EXECUTIVE BOARD
142nd session

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PROVISIONAL SUMMARY RECORD OF THE ELEVENTH MEETING

WHO headquarters, Geneva
Friday, 26 January 2018, scheduled at 14:30

Chairman: Dr A. HAFFEZ (Pakistan)

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ELEVENTH MEETING

Friday, 26 January 2018, at 14:35

Chairman: Dