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EXECUTIVE BOARD **EB139/PSR/2**
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PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING

WHO headquarters, Geneva
Monday, 30 May 2016, scheduled at 14:30

Chairman: Dr R. BUSUTTIL (Malta)

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SECOND MEETING

Monday, 30 May 2016, at 14:35

Chairman: Dr R. BUSUTTIL (Malta)

TECHNICAL AND HEALTH MATTERS: Item 6 of the agenda (continued)

Dementia: Item 6.1 of the agenda (document EB139/3) (continued)

The representative of PANAMA[1] said that in developing the draft global action plan on the public health response to dementia, the Secretariat should pay particular attention to palliative care.

The representative of PORTUGAL[1] said that his country remained firmly committed to upholding the protection and promotion of the human rights of persons with mental disorders and psychosocial disabilities. He therefore expressed strong support for the preparation of a global action plan on dementia and said that his country wished to be added to the list of sponsors of the draft decision.

The representative of AUSTRALIA[1] welcomed the report and said that her country wished to be added as a sponsor of the draft decision.

The representative of SAUDI ARABIA[1] said that the draft global strategy and plan of action should better reflect the role of the family as the primary caregiver for patients with dementia. Governments should support families dealing with the dementia burden.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that dementia was a cross-cutting issue with huge personal, social and economic consequences. Given the need for urgent action, the Board should develop a rights-based, patient-focused action plan on dementia that took into account the burden faced by caregivers and family members for consideration at the Seventieth the World Health Assembly.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, said that palliative care should be included in the draft global action plan on the public health response to dementia. She highlighted the importance of appropriate training for health care professionals and of support for the families of those with dementia.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that dementia should be mainstreamed as a component of noncommunicable disease policies. She supported the development of draft a global action plan on dementia, which should promote public awareness and people-centred care, support the provision of specialist training for health professionals, reduce the costs of dementia and include strategies to

[1] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

safeguard patient safety. Member States should prioritize the development of national plans to support dementia patients, their families and communities.

The DIRECTOR-GENERAL said that there appeared to be a consensus on the need to include specific references to awareness-raising, early detection and diagnosis, and research and development in the draft global action plan on the public health response to dementia. The Secretariat would take into account regional and national best practices in the field and would present the Board with a draft document at the earliest possible opportunity. It would also strive to link the draft global action plan on dementia to other relevant policy instruments, including the Comprehensive Mental Health Action Plan 2013–2020, the global action plan for the prevention and control of noncommunicable diseases and the global strategy and action plan on ageing and health.

The Board noted the report.

At the request of the CHAIRMAN, the SECRETARY read out the proposed amendments to the draft decision. The words "to establish prevention measures," should be added after "necessary policies and resources" in paragraph (1). The phrase "including the strategies outlined in paragraph 18 of document EB139/3, with clear goals and targets," should be inserted after "health response to Dementia" in paragraph (2).

The decision, as amended, was adopted.[1]

Improving access to assistive technology: Item 6.2 of the agenda (document EB139/4)

The representative of PAKISTAN, speaking on behalf of the Member States of the Eastern Mediterranean Region said that access to assistive technology was of particular concern in areas of the world facing conflict, violence and natural disasters. The dramatic growth of the global population and the rise in noncommunicable diseases was also increasing the need for high-quality, affordable and safe assistive products. He therefore urged Member States to devise national assistive technology programmes aimed at improving the availability, accessibility affordability, appropriateness and accountability of assistive devices. He welcomed the launch during the Sixty-ninth World Health Assembly of a priority assistive products list modelled along the lines of the WHO Model List of Essential Medicines, which would serve as a catalyst for improving access to assistive products at all levels. He invited the regional committees to discuss the availability of assistive technology in more depth at their forthcoming meetings and called on the Board to prepare a draft resolution on access to assistive products for consideration by the Seventieth World Health Assembly.

The representative of COLOMBIA said that guidance would help to promote autonomy and access to high-quality assistive technology, and he supported the inclusion of assistive technology as an item on the agenda of the next World Health Assembly. His country had adopted a community-based rehabilitation approach involving multidisciplinary teams and he called on WHO to strengthen its technical assistance, including in developing standards to increase access to assistive technology. He welcomed the development of the WHO priority assistive products list and stressed the importance of ongoing efforts to implement the Global Cooperation on Assistive Technology initiative.

[1] Decision EB139(1).

The representative of MEXICO said that assistive technology also had socioeconomic benefits by enabling a more active, productive and socially integrated population. Access to assistive technology remained a challenge, and he called for efforts to increase funding, research and development and the provision of ongoing training for health care professionals. Specific plans and programmes should be developed with a view to reducing costs, increasing technology transfer and promoting research and development. In Mexico, partnerships with civil society had been particularly beneficial in encouraging the use of assistive technology among those in need.

The representative of KUWAIT said that demand for assistive technology would continue to rise as populations aged and the prevalence of noncommunicable diseases increased. He asked whether mechanisms had been established to monitor the results of activities detailed in paragraphs 23 to 28 of the report.

The representative of BHUTAN said that persons with disabilities faced persistent barriers in accessing health services and rehabilitation and were, in many cases, forced to pay for assistive devices themselves. In order to increase access to assistive technology, in particular in developing countries and regions, WHO and other development partners should help to make such devices available at an affordable cost.

The representative of THAILAND said that sustainable and equitable access to safe, high-quality, cost-effective and acceptable assistance technologies should remain a priority and called on governments to provide an enabling environment for persons with disabilities.

The representative of KAZAKHSTAN said that greater attention should be paid to ensuring that children had access to affordable and appropriate assistive technology. Efforts should also be made to strengthen the network of national specialist referral and rehabilitation centres as a priority aspect of national health protection plans, particularly in countries with limited resources. He therefore called on WHO to continue its efforts in the area of assistive technology. The issue should be considered at the Seventieth World Health Assembly, where items 6.1, 6.2 and 6.3 of the Board's current agenda, which were closely related, might be considered together.

The representative of NEW ZEALAND said that all documents considered by the Board should contain proposed strategies with associated draft resolutions or decisions, together with an analysis enabling all Member States, irrespective of size, to see how implementation could deliver the best value. The focus should remain on public health; all new strategies and plans should be linked to the delivery of existing ones, as well as to global goals such as universal health coverage, and should take the varying needs and capacities of Member States into consideration. A list of graded actions for adoption and implementation by all Member States, irrespective of their health infrastructure should be provided and would facilitate the achievement of universal health care. Using the WHO Model List of Essential Medicines as an example would help to ensure increased access to a wide range of affordable, standardized assistive devices that addressed the priority needs of communities. WHO should apply its knowledge with respect to essential medicines to assistive technologies.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, said that there were significant challenges in providing assistance to people with reduced mobility and disabilities, and noted that the situation was being exacerbated by the rise in noncommunicable diseases and multiple conflicts in the Region. Many African hospitals and health centres had not been designed for, or adapted to, the needs of people with disabilities, and mobile medical units should be created to facilitate access to the necessary treatment. WHO should provide support to strengthen the capacity of Member States to: carry out reconstructive surgery; increase the availability of assistive technology through welfare systems; and reduce the cost of accessing such

technology. He agreed that some items on the Board's current agenda should be considered together at the Health Assembly.

The representative of the UNITED STATES OF AMERICA expressed appreciation for the report, but would have welcomed the inclusion of information on the impact of interventions on individual employability or productivity for people with disabilities. His Government supported the Global Cooperation on Assistive Technology initiative, as well as the recently launched priority assistive products list. He would welcome the opportunity to consider a draft resolution on the item at the 140th session of the Board.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO said that access to assistive technology could only be improved by making further progress in the achievement of universal health coverage. Member States should be encouraged to select a package of interventions that would have the greatest impact, in order to end preventable deaths among vulnerable groups, and should ensure that actions to improve access to assistive technology were integrated within the package, which should be fully costed at the country level. WHO should take a leadership role in bringing together all stakeholders to align efforts and promote synergies in order to mobilize the necessary resources to improve access to assistive technology.

The representative of TURKEY acknowledged that there appeared to be consensus on including the current item on the agenda of the 140th session of the Board. The large number of products contained in the recently launched assistive priority products list might prove to be prohibitive, especially for low-income and developing countries. Noting the need to raise awareness of the issue of accidents in the home, he said that products related to the prevention of injuries in the home might also be included in the list, and asked whether a resolution already existed on that issue.

The representative of SOUTH AFRICA,[1] welcoming the Secretariat's proposals on access to assistive technology, noted that the barriers to access, in particular financial barriers, should be accorded special attention. Recalling programmes being implemented by her Government to improve access to assistive technology, she welcomed the support to be provided to Member States and looked forward to further collaboration with WHO.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation) said that the Secretariat, which recognized the huge growing and unmet need for assistive technology worldwide, was coordinating the recently established Global Cooperation on Assistive Technology initiative. Cognizant of its role and responsibilities, WHO was developing practical tools to support Member States in ensuring access to assistive technology, such as the recently launched priority assistive products list, as well as the assistive technology policy framework and training package, and the single-window assistive products service provision. By supporting the item, Member States would be supporting improved access to high-quality, affordable assistive products delivered with integrated health services and as part of universal health coverage, alongside medicines and vaccines. In addition, supporting the item would also help Member States to realize their commitment to the United Nations Convention on the Rights of Persons with Disabilities and various WHO resolutions, notably those on ageing, disability and noncommunicable diseases. The Secretariat looked forward to further discussion of the item at the meetings of the governing bodies and to guidance from Member States towards the goal of universal access to assistive technology.

[1] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The CHAIRMAN took it that the Board wished to note the report. Noting the already heavy agenda of the 140th session of the Board, he proposed that the item should be included in the "rolling agenda" of the Board. The item would be taken up again, on the basis of the Board's prioritization of items on that agenda.

It was so agreed.

Development of a new Health Assembly resolution and action plan for prevention of deafness and hearing loss: Item 6.3 of the agenda (documents EB139/5 and EB139/5Add.1)

The CHAIRMAN invited the Board to consider the report contained in document EB139/5, including the draft resolution contained therein. The financial and administrative implications were set out in document EB139/5Add.1.

The representative of COLOMBIA noted the importance of raising awareness and developing preventive strategies to control exposure to environments that induced hearing loss. It was essential to build institutional capacity at the country level in order to implement detection programmes and provide access to hearing aids, as well as to train human resources, and he drew attention to measures taken by his Government in that regard. He highlighted the need to adopt a global action plan to promote quiet environments, noting the effect of excessive noise exposure on hearing loss, and would welcome consideration of the draft resolution by the Seventieth Health Assembly.

The representative of the PHILIPPINES recognized the magnitude of the problem of hearing loss and deafness, its economic implications and impact on quality of life. She agreed with the actions for Member States. It was essential to adopt a holistic approach by integrating strategies for ear and hearing care in health systems, noting for example the role played by immunization in preventing hearing loss, and called for guidance to be provided thereon. Paragraph 2(2) of the draft resolution might be amended to include reference to the development of an algorithm in order to help Member States integrate preventive strategies for ear and hearing care across programmes, such as those for maternal and child health, thereby highlighting the importance of a holistic approach.

The representative of TURKEY expressed support for the draft resolution and said that his country wished to be added to the list of sponsors.

The representative of the CONGO said that deafness and hearing loss posed a significant problem in low-income countries. He underscored the need to raise awareness of congenital malformations, which caused most cases of deafness and hearing loss among children. Support should be provided to enable Member States to implement preventive strategies, particularly in relation to pregnant women, including by ensuring that they received the necessary immunization, and by raising awareness of the dangers of alcohol consumption during pregnancy. WHO should also help countries in: developing early detection methods; strengthening detection actions at the community level; providing specialist training for health professionals; strengthening technical health facilities; and reducing the cost of cochlear implants. The issue of deafness and hearing loss should form part of the discussion on disabilities at the next Health Assembly. He expressed support for the draft resolution.

The representative of CHINA acknowledged the support provided by the Secretariat to assist Member States in developing robust measures to tackle deafness and hearing loss, and called on WHO to continue to raise awareness of the issue among the international community. Her Government had participated actively in international efforts to tackle the issue; three of the seven WHO collaborating

centres for prevention of deafness and hearing loss were located in China. She expressed support for the draft resolution.

The representative of CANADA, noting the importance of preventive strategies to tackle hearing impairment, said that the establishment of a global strategy would help Member States in developing a national approach to the issue. She welcomed the proposed actions, which were aligned with her country's approach, including in relation to raising awareness, implementing screening programmes, and providing access to hearing devices. The draft resolution should refer to the national circumstances and priorities of Member States, and she suggested that paragraph 1 could be amended to read: "URGES Member States, taking into account their national circumstances".

The representative of BHUTAN, said that speech and hearing impairment was the most prevalent impairment in Bhutan. He endorsed the draft resolution and called on WHO to provide Member States with support in mobilizing adequate resources to translate strategies and plans into action.

The representative of VIET NAM noted the significant burden of disease from hearing loss, particularly in low-and middle-income countries. Ensuring access to hearing aids was particularly difficult in remote and inaccessible areas. He strongly supported integrated strategies for prevention and early detection, but noted that countries might face challenges in implementing some aspects of the draft resolution, especially given limited national data available and the difficulty in determining which interventions to include in the benefits package to be provided to those with deafness or hearing loss. He expressed support for the draft resolution; the toolkit of technical support to be developed should recognize the varying capacities of Member States.

The representative of the DOMINICAN REPUBLIC drew attention to the problem of noise-induced hearing loss, including through unsafe use of audio devices, especially among adolescents and young people. Detection strategies should be integrated into health systems to ensure early identification of hearing loss. It was also important to raise awareness of the issue and implement legislation to prevent exposure to environments that induced hearing loss. He said that his Government, which recognized the importance of ensuring access to assistive hearing technologies, wished to be added to the list of sponsors of the draft resolution.

The representative of the RUSSIAN FEDERATION said that many countries had made significant progress in tackling the issues related to deafness and hearing loss in the 20 years since the adoption of resolution WHA48.9 on prevention of hearing impairment. In the Russian Federation, hearing screening programmes were an essential component of the health care provided to infants. However, many people with deafness and hearing loss, especially children, still did not have access to the appropriate hearing care, partly due to the lack of trained human resources. Noting the importance of the issue, she urged WHO to accelerate and expand efforts to tackle deafness and hearing loss. She reiterated her country's willingness to collaborate with other countries in addressing the issue and expressed support for the draft resolution.

The representative of THAILAND suggested some amendments to the draft resolution. In paragraph 1(1), the words "under the umbrella of universal health coverage" should be inserted after "primary health care systems", and the words "and intersectoral collaboration" should be added at the end of the paragraph. She also proposed the insertion of the ", cost-effective," after "affordable" in the first line of operative paragraph 1(6), and the addition of "taking into account the delivery capacity of health care systems in an equitable and sustainable manner" at the end of the paragraph.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the issue of deafness and hearing loss was linked to other items on the agenda, such as assistive technology and dementia. While poor sound protection was placing people at risk of developing hearing loss, the issue was also gaining importance in the context of aging populations. She would welcome a new resolution focused primarily on preventing hearing loss and improving the outcomes of those affected, including through education and employment opportunities. She asked whether the item should be considered at the 140th session of the Executive Board in the context of discussion of the rolling agenda.

The representative of MEXICO, noting that some 60% of hearing loss in children could be prevented, highlighted the profound impact of hearing loss, particularly among children, and noted that an early detection and intervention programme was being implemented for children under five years in Mexico as part of a universal health coverage strategy. The social and economic impact of deafness or hearing loss should not be underestimated. Political commitment was important, as was the technical cooperation of WHO in helping countries to develop comprehensive policies on prevention, control and rehabilitation. Mexico would welcome adoption of the draft resolution for submission to the Seventieth World Health Assembly.

The representative of the UNITED STATES OF AMERICA pointed out that the earphones used in sessions of the Executive Board were incompatible with hearing aids; adapting them would be a practical step to enable people with hearing loss to participate more fully in the meeting. Noise-induced hearing loss applied to both recreational and occupational settings, and was a common work-related illness. He supported the draft resolution, and proposed a new preambular paragraph 4*bis*, reading as follows: "Acknowledging the significance of work-related, noise-induced hearing loss, in addition to issues related to recreational and environmental noise-induced hearing loss".

