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24 May 2025

(Draft) A78/51

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## Fifth report of Committee A

(Draft)

Committee A held its tenth meeting on 24 May 2025 chaired by Dr Hanan Abdulghafoor Khaleel (Iraq).

It was decided to recommend to the Seventy-eighth World Health Assembly the adoption of the attached six resolutions relating to the following agenda items:

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

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

##### 13.3 Universal health coverage

One resolution entitled:

- Strengthening national capacities in evidence-based decision making for the uptake and impact of norms and standards

One resolution entitled:

- Rare diseases: a global health priority for equity and inclusion

One resolution entitled:

- Strengthening health financing globally

One resolution entitled:

- Strengthening medical imaging capacity

##### 13.4 Communicable diseases

One resolution entitled:

- Accelerating the eradication of dracunculiasis

One resolution entitled:

- Skin diseases as a global public health priority

### Agenda item 13.3

#### **Strengthening national capacities in evidence-based decision making for the uptake and impact of norms and standards**

The Seventy-eighth World Health Assembly,

Having considered the report by the Director-General;<sup>1</sup>

Recalling the collective commitment to achieve universal health coverage and the role of evidence, knowledge and innovation in promoting quality of care, improving financial protection and driving positive outcomes;

Recognizing WHO's unique status as a science- and evidence-based organization and its normative leadership, as outlined in its Constitution and in the Fourteenth General Programme of Work, 2025–2028, with its renewed focus on country-level impact including through timely delivery, expanded access to and uptake of WHO's normative, technical and data products;

Recalling the experiences encountered during the pandemic of coronavirus disease (COVID-19) and the need for robust and timely clinical and public health guidance that is relevant to context and responsive to local needs and equity considerations;

Recognizing scientific evidence as an important basis for the development of clinical and public health guidance; and recognizing also the value of science and high-quality evidence in ensuring that complex information is synthesized and available in accessible formats for end-users to guide practice and improve health outcomes;

Concerned that there are significant gaps, including inadequate resources, in the capacity of countries to produce and use relevant local and global evidence in developing new clinical and public health guidelines or in adapting existing guidelines with proper feedback systems to measure the cost-effectiveness and quality of clinical care, public health guidance and policy and their impact on population health and well-being;

Recalling the Constitution of the World Health Organization, resolution WHA75.8 (2022) on strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination, and resolution WHA63.21 (2010) on WHO's role and responsibilities in health research;

Acknowledging the recommendations from the external evaluation on WHO's normative function at the country level that address the impact and effectiveness of WHO's normative products within individual country context;<sup>2</sup>

Emphasizing the critical role of evidence-based WHO norms and standards in health decision-making and the need to maintain trust in the health system and the global health processes for establishing norms and standards, especially in the light of misinformation and disinformation;

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<sup>1</sup> Document A78/4.

<sup>2</sup> [WHO normative function at the country level: evaluation report](#). Geneva: World Health Organization; 2024 (accessed 3 March 2025).

Underlying the need to foster strong local and regional clinical and public health leadership and innovation that are human-centred and based on science and evidence, which is the key to creating a conducive environment for local investment in research, public health infrastructure and other supportive systems at local and regional levels;

Acknowledging the importance of supporting local priorities and informing context-specific research, including through implementation research, local innovation and product development for priority diseases that include ongoing efforts, such as those on proven approaches focusing on quality vaccines, diagnostics, therapeutics, medical supplies and including nonpharmacological, digital, public health and prevention interventions,

1. URGES Member States,<sup>3</sup> in accordance with national contexts:

- (1) to institutionalize, as appropriate, structures, systems and processes for the development and adaptation of clinical and public health guidance;
- (2) to strengthen national quality control, as well as regulatory frameworks and authorities, to facilitate appropriate uptake of global clinical and public health recommendations;
- (3) to enhance and sustain investment to strengthen national capability for guideline adaptation and timely uptake of normative products, including fit-for-purpose digital technologies that are tailored to public health needs and their respective health system maturity levels;
- (4) to strengthen legal and policy frameworks and domestic support to enable high-quality research and development that provide contextual data to facilitate the adoption, adaptation or de novo development of clinical and public health guidelines, as needed; and to support monitoring and evaluation of the use and impact of these guidelines for improved and more equitable health outcomes;
- (5) to coordinate efforts to strengthen the generation, synthesis and use of evidence for decision-making, with effective dissemination, use and local impact of clinical and public health recommendations;
- (6) to facilitate collaborative and multicountry research on health decision-making frameworks focused on clinical and public health recommendations, taking into account national and regional contexts and regulatory practices;
- (7) to create or support an enabling environment, including technical and regulatory frameworks for implementing clinical and public health guidelines, with feedback on impact to enable evidence-based decisions and prioritization in health;
- (8) to consider the use of economic evaluation and priority-setting in national guideline development and the financial impact of dissemination and implementation;

2. REQUESTS the Director-General:

- (1) to ensure that WHO's normative products: remain of consistently high standard and are adapted to local context, with particular attention to developing countries including

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<sup>3</sup> And, where applicable, regional economic integration organizations.

small island States; are driven by Member States' needs; and are designed and delivered in a timely manner to achieve impact;

(2) to use WHO's convening power to provide and support platforms for relevant stakeholders in a systematic and integrated manner across the evidence-to-policy and implementation spectrums, using digital systems and a living approach<sup>4</sup> to WHO's normative products for country implementation and impact;

(3) to identify the obstacles for Member States to the uptake and implementation of WHO's normative products, and to provide support to Member States, upon request, in priority-setting and in the establishment of national capacity and mechanisms, as appropriate, in order to generate and use contextual evidence to support systematic adaptation and uptake of WHO's norms and standards;

(4) to support multilingualism and ensure that WHO's normative products are published in all six official languages of the United Nations, and to make efforts to extend possible support to Member States for publishing normative products in their respective local languages;

(5) to support and facilitate, within and among countries and across regions, collaborations for strengthening national and regional science capacities;

(6) to identify opportunities for and consider, where appropriate, the establishment of regional collaborating mechanisms, such as centres of excellence, in order to facilitate access by Member States and other relevant stakeholders to the necessary expertise corresponding to need;

(7) to develop, within existing resources, in close consultation with Member States and with inputs from relevant stakeholders, in line with the Framework of Engagement with Non-State Actors, as applicable, a global framework on uptake and impact of norms and standards and a global plan of action for the implementation of the framework in 2027;

(8) to strengthen the Secretariat's capacity for providing technical support to Member States, within existing resources, including through the WHO Academy and WHO's other technical training platforms, for scaling up the adaptation and implementation of WHO's normative products in line with the Fourteenth General Programme of Work, 2025–2028, with the appropriate structure, resources, assets and capabilities;

(9) to report on progress made in the implementation of this resolution to the Eightieth, Eighty-second and Eighty-fourth World Health Assemblies in 2027, 2029 and 2031.

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<sup>4</sup> [Quality Assurance, Norms and Standards](#). Geneva: World Health Organization; 2025 (accessed 4 March 2025).

### Agenda item 13.3

#### **Rare diseases: a global health priority for equity and inclusion**

The Seventy-eighth World Health Assembly,

Having considered the report by the Director-General;<sup>5</sup>

Recognizing that a rare disease is often described as a specific health condition affecting fewer than 1 in 2000 individuals in general population, and that there are currently more than 7000 known rare diseases impacting more than 300 million people globally, with 70% of these conditions starting in childhood;<sup>6</sup> and that, while the frequency of most rare diseases can be described by prevalence, some rare diseases can be more precisely described by incidence;<sup>7</sup>

Noting that rare diseases are often complex and multisystemic, affecting multiple organs and leading to comorbidities, and that many of these conditions are chronic, progressive and can consequently result in serious disabilities and premature death;

Recognizing that some persons living with a rare disease have disabilities, which may have a greater impact on their health, and that they may also face various barriers, which may hinder their full and effective participation in society on an equal basis with others;<sup>8</sup>

Recognizing also that, in addition to the physical impact, some persons living with a rare disease, their families and carers may experience discrimination and psychosocial consequences, such as isolation, stigmatization and limited opportunities for social inclusion, which are often intensified by a lack of public awareness and knowledge and the absence, limited scope or poor implementation of policies and social support;

Recognizing further that persons living with a rare disease (including those whose disease is undiagnosed), their families and carers may be psychologically, socially and economically vulnerable throughout their life course, facing specific challenges in several areas, including but not limited to physical and mental health, education, employment, financial well-being and leisure;

Emphasizing the importance of adopting a holistic patient-centred approach to address the needs of persons living with a rare disease, focusing on enhancing their functioning and working with society to remove, to the extent possible, the barriers they face in accessing health, education, employment and other domains of life;

Noting that the high prices of many health products for rare diseases, and inequitable access to such products within and among countries, as well as the financial hardships associated with their high costs pose significant challenges for some persons living with a rare disease;

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<sup>5</sup> Document A78/4.

<sup>6</sup> The Lancet Global Health. The landscape for rare diseases in 2024. Editorial. [10.1016/S2214-109X\(24\)00056-1](https://doi.org/10.1016/S2214-109X(24)00056-1) (accessed 3 March 2025).

<sup>7</sup> Wang et al. [Orphanet Journal of Rare Diseases. Operational description of rare diseases: a reference to improve the recognition and visibility of rare diseases](#) (2024), pp. 19–334 (accessed 3 March 2025).

<sup>8</sup> Resolution WHA74.8 (2021).

Recognizing from an equity perspective that women and children living with a rare disease encounter greater challenges in accessing care, including the late diagnosis, biases in symptom assessment and reduced access to timely and appropriate treatment, which significantly impact their quality of life and overall health outcomes;

Recognizing also the importance of achieving universal health coverage, including for persons living with a rare disease and their families and carers, and that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of essential quality health services, from health promotion to disease prevention, treatment, rehabilitation and palliative care, as well as essential, safe, affordable, effective and quality medicines, vaccines, diagnostics and health technologies, including assistive technologies, ensuring that the cost of using these services does not lead to financial hardship;

Recognizing further the importance of implementing integrated care, considering the health system along with social and community services, for enabling persons living with a rare disease to achieve optimal health and well-being;

Acknowledging that to enhance physical and mental health, well-being and life expectancy for everyone, it is essential to achieve universal health coverage, including persons living with a rare disease;

Recalling in particular the United Nations Sustainable Development Goal target 3.8 (Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all), the United Nations political declaration of the high-level meeting on universal health coverage (2019),<sup>9</sup> which includes rare diseases, and the political declaration of the high-level meeting on universal health coverage (2023),<sup>10</sup> reaffirming the commitment to ensure that no one is left behind, and other universally agreed resolutions and declarations;

Recalling also United Nations General Assembly resolution 76/132 (2021) on addressing the challenges of persons living with a rare disease and their families, which paved the way for greater integration of rare diseases into the agenda and priorities of the United Nations system;

Noting that reaching the correct diagnosis can take more than five years, that many persons living with a rare disease never receive a timely or adequate diagnosis, although nearly half of genetic diseases start in childhood, and that insufficient screening programmes, including newborn screening, and unequal access to diagnostic services, infrastructure and expertise contribute to delayed diagnosis and management;

Noting also that for undiagnosed persons with a suspected rare disease, entering a coordinated diagnostic and research pipeline offers a unique hope to speed up diagnosis, as recognized by the International Rare Diseases Research Consortium;

Recalling resolution WHA76.5 (2023) on strengthening diagnostics capacity, which recognizes that diagnostic services are vital for the prevention, diagnosis, case management, monitoring and treatment of communicable, noncommunicable, neglected tropical and rare diseases, and which emphasizes equitable access to diagnostics for all, and highlights the

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<sup>9</sup> United Nations General Assembly resolution 74/2 (2019).

<sup>10</sup> United Nations General Assembly resolution 78/4 (2023).

importance of diagnostics for healthcare service delivery, ranging from prevention to treatment, as well as access to research projects on diagnostics;

Recalling also resolution WHA75.8 (2022) on strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination, in which the Health Assembly called on Member States, inter alia, “to encourage the targeting of clinical trials towards the development of health interventions that address public health priorities and concerns of global, regional and national importance, including communicable and noncommunicable diseases, with a focus on the health needs of developing countries, and that evaluate the safety and efficacy of health interventions, including having special regard to common diseases in low- and middle-income countries, unmet medical needs, rare diseases and neglected tropical diseases”;

Recalling further resolution WHA77.2 (2024) on social participation for universal health coverage, health and well-being, in which the Health Assembly urged Member States, inter alia, to strive “to ensure that social participation influences transparent decision-making for health across the policy cycle, at all levels of the system”;

Recalling resolution WHA77.5 (2024), in which the Health Assembly invited Member States, inter alia, to consider implementing a universal newborn screening programme, including comprehensive screening for congenital disorders; and recognizing the importance of early detection programmes, including those for prevention and mitigation of health conditions that may result in disabilities, while also addressing the specific needs and considerations for diagnosis, management and long-term care that meets the needs of affected children;

Recognizing that early identification can prevent the onset of disease symptoms or delay the progression of both common and rare diseases, thereby reducing child mortality and morbidity, improving the quality of life of persons living with a rare disease and conferring significant benefits on them, their families, their carers and society as a whole;

Acknowledging the disparity of resources between rural and urban areas within and among countries, the limited availability and geographical dispersion of rare disease specialists and centres of expertise, along with the lack of patient pathways, referral systems and effective knowledge-sharing platforms, which hinders necessary consultations with specialists on diagnosis and optimal patient care, thereby resulting in suboptimal clinical management for persons living with a rare disease;

Noting that owing, in part, to limited resources for research, diagnosis and treatment along with the insufficient equitable investment and financial incentives for drug development in rare diseases, more than 95% of rare diseases still lack an effective treatment;

Acknowledging that even when treatments and care are available, high costs may often lead to delayed, inconsistent and inequitable access;

Acknowledging also that rare diseases fall within the scope of the WHO’s Fourteenth General Programme of Work, 2025–2028, as well as WHO’s efforts to achieve the goals outlined in its first strategic priority of extending universal health coverage to one billion more people as stated in WHO’s Thirteenth General Programme of Work, 2019–2025, and in alignment with countries’ national context and priorities;

Acknowledging further that, although each country, in line with its national context and priorities, faces unique challenges in meeting the needs of persons living with a rare disease, there are common issues, such as constrained health budgets and a shortage of specialized services, resources and expertise leading to health inequities within and among Member States, that collectively result in persons living with a rare disease worldwide often struggling to access the care and support they need;

Highlighting Secretariat's commitment to promote health equity and provide support to Member States in ensuring that all persons living with a rare disease, regardless of their condition, receive timely and appropriate healthcare services;

Emphasizing the critical need for global collaboration to tackle the unique challenges faced by persons living with a rare disease, and by their families and carers, especially mothers – including: the implementation of policies and programmes that prevent and combat stigmatization and social exclusion; accurate data collection; and increased awareness – in line with countries' national context and priorities;

