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World Health Assembly Agendas and trends of international health issues for the last 43 years: Analysis of World Health Assembly Agendas between 1970 and 2012

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ABSTRACT

Objective: To analyse the trends and characteristics of international health issues through agenda items of the World Health Assembly (WHA) from 1970 to 2012.
Methods: Agendas in Committees A/B of the WHA were classified as Administrative or Technical and Health Matters. Agenda items of Health Matters were sorted into five categories by the WHO reform in the 65th WHA. The agenda items in each category and sub-category were counted.
Results: There were 1647 agenda items including 423 Health Matters, which were sorted into five categories: *communicable diseases* (107, 25.3%), *health systems* (81, 19.1%), *non-communicable diseases* (59, 13.9%), *preparedness surveillance and response* (58, 13.7%), and *health through the life course* (36, 8.5%). Among the sub-categories, HIV/AIDS, noncommunicable diseases in general, health for all, millennium development goals, influenza, and international health regulations, were discussed frequently and appeared associated with the public health milestones, but maternal and child health were discussed three times. The number of the agenda items differed for each Director-General's term of office.
Conclusions: The WHA agendas cover a variety of items, but not always reflect international health issues in terms of disease burden. The Member States of WHO should take their responsive roles in proposing more balanced agenda items.

1. Introduction

The World Health Organization (WHO) has the objective of attaining the highest possible level of health for all [1]. The World Health Assembly (WHA) is attended by delegations from all 194 Member States in May each year, and functions as the supreme decision-making body of the WHO [2]. The main committees of the WHA are: Committee A – to deal predominantly with programme matters; and Committee B – to deal predominantly with administrative, financial, and legal matters [1]. Since the WHA determines the policies of the WHO and can influence the national policies of each member state, the WHA agenda have to be carefully selected to achieve the objective of the WHO.

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However, the WHA is not the only decision-making body of the WHO. The Executive Board has the responsibility to implement the decisions and policies of the Health Assembly and to act as its executive organ, but it also assumes the role of submitting advice or proposals to the assembly and preparing the agenda of its meetings according to the procedural rules of the WHA [1]. The Executive Board prepares the provisional agenda of each WHA session after considering the proposals submitted by the Director-General [1]. The agenda for the forthcoming WHA is agreed upon by the Executive Board and they adopt the resolutions to the forthcoming WHA in every January. The rules of procedure of the Executive Board say that the provisional agenda of each WHA session include any item proposed by a Member State or Associate Member of the WHO, and any item proposed by the Director-General [1]. The WHA has discussed a variety of health issues as "Technical and Health Matters" [3].

WHO has six regional offices for Africa, the Americans, South-East Asia, Europe, the Eastern Mediterranean, and the Western Pacific. Each Regional office holds a Regional Committees, which generally meets once a year [4]. The Regional Committees allow detailed discussions among Member States on specific needs, and they are considered platforms that can submit proposals to the Executive Board. They can tender advice, through the Director-General to the WHO on International Health Matters which have wider than regional significance [1].

In the history of international health, several landmarks are reflected in these WHA agendas. The typical ones are primary health care (PHC) at Alma-Ata in 1978, smallpox eradication in 1979, polio eradication launched in 1988, and the Framework Convention on Tobacco Control in 2004 [5]. Several articles have referred to the history and the policy of the WHO on international health issues [6–9]. However, there is no chronological analysis of the agenda items of the WHA from a long-term point of view. Also, there is no clear evidence and justification why certain agenda items were selected among the various important health issues in the world.

We assumed that the agenda items of the WHA would reflect trends and characteristics of international health. In this article, we will analyse the WHA agenda items between 1970 and 2012 from the viewpoints of chronological change, categories, and relationship with major health issues milestones such as the declaration of Alma-Ata and Millennium Development Goals (MDGs). This study will provide supportive evidence to set balanced WHA agenda items in the future.

2. Methods

We reviewed the agenda items in the WHA from 1970 to 2012. Two data sources were used: agenda items from 2004 (57th WHA) to 2012 (65th WHA) were extracted from the WHO internet site [10] and agenda items from 1970 (23rd WHA) to 2003 (56th WHA) were extracted from printed reports, namely the *World Health Assembly Summary Records of Committees*, published annually by the WHO (WHA23/1970/REC/3 to WHA56/2003/REC/3).