The representative of NEW ZEALAND, said that the Executive Board should prioritize the implementation of resolutions with due regard to cost–effectiveness, rather than asking Member States to prioritize implementation taking into account their national circumstances. He would welcome inclusion of the item on the rolling agenda of the Executive Board.

The representative of GERMANY[1] said that the action plan for prevention of deafness and hearing loss should promote the inclusion of individuals already living with hearing disabilities and reflect relevant elements of the 2030 Agenda for Sustainable Development and the Sendai Framework for Disaster Risk Reduction. Outlining the twin track approach taken by her country to support partner countries in implementing the Convention on the Rights of Persons with Disabilities, she said that Germany strongly welcomed initiatives for improved data collection and use, particularly as census and population data in many countries excluded data on the inclusion of persons with disabilities.

The representative of SOUTH AFRICA[1] said that appropriate, high-quality hearing devices were inaccessible to many because of supply and pricing constraints. Highlighting the importance of preventive measures, including through the rational use of ototoxic medicines, she said that childhood hearing loss must be addressed. In South Africa, children from low-income backgrounds were being assessed for deafness and hearing loss, and audiologists, speech and hearing therapists were appointed to prevent long-term hearing loss. She said that her country wished to be added to the list of sponsors of the draft resolution.

[1] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of ZAMBIA[1] welcomed the development of an action plan. His country continued to face challenges related to deafness and hearing loss, particularly among people living in rural areas, but a lack of relevant data made it difficult to ascertain the full magnitude of the problem. Collaboration and technical support from WHO would be welcome, particularly in: conducting nationwide surveys and encouraging the regular monitoring and reporting of cases; raising awareness among the population and health care workers, especially of work-related hearing loss in the mining industry; training personnel in early detection; and procuring equipment for the screening process. His country was considering revising its relevant national public policies and legislation, including in addressing the playing of extremely loud music in public places.

The representative of SAUDI ARABIA[1] said that the integration of ear care in the primary health care system was essential for early identification, management and rehabilitation of hearing loss. He called for increased investment to build capacity and encourage the retention of trained professionals, adequate health information systems to provide evidence for monitoring implementation and policy-making, and a standardized approach for the prescription and use of various hearing devices. Partnerships and innovations should also be explored in order to make such devices affordable to all in need.

The representative of INDIA[1] said that it was important to recognize that countries were at different levels of development, had varying levels of resources and were experimenting with different models of universal health coverage. Efforts should be made to identify innovative solutions to promote the development of user-friendly, high-quality and affordable assistive hearing technologies and products, and to promote technology transfer. He said that his country would welcome the adoption of the draft resolution for submission to the Seventieth World Health Assembly.

The representative of ALGERIA supported the draft resolution. However, if Member States were to ensure the highest possible coverage of vaccination against rubella, measles, mumps and meningitis, as they were urged in paragraph 1(4), sufficient quantities of those vaccines should be available worldwide. Technical support in many areas would be essential to the success of the action plan. Accordingly, paragraph 2(2) should be amended to begin "to develop a toolkit, as well as provide the necessary technical support".

The representative of the INTERNATIONAL SOCIETY OF AUDIOLOGY, speaking at the invitation of the CHAIRMAN, said that while the lives of those affected by hearing loss could be greatly enhanced through the appropriate use of hearing devices, many people with hearing loss lived in low-income areas and were unable to access the required services. Hearing loss was not confined to the elderly; occupational noise was a cause of irreversible hearing loss, and exposure to loud sounds through headphones presented a new challenge. Noting that WHO and its Member States should pay greater attention to the issue of hearing loss, he expressed strong support for the draft resolution.

The DIRECTOR (Department for Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention) thanked the Russian Federation for bringing the issue to the attention of the governing bodies some 20 years after it had last been discussed by the Board. Hearing loss had a profound impact on communication, literacy, employment, self-esteem, social skills and economic growth, but with early intervention and timely and appropriate interventions its impact could be minimized. WHO had scaled up its work on hearing loss in recent years, and had initiated global

[1] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

advocacy campaigns such as World Hearing Day and a "Make Listening Safe" initiative. It had also helped several countries to integrate ear and hearing care into their health systems, and would be continuing its work.

The Board noted the report.

The CHAIRMAN, supported by the representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, suggested that it should be left to the Executive Board at its 140th session to decide, on the basis of its consideration of the rolling agenda of the governing bodies, to which Health Assembly the Director-General should report on progress in implementation of the resolution. Accordingly, no session of the World Health Assembly would be specified in paragraph 2(5); an explanatory footnote would be inserted.

It was so agreed.

At the invitation of the CHAIRMAN, the SECRETARY read out the amendments proposed. A new preambular paragraph 4*bis*, should be added to read "Acknowledging the significance of work-related, noise-induced hearing loss, in addition to issues related to recreational and environmental noise-induced hearing loss". The words "with preventive strategies" should be added after "hearing loss are avoidable" in the seventh preambular paragraph. Paragraph 1 should read "URGES Member States, taking into account their national circumstances". In paragraph (1), the words "under the umbrella of universal health coverage" should be added after "primary health care systems", and the words "and intersectoral collaboration" should be inserted at the end of the paragraph. In paragraph 1(6) ", cost-effective," should be added after "affordable" and the words "taking into account the delivery capacity of health care systems in an equitable and sustainable manner" should be inserted at the end of the paragraph. The beginning of paragraph 2(2) would read "to develop a toolkit, as well as provide the necessary technical support for Member States in collecting data, planning national strategies for ear and hearing care, specifying how prevention of hearing loss can be integrated in other health care programmes, raising awareness ...".

The resolution, as amended, was adopted.[1]

Health and climate change: Item 6.4 of the agenda (document EB139/6)

The CHAIRMAN invited the Executive Board to consider the report on health and climate change in document EB139/6. The Board was requested to provide guidance on the updated strategic priorities outlined in paragraphs 8 to 14 of the document.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region, said that efforts were being made by the Region to increase health resilience to climate risk by prioritizing mitigation actions that also improved health. He took note of the revised strategic priorities, which had been updated in light of the Paris Agreement commitments. Although many Member States in the African Region were particularly vulnerable to the health impacts of climate change, they lacked the technical capabilities to design and implement health-related climate change plans. Support for policies, adaptation and mitigation plans within the context of the 2030 Agenda for Sustainable Development would be therefore be appreciated.

[1] Resolution EB139.R1.

The representative of the RUSSIAN FEDERATION said that environmental issues could not be addressed by the health sector alone, climate change effects also came within the remit of other ministries, departments and organizations. Referring to paragraph 13 of the report, she said that a multisectoral approach to data collection on climate change was essential.

The representative of NEPAL, speaking on behalf of the Member States of the South-East Asia Region, said that the Region faced a continuous onslaught of natural disasters, which impacted on water quality and quantity and thus affected hygiene, resulting in disease outbreaks and hampering efforts to control diseases such as malaria. Concerted, coherent, multisectoral action was crucial. He called on all Member States to make more strategic efforts to prevent global warming. Technical assistance from WHO would be key to ensuring resilience to climate risk.

The representative of FRANCE supported the proposed strategic priorities. The health sector was implicated in both the mitigation and adaptation aspects of the response to climate change, and the health benefits of countering climate change should be underscored in order to encourage an intersectoral approach to the commitments undertaken in the Paris Agreement. Health systems must be strengthened to ensure resilience to climate change impacts; strong commitment from the health care community and efforts to raise public awareness would be necessary. The second Global Conference on Health and Climate, organized by WHO, would be hosted in Paris in July 2016.

The representative of CANADA said that her Government was committed to cooperating with international partners to take ambitious action to address climate change and protect the population from negative health effects, and to support other Member States in that regard. Evidence-based decision-making was particularly important and collaboration to build resilient health systems was welcome. Particular efforts should be made in the context of health for all to ensure that segments of society most vulnerable to the negative health impacts of climate change, such as indigenous peoples, were protected. Her delegation supported the view that climate change and health should be a standing item on the WHO agenda, with regular reporting to the World Health Assembly, since that approach would promote consistency and encourage Member States to track progress, and increase accountability and transparency.

