**The draft resolution:**

**Strengthening Local Production of Medicines and Other Health Technologies to Improve Access**

**PP 1.** Recalling resolutions WHA60.20 (2007), WHA61.21 (2008), [WHA62.16 (2009); Brazil add] WHA63.12 (2010), WHA65.17 (2012), WHA65.19 (2012), [WHA66.22 (2013); Argentina add], WHA67.20 (2014), WHA67.21 (2014), WHA67.22 (2014), WHA68.7 (2015), WHA71.8 (2018), [WHA72.8 (2019); South Africa, Brazil add; USA reserve] all of which encompass aspects of the need to promote access to the quality, safe, effective and affordable medicines and other health technologies[[1]](#footnote-0);

**PP 2.** Recalling resolution WHA61.21 (2008), [; USA, Norway, Switzerland delete] [USA, Norway, Switzerland delete], decision WHA 71(9) (2018), and document A71/12 (2018), [; USA delete] [insofar as they address; USA add] the role of technology transfer and local production of medicines and other health technologies in improving access;

**PP 3.** Recalling also UNGA resolution A/74/L.92 (2020) and WHA A73/CONF./1Rev.1 (2020) on Comprehensive and coordinated response to the coronavirus disease (COVID-19) pandemic which call for intensified international cooperation and solidarity to contain, mitigate and overcome the pandemic and its consequences through responses that are people-centred and gender-responsive, with full respect for human rights;

**PP 4.** Recalling also the Human Rights Council resolution RES/12/24 (2009) on access to medicine in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

**PP 5.** Recalling further the 2030 Agenda for Sustainable Development and its aim of ensuring that []no one is left behind[; [Norway delete]

*After consultation:*

[PP5bis alt alt. Reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also reaffirming the 2001 WTO Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that the TRIPS Agreement should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, ~~and notes the need for appropriate incentives in the development of new health products~~ which recognizes that intellectual property protection is important for the development of new medicines [Egypt reserve on last part and would propose alternate text] [, including considering [as appropriate; EU, Russia, Brazil add] time limited waivers of some specified provisions related to COVID-19 products and technologies; South Africa, Brazil. Zimbabwe add; USA, Canada, Japan, UK, Switzerland reserve;]; USA, Australia, EU, Switzerland add and would replace PP5bis, PP5bis alt and would request removal of mention of TRIPS IP in PP9bis, OP1.10, OP2.8] [South Africa add text in PP5bis alt alt]

[USA propose revision to text in blue; Canada, Switzerland, UK, EU, Japan, Australia support]

**PP 6.** Acknowledging Member States’ commitment to achieve the Sustainable Development Goals [including those; EU, Norway add] which relate to local production of medicines and other health technologies in various ways (e.g. SDG3, SDG8, SDG9);

[PP.6 bis. Recognizing that some countries face problems in accessing medicines, vaccines and other essential health technologies, [such as [the overwhelming demand; Brazil delete/move], low manufacturing capacity, high prices [~~and the lack of a global mechanism~~; Australia question; Argentina delete], among others, [condition; EU delete] [can affect; EU add] access; Australia add] and that such problems are exacerbated in times of pandemic [and/or overwhelming demand; Australia add] such as COVID-19 [USA reserve highlight]. [The overwhelming demand, low manufacturing capacity, high prices and the lack of a global allocation mechanism, among others, [condition; EU delete] [can affect; EU add] access; Australia moved into 1st sentence during consultation]; Argentina, South Africa, Russia, China, Brazil, Costa Rica, Mexico, Indonesia add; EU, Australia, Russia, Norway, Australia, UK question on source of language]

[PP7 Recalling WHO’s roadmap for access to medicines, vaccines and other health products 2019-2023[[2]](#footnote-1) as [part of; USA add] comprehensive support for access [, and [strategic local production while; USA add] considering regional plans and initiatives; Norway, EU, UK, South Africa add to replace initial PP7 and PP8]; EU add to replace initial PP8]