Agenda in the WHA consist of two areas: the Plenary and the Committees A and B. The Plenary decides on certain important items such as adoption of the agenda and allocation of items to the Committees A and B. Since the Plenary is not a place to discuss technical and health issues, agenda items in the Plenary were excluded in our analysis. Then each agenda item in Committees A and B was considered as data for analysis.

All agenda items in Committees A and B were labelled as Administrative Matters or Technical & Health Matters. We labelled the agenda items about financial, staffing, and legal matters, collaboration within the United Nations system, health conditions of the occupied Palestinian territory, and WHO organizational issues as Administrative Matters, regardless of whether they were in Committee A or B. Administrative Matters were analysed only quantitatively in this study. Other agenda items besides Administrative Matters were labelled as Technical & Health Matters. Then, we classified Technical & Health Matters into two groups: Health Matters and Progress Reports. Here, Progress Reports are follow-ups of the previous WHA agenda items, usually responding to the requests of previous resolutions adopted by the WHA in the past. We labelled other agenda items besides Progress Reports as Health Matters, which were discussed by the WHA as the important international health issues in that year.

For all Health Matters, categories and sub-categories were created in order to analyse Health Matters further. Categories and sub-categories are set out in Table 1. Categories were drawn from one of the 65th WHA agendas entitled "WHO reform" [11]. The five categories are (1) *communicable diseases*, (2) *noncommunicable diseases*, (3) *health through the life course*, (4) *health systems*, and (5) *preparedness, surveillance and response*. We added another category, (6) *others*, for agenda items which did not fit in these five categories. The sub-categories were developed with reference to the *Handbook of Resolutions and Decisions of the World Health Assembly and Executive Board, Volumes I, II, and III* [12–14], and also in light of the functions of the WHO according to its Constitution, Article 2 [1]. In this labelling system, the *health systems* category includes items related to health policies, such as PHC, health for all by 2000, and MDGs, since health systems are strongly connected to the health policies. The sub-category 'Strengthening health systems' was defined according to the concept provided by the WHO in the *Everybody's Business: Strengthening health systems to Improve Health Outcomes, WHO's Framework of Action* [15]. The *noncommunicable diseases* category consists of 10 subcategories. One of them that includes the agendas entitled "prevention and control of noncommunicable diseases" or similar titles, was named as "noncommunicable diseases in general" to avoid any confusion between category and subcategory. Health issue milestones in the each category were selected from several publications and web sites [16–19].

Each agenda item of Committees A and B from 1970 to 2012 was entered into Microsoft Excel. Then each item

Table 1
Numbers and years of Health Matters by categories and sub-categories.

Categories of Health Matters	Sub-categories	No.	1970s	1980s	1990s	2000s	2010s
Communicable diseases (107/25.3%)	HIV/AIDS	14		86, 88, 89	92	00, 01, 02, 03, 04, 05, 06, 06, 06	11
	Tuberculosis	7		83		00, 05, 07, 09	10, 10
	Malaria	9	70, 75, 76, 78		97, 99	05, 07	11
	Smallpox	20	71, 72, 73, 76, 77, 78	80	96, 99	00, 01, 02, 03, 04, 05, 06, 07, 08	10, 11
	Polio	10			99	00, 02, 03, 04, 05, 06, 07, 08	12
	Neglected Tropical Diseases	23	76, 76, 77		94, 97, 97, 97, 98, 98	01, 02, 02, 02, 03, 03, 04, 04, 04, 07	10, 10, 11, 12
	Vaccination (EPI[a])	7	78			00, 02, 05, 08	11, 12
	Cholera	2	71				11
	Sexually transmitted infections	2	78			06	
	Disinsection of aircraft	2	70, 71				
	Others	11	70, 70, 76, 77, 78		98	01, 02	10, 10, 10
Noncommunicable diseases (59/13.9%)	Noncommunicable diseases in general	10			98	00, 07, 08	10, 11, 12, 12, 12, 12
	Cancer	6	73, 74, 75, 77	82		05	
	Mental health	5	77, 78	86		02	12
	Tobacco	10	70, 71	86	99	00, 01, 01, 03, 06, 08	
	Alcohol	6	79	83		05, 07, 08	10
	Road safety	2	76			04	
	Disability	8	72, 76	86		01, 03, 05, 06, 09	
	Policy/strategy of nutrition	4	77, 78			02, 04	
	Iodine deficiency	2		86	99		
	Others	6	76, 78			03, 06, 07	
Health through the life course (36/8.5%)	Infant and young child nutrition	12		80, 81, 82, 83		00, 01, 02, 02, 05, 06	10, 11
	Reproductive health	5	78		91	04, 08	12
	MCH[b] including newborn health	3	79		92	07	
	Birth defects	2	78				10
	Child and adolescent health	2				03, 06	
	Occupational health	4	71, 72, 76				07
	Ageing	2				02, 05	
	Others	6				04, 08	11, 11, 12, 12
Health systems (81/19.1%)	Primary health care	5	76, 76, 79			03, 09	
	Health for all by 2000	18	79	81, 81, 83, 84, 86, 86, 86, 86, 86, 89	92, 95, 95, 96, 97, 97, 98		
	Millennium developmental goals	9				02, 03, 05, 08, 09	10, 11, 12, 12
	Strengthening health systems	32	70, 71, 72, 72, 75, 76, 78, 78, 78, 78, 78	80		00, 01, 01, 02, 02, 03, 03, 04, 05, 05, 05, 06, 06, 07, 07, 07	10, 10, 11
	Rational use of drugs	3		86, 88		07	
	Policy/strategy of drugs	6	78		99	00, 01, 02, 03	
	Essential drugs	4	79	82, 84	92		
	Counterfeit medical products	4				08	10, 11, 12
Preparedness, surveillance and response (58/13.7%)	Influenza	10				03, 05, 06, 07, 07, 08, 09	10, 11, 12
	International health regulations	12	70	81	96, 99	03, 05, 07, 08, 09	10, 11, 12
	Surveillance	4	71, 73, 74, 77				
	Water	5	70, 71, 72	80			11

Table 1 (*Continued*)

Categories of Health Matters	Sub-categories	No.	1970s	1980s	1990s	2000s	2010s
	Human environment	9	71, 72, 73, 74, 76, 78, 78, 79		92		
	Chemical management	2	79				10
	Climate change	2				08, 09	
	Nuclear issues	3			91, 93	01	
	Codex Alimentarius Commission	2				03, 06	
	Food safety	2				00	10
	Emergency	3				05, 06	12
	Others	4		87, 88	90	02	
Others (82/19.4%)	Health promotion	5				00, 01, 04, 06, 07	
	Psychosocial factors and health	2	75, 76				
	Dental health	2	75, 78				
	Intellectual property	7		82		03, 06, 07, 08, 09	10,
	Technical cooperation	4		81	90, 99	00	
	Development and coordination	3	77, 78				
	WHO's role and responsibilities	5	73, 74			06, 07	10,
	Others related research	3	73			05, 06	
	Quality/Safety of drugs	7	70, 71, 71, 72, 73		92	04	
	Narcotic and psychotropic substances	3	77	80, 86			
	Drug dependence	3	71, 72, 73				
	Cloning in human health	3			97, 99	00	
	Human organ and tissue transplantation	3		87		04	10
	Others related to drugs and biological products	15	70, 71, 72, 73, 75, 75, 76	84, 89		03, 04, 05, 05, 07	10
	Others related to social and environmental health	4	71			06, 09	12
	International classification of diseases	2	76		90		
	World health situations	4	70, 72, 74, 76				
	World summit on sustainable development	2				02, 03	
	Others	5	74, 77			02, 07	12

Figure and percentage of each category show the number of agenda items for the category followed by it as a percentage of all agenda items for Health Matters. The numbers in the decades column are the last two digits of the year. Where the year is repeated, there was more than one agenda item that year.

[a] Expanded Programme on Immunization.

[b] Maternal and Child Health.

was classified under Health Matters, Administrative Matters, and Progress Reports. The number of Administrative Matters and Progress Reports were counted. The Health Matters were classified into the categories. A sub-category was created when there were at least two of the same agenda items within a category. Each Technical Matter item was classified in a relevant category and sub-category, then the number of agenda items in each category and sub-category was counted.

An agenda item covered by a single category was placed into the relevant category. In cases where an agenda item could apply to more than one category, we read the Report written by the Secretariat and related resolution of the agenda item, and decided on the most appropriate category for the agenda item. Therefore, no agenda item was placed in more than one category.

3. Results

3.1. Number of agenda items from Committees A & B by year from 1970 to 2012

There were 1647 agenda items in Committees A and B of the WHA from 1970 to 2012; they consisted of 605 Technical and Health Matters and 1042 Administrative Matters.

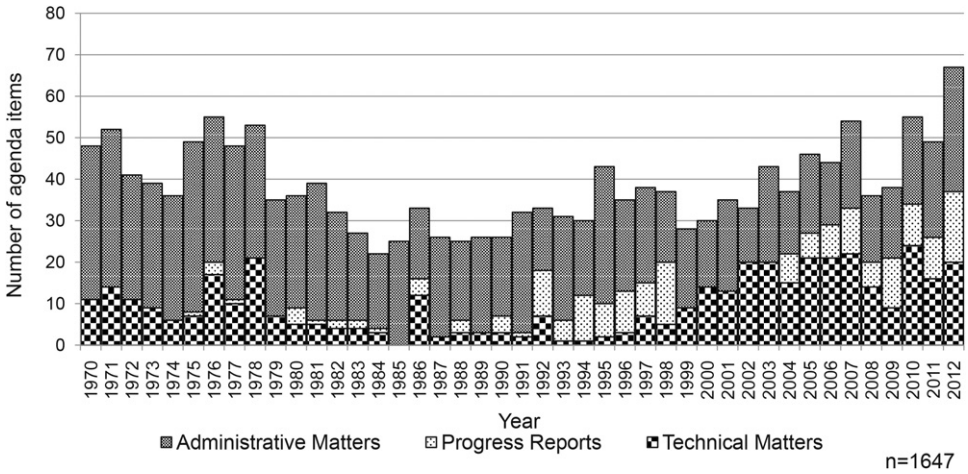

Fig. 1. Annual trends of numbers of agenda items in Committees A and B, 1970–2012.

Technical and Health Matters comprised 423 Health Matters and 182 Progress Reports.

3.2. Annual trends of numbers of agenda items in Committees A & B (1970–2012)

Fig. 1 shows the annual trends of numbers of agenda items in Committees A & B from 1970 to 2012, consisting of Administrative Matters, Health Matters, and Progress Reports. The average number of WHA agenda items per year was 38; the lowest number was 22 in 1984 and the highest was 67 in 2012. The trend of annual numbers of agenda items shows a gradual parabola whose lowest point was around 1984–1985. In most years until 1991, the number of Administrative Matters exceeded the number of Technical and Health Matters. However, after 1992, the proportion of Technical and Health Matters increased substantially.

3.3. Number of health matters by categories and sub-categories

As shown in Table 1, the numbers of Health Matters by categories and sub-categories are described as follows: 423 Health Matters were categorized into the categories: *communicable diseases* (107, 25.3%), *noncommunicable diseases* (59, 13.9%), *health through the life course* (36, 8.5%), *health systems* (81, 19.1%), *preparedness, surveillance and response* (58, 13.7%) and *others* (82, 19.4%).

In terms of characteristics of each category by decade from the 1970s to the 2010s, *communicable diseases*, *noncommunicable diseases* and *preparedness, surveillance and response* were mainly discussed in the 1970s, the 2000s and the 2010s. *Health systems* and *health through the life course* were continuously debated from the 1970s to the 2010s.

There were 11 sub-categories which were discussed over 10 times in the WHA between 1970 and 2012: strengthening health systems (32 times), neglected tropical diseases (23 times), smallpox (20 times), health for all by 2000 (18 times), HIV/AIDS (14 times), infant and young child nutrition (12 times), international health regulations (IHR) (12 times), polio (10 times), influenza (10 times), noncommunicable diseases in general (10 times) and tobacco (10 times). Among the sub-categories, noncommunicable diseases in general started being discussed eight out of 10 times after 2007.

3.4. Relationship between WHA agenda items and health issue milestones

To examine the relationship between WHA agenda items and health issue milestones, we analysed the number of agenda items and selected major health issues outside WHO (Fig. 2). Only the sub-categories of agenda items directly related to the health issue milestones were highlighted in Fig. 2. The other sub-categories shown in Table 1 were summarized as “others” in this figure. For the category of *communicable diseases*, the agenda item of smallpox was mainly discussed in the 1970s in order to eradicate the disease. This topic was then discussed after 1996 for destruction of variola virus stocks. The agenda of HIV/AIDS was started to be discussed from 1986 and frequently discussed after 2000. It corresponded with the period of accelerated response to HIV/AIDS such as UN Security Council discussed the effect of AIDS on peace and security in 2000 and the founding of the Global Fund to fight AIDS, Tuberculosis and Malaria in 2002. For the category of *noncommunicable diseases*, the sub-category of noncommunicable diseases in general was discussed in 1998 and 2000 and frequently discussed after 2007. These discussions led to the United Nations General Assembly holding a High Level Meeting on the Prevention and Control of Noncommunicable Diseases. In the category of *health through the life course*, the agenda titled maternal and child health (MCH) including newborn health was discussed only three times in 1979, 1992 and 2007, even though there had been some important milestones such as the Safe motherhood initiative in 1987, International Conference on Population and Development (ICPD)

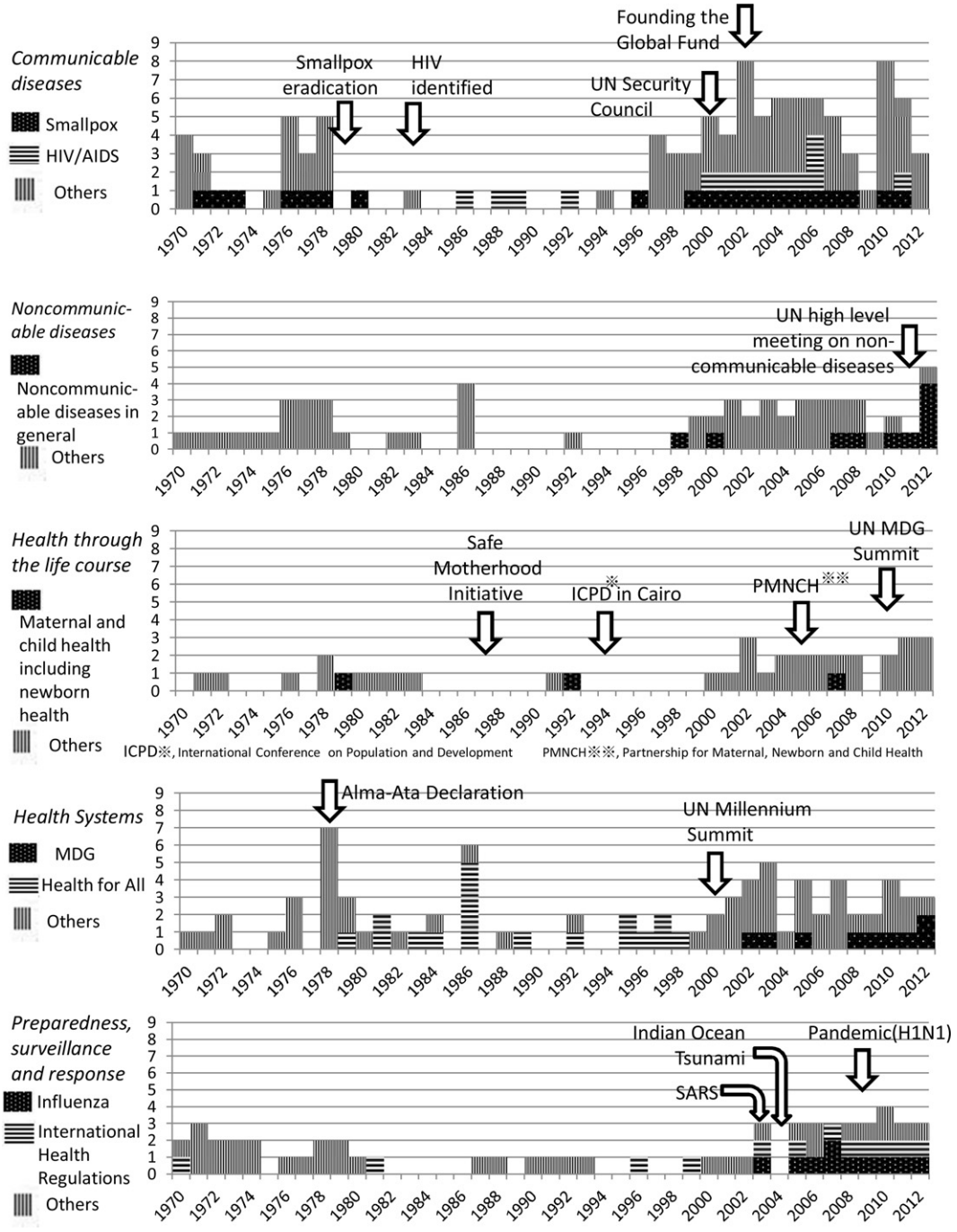

Fig. 2. The relationship between the health issue milestones and the trend of related sub-categories of the WHA agenda items.

in 1994, the Partnership for Maternal, Newborn and Child Health in 2005 (PMNCH) and UN MDG summit in 2010. For the category of *Health systems*, after the Alma-Ata Declaration in 1978, agenda items relating to health for all were discussed 18 times between 1979 and 1998. After 2000, the agenda items related to strengthening health systems and MDGs were discussed 19 and 9 times, respectively. The result indicated a shift in the major health issues from health for all based on PHC to strengthening health systems and MDGs after the UN Millennium Summit in 2000. After 2003, for the category of *preparedness, surveillance and response*, influenza and IHR were discussed 10 times and 8 times, respectively. It corresponded to Severe Acute Respiratory Syndrome (SARS) in 2003, the tsunami in the Indian Ocean in 2004, and Pandemic (H1N1) 2009.

Table 2
Number of Health Matters and progress reports in each Director-General's terms of office between 1973 and 2012.

Names of Director-General	Term of office	Years of WHA[a]	No. of WHA	Total no. of Health Matters	Total no. of progress reports	Average no. of Health Matters per WHA	Average no. of progress reports per WHA
Mahler	1973–1988	1974–1988	15	106	22	7.1	1.5
1st term			5	61	5	12.2	1
2nd term			5	25	9	5	1.8
3rd term			5	20	8	4	1.6
Nakajima	1988–1998	1989–1998	10	34	73	3.4	7.3
1st term			5	16	21	3.2	4.2
2nd term			5	18	52	3.6	10.4
Brundtlant	1998–2003	1999–2003	5	76	0	15.2	0
Lee	2003–2006	2004–2006	3	58	21	19.3	7
Chan	2006–	2007–2012	6	104	66	17.3	11
Total			39	378	182	9.7	4.7

[a] The WHA of the year of appointment of each Director-General was excluded.

3.5. Number of health matters & progress reports by Director-Generals' terms of office

Since the agendas for the WHA proposed by the Director-General are discussed by the Executive Boards, we examined the average numbers of Health Matters and Progress Reports by the term of office of Director-Generals (Table 2).

The average numbers of Health Matters per WHA were less than 10 during Mahler and Nakajima's terms of office, but they were over 15 during Brundtlant, Lee and Chan's terms of office. The average numbers of Progress Reports per WHA were 1.5 and 0 in Mahler and Brundtlant's terms of office, respectively. On the other hand, they were 7.3, 7, and 11 in Nakajima, Lee, and Chan's terms of office, respectively. These results indicated that there were different patterns of average numbers of Health Matters and Progress Reports in each Director-General's term of office.

4. Discussion

In this article, we reviewed and analysed the agenda items of the WHA from 1970 to 2012. We identified a number of trends and characteristics of international health which have been determined by the agenda items on health issues of the WHA. First, the number of Health Matters was low from the 1980s to the mid-1990s and that of Health Matters and Progress Reports varied for each Director-General's term of office. Second, among the five categories of the WHO reform, *communicable diseases* was the most discussed at 25.3%, followed by *health systems* at 19.1%, but *health through the life course* accounted for 8.5%, which was relatively small compared with the other categories. Third, among the sub-categories, HIV/AIDS, noncommunicable diseases in general, health for all, MDGs, influenza, and IHR discussed over nine times and appeared associated with the public health milestones, but MCH including newborn health was discussed only three times. Fourth, the sub-category of noncommunicable diseases in general increases after 2007.

A characteristic from the 1980s to the mid-1990s was the low numbers of Health Matters. This was during Mahler's second terms of office and Nakajima's first term of office. The period of low numbers of Health Matters corresponded with the period of a high number of agenda items for health for all in Fig. 2. Even when there were no Health Matters in the WHA in 1985, WHO documentation mentioned that Technical Discussions entitled Collaboration with Non-Governmental Organizations in Implementing the Global Strategy for health for all seemed to have taken place separately from the Agenda in the WHA (WHA38/1985/REC/2). Having many debates between selective and comprehensive PHC as well as considerable obstacles to progress towards health for all [20–22], the WHA in 1995 stressed the continued validity of health for all as a timeless aspirational goal and agreed that a new global health policy should be elaborated [23]. Thus, the Alma-Ata Declaration provided the revolutionary principles of health throughout the world in 1978 [24], and WHA adopted the *Global Strategy for Health for All by the year 2000* in 1981 [25], which seemed to affect the number of WHA agenda items from the 1980s to mid-1990s. In short, the period from 1980 to the early 1990s can be summarized as a period of concentration on PHC.

A characteristic from the late 1990s to the early 2000s was the increasing number of Health Matters. This corresponded to Nakajima's second term of office and Brundtlant's term of office. WHO published the World Health Report targeted on infectious diseases in 1996 [26] and the number of agenda items for *Communicable diseases* started to increase from that year, as shown in Table 1. After 2000, strengthening health systems and MDGs were frequently discussed in the WHA, as shown in Table 1 and Fig. 2. These results indicate that the period between the late 1990s to the early 2000s was a turning point in terms of *Communicable diseases* and *Health systems*.

Both the total number and type of agenda have been expanding remarkably since the late 1990s. Since the first function of the WHA is to determine the policies of the WHO, it is critically important for the WHO and Member States to properly prioritize and effectively discuss the agenda items in the limited time given to the Assembly so that the WHO might be able to revitalize its ability in setting its own priorities although the 75% of its budget comes from voluntary contribution [27]: funds that donor countries often earmark for their own pet projects.

Health Matters in the WHA may not have covered all the major important health issues in the world. It is notable that the number of agenda items in the category of '*Health through the life course*' accounted for only 36 (8.5%) of the total of 423 Health Matters between 1970 and 2012. In this sub-category, the WHO has mainly focused on the breast milk issue, which led to the International Code on Marketing of Breast Milk Substitute (hereafter referred to as the Code) adopted in 1981. The objective of the Code was to restrict advertising of formula milk aiming to eliminate the negative impact on babies of formula milk, especially in the developing world. Within three years of its adoption, 130 countries had taken action by passing legislation or formulating policies to restrict advertising [28]. However, the formula milk industry continued to undermine the Code [29–31]. As Forsyth pointed out, it was not uncommon that a formula-milk company located in one country may violate the Code regulations in another country [32]. This must be a challenge for future WHA resolutions. Although MCH including newborn health is tremendously important [33,34], there were only three Health Matters related to MCH, including newborn health, in 1979, 1992 and 2007. It seems to be imbalanced agenda setting compared with the burdens of mortality and illness of infectious diseases and noncommunicable diseases [35–37].