The representative of FIJI said that climate change was an issue of great importance to small Pacific island nations, due not only to its health impacts, but to the risk it posed to the very survival of life itself. Climate change had already resulted in the loss of homes and lives in the Pacific islands, and the two degrees centigrade commitment was not sufficient. The effects of climate change were occurring so rapidly in the Pacific region that there was not time to wait until 2020 to galvanize efforts to curb climate change. Although a single climatic event could have a major public health impact in terms of outbreaks and could destroy a country's health care facilities, some change funds were not intended to cover health issues. That gap in assistance should be filled as a matter of urgency. He strongly supported the updated strategic priorities and called on WHO to work to raise awareness of the impact of climate change on health.

The representative of the PHILIPPINES said that Member States should be supported in their efforts to build resilient health systems and access funding to counter climate change. More information would be welcome on how WHO would help Member States to mainstream health in climate-related activities. Priority should be given to strengthening the evidence base and monitoring progress with regard to climate change and health.

The representative of THAILAND said that his delegation wished to table a draft decision on the adoption of a strategy and plan of action on climate change. He apologized for the late submission of the draft, which had been sponsored by eight Member States, but hoped that it could be considered.

Following a discussion in which the representatives of the PHILIPPINES, VIET NAM, KUWAIT on behalf of the Member States of the Eastern Mediterranean Region, the UNITED STATES OF AMERICA, BHUTAN, NEW ZEALAND, LIBYA, CHINA, KAZAKHSTAN, the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, SWEDEN, NEPAL, MONACO,[1] BANGLADESH,[1] ZAMBIA,[1] URUGUAY,[1] NORWAY,[1] CANADA and FRANCE, took part, in which it was suggested that the Secretariat should update the WHO Workplan on Climate Change and Health on the basis of the updated strategic priorities in document EB139/6, the representative of THAILAND withdrew his proposal.

The representative of VIET NAM said that climate change constituted a considerable challenge to human life. Low-and middle-income countries faced challenges with regard to the trade-off between economic development and emissions regulation, with air quality giving particular cause for concern in countries with increasing industrialization. He welcomed the updated strategic priorities but considered that countries required assistance in strengthening the evidence base. Better support from developed countries providing foreign direct investment would be welcome, as would greater regional cooperation on the use of shared natural resources, such as the Mekong Delta.

The representative of the UNITED STATES OF AMERICA, welcoming efforts to strengthen the linkages between health and climate change, said that care should be taken to ensure that the continuation of the WHO global conference on health and climate change, as mentioned in paragraph 12 of the report by the Secretariat, should complement the regular meetings of the parties to the United Nations Framework Convention on Climate Change. Further information would be welcome on what WHO expected from accreditation to the Green Climate Fund, and on the agenda and goals of the second Global Conference on Health and Climate, to be held in Paris in July 2016.

The representative of BHUTAN said that extreme weather conditions in the Himalayas were having a considerable impact on health, and rising sea levels in South-East Asia were causing displacement and affecting major sectors of the economy, such as fisheries and tourism, with projected losses that an economy such as Bhutan's would not be able to support. Vulnerability to outbreaks of climate-sensitive diseases, such as cholera, dengue fever and malaria, was increasing. Turning to the updated strategic priorities, he said that particular attention should be paid to strengthening health systems, providing support for climate change adaptation measures, and enhancing emergency preparedness and response.

The representative of MEXICO, noting that some of the varied impacts of climate change on health were already being observed, welcomed the references to health in the Paris Agreement. WHO's participation in international events on environment and climate change-related issues would be a particularly important means of underscoring the links with health. Progress reports should be linked with other relevant WHO documents on environment and health.

[1] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of NEW ZEALAND said that the report did not consider the use of the Sendai Framework for Disaster Risk Reduction as a tool for Member States, and did not pay sufficient attention to the increased pressure that weather events placed on certain regions. Member States at particular risk of harm from climate change should be encouraged to develop the infrastructure necessary to deliver universal health coverage and fully implement the International Health Regulations (2005). Lastly, contingency planning for climate change and health must address loss of habitat and land.

The representative of LIBYA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that health professionals should attach higher priority to climate change, which was still considered as a peripheral issue. The potential negative impacts of climate change on health fully justified the need for relevant action and national commitments. The 22nd session of the Conference of the Parties to the United Nations Framework Convention on Climate Change, be held in Morocco in November 2016, would provide an opportunity to highlight the health component of climate change, and he requested the Secretariat to provide information on the meeting. It would be useful to know whether WHO planned to facilitate access to international climate financing for the health sector through the Green Climate Fund.

The representative of CHINA said that air pollution, climate change and health were closely linked, and the adaptive capacities of health systems needed to be strengthened to address climate change. Synergy existed between work on health impacts and control effectiveness, but greater communication and coordination between the sectors involved was required. WHO should increase financial and technical support to Member States, as many lacked the technology necessary for synergy, policy development and assessment.

The representative of ALGERIA, while fully endorsing the strategic priorities put forward in the report, said that the role of the Executive Board must be clearly defined, given the increasing importance of climate change and its impact on health. Referring to paragraph 14 of the document, he said that the Board should provide periodic reports on climate change and health to the Health Assembly.

The representative of KAZAKHSTAN said that the loss of the Aral Sea had led to desertification and a decline in the quality of drinking water in his country, which was adversely affecting the health of the population. Major flooding had also occurred in recent years. The issue of climate change and health should be regularly considered by the Board and the Health Assembly.

The representative of COLOMBIA said that the chikungunya and Zika virus outbreaks in the Americas were clearly related to climate change and a lack of water. It was vital to address such epidemics, as they could become more frequent and affect large numbers of people. Paragraph 9 of the report should contain a specific reference to the need to promote and strengthen intersectoral action on climate change to reduce health risks. The strategic priorities for WHO should also cover raising awareness among the population of the risks of climate change, and of the connection between health and climate change among health personnel, and highlight the need for research on the impact on countries with different climatic zones, with a focus on adaptation and mitigation measures.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that regular reports on climate change and health should be submitted to the Executive Board.

The representative of SWEDEN asked what action was already being taken under the WHO Workplan on Climate Change and Health.

The representative of MONACO,[1] welcoming the strategic priorities, invited WHO to continue its work on climate change in cooperation with all relevant actors, while avoiding any duplication of efforts.

The representative of SWITZERLAND[1] said that the mitigation of climate change would help to promote the achievement of health objectives, including with respect to noncommunicable diseases and the Sustainable Development Goals. She called for integrated action at the international and national level and for efforts to develop synergies and make savings, and considered that climate change should be addressed in a holistic manner to reduce its impact on health. Her Government, which was actively promoting the link between the mitigation of climate change and health protection, welcomed the strategic priorities for WHO.

The representative of BANGLADESH[1] welcomed WHO's commitment to ensuring implementation of the health-related aspects of the Paris Agreement. Climate change was having an enormous impact on Bangladesh, and his Government hoped to receive a reasonable share of the international climate funding mobilized under the Agreement. A number of successful adaptation interventions were being undertaken in the country, including mitigation measures in coastal areas and the promotion of solar-based rural electrification.

The representative of ZAMBIA[1] said that droughts, floods and extreme temperatures caused by climate change were having a serious impact on the health system in his country. Outbreaks of cholera and malaria were becoming more frequent and were occurring in new areas; there were increased cases of malnutrition, and drought-induced power outages in health facilities were affecting the delivery of services. He welcomed the strategic priorities for WHO and expressed his Government's willingness to work with other Member States and partners to mitigate the effects of climate change on health systems.

The representative of URUGUAY[1] welcomed the updated strategic priorities for WHO and requested the Secretariat to provide technical support to assist Member States in their efforts to address the health impact of climate change.

The representative of NORWAY[1] endorsed the updated strategic priorities for WHO set out in the report.

The representative of INDIA[1] emphasized that climate change goals must be pursued through the United Nations Framework Convention on Climate Change and the relevant institutional arrangements. His Government had finalized a mission to examine the impact of climate change on health in different regions of the country, and to build response capacity. Strategies that ignored the inextricable link between climate change, its adverse health impacts and socioeconomic factors could exacerbate existing health inequities. Noting that capacities and resources differed vastly among countries, he said that huge investment was required to ensure the large-scale, sustained adoption of

[1] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

clean technologies. In addition, global partnerships should facilitate technology transfer and resource mobilization. Lastly, the Secretariat should place adequate emphasis on adaptation to climate change.

(For continuation of the discussion, see the provisional summary record of the third meeting, section 1.)

The meeting rose at 17.30.

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