Recognizing the need to foster innovation that promotes social cohesion and reduces inequalities and discrimination, and to enhance research efforts and develop innovative therapies for rare diseases;

Underscoring the need to address the root causes of inequality and discrimination faced by persons living with a rare disease, their families and carers, and in this regard recognizing that there is a need for health policies and programmes to foster inclusion and create an environment conducive to respect for their rights and dignity;

Noting that rare diseases may lead to disabilities, and in this regard, recalling the principles embodied in the Constitution of the World Health Organization and the Convention on the Rights of Persons with Disabilities, and stressing the importance of their implementation, including inter alia through relevant policies, programmes and strategies at national and international levels to promote inclusion and rights of persons with such disabilities;

Recalling United Nations General Assembly resolution 78/12 (2023) entitled World Duchenne Awareness Day,<sup>11</sup> in which the General Assembly decided to designate 7 September, the current World Duchenne Awareness Day, as a United Nations Day, recognizing that Duchenne muscular dystrophy is one of the most common paediatric genetic rare diseases, and encouraging Member States to raise awareness on the specific challenges and needs faced by persons living with a rare disease, their families and carers through national campaigns, educational programmes and information dissemination, with the goal of fostering greater understanding and empathy towards those affected by rare diseases and promoting global solidarity,

1. URGES Member States,<sup>12</sup> taking into account national context and priorities:

(1) to commit:

(a) to providing appropriate support to the WHO Secretariat for developing a comprehensive global action plan on rare diseases;

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<sup>11</sup> United Nations General Assembly resolution 78/12 (2023).

<sup>12</sup> And, where applicable, regional economic integration organizations.

- (b) to integrating rare diseases into national health planning by developing and implementing national policies, effective programmes and actions, including developing primary and secondary evidence-based preventive actions and strategies aimed at prevention and at improving healthcare services for persons living with a rare disease through an integrated approach, ensuring equitable access to timely, cost-effective and affordable, available, accurate diagnosis, particularly for newborns through universal screening programmes, and the necessary cost-effective treatment, social and healthcare services;
- (c) to implementing effective programmes that promote mental health and psychosocial support for persons living with a rare disease, as well as policies and initiatives that enhance the well-being of their families and carers;
- (d) to accelerating efforts toward achieving and extending universal health coverage by 2030, ensuring healthy lives and well-being for all individuals, including persons living with a rare disease, throughout their life course, in order to stop the rise and reverse the trends towards catastrophic out-of-pocket health expenditure as appropriate, by re-emphasizing the commitment to progressively providing persons living with a rare disease with quality essential health products, healthcare services and affordable medicines, diagnostics and health technologies by 2030;
- (e) to strengthening health systems, particularly in primary healthcare, to ensure universal access to a wide range of affordable and high-quality healthcare services for persons living with a rare disease, especially children;
- (f) to fostering the inclusion of relevant competencies in the pre-service education of students and lifelong learning of health workers in preventing, diagnosing, treating and managing rare diseases;
- (g) to further increasing awareness and education initiatives about rare diseases among healthcare providers, policy-makers and the public in order to promote understanding of and support for affected individuals;
- (h) to removing barriers that persons living with a rare disease, their families and carers face in accessing safe water, sanitation and hygiene, including addressing physical, institutional, social and attitudinal obstacles, promoting appropriate measures to ensure equitable access for these individuals, their families and carers in both rural and urban areas;
- (i) to considering, as appropriate, the development and utilization of digital technologies,<sup>13</sup> including telemedicine and data-sharing platforms in order to improve access to specialists and treatments, especially in remote areas or where medical resources are limited, ensuring that technologies are accessible;
- (j) to promoting the involvement of patient organizations, peer support groups, organizations of persons with disabilities, including groups led by persons living with a rare disease, in policy development to ensure that the voices of those affected by rare diseases are heard and incorporated into decision-making processes;

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<sup>13</sup> Guided by, inter alia, WHO's global strategy on digital health 2020–2025.

(k) to facilitating the establishment, as appropriate, of dedicated national task forces or coordination bodies to oversee the implementation of policies related to rare diseases, enhancing accountability and effective management;

(l) to encouraging the establishment of national, regional and international centres of excellence as specialized hubs for care, research and training for rare diseases;

(m) to encouraging the establishment of a national registry for rare diseases, or collaborating with existing international registries for rare diseases, as appropriate, to strengthen their capacity on data collection, analysis and disseminating disaggregated data on persons living with a rare disease, while respecting data protection and privacy, to achieve evidence-based decisions at all levels;

(n) to considering implementation of the eleventh revision of the International Classification of Diseases, and where appropriate, interoperable codification systems for rare diseases such as the Orphanet nomenclature of rare diseases, at their earliest possibility, and in accordance with their available resources, in order to enable the recording, reporting and monitoring of rare diseases at national and international levels;

(2) to encourage collaboration between policy-makers, governmental health and research authorities, academic institutions, clinicians, patient organizations, the private sector and civil society in order to foster innovation in research and innovative diagnosis and treatment that proactively address rare diseases;

(3) to support efforts to adopt innovative ways of funding and mobilize resources from all sources (for example, public and private funders) for integrated action on rare diseases, including research and innovation, and to consider expanding opportunities, with a focus on developing countries;

(4) to strengthen cooperation at national, regional and international levels to promote equitable and timely access to affordable, safe, effective and quality medicines for all persons living with a rare disease across the world, leaving no one behind;

(5) to bring high-level attention to rare diseases and related aspects within multilateral forums, as appropriate, to help to ensure sustained and concrete political visibility and momentum, and explore ways in which to integrate rare diseases into health policy and programmes reflecting national strategies and priorities;

(6) to regularly assess, where applicable, the implementation of their national action plans for rare diseases and, to the extent possible, evaluate their contribution to the implementation of regional action plans related to rare diseases;

## 2. REQUESTS the Director-General:

(1) to develop – in consultation with Member States, and in collaboration with nongovernmental organizations, in line with the Framework of Engagement with Non-State Actors, as applicable, including patients' organizations, academic institutions and experts in rare diseases – a comprehensive 10-year draft global action plan for rare diseases, in alignment with the agreed strategic priorities of WHO and its Fourteenth General Programme of Work, 2025–2028, including all necessary preparatory work, and budgetary aspects, to be submitted for consideration by the Eighty-first World Health Assembly in 2028;

- (2) to conduct preparatory work, including: mapping WHO's existing standards, guidelines and protocols relating to rare diseases; providing an initial technical report on rare diseases; identifying technological innovation opportunities (including e-health, m-health, digital and artificial intelligence solutions) to centralize clinical health information for diagnostics and treatment;
- (3) to establish a workstream promoting universal health coverage for persons living with a rare disease;
- (4) to identify centres of excellence around the world that are able to cluster clinical work in certain rare disease groups and that can act as hubs to exchange experience and clinical knowledge and provide peer-to-peer medical reviews and advice, including across borders;
- (5) to ensure that the global action plan for rare diseases encompasses, but is not limited to, the following key components:
  - (a) a comprehensive framework to foster equitable access to timely, cost-effective, affordable, available, accurate diagnosis and evidence-based treatments and an adequate management of rare diseases, aligned with the principles of universal health coverage as outlined in the United Nations political declarations of the high-level meetings on universal health coverage of 2019 and 2023, and taking into account the social determinants of health;
  - (b) strategies for improving data collection, research and surveillance on rare diseases to enhance understanding, timely and confirmed early identification, including screening, diagnosis and treatment options in collaboration with Member States' national authorities, with the ultimate goal of sharing knowledge and data in the field and fostering investment in research;
  - (c) guidelines for the establishment of national and regional registries to facilitate the screening, monitoring and management of rare diseases;
  - (d) global targets and strategic objectives, along with clear guidelines to improve access to affordable and equitable healthcare services for persons living with a rare disease, the essential health products needed for accurate diagnosis and effective treatment for persons living with a rare disease, as well as an accompanying process for accountability and monitoring to track implementation progress, including at the national level;
- (6) to provide support to Member States, upon request, in the development of national policy and strategies to enhance the health of persons living with a rare disease, including addressing the social and financial implications of supporting persons living with a rare disease in a sustainable and inclusive way;
- (7) to submit a draft global action plan on rare diseases for consideration by the Executive Board at its 162nd session, with the intention of submitting this draft global action plan to the Eighty-first World Health Assembly in 2028 for adoption;
- (8) to report on the implementation of this resolution to the Seventy-ninth World Health Assembly in 2026, through the Executive Board at its 158th session, and to submit progress reports to the Health Assembly in 2028 and 2030.