**PP 8.** [Considering that there is a need to emphasize; Ecuador delete] [Emphasizing; Ecuador add; Egypt delete] the possibility of [realizing; USA, Switzerland delete; Egypt, Kenya retain] [the need to ensure; Egypt add, Indonesia support; Zambia propose “for promoting”] [promoting; USA, Switzerland add] access to [quality-assured; USA, Australia add] [safe, effective and affordable; Brazil, Australia add] medicines and other health technologies through building capacity for local production, especially in LMICs, [[effective technology transfer; Argentina, Egypt, Zambia, Indonesia retain] [on voluntary and mutually agreed terms; USA, Switzerland, Australia, Canada add; South Africa, Egypt reserve; Indonesia delete] and cooperation, [development of voluntary [USA, Australia add] patent pools[, such as C-TAP [and Medicines Patent Pool,; EU add] Argentina add; Canada, Brazil support] [, and promoting generic competition; Canada add] [in order to promote generic competition,; Canada delete]; USA delete]; Argentina add; Switzerland delete] [based on; USA delete] [in line with; USA add] WHO’s road map for access to medicines, vaccines and other health products 2019–2023 as [comprehensive; EU delete] support for access;

[PP9bis. ~~Recognizing~~ [that; Argentina delete] ~~intellectual property protection [has a significative role in the pharmaceutical industry; Argentina add] [is important for the development of new medicines; Argentina delete]~~ [~~while also~~ ~~[recognizing that [public health sensitive; Australia delete; Egypt retain] intellectual property rules and mechanism can help [facilitate; Australia add] [address the misalignment between profit driven; Australia delete] innovation [models and; Australia delete] [directed towards; Australia add] public health priorities;~~ Argentina add] [recognizing the need to ensure the financial sustainability of health systems; Argentina delete]; Canada delete]; EU add; USA reserve; Canada suggest using language from Doha Declaration; South Africa reserve on first part] [and also recognizes the concerns about its effect on prices; Canada add] [UK, Norway, Canada, Australia, Switzerland, USA, EU reserve on Argentina addition]

*After consultation:* [USA, EU, UK delete entire PP9bis] [Switzerland, UK request to delete the additions to PP9bis introduced by Argentina] [Canada suggest to use language of Doha Declaration]

[PP9 bis alt. Mindful of concerns about the current patent system, especially as regards access to medicines in developing countries and reaffirming that public health interests are paramount in both pharmaceutical and health policies.; Zimbabwe add; EU support and as PP9 bis alt; UK, Norway, USA, Canada reserve]

*After consultation:* [Canada prefer to delete PP9ter and prefer to reflect the internationally-agreed language of the Doha Declaration, which addresses similar concepts, such as proposed under PP9bis above] [Norway not in position to support this text] [UK support Canada and prefer to delete and reflect Doha Dec language as proposed under PP9bis.]

**PP 10.** Recognizing that[, in the right regulatory and policy environment,; USA add; South Africa, Argentina question on “right”; Zimbabwe, South Africa delete] integration of local production into [the; USA delete; Zimbabwe retain] overall [initiatives for; USA add; Zimbabwe delete] health systems strengthening can contribute to sustainable access to quality[-assured; USA add] [safe, effective; EU add] and affordable medicines [and other health technologies; USA add], [help prevent or address; USA add] medical product shortages, achieving universal health coverage and [strengthening; USA add] [of [national; EU add] health emergency preparedness and response; Brazil add] and [national [health security; Russia reserve on last 2 words; Egypt retain]; Brazil delete];

**PP 11.** Recognizing also that local production can contribute to other national development goals, such as catalysing local capacity in innovation, strengthening [expertise in the health workforce; USA delete] [human capital and expertise; USA add] and building a knowledge-based economy;

[PP11bis. Recognizing further that the COVID-19 pandemic has highlighted the critical need to prepare for potential disruptions of the supply chain for essential medicines and other health technologies[, including through the strengthening of local production; Zimbabwe, South Africa add]; EU, USA, Switzerland add]

[PP11 BIS BIS. Recognizing the importance of promoting competition to improve availability and affordability of health technologies consistent with public health policies and needs, [inter alia,; EU add] through the production and introduction of generic versions, in particular of essential medicines, in developing countries; Argentina add; USA, UK, Switzerland reserve].

