the resolution also notes that 90 per cent of those who need assistive technology do not have access to it.

The resolution urges member States to develop, implement and strengthen policies for access to assistive technology in the context of universal health and/or social services coverage. It also requests adequate training for human resources and maintenance for products, to develop a national list of priority products that are affordable and cost-effective and to promote investment in research, development, innovation and product design. Furthermore, it

calls for international and regional collaboration, collecting of population based data in order to identify needs and develop evidence-based policies and programs and to invest and promote barrier-free environments.

The resolution requests the Director-General to prepare a global report on access to assistive technology and to provide technical and capacity building support for countries to develop their own national policies and programmes. It also asks to provide assistance to assess feasibility of regional and sub regional manufacturing, to engage in the development of minimum standards and to report the implementation of this resolution to the Seventy-fifth World Health Assembly and reports every four years until 2030.

*Addressing the burden of snakebite envenoming*<sup>7</sup>- The Assembly adopted resolution WHA71.5 on addressing the burden of snakebite and envenoming. The resolution points out that an estimated 81,000–138,000 deaths occur every year worldwide by snakebite envenoming and this is also a cause of physical and psychological disability that is four or five times that number. According to WHO, snakebite envenoming is a high priority neglected tropical disease and access to safe, effective and affordable treatments are urgently needed. The resolution calls on member States to conduct assessments on the burden of snakebite and to improve the availability, accessibility and affordability of antivenoms. The resolution also urges the promotion of transfer of knowledge and technology. Furthermore, it notes the need to improve treatment, rehabilitation services, training for health workers; to support research for new tools, promote community awareness and foster cooperation and collaboration among member States.

The resolution also requests the Director-General to provide coordination for the control of snakebite envenoming, ensure quality and safety of antivenoms and provide technical support to organizations that are working on research. Additionally, it requests the fostering of international efforts to improve the availability, accessibility and affordability of safe and effective antivenoms and to support building capacities in countries and technical cooperation among member States with regard to snakebite envenoming. A report on



the implementation of this resolution is expected at the Seventy-third World Health Assembly.

## Endnotes

<sup>1</sup> World Health Organization, Fact sheet: Global Tuberculosis Report 2017.

<sup>2</sup> <https://naturemicrobiologycommunity.nature.com/channels/315-in-the-news/posts/29052-tb-book-for-primary-care-providers>.

<sup>3</sup> The draft framework can be accessed here: [http://apps.who.int/gb/ebwha/pdf\\_files/WHA71/A71\\_16Add1-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_16Add1-en.pdf).

<sup>4</sup> Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of NCDs, to be held in 2018: [http://apps.who.int/gb/ebwha/pdf\\_files/EB142/B142\\_15-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB142/B142_15-en.pdf).

<sup>5</sup> Full text available here [http://apps.who.int/gb/ebwha/pdf\\_files/WHA71/A71\\_R7-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_R7-en.pdf).

<sup>6</sup> Full text available here [http://apps.who.int/gb/ebwha/pdf\\_files/WHA71/A71\\_R8-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_R8-en.pdf).

<sup>7</sup> Full text available here [http://apps.who.int/gb/ebwha/pdf\\_files/WHA71/A71\\_R5-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_R5-en.pdf).



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