To assess the possible imbalanced agenda setting, we apply the disability-adjusted life year (DALY) to the WHA agenda items, where appropriate, since DALY is a known metric to qualify the burden of disease, injuries and risk factors [38,39]. HIV/AIDS (DALY 3.8), tuberculosis (DALY 2.2), and malaria (DALY 2.2) are discussed 14 times, 7 times, and 9 times, respectively, in the WHA, which seems to be associated with DALY. On the other hand, maternal conditions (DALY 2.6), perinatal conditions (DALY 8.3), neuropsychiatric disorders (DALY 13.1), and road safety (DALY 2.7) have high burdens of disease and injuries, but were not frequently discussed at the WHA. Meanwhile, there are many agenda items which do not have DALY. The WHA also should not overlook other important health issues such as potable water, climate change, healthy ageing, occupational health, which are not frequently discussed, while appropriate measures are not available to assess the burdens of their risks.

On the other hand, the WHA brought important health issues to the global health arena such as noncommunicable diseases and the IHR. After the year 2007, the number of "noncommunicable diseases in general" as sub-category has increased mainly due to the agenda item named "Prevention and control of noncommunicable diseases". This ties up with the recent attentions on the diseases and leads to the United Nations High Level Meeting on the Prevention and Control of Noncommunicable Diseases [40]. It indicates that the WHA discussed the important agenda item which has great disease burden before any other major health organization may decide to do so. Regarding the IHR, WHA had frequently discussed and revised it as IHR (2005), which could respond timely the pandemic (H1N1) 2009 and health risks and emergencies [41,42].

The agenda items of WHA are mostly decided by the Executive Board in January, held four months before the WHA. In the process of agenda setting, not only does the Director-General draw up a draft of the provisional agenda, but Member States or Associate Members of the WHO are also allowed to propose a provisional agenda item [1]. In this sense, the agenda setting of the WHA is not confined. Therefore, Member States and Associate Members of the WHO are responsible for agenda setting to facilitate the attainment by all peoples the highest possible level of health.

This article has several limitations. First, we considered the quantity rather than the quality of the WHA agenda items. Recognizing that the numbers of the agenda items do not directly reflect the weight of health issues, we selected a simple and clear way to compare the number of the agenda items in this analysis. Second, we did not focus on the resolutions, but on the agenda items of the WHA. Since a resolution was not always adopted from each agenda item, we decided to use the agenda items to analyse the trends and characteristics of international health issues. Third, we did not analyse WHO budgetary allocations relating to the WHA agenda items in this study. Stuckler et al. [43] noted that WHO biennial budget allocations from 1994–1995 to 2008–2009 were heavily skewed towards infectious diseases. Our data indicated that the WHA agenda items for the *Communicable diseases* from 1994 to 2009 accounted for 61 out of 196 Health Matters (31.1%). Further studies about the resolutions and budgetary allocations would be our future challenge. Finally, we utilized the five categories from the WHO reform in the 65th WHA. Since the new categories are created for the WHO's priority setting and programmes, each category in our study includes a limited number of health issues based on that priority [11]. Thus, 82 agenda items were classified into *others* in our analysis. However, we believe that our analysis will help to consider the WHO reform and which agenda items should be discussed in the future WHA.

5. Conclusions

In this article, we found a number of trends and characteristics of international health issues among agenda items through the WHA for 43 years. Among the five categories of the WHO reform, *communicable diseases* was the most discussed, followed by *health systems*, but *health through the life course* was relatively small compared with the other categories. Among the sub-categories, HIV/AIDS, noncommunicable diseases in general, health for all, MDGs, influenza, and IHR discussed frequently and appeared associated with the public health milestones. The fact that the number of noncommunicable diseases in general as subcategory increased after 2007 deserves attention. However, the agenda items of the WHA do not always reflect international health issues in terms of burdens of mortality and illness, such as MCH including newborn health. Most of the WHA agenda items are decided by the Executive Board meeting every January. Therefore, reflecting from the number and the trend of the WHA agenda items, Member States and Associate Members of WHO should take more respective and responsive roles in setting agenda items to attain the highest possible level of health for all.

Conflict of interest statement

None declared.

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