### Agenda item 13.3

#### Strengthening health financing globally

The Seventy-eighth World Health Assembly,

Having considered the report by the Director-General;<sup>14</sup>

Having also considered the 2023 global monitoring report tracking universal health coverage,<sup>15</sup> which shows that the world is off track in making meaningful progress towards universal health coverage and alignment with the Sustainable Development Goals by 2030, with little or no improvement in related Sustainable Development Goal indicators 3.8.1 or 3.8.2 since 2015;

Recognizing that growth has had uneven benefits with almost two billion people facing some form of financial hardship due to out-of-pocket expenditure, one billion people globally spending more than 10% of their household budgets on healthcare, and more than 340 million people being pushed or further pushed into extreme poverty by out-of-pocket expenditure;

Recalling resolution WHA77.17 (2024) on strengthening preparedness for and response to public health emergencies through targeted amendments to the International Health Regulations (2005), including the importance of collaboration to address the needs of developing countries to develop, strengthen and maintain the core capacities required by the International Health Regulations (2005), in accordance with Article 44 of those Regulations;

Recalling also resolution WHA58.33 (2005) on sustainable health financing, universal coverage and social health insurance and resolution WHA64.9 (2011) on sustainable health financing structures and universal coverage, and noting the effect of health systems in delivering comprehensive healthcare services, with a focus on primary healthcare including preventive services;

Recalling further the political declaration of the high-level meeting on universal health coverage,<sup>16</sup> which identified gaps, including in the financing of health systems across the world, and solutions such as close collaboration between finance and health authorities and capacity-building among decision-makers and practitioners in strengthening health financing through various initiatives, to accelerate progress towards the achievement of universal health coverage by 2030, including recognizing domestic public resources as a major source of financing and that health financing requires global solidarity and collective effort to support efforts to build and strengthen capacity in developing countries;

Recalling resolution WHA77.13 (2024) on economics of health for all, which notes the interconnectedness of health and the economy and the importance of an economy of well-being perspective that underlines the mutually reinforcing nature of health, well-being and the economy;

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<sup>14</sup> Document A78/4.

<sup>15</sup> [Tracking universal health coverage: 2023 global monitoring report](#). Geneva: World Health Organization and International Bank for Reconstruction and Development/The World Bank; 2023 (accessed 25 February 2025).

<sup>16</sup> United Nations General Assembly resolution 78/4 (2023).

Recalling also United Nations General Assembly resolution 74/2 (2019) to strengthen efforts to address noncommunicable diseases as part of progress towards universal health coverage and the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases,<sup>17</sup> both of which recognize the primary role and responsibility of governments to respond to the challenge of noncommunicable diseases by developing adequate, national, multisectoral responses for prevention and control while also acknowledging the critical relevance of universal health coverage for addressing infectious diseases;

Recalling further resolution WHA67.23 (2014) on health intervention and technology assessment in support of universal health coverage, recognizing the significant share of pharmaceutical expenditure, diagnostics and human resources in healthcare financing within countries, and that health technology assessment can support resource allocation decisions in all resource settings;

Acknowledging the increasing demands on and the priorities besides health, including from debt servicing, in the national budgets of developing countries, while recognizing the gap in national health strategies, including the target of allocating at least 15% of annual government budget to the improvement of the health sector pursuant to the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, and stressing the importance of placing health as a priority on the government agenda and that investing in health is an investment in a country's economic growth that may lead to macroeconomic stability;<sup>18</sup>

Recognizing the importance of political leadership and commitment beyond the health sector to pursuing whole-of-government, whole-of-society and economy of well-being approaches in order to improve financing for health;

Recalling that WHO's Fourteenth General Programme of Work, 2025–2028 underscores the central role of sustainable health financing to making progress towards achieving all the associated health outcomes, including universal health coverage, with its specific inclusion in both outcomes 3 and 4 relating to the importance of sustainable health financing policies and systems and of financial protection;

Acknowledging that public financing mechanisms should provide the core of primary healthcare funding to ensure that every person, including the poorest, receives the necessary healthcare services without financial hardship;

Recalling resolution WHA77.2 (2024) on social participation for universal health coverage, health and well-being, and noting the important role that social participation can have in fostering mutual respect and trust, while making health systems, including health financing systems, more responsive, equitable and resilient;

Recognizing technical guidance on health financing from WHO, including the final report in 2014 of the WHO Consultative Group on Equity and Universal Health Coverage,<sup>19</sup> WHO's Health

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<sup>17</sup> United Nations General Assembly resolution 73/2 (2018).

<sup>18</sup> Resolution WHA77.13 (2024).

<sup>19</sup> [Making fair choices on the path to universal health coverage. Final report of the WHO Consultative Group on Equity and Universal Health Coverage](#). Geneva: World Health Organization; 2014 (accessed 26 February 2025).

Financing Progress Matrix for assessing country health financing systems, WHO's annual global health expenditure report and other guiding documents;

Recognizing also the need to improve coordination of global health stakeholders to support the priorities, systems and plans of countries for universal health coverage and stronger health systems, in line with the Lusaka Agenda, which provides a path towards a joint long-term vision of domestically-financed health systems for universal health coverage designed to leave no one behind;

Recognizing further that the number of households facing financial hardship or forgoing care is likely to be under-reported because data collection on financial protection is weak;

Recognizing the need for response and financial support to countries in conflict to restore medical infrastructure, support critical medical supplies and facilitate access to healthcare services for the population;

Noting the need for sustainable financing to increase access to medicines,

1. URGES Member States<sup>20</sup> in accordance with national context and priorities:

(1) to implement, strengthen and align policies and reforms, including relevant social protection mechanisms to tackle the causes of poor financial protection and improve access to healthcare services without financial hardship, including prioritizing the poor and others at risk of financial hardship, through reducing out-of-pocket expenditure, where applicable, focusing particularly on government revenue as the primary source of financing, while leveraging external financing to enhance government revenues and also strengthen health systems;

(2) to prioritize pooling of government funds, including revenue from direct and indirect taxes and levies, where applicable, and mandatory health insurance contributions in order to reduce fragmentation and out-of-pocket expenditure at the point of care;

(3) to prioritize, as appropriate, health in public budgets through strong national and regional political leadership and commitment such as through the Abuja Declaration, to drive health system efficiency and effective utilization of resources, strengthen public financial management systems, including through digitalization, while supporting overall domestic resource mobilization as the predominant source of health financing, including for universal health coverage and the recommended target of allocating an additional 1% of gross domestic product or more for primary healthcare as contained in United Nations General Assembly resolution 74/2 (2019), and to consider introducing and increasing taxes on tobacco, sugar and alcohol, as a source of no distortionary tax that reduces risk factors for noncommunicable diseases as appropriate in national contexts;

(4) to strengthen respective domestic and regional research and development, manufacturing capacities and regulatory frameworks to achieve resilient health systems, and to attract private investment with adequate safeguards to ensure transparency and accountability to protect public interest and economic growth;

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<sup>20</sup> And, where applicable, regional economic integration organizations.

(5) to focus domestic resources on an affordable package of essential health benefits, based on evidence and developed through inclusive and transparent processes supported by health technology assessment, that inform budget and health financing reforms including revenue raising, pooling of resources and strategic purchasing and the facilitation of other effective and cost-effective interventions to deliver significant health outcomes with limited resources;

(6) to strengthen the role of WHO in setting normative guidance on effective priority-setting approaches including evidence-based health technology assessment that can inform budget and purchasing reforms;

(7) to develop and implement policies and reforms that address fragmentation and promote coherent and aligned health financing systems across health programmes, including progressive health insurance coverage schemes and pandemic prevention preparedness and response financing, in order to ensure that budgets flow to priority health needs to leave no one behind and reduce financial hardship;

(8) to strengthen, and as necessary, establish institutional capacities, as well as national data collection and reporting systems, for routine monitoring and reporting of domestic and external health resource tracking and financial protection, which are integrated with appropriate national financing and budget data systems and leverage machine-learning, artificial intelligence and digital technologies based on ethical standards and digital principles to enhance decision-making;

(9) to design and streamline processes to transition smoothly and sustainably from external assistance for health to sufficiently robust domestic financing for health, including through progressive integration of vertical funding flows into domestic public financial management and procurement systems, using instruments such as sector wide approaches and health compacts;

(10) to consider providing additional financial support, as appropriate, for the work of WHO on health financing and economics in advancing universal health coverage;

(11) to deliver on commitments on domestic health spending and advance the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, including, as applicable, the commitment by many developed countries to achieve the United Nations target of 0.7% of gross national income for official development assistance, by providing more effective financing for health that is aligned to national priorities;

2. ENCOURAGES Member States, global health initiatives, philanthropic foundations, and international and regional financing institutions and mechanisms, consistent with their respective mandates:

(1) to finance domestic priorities with consideration of favourable terms, aligned with country planning, budgetary processes, monitoring and evaluation cycles; to progressively channel their funds through public financial management systems; and to report progress through national routine expenditure tracking processes, including national health accounts, where appropriate, while improving their coordination and transparency in support of domestic priorities;

(2) to explore innovative sources of financing and engage constructively in negotiations in multilateral forums to support progress on bridging the gap in health financing, including through concessional loans for health financing for developing countries and those affected by conflict;

3. REQUESTS the Director-General:

(1) to maintain WHO's mandate in health financing and strengthen its roles in providing support to countries as a crucial prerequisite for universal health coverage;

(2) to prepare reports on health expenditures and the state of global health financing to be presented in 2026, 2028 and 2030 at WHO-convened meetings with Member States, regional institutions, other organizations in the United Nations system, international development partners, international financial institutions, foundations, academic institutions, civil society organizations and other stakeholders, in line with the Framework of Engagement with Non-State Actors, as applicable;

(3) to provide support for improvement in the quality and availability of data and in the timeliness and transparency of tracking domestic and external financing flows, trends and sustainability for health over time, including through national health accounts where appropriate, and to monitor alignment with and impact of health spending on domestic budgets and on progress towards the health-related Sustainable Development Goals, with a particular focus on primary healthcare, forgone care, out-of-pocket spending and financial protection, pandemic prevention, preparedness and response, development assistance, insurance-related contributions, and working with health and finance ministries, multilateral development banks, the Organisation for Economic Co-operation and Development, global health initiatives, nongovernmental organizations, and other stakeholders in line with the Framework of Engagement with Non-State Actors, as applicable, including leveraging artificial intelligence and digital technology;

(4) to develop, as appropriate, and update evidence, guidance and tools on health financing and economics, and to provide support to Member States in their efforts to build capacity to design and implement health financing policies and reforms and financial mechanisms that support progress towards universal health coverage, including those for revenue raising and pooling, public financial management strengthening, financial protection, design and strategic purchasing of priority benefit packages, effective implementation of health technology assessments and procurement of cost-effective commodities, with a focus on leaving no one behind, and that support better coordination, collaboration and alignment of partners, regional and international institutions in providing long-term, reliable support;

(5) to strengthen and elevate WHO's existing, dedicated observatory function to monitor and report on development assistance and domestic financing flows for health in order to increase the visibility and transparency of financing and financial protection trends in terms of volume and efficiency, assess and evaluate their impact and generate knowledge and expertise, leveraging the national health accounts and other sources of data and boosting regional and country-level capacity and leadership on health financing to support developing countries, in partnership with United Nations organizations, international development partners, international financial institutions, foundations, academic institutions, civil society organizations and other stakeholders, in line with the Framework of Engagement with Non-State Actors, as applicable;

(6) to provide support, as requested by Member States, for the development of prioritized national health financing road maps to mobilize technical assistance and financial resources in order to strengthen national health financing systems and to improve the coordination and collaboration of development partners, United Nations entities, international financial institutions including the World Bank, civil society, and the private sector, in line with the Framework of Engagement with Non-State Actors, as applicable.

### Agenda item 13.3

#### Strengthening medical imaging capacity

The Seventy-eighth World Health Assembly,

Having considered the report by the Director-General;<sup>21</sup>

Recognizing that medical imaging is vital for the diagnosis and treatment of numerous communicable diseases, noncommunicable diseases, traumatic injuries and other health conditions, including gastrointestinal and gynaecological conditions;

Considering that medical imaging requires traceable, cost-effective medical technology with consumables and accessories, an associated trained health workforce, knowledge of clinical procedures, patient information, affordable access, patient management, patient preparation, interpretation and reporting;

Recognizing that medical imaging for diagnosis and treatment, both conventional as well as interventional, refers to medical devices using ionizing radiation (such as computerized tomography scanners and positron emission tomography (PET)), non-ionizing radiation (such as ultrasound and magnetic resonance imaging (MRI)) and hybrid imaging modalities (such as PET-MRI);

Noting that the optimal use of medical imaging services in many countries is affected by, inter alia, the limited availability of affordable and cost-effective medical imaging technologies, reduced access in remote and rural areas, the shortage of a trained health workforce and the lack of effective or implementable policies, plans and guidelines;

Highlighting the need to improve equitable access to safe and effective medical imaging globally, particularly to enhance detection, diagnosis, treatment, monitoring and understanding of both communicable and noncommunicable diseases;<sup>22</sup>

Noting that the burden of cancer and other noncommunicable diseases is rising and recognizing that medical imaging is essential for appropriate cancer detection and therapy, including surgery, radiotherapy and chemotherapy;

Acknowledging that in 2021 of all neurological conditions stroke was the leading cause of disability-adjusted life years, with the largest burden on developing countries;

Confirming that medical imaging can contribute to reductions in mortality, morbidity and incidence through early detection and monitoring of many neurological conditions such as multiple sclerosis, nervous system cancers, neurodegenerative disorders<sup>23</sup> and stroke, including through rapidly distinguishing between haemorrhagic and ischaemic stroke and determining treatment such as thrombolysis and mechanical thrombectomy;

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<sup>21</sup> Document A78/4.

<sup>22</sup> [Updated Appendix 3 of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030](#). Technical Annex (version dated 26 December 2022) (accessed 3 March 2025).