[PP11ter. Noting that the local production of medicines and other health technologies can provide for greater security of supply chains, especially in public health emergencies; USA add]

**PP 12.** [Recalling; Zimbabwe delete] [Noting; Zimbabwe, South Africa add] that the [first; EU delete] interagency statement on promoting local production[[3]](#footnote-3) signed by the [top leadership of; South Africa delete] the six organizations (The Global Fund, UNAIDS, UNCTAD, UNICEF, UNIDO and WHO) calls for a holistic approach, close partnership, inter-ministerial and [multi-; Zimbabwe, South Africa delete] [relevant; Zimbabwe, South Africa add] stakeholder cooperation, and global synergy in promoting [the high; USA add; UK, South Africa delete] [quality and; Egypt delete; USA, EU retain] sustainable local production of [quality-assured,; USA add; UK, South Africa delete] [safe, effective[, quality; UK, South Africa add] and affordable; Brazil add] medicines and other health technologies;

[PP12bis. Recognizing the work of the inter-agency pharmaceutical cooperation group hosted by the WHO and the role of Unitaid and the Medicines Patent Pool to help countries enhance [their local production capacities; Ethiopia, Zimbabwe delete] [the access to medicines particularly for HIV/AIDS, tuberculosis and malaria, etc.; Ethiopia, Zimbabwe add], strengthen their regulatory systems and help producers meet pre-qualification standards; EU add; Ethiopia question on the role of inter-agency pharmaceutical cooperation group, Unitaid & Medicines Patent Pool on enhancing local production capacity specifically] [Zimbabwe ask for information on how Unitaid & MPP promote local production]

*After consultation:* [Ethiopia & Zimbabwe propose new text]

**PP 13.** Recalling also the launch of the Access to COVID-19 Tools (ACT) Accelerator [and C- TAP; Costa Rica add; Switzerland delete], which is a [ground-breaking; Zimbabwe delete; Brazil, South Africa, Norway find different wording] global collaboration [that seeks; USA add] to accelerate development, production, and equitable access to COVID-19 [diagnostics; Argentina add] [tests; Argentina delete], [therapeutics; Argentina add] [treatments; Argentina delete], and vaccines [and strengthen health systems; China add]. [Brazil, South Africa, Norway prefer original text]

*After consultation:* [Switzerland delete C-TAP][Costa Rica propose to keep the reference to C-TAP:

*The resolution on the COVID-19 response passed at the World Health Assembly in May 2020 called on international organizations and other stakeholders to work together to develop, test, and scale-up production of diagnostics, medicines and vaccines for the COVID-19 response, including existing mechanisms for voluntary pooling and licensing of patents in order to facilitate timely, equitable and affordable access.*

*The COVID-19 Technology Access Pool (C-TAP) is intended to provide a means to accelerate the development of products needed to fight COVID-19 as well as to accelerate the scale-up of manufacturing and the removal of barriers to access in order to make products available globally. Sharing information, knowledge, data and other resources is a powerful way to accelerate product development and avoid unnecessary duplication of efforts arising from the absence of such sharing.*]

**PP 14.** Noting that, with globalization and the variety of country contexts, there is no “one size fits all” approach in promoting local production;

**PP 15.** Recognizing that [not all; Zimbabwe delete] [conditions in; USA add; EU propose “environments in”] [the challenges faced by; Zimbabwe add; Egypt support] [some; USA add; EU propose “many"] Member States are suitable for [embarking; Zimbabwe delete] on local production as a strategy to improve access to [quality-assured; UK delete] [, safe, effective, ; EU add] [[quality; UK add] and affordable; Brazil add] [vaccines,; Brazil add] medicines and other health technologies [and that locally produced products may sometimes have higher prices than imported versions; USA, UK add; South Africa, Zimbabwe, Brazil, Ethiopia, Zambia delete; Argentina delete];[Zimbabwe, Ethiopia, Botswana, Egypt, Eswatini, Kenya delete PP15]

**PP 16.** Recognizing [that; USA delete] the small [economic; USA delete] size of some Member States [economies; USA add] poses a challenge for local production, which could be addressed by regional market integration;

**PP 17**. Emphasizing [the need to ensure the quality, safety, efficacy, effectiveness and affordability of locally-produced medicines and other health technologies including through appropriate [effective; EU propose instead of appropriate] manufacturing and regulatory systems; Egypt replace original PP17 text] that the [safety and; EU add] quality of locally produced medicines and other health technologies [cannot; USA, UK delete] [should not; USA, UK add] be compromised [and that manufacturing and regulatory systems should be in place to ensure that products meet appropriate [effective; EU propose instead of appropriate] regulatory standards; USA, UK add];

*After consultation:* [Zimbabwe propose deletion of original PP17]

[EU proposed to delete PP18 agreed by Egypt]

