

Promoting and prioritizing an integrated lung health approach

The Seventy-eighth World Health Assembly,

Having considered the report by the Director-General;¹

Noting with deep concern that, in 2021, communicable and noncommunicable lung diseases, including coronavirus disease (COVID-19), were among the leading causes of mortality, causing more than 18 million deaths globally;

Recognizing the critical importance of addressing both communicable and noncommunicable diseases that affect the lungs, including tuberculosis, pneumonia, influenza, COVID-19, chronic obstructive pulmonary disease, pulmonary fibrosis, asthma and lung cancer,² and the need to strengthen primary healthcare in the context of an integrated approach towards attainment of universal health coverage; and acknowledging that pulmonary diseases and other noncommunicable diseases often share the same risk factors, requiring a horizontal preventive approach;

Stressing the importance of comprehensive infection prevention and control measures to reduce the risk of transmission of tuberculosis, COVID-19, pneumonia and other airborne infectious diseases, particularly in high-burden, low-income settings; and recognizing the critical role of addressing risk factors and determinants, including poor and crowded living conditions, poor ventilation and others;

Acknowledging indoor and outdoor air pollution, whose root cause is predominantly socioeconomic in nature,³ and its linkage with social and environmental determinants of health as one of the leading risk factors for lung diseases,⁴ especially in developing countries that are disproportionately impacted, as well as the need for multisectoral engagement and action to promote lung health, prevent new cases of disease and reduce exacerbations of respiratory conditions;

¹ Document A78/4.

² [Political declaration of the high-level meeting on universal health coverage \(2023\)](#). United Nations General Assembly resolution 78/4 (2023) (accessed 26 February 2025).

³ See resolution WHA68.8 (2015).

⁴ [WHO ambient air quality database, 2022 update: status report](#). Geneva: World Health Organization; 2023 (accessed 26 February 2025).

Recognizing that radon exposure is one of the leading causes of lung cancer after smoking in countries with known data, and acknowledging the lack of prevention and mitigating actions for radon exposure, as well as limited public awareness concerning radon risks;

Re-emphasizing that over 45% of tobacco-related deaths are due to lung diseases, totalling 3.3 million deaths in 2021,⁵ and acknowledging that exposure to second-hand smoke causes cancer and that vaping aerosols can be harmful to lung health, which underscores the importance of primary care services for prevention of tobacco smoking, particularly tobacco and vaping control;

Noting the substantial contribution of workplace exposures to the burden of both infectious and chronic respiratory diseases;

Acknowledging the impact of stigma associated with lung cancer, tuberculosis and chronic obstructive pulmonary disease on access to early detection and access to treatment, noting advances in lung screening and its effectiveness in reducing mortality rates in high-risk populations;^{6,7}

Recalling United Nations General Assembly resolution 74/2 (2019) and its commitment to strengthen efforts to address noncommunicable diseases as part of universal health coverage, the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases,⁸ the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases of 2018,⁹ which reaffirms the primary role and responsibility of governments in responding to the challenge of noncommunicable diseases by developing adequate national multisectoral and participative responses for their prevention and control, and the Rio Political Declaration on Social Determinants of Health (2011), considering that health inequalities are an important aspect for respiratory diseases;

Recognizing resolution WHA72.2 (2019) on primary health care, in which the Health Assembly urged Member States to implement the commitments of the Declaration of Astana, resolution WHA60.26 (2007) on workers' health: global plan of action, through which Member States were urged to work towards full coverage of all workers with essential interventions and basic occupational health services for primary prevention of occupational and work-related diseases and injuries, and the significant progress in implementing WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020, endorsed by the Health Assembly in resolution WHA66.10 (2013), including the 2022 update of Appendix 3 to that global action plan, endorsed by the Health Assembly in decision WHA76(9) (2023), and the adoption of the related implementation roadmap 2023–2030 through decision WHA75(11) (2022), as well as the WHO global strategy on health, environment and climate change, noted through decision WHA72(9) (2019), resolution WHA68.8 (2015) on health and the environment: addressing the

⁵ [Institute for Health Metrics and Evaluation](#). Global Burden of Disease study, 2021 data (accessed 26 February 2025).

⁶ [Stigma experiences in people with chronic obstructive pulmonary disease: an integrative review](#). Int J Chron Obstruct Pulmon Dis. 2021; 16:1647-1659 (accessed 26 February 2025).

⁷ [Interventions to reduce lung cancer and COPD-related stigma: a systematic review](#). Annals of Behavioural Medicine 2024; 58(11):729-740 (accessed 26 February 2025).

⁸ United Nations General Assembly resolution 66/2 (2011).

⁹ United Nations General Assembly resolution 73/2 (2018).

health impact of air pollution, and its roadmap, welcomed by the Health Assembly in decision WHA69(11) (2016), and resolution WHA70.12 (2017) on cancer prevention and control in the context of an integrated approach;

Recalling resolution WHA71.3 (2018) on preparation for a high-level meeting of the General Assembly on ending tuberculosis, which reaffirmed commitment to end the tuberculosis epidemic by 2030, and the resulting political declaration of the high-level meeting on the fight against tuberculosis (2023),¹⁰ as well as resolution WHA67.1 (2014) on the global strategy and targets for tuberculosis prevention, care and control after 2015, which set ambitious targets for reducing tuberculosis incidence and mortality; and emphasizing the importance of the WHO multisectoral accountability framework for tuberculosis to enable universal access to good-quality services, and to address all determinants and drivers of tuberculosis, such as poverty, inequalities, undernutrition, HIV infection, noncommunicable diseases and inadequate housing and living conditions, as an integral part of the universal health coverage agenda, including in the context of health and humanitarian emergencies;