<sup>23</sup> [Intersectoral global action plan on epilepsy and other neurological disorders](#). Geneva: World Health Organization; 2023 (accessed 3 March 2025).

Taking into account that equitable access to medical imaging for early diagnosis and management can reduce lifelong consequences from infectious diseases that contribute to global morbidity and mortality, with particular emphasis on individuals at risk especially among those in vulnerable situations and those that are hard to reach;

Noting that accurate medical imaging can minimize unnecessary surgical interventions and optimize complex medical interventions;

Recognizing that medical imaging is essential in emergencies, road traffic crashes and disasters, enabling emergency medical responders to quickly assess injuries, identify critical conditions and prioritize care, and can aid surgical interventions including for traumatic brain and spinal cord injuries;

Recognizing also that access to medical imaging equipment: is highly inequitable globally and limited in many developing countries; requires medical technologies, as well as specific infrastructure, health workforce training and operating costs, that might not be available or affordable; is part of effective universal health coverage; and contributes to health systems to support early diagnosis of certain diseases, trauma and injuries as well as monitor health conditions such as pregnancy and its complications, and to facilitate timely patient referrals to care;

Recognizing further the added value in using medical ultrasound in obstetric care and to diagnose multiple diseases in a safe and cost-effective manner;<sup>24</sup>

Acknowledging that conventional radiology (such as chest X-ray radiography) can support early and cost-effective diagnosis of pneumonia, which is the single largest infectious cause of death in children worldwide, as well as other health conditions;

Considering the level of variance and diversity in the practice of medical imaging and the lack of harmonized guidance on the selection and use of medical imaging equipment and related technology;

Considering also that research using medical imaging equipment is crucial and requires special precautions and maintenance to avoid harm related to radiation exposure;

Recognizing that the regulation of medical imaging radiation is fragmented or weak in some countries;<sup>25</sup>

Recalling resolutions WHA25.57 (1972) on development of the medical use of ionizing radiation and WHA76.5 (2023) on strengthening diagnostics capacity;

Considering the importance of recognizing the essential roles of medical imaging in the diagnosis and treatment of diseases, including interventional radiology and the emerging theranostics and integrating medical imaging in healthcare policies,

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<sup>24</sup> [Manual of diagnostic ultrasound. Vol. 2 – 2nd ed.](#) Geneva: World Health Organization; 2013 (accessed 3 March 2025).

<sup>25</sup> [Global atlas of medical devices 2022.](#) Geneva: World Health Organization; 2022 (accessed 3 March 2025).

1. URGES Member States,<sup>26</sup> considering their national context and circumstances:
  - (1) to promote appropriate and continued access to quality, safe, affordable and cost-effective medical imaging capacity, by implementing appropriate policies, strategies, programmes, norms and standards;
  - (2) to promote sustainable investment in imaging equipment and infrastructure, maintenance and quality management systems;
  - (3) to commit to adequate education and continuous training of the health workforce involved in medical imaging, including through the WHO Academy and WHO's other technical platforms, as well as training of referring physicians on justification and appropriate use in accordance with up-to-date evidence-based recommendations;
  - (4) to develop strategies to improve medical imaging capacity and promote the inclusion of medical imaging services in national health sector strategic plans to achieve universal health coverage;
  - (5) to improve affordable and equitable access to medical imaging services, including through the application of digital health, to reach rural and remote areas for early detection of communicable and noncommunicable diseases;
  - (6) to consider the inclusion of medical imaging technologies, which appear on the WHO lists of priority medical devices and are made available electronically through WHO's Priority Medical Devices Information System (MeDevIS), in national lists of medical devices for diagnosis or treatment, for benefit packages or reimbursement, and, if needed, perform health technology assessments for their incorporation, taking into account internationally accepted standards;
  - (7) to perform needs assessments, feasibility studies and investment cases regarding the operating costs of medical imaging equipment and maintenance before procurement (including donation, acquisition or leasing) and budget decisions are made, and if needed, to increase the availability of medical imaging equipment, as appropriate, to manage multiple diseases;
  - (8) to promote the use of health technology management practices, with the support of biomedical engineers, medical physicists and trained related professionals, in all phases of the life cycle of technologies, including procurement, installation, maintenance, calibration and safe use, with the aim of optimizing medical imaging capacity;
  - (9) to consider the incorporation of new medical imaging technologies that are cost-effective, safe and affordable, easy to use and sustainable for operation, maintenance and disposal, with sound management of waste and prevention of pollution with respect to the environment;
  - (10) to include medical imaging in national diagnostics and treatment lists, as appropriate, taking into account the fact that many medical imaging technologies can be used for diagnostics and treatment purposes;

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<sup>26</sup> And, where applicable, regional economic integration organizations.

- (11) to commit to the safe and secure use of diagnostic imaging technologies by applying basic safety standards to protect against the dangers arising from exposure to ionizing and non-ionizing radiation, ensuring the safety of patients, health workers and the public;
- (12) to improve coordination between national regulatory bodies on the authorization of medical imaging services;
- (13) to facilitate adaptation of best available practices on imaging services to the national context, including training of the health workforce by health authorities and professional societies, based on international norms and standards;
- (14) to promote quality-improvement programmes in medical imaging services, with the ultimate aim of making quality of care transparent and visible;
- (15) to raise awareness of risk mitigation and management in medical imaging, including contrast media side-effects and magnetic field safety;
- (16) to promote proper disposal of imaging devices and radioactive materials in accordance with international guidelines on traceability;
- (17) to work towards increasing efficiency, affordability, safety and cost-effectiveness of imaging technologies use, including through collecting and integrating data on appropriate use, availability and functionality of medical imaging equipment and services, as appropriate;
- (18) to consider integrating technological advances, such as telehealth, teleradiology, clinical decision support, artificial intelligence and specific software applications, into radiology information systems for patient records, in compliance with applicable international standards and protocols for medical imaging, including ethical aspects, security and confidentiality data;

2. REQUESTS the Director-General:

- (1) to provide technical assistance to Member States in order to improve access to safe, affordable and effective medical imaging globally, especially in developing countries, and to enhance detection and treatment of diseases and health conditions in respect of universal health coverage and response to emergencies, including, as appropriate:
  - (a) guidance on selecting, incorporating and procuring medical imaging equipment;
  - (b) promotion of the safe use of medical imaging equipment;
  - (c) development of comprehensive strategies and policies to strengthen medical imaging capacity, in line with national health sector strategic plans;
- (2) to continuously update the WHO lists of priority medical devices available through WHO's Priority Medical Devices Information System (MeDevIS), including in respect of medical imaging equipment, related nomenclature, consumables, calibration, technical specifications, traceability, preventive maintenance and training material, level of healthcare use and relation to clinical guidelines, to serve as a reference for Member States and relevant stakeholders, in accordance with decision WHA75(25) (2022) on standardization of medical devices nomenclature, and for consideration by Member States when national lists of medical devices or essential diagnostics are developed;

- (3) to provide technical guidance on continuous quality improvement for medical imaging services delivery, including the health workforce required to deliver medical imaging services;
- (4) to coordinate collection and integration of data on availability and functionality of medical imaging equipment and services, to be presented in WHO's Global Health Observatory and Global atlas of medical devices or related databases, as appropriate, in alignment with the International Atomic Energy Agency, the United Nations Scientific Committee on the Effects of Atomic Radiation and other related agencies;
- (5) to promote affordability and sustainability of cost-effective medical imaging capacity and interventions;
- (6) to evaluate innovative medical imaging technologies to be included in the WHO compendium of innovative health technologies for low-resource settings;<sup>27</sup>
- (7) to perform horizon scanning to identify emerging and innovative medical imaging technologies;
- (8) to promote mutual support, assistance and cooperation among all stakeholders, in line with the Framework of Engagement with Non-State Actors, as applicable, to increase access to medical imaging capacity, particularly in developing countries;
- (9) to ensure medical imaging technologies are included in global diagnostic initiatives;
- (10) to support education and continuous training of the health workforce involved in medical imaging, including through the WHO Academy and WHO's other technical platforms;
- (11) to report on progress in the implementation of this resolution to the World Health Assembly in 2027, 2029 and 2031.