**PP 19.** Noting that the benefits and sustainability of local production is dependent on [, among others,; Egypt, Kenya add; EU support] a functioning pharmaceutical value chain: from research & development, manufacturing [and USA add][ Secretariat delete] regulation through to pricing and reimbursement, supply chains and [prescribing,; USA add] [and; Secretariat add] dispensing [by medical professionals [health workers; UK propose change] as well as stewardship to ensure judicious [use; Egypt delete] and [appropriate; Egypt add] [prevent inappropriate; Egypt delete] use; USA add];

**PP 20.** Acknowledging with appreciation the many existing national, regional and global efforts, as well as the achievements made by the Member States, to promote [the high; USA add; UK, South Africa, Thailand propose delete] quality and sustainable ~~[safe, effective and affordable; Argentina add~~] local production of [safe, effective and affordable; Argentina add]medicines and other health technologies to benefit public health needs;

*After consultation:* [Argentina, Switzerland added text]

**PP 21.** Noting that local production can contribute towards achieving the Triple Billion goals of the WHO 13th General Programme of Work;

**PP 22.** Noting with concern that Member States still face many challenges in establishing and strengthening sustainable local production of quality[-assured; USA add], safe, effective and affordable medicines and other health technologies to benefit public health need and health security,

1. **Urge Member States[[4]](#footnote-4):**

**OP 1.** Where appropriate, based on the national context,

**OP1.1.** to strengthen their leadership, commitment and support in promoting [to establish and strengthen; Bangladesh add] [the high; USA add; Thailand, UK propose delete and throughout text] quality and sustainable local production of medicines and other health technologies [which follows good manufacturing practices; EU, USA add];

**OP1.2.** to align [their; USA add] national [and regional; USA add] policies and[/or; USA delete] strategies related to local production [with regional policies and/or strategies; USA delete], and leverage [on; USA delete] regional economic integration [and coordination platforms to agree upon support for products with sizeable regional demand; USA add] to expand access to markets and enhance sustainability of local production;

**OP1.3.** to develop evidence-based holistic national [and regional; Norway add] policies, [financing mechanisms,; Norway add] strategies and plans of action in collaboration with stakeholders for strengthening [the; USA add] local production of [quality-assured; USA add] medicines and other health technologies;

**OP1.4.** to explore the mechanism to establish [a; South Africa delete] national/regional pooled fund[s; South Africa add] to [ensure; USA delete and propose “facilitate”; Ethiopia, South Africa support]sustainable support for the implementation of the national/regional strategies for local production; [USA question on OP1.4; Norway suggest to integrate into OP1.3; EU, Australia, UK delete OP1.4; Brazil support Norway proposal to merge into OP1.4; Egypt retain but also can merge with OP1.3] [USA reserve/delete] [South Africa, Ethiopia, Thailand, Zimbabwe retain]

[Egypt propose different text to replace original text: OP1.4alt to explore appropriate mechanisms to support the sustainable implementation of the national/regional strategies for local production; EU, UK support] [Ethiopia propose add at end “which may include national/regional pooled funds”; Egypt support; EU, Australia reserve]

[Australia propose to remove “pooled funds” and could change position]

**OP1.5.** to enhance inter-ministerial policy coherence and to create incentives and an enabling business environment for local production to be quality-assured and sustainable;

**OP1.6.** to apply a holistic approach in strengthening local production by considering, for example, [promoting research and development, [price transparency,; Brazil add]; Argentina, Brazil, Egypt, Indonesia, Ecuador, Ethiopia add] regulatory systems strengthening, access to sustainable and affordable financing, development of skilled human resources, access to technology [on voluntary and mutually agreed terms; Switzerland, USA, EU propose this text here; Egypt, Argentina, Indonesia delete] for production and needs-based innovation [[~~on voluntary and mutually agreed terms~~; ~~Switzerland propose to move this text; Egypt delete~~] [and/or in line with international and multi-lateral frameworks; Bangladesh, Switzerland, Egypt add; USA delete]; [the aggregation of national and regional demand; appropriate incentives for private-sector investment; Argentina delete; Ethiopia retain [South Africa, Egypt question on private-sector investment]]; and [procurement decisions based on quality and not only lowest cost [and following good manufacturing practice; EU add]; Egypt, Thailand delete procurement decisions portion], particularly in the context of achieving universal health coverage; USA add]; [Norway add text later]

*After consultation:* [Argentina addition] [Switzerland move text]

**OP1.7.** to engage in global, regional and subregional networks related to promoting [~~high~~; USA add; USA delete] [~~safe, effective and affordable; Argentina add]~~ [quality and; Egypt delete] sustainable local production [of quality, safe, effective and affordable medicines; EU add], and to further enhance multi-stakeholder collaboration;

**OP1.8.** to further engage in North–South and South–South development cooperation, partnerships and networks to build and improve [the; USA, EU add] transfer [and localization; Egypt add] of technology related to health innovation [on [voluntary and; USA, EU add] mutually-agreed terms and/or in line with international [on mutually-agreed terms and/or in line with international [and multi-lateral; Bangladesh, Switzerland add] frameworks; Canada, Switzerland add]

[USA reserve on international and multi-lateral][Argentina delete “on mutually agreed terms and/or” and support “international and multi-lateral”]

**OP1.9.** to promote [sustainable; Canada add] local production of [safe and effective [and evidence-based; Russia add]; UK add] [knowledge-based; Canada, Thailand add; Bangladesh question; Secretariat will check the language used] traditional medicines as alternative source of medicines especially through research and manufacturing of local herbal medicines [according to national contexts and priorities; Russia add]; [USA, EU, Norway delete OP1.9; Ethiopia, Thailand, Brazil, Indonesia, Eswatini retain OP1.9]

[OP1.10. To [fully; Egypt add] use the flexibilities [provided in; Canada delete] [affirmed by the Doha Declaration, which affirms that; Canada add] the TRIPS Agreement [[in order to promote local production; Japan, Canada delete], [generic competition; Canada, Australia delete; Egypt retain] and access to medicines.; Canada delete] [can and should be interpreted in a manner supportive of WTO members’ right to protect public health and promote access to medicines for all, and reaffirms the right of WTO members to use, to the full, the provisions of the TRIPS Agreement, which provides flexibility for this purpose; Canada add]; Argentina add; USA reserve]

*After consultation:* [USA delete OP1.10] [Switzerland delete OP1.10] [Canada propose changes to text as per comment] [Norway propose changes to text below or deletion of OP1.10]

(from Norway) [OP1.10. To [acknowledge the possibility to; Norway add] use [in urgent cases; Norway add] the flexibilities provided in the TRIPS Agreement in order to [promote local production, generic competition and; Norway delete] ensure access to medicines.; Norway proposed change of language of original proposal or deletion]

[USA, Japan request to delete OP1.10 and in other OP] [Egypt proposed text at start: to fully use the flexibilities embedded in the TRIPS Agreement and affirmed by the Doha Declaration on TRIPS and Public Health] [Canada propose para mentioned once in document]

1. **Request the Director General:**

[OP2bis. To continue to support Member States by strengthening actions related to WHA61.21 and WHA66.22 [, WHA67.20; EU add]; Argentina add]

**OP2.1.** to strengthen the WHO’s role in providing leadership and direction in promoting [the strategic use of high; USA add] quality[, accessible and affordable; Argentina add] and sustainable local production of medicines and other health technologies by using a holistic approach [and following good manufacturing practices; EU add];

**OP2.2.** to raise awareness of the importance of [the high; USA add] quality and sustainable local production of [[safe, effective,, quality,; EU add] [accessible; EU reserve] and affordable; Argentina add] medicines and other health technologies in improving access;

**OP2.3.** to continue to support Member States upon their request in promoting [the high; USA add] quality [accessible and affordable; Argentina add; Russia delete] and sustainable local production of [active pharmaceutical ingredients,; USA add] medicines and other health technologies, including, as appropriate, by:

**OP2.3.a.** providing technical support to Member States in developing [strong regulatory systems; EU add; Egypt, Ethiopia, Brazil delete] and/or implementing national policies and evidence-based comprehensive strategies and plans of action [for local production; Ethiopia add];

**OP2.3.b.** assisting Member States to foster strategic and collaborative partnerships[, particularly for research and manufacturing; EU add];

**OP2.3.c.** building capacity of Member States towards policy coherence and creating an enabling business environment; [EU propose to find words to reflect that support is within WHO mandate for OP2.3.d and OP2.3c; Egypt refer to OP2.3 which gives context for OP2.3b and OP2.3c] [Russia propose to merge OP2.3c into OP2.3a]

**OP2.3.d.** building capacity of [industry,; Brazil delete] governments and other stakeholders to strengthen local production towards quality-assurance, [regulatory approval; USA add] and WHO prequalification as appropriate; [Egypt will propose text]