Recalling also resolution WHA76.5 (2023) on strengthening diagnostics capacity, resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines, and other health products, the global strategy and plan of action on public health, innovation and intellectual property, adopted by the Health Assembly through resolution WHA61.21 (2008) and resolution WHA67.22 (2014) on access to essential medicines;

Reaffirming resolution WHA73.1 (2020) on the COVID-19 response, which emphasized the need for equitable access to quality, safe, efficacious, effective and affordable diagnostics, therapeutics, medicines and vaccines for the COVID-19 response consistent with the provisions of relevant international treaties, including the provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and the flexibilities within the Doha Declaration on the TRIPS Agreement and Public Health;

Noting resolution WHA72.6 (2019) on global action on patient safety, which is crucial in the management of both communicable and noncommunicable lung diseases;

Recalling the WHO Framework Convention on Tobacco Control and reaffirming the principles of primary healthcare as the basis for strengthening health systems;

Building on the successes of the integrated approaches to disease management, including WHO's existing instruments such as the Practical Approach to Lung Health, the WHO package of essential noncommunicable disease interventions for primary health care and Integrated Management of Childhood Illness in improving health outcomes, and their potential for integrated lung health programmes,

1. URGES Member States,¹¹ considering national context and priorities, and in alignment with relevant policies on addressing communicable, noncommunicable and occupational lung diseases:

- (1) to develop integrated national policy for an integrated approach to lung health, encompassing both communicable and noncommunicable lung diseases, through multisectoral collaboration and multidisciplinary collaboration and by incorporating

¹⁰ United Nations General Assembly resolution 78/5 (2023).

¹¹ And, where applicable, regional economic integration organizations.

whole-of-government and whole-of-society approaches, ensuring engagement from all relevant sectors including health, environment, labour, education and finance;

(2) to incorporate an integrated approach to lung health into primary healthcare services towards the attainment of universal health coverage, inclusive of comprehensive lung health services, with effective referral pathways to secondary and tertiary care, when appropriate;

(3) to strengthen awareness of the health impacts of air pollution and enhance national air quality standards and monitoring capacity;

(4) to create and enforce adequate regulations protecting workers from occupational risk factors impacting lung health;

(5) to strengthen existing, or establish new, comprehensive integrated approach lung health programmes including:

(a) strengthening health promotion, primary preventive services – particularly tobacco and vaping control, reducing indoor and outdoor air pollution exposure – and vaccination programmes for preventable respiratory infections;

(b) updating or developing evidence-based clinical and public health guidelines for cost-effective measures for early detection, diagnosis and treatment of communicable and noncommunicable lung diseases, including the use of innovative technologies;

(c) updating or developing evidence-based information mechanisms for policy-making and programme monitoring, evaluation and learning;

(6) to strengthen national capacities for an integrated approach on lung health, considering adaptation of relevant existing and evidence-based WHO tools to create an evidence-based and cost-effective integrated lung health package of interventions suitable for all patients, according to their individual needs;

(7) to improve access to and affordability and availability of safe, effective and quality medicines, vaccines and health technologies using the WHO Model List of Essential Medicines and the WHO Model List of Essential In Vitro Diagnostics with an emphasis on cost-effectiveness, sustainable allocation of resources and evidence-based approaches including by increasing national capacities, and with a focus on building effective regulatory systems, manufacturing capacities and/or procurement strategies and policies for fair pricing to address both communicable and noncommunicable lung diseases, including tuberculosis, pneumonia, influenza and COVID-19, as well as chronic obstructive pulmonary disease, asthma, pulmonary fibrosis and lung cancer;

2. REQUESTS the Director-General:

(1) to map existing strategies, road maps and WHO's normative work and instruments relating to relevant lung conditions and risk factors, thereby helping to inform an integrated lung health approach and identify existing gaps and needs in addressing prevention, diagnosis and treatment of and rehabilitation from communicable and noncommunicable diseases;

- (2) to provide an initial report with recommendations and key components to further strengthen an integrated lung health approach, to consider steps to improve implementation of existing strategies and plans in the context of an integrated lung health approach and to consider new initiatives, including a framework for tracking implementation of such strategies, plans and new proposals with clear measurable targets in consultation with Member States and other relevant stakeholders in line with the Framework of Engagement with Non-State Actors, as applicable, and to submit the report for consideration by the Eightieth World Health Assembly in 2027;
- (3) to collaborate with relevant stakeholders in line with the Framework of Engagement with Non-State Actors, as applicable, to mobilize commitment and resources, build capacity and foster collaborative research on the integrated lung health approach;
- (4) to provide support to Member States in strengthening their primary healthcare systems to effectively deliver integrated lung health services to strengthen universal health coverage, promoting a life-course approach to lung health;
- (5) to strengthen the capacity of the Secretariat to provide support for the implementation of cost-effective interventions and country-adapted models of care for both communicable and noncommunicable lung diseases, including tuberculosis, pneumonia, influenza and COVID-19, as well as chronic obstructive pulmonary disease, asthma, pulmonary fibrosis and lung cancer;
- (6) to report on progress made in implementing this resolution to the Eightieth World Health Assembly in 2027 and the Eighty-first World Health Assembly in 2028.

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A78/VR/7