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<sup>27</sup> [WHO compendium of innovative health technologies for low-resource settings 2024](#). Geneva: World Health Organization; 2024 (accessed 3 March 2025).

## Agenda item 13.4

### Accelerating the eradication of dracunculiasis

The Seventy-eighth World Health Assembly,

Having considered the report by the Director-General;<sup>28</sup>

Recalling previous resolutions WHA39.21 (1986), WHA42.29 (1989), WHA44.5 (1991), WHA50.35 (1997), WHA57.9 (2004) and WHA64.16 (2011) on the elimination and eradication of dracunculiasis;

Noting the significant progress made towards the eradication of dracunculiasis, with human cases reduced from an estimated 3.5 million in 1986 to only 13 (provisionally) in 2024 – a reduction of more than 99% since the global initiative began;

Acknowledging that, owing to the detection of animal infections, the definition of worldwide eradication of dracunculiasis was revised in 2023 by the International Commission for the Certification of Dracunculiasis Eradication to be the confirmed absence of the emergence of adult female worms in human beings and animals for three consecutive years or longer at the global level;

Noting that the emergence of dracunculiasis in animals, especially domestic dogs, since 2012 has complicated eradication efforts but that infections in dogs have declined annually since 2019;

Appreciating the role of health ministers in coordinating successful efforts to eliminate dracunculiasis from 17 countries and to obtain the certification of elimination from 200 countries, areas and territories, including 188 WHO Member States, with only six countries still to be certified to date;

Acknowledging the commitment by countries in which dracunculiasis is endemic, including the Abu Dhabi Declaration on the Eradication of Guinea Worm Disease (2022)<sup>29</sup> and the N'Djamena Declaration on interrupting the transmission of dracunculiasis;<sup>30</sup>

Recognizing that dracunculiasis persists owing to infections in animals and a lack of access to safe water and healthcare services, which is further aggravated by other factors such as health and humanitarian emergencies and cross-border movement, and that this, together with insufficient surveillance and community ownership, poses a potential risk to eradication goals;

Reaffirming WHO's commitment to achieving the complete eradication of dracunculiasis, in line with the global targets of control and elimination set by the road map for neglected tropical diseases 2021–2030;

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<sup>28</sup> Document A78/4.

<sup>29</sup> [NTDs and milestones: World NTD Day 2023](#). In: WHO/Home/News [website]. Geneva: World Health Organization; 2025 (accessed 26 February 2025).

<sup>30</sup> [Three Central African countries commit to global eradication of Guinea-worm disease](#). In: WHO/Home/News [website]. Geneva: World Health Organization; 2025 (accessed 26 February 2025).

Recognizing that strong cross-border collaboration, coordination and information-sharing among Member States, including the effective implementation of a multisectoral approach, are essential to interrupting the transmission of dracunculiasis,

1. ENDORSES the strategy for Member States in which dracunculiasis is endemic:
  - (1) to maintain community-based surveillance, especially in endemic and at-risk communities;
  - (2) to carry out proactive tethering of domestic animals in endemic communities;
  - (3) to bury aquatic waste in endemic and at-risk communities to prevent consumption by animals and resulting infections;
  - (4) to effectively treat drinking-water by distributing cloth and pipe filters and support education in endemic and at-risk communities;
  - (5) to apply temephos on a monthly basis to unsafe sources of drinking water in endemic communities;
  - (6) to provide sources of safe drinking water to affected communities;
  - (7) to ensure that specimens of *Dracunculus medinensis* are confirmed through laboratory tests and that rewards for reporting human dracunculiasis cases and for reporting and tethering infected animals are paid promptly;
  - (8) to require human and animal dracunculiasis to be an immediately reportable disease and reports to be submitted from all endemic areas on at least a monthly basis;
2. URGES Member States, taking into account and in line with national context and priorities:
  - (1) to recommit to the eradication of dracunculiasis, regardless of host, by incorporating dracunculiasis, where appropriate, into national, regional and local surveillance systems in affected countries;
  - (2) to offer political support to the remaining countries in which the disease is endemic;
  - (3) to continue providing and advocating for financial and technical support;
3. CALLS ON Member States with endemic or at-risk populations:
  - (1) to conduct ministerial visits to endemic communities to assess programme performance;
  - (2) to intensify cross-border collaboration, including joint surveillance, coordination, and information-sharing mechanisms, particularly in regions with highly mobile populations;
  - (3) to collaborate with regional and international partners to address challenges related to political instability, animal infections and resource constraints;
  - (4) to prioritize safe water access and hygiene education, in coordination with UNICEF and other partners, in endemic areas and areas at risk for dracunculiasis transmission;

- (5) to enhance capacity-building at the national and subnational levels to ensure rapid detection and response to human and animal infections, including through a multisectoral approach;
4. CALLS ON past, present and new donors to continue to provide financial assistance to the eradication efforts;
5. REQUESTS the Director-General:
  - (1) to continue to provide technical support, and facilitate financial assistance, to Member States in their eradication efforts;
  - (2) to support the coordination of cross-border initiatives to rapidly detect and eliminate remaining dracunculiasis, including through a multisectoral approach;
  - (3) to continue to submit annual reports to the Health Assembly on the progress made and remaining challenges in the eradication of dracunculiasis;
  - (4) to present certification of eradication certificates to the remaining endemic countries when eligible at future sessions of the Health Assembly.

## Agenda item 13.4

### Skin diseases as a global public health priority

The Seventy-eighth World Health Assembly,

Having considered the report by the Director-General;<sup>31</sup>

Recalling Member States' commitment to achieve universal health coverage, including access to essential healthcare services for all;

Acknowledging that skin diseases encompass a wide range of conditions, including infectious, inflammatory-autoimmune disorders, congenital dermatosis, chronic and rare conditions, malignant skin tumours, and climate and environmental sensitive dermatological conditions, which often remain undiagnosed and untreated, particularly in developing countries;

Highlighting the efforts to prevent, improve early detection and treatment of, reduce the burden of, eliminate and raise awareness of various types of skin diseases and conditions;

Recalling the relevant resolutions pertaining to some skin diseases: WHA57.1 (2004) on surveillance and control of *Mycobacterium ulcerans* disease (Buruli ulcer); WHA60.13 (2007) on combatting leishmaniasis; WHA64.16 (2011) on eradication of dracunculiasis; WHA66.12 (2013) on neglected tropical diseases; WHA67.9 (2014) on psoriasis; WHA69.21 (2016) on mycetoma; and WHA75.20 (2022) on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections;

Recalling also other relevant resolutions such as WHA69.19 (2016) on global strategy on human resources for health: workforce 2030; WHA68.7 (2015) on antimicrobial resistance; WHA69.25 (2016) on addressing the global shortage of medicines and vaccines; WHA76.5 (2023) on strengthening diagnostics capacity; WHA76.6 (2023) on strengthening rehabilitation in health systems; and WHA77.14 (2024) on climate change and health;

Concerned about discrimination and violence against persons affected by skin diseases and their families;

Concerned also that the prevalence of emerging infectious diseases is increasingly reflected through skin manifestations and noting the importance of recognizing these signs as critical indicators for early detection and response to public health challenges;

Acknowledging that the resulting economic, social and emotional consequences of skin diseases cause stigmatization and discrimination and can lead to mental health comorbidities, particularly depression and anxiety, exacerbating the physical effects of the conditions,<sup>32,33</sup> and affect human development across the entire life course;

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<sup>31</sup> Document A78/4.