**OP2.3.e.** [promoting; EU, Russia delete] strengthening regulatory system and regional regulatory [collaboration and; Norway add] [harmonization; Egypt delete] [, collaboration and cooperation; Norway add; Norway delete];

**OP2.3.f.** supporting Member States in [facilitating; Norway, Switzerland add] [research and development and; Norway, Switzerland delete; Brazil, Egypt retain] technology transfer [[on voluntary and mutually agreed terms; Argentina, Egypt delete; Canada, EU, Japan retain] [and/or in line with international and multi-lateral frameworks; Bangladesh, Switzerland add; USA delete/reserve, Egypt retain] USA, Switzerland add] for local production of [quality-assured; USA add] prioritized medicines and other health technologies to [prevent and; USA add] address shortages and/or specific local public health needs [to continue to support Member States in the exchange and transfer of technology and research findings, in the context of paragraph 7 of the Doha Declaration which promotes and encourages technology transfer; Zimbabwe add; USA delete insertion];

*After consultation*: [Zimbabwe add text at the end]

**OP2.3.g.** exploring [the] a mechanism for collecting and disseminating local production-related market intelligence; [USA question on OP2.3.g.; Ethiopia retain as LMICs need WHO support with market intelligence for local production]

**OP2.4.** to encourage greater participation of Member States in existing regional and global initiatives for collaborations and cooperation in line with WHO principles and guidelines;

**OP2.5.** to foster and coordinate with relevant international intergovernmental organizations to promoting local production in a strategic and [harmonised; Egypt delete] [collaborative; Egypt add]approach;

**OP2.6.** to [establish a; Canada delete; Ethiopia retain] [leverage existing; Canada add; Ethiopia delete] global platform[s; Canada add] to promote need-based transfer of technology [[on voluntary and mutually agreed terms; Argentina delete] [and/or in line with international and multi-lateral frameworks; Bangladesh, Switzerland add; USA delete] USA, Switzerland add] and local production under North-South and South-South cooperation;

*After consultation:* [Norway support Canada and propose text as a compromise: «to leverage existing and, if needed, establish new global platforms to promote need-based transfer of technology» ]

**OP2.7.** [to continue its support in local production through dedicated staff and; EU delete] [to allocate; EU add] sufficient resources to carry out activities under this resolution [at all three levels of the organization; Zimbabwe add].

[OP2.8. To [continue to support the application of; Canada delete] [affirm the right of WTO Members to use; Canada add] TRIPS flexibilities in order to [protect public health and, in particular; Canada add] promote [local production, [generic competition; UK delete] and; Canada delete] access to medicines [for all; Canada add]; Argentina add; USA reserve]

*After consultation:* [USA delete OP2.8 (see PPbis 5 alt alt)[Switzerland delete] [UK propose delete “generic competition”] [Canada suggest including this type of para once (e.g. deleting it here) and would propose revising it to reflect Doha Declaration language more broadly] [Norway propose new language to OP2.8. below

(from Norway) [OP2.8 To continue to [support; Norway delete] [recognize; Norway add] the application of TRIPS flexibilities in [urgent cases to ensure; Norway add] [order to promote local production, generic competition and; Norway delete] access to medicines; Argentina add; USA reserve]

[OP 2.8 bis To continue support transparency of prices and cost of medicines (including the supply chain) in order to promote access and affordability; Argentina add after consultation]

[OP2.9. To report [on progress in the implementation of this resolution; Ethiopia add] [back; Ethiopia delete] to the World Health Assembly [yearly from 2023-2027; Ethiopia add] [in 2023; Ethiopia delete], through the Executive Board [and to ensure that strengthening local production is included as part of regular reporting on access to medicines.; Ethiopia add] [, on WHO efforts to support the strategic use of local production of medicines and other health technologies, including the consideration of factors such as quality standards and cost; Ethiopia delete]; USA add]

1. medicines and other health technologies includes pharmaceuticals, vaccines, biopharmaceuticals, medicals devices etc. [↑](#footnote-ref-0)
2. <https://apps.who.int/iris/bitstream/handle/10665/330145/9789241517034-eng.pdf?ua=1> [↑](#footnote-ref-1)
3. Interagency statement on promoting local production of medicines and other health technologies. <https://www.who.int/phi/implementation/tech_transfer/Interagency-statement-on-promoting-local-production.pdf?ua=1>, accessed 7 January 2021. [↑](#footnote-ref-3)
4. And, where applicable, regional economic integration organizations. [↑](#footnote-ref-4)