<sup>32</sup> Seth D, Cheldize K, Brown D, Freeman EF. Global burden of skin disease: inequities and innovations. *Curr Dermatol Rep*. 2017;6:204–10. doi:10.1007/s13671-017-0192-7.

<sup>33</sup> Ahmed A, Leon A, Butler DC, Reichenberg J. Quality-of-life effects of common dermatological diseases. *Semin Cutan Med Surg*. 2013;32(2):101–9. doi: 10.12788/j.sder.0009. PMID: 24049968.

Concerned that awareness and knowledge of skin diseases is generally low across all levels of society, which delays diagnosis and treatment, and that the lack of routine surveillance may underestimate the burden of skin diseases, especially in hard-to-reach communities;

Noting that the Global Burden of Disease Study 2021 identified 4.69 billion incident cases of skin and subcutaneous diseases, responsible for 41.9 million disability-adjusted life years and forming one of the top 10 causes of disability;<sup>34</sup>

Acknowledging that most of the skin diseases burden in any community is caused by about 10 common general skin diagnoses and that, with the essential medicines, the right training and support, local health teams could effectively care for these patients;

Mindful that, given the inadequate numbers of health and care workers, including specialist practitioners, efforts to strengthen the health and care workforces in primary health care settings should ensure competencies to provide services related to dermatology, including managing common skin diseases and timely referral of complex cases;

Recognizing that the impact of skin diseases can hinder progress towards universal health coverage, and emphasizing the need to strengthen health systems to improve primary care for skin conditions, thereby improving access for all individuals to necessary care so that no one is left behind;

Acknowledging the existence of WHO's normative documents to guide Member States to address this resolution: the Fourteenth General Programme of Work, 2025–2028; a strategic framework for integrated control and management of skin-related neglected tropical diseases; the global leprosy strategy 2021–2030; the global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the Comprehensive Mental Health Action Plan 2013–2030,

1. URGES Member States, according to national context, resources and priorities:

(1) to dedicate adequate resources and prioritize skin diseases and their comorbidities, particularly those in specific global initiatives, through integrated efforts to prevent, detect and treat them within national health programmes including health promotion measures and universal health coverage policies;

(2) to strengthen national surveillance, data collection and mapping of skin diseases to promote targeted interventions;

(3) to strengthen competency-based education for the health workforce in primary healthcare settings in the identification and management of skin diseases and their comorbidities, as well as self-care education when appropriate for patients and their families, thus empowering them with skills to enhance long-term outcomes;

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<sup>34</sup> GBD 2021 diseases and injuries collaborators. global incidence, prevalence, years lived with disability (YLDs), disability-adjusted life-years (DALYS), and healthy life expectancy (HALE) for 371 diseases and injuries in 204 countries and territories and 811 subnational locations, 1990–2021: a systematic analysis for the global burden of disease study 2021. *Lancet*. 2024;403(10440):2133–2161.

- (4) to strengthen laboratory diagnostic capacities to provide accurate and affordable diagnosis of skin diseases, contain antimicrobial resistance and detect emerging skin diseases, including those related to environmental factors, and using basic and advanced methodologies, such as immunological, histopathological and microbiological methods;
- (5) to promote equitable access to cost effective, affordable and high-quality treatment, especially to essential medicines and wound care materials, as appropriate, to reduce out-of-pocket payments;
- (6) to take measures to integrate services for skin diseases into current disability, rehabilitation and mental health policies;
- (7) to consider innovative integrated service delivery models, including telemedicine platforms and training for digital assessments, to strengthen dermatology services, especially in remote and hard-to-reach areas;
- (8) to accelerate efforts to achieve the skin-related targets of the road map for neglected tropical diseases 2021–2030, with integrated approaches as a central strategy;
- (9) to support as appropriate the formation and sustainability of support organizations for skin disease patients and enhance their active engagement in policy and programme implementation;
- (10) to promote research on skin diseases in collaboration with academic and research institutions as appropriate;

2. CALLS UPON the international community and relevant stakeholders including, among others, international organizations, the specialized agencies of the United Nations system, donors, nongovernmental organizations, foundations and research institutions:

- (1) to support Member States and the Secretariat in implementing the resolution;
- (2) to support advocacy efforts to highlight the medical, social, economic and public health burden of skin diseases;
- (3) to cooperate at global, regional and national levels to reduce stigmatization, discrimination and mental health problems caused by skin diseases, as well as those resulting from mental disorders;
- (4) to foster collaboration among these organizations, academic institutions, civil society and the private sector to advance access to affordable prevention tools, diagnostics and treatments of all skin diseases to reduce the financial burden to the patients and families as well as to governments;
- (5) to support institutions in the promotion of social interactions and acceptance, including tackling stigmatization;

3. REQUESTS the Director-General:

- (1) to develop a results-based, needs-oriented and capabilities-driven global plan of action on public health responses to skin diseases within existing resources, as feasible, ensuring a coordinated approach across all three levels of WHO with the full participation of Member

States and in consultation with other relevant stakeholders in line with the Framework of Engagement with Non-State Actors, as applicable; with clear goals and targets for consideration by the Eightieth World Health Assembly, through the Executive Board;

(2) to provide support to Member States, upon their request, to develop or revise and implement national plans and strategies on skin diseases, covering areas such as:

- (a) capacity-building and training for healthcare professionals and workers on skin diseases, including through the WHO Academy and other technical training platforms, and identification of centres of excellence, including WHO collaborating centres, in various WHO regions;
- (b) digital technologies, in adherence with relevant national guidelines, and assistance to healthcare workers in managing skin diseases with the support of remote specialists including by promoting the availability of relevant data for the development and testing of such technologies;
- (c) diagnostic capacity and surveillance for skin diseases;
- (d) multidisciplinary research on high-quality, safe, effective and affordable diagnostics and treatments, and promoting their equitable access as well as research into their social and economic impacts;
- (e) environmental factors, including climate change, and their effect on the prevalence, spread and control of skin diseases;
- (f) emerging and reemerging infectious diseases and their impact on the prevalence, spread and control of skin diseases, with an emphasis on strengthening surveillance systems for early detection and monitoring, to improve response times and prevent potential outbreaks;
- (g) sustainable prevention strategies to reduce the burden of skin diseases through comprehensive approaches that may include ultraviolet light protection with regards to skin cancers, access to basic water supply, sanitation and hygiene, and One Health approach to reducing transmission of certain skin diseases such as lymphatic filariasis, onchocerciasis, cutaneous leishmaniasis and tungiasis as feasible;<sup>35,36,37</sup>

(3) to report on progress in the implementation of this resolution to the Eightieth World Health Assembly in 2027, the Eighty-second World Health Assembly in 2029, and the Eighty-fourth World Health Assembly in 2031.

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<sup>35</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC10674387/> (accessed 5 March 2025).

<sup>36</sup> [Cutaneous Leishmaniasis in Pakistan: a neglected disease needing one health strategy - PubMed](#) (accessed 5 March 2025).

<sup>37</sup> <https://www.who.int/publications/i/item/9789240051423> (accessed 5 March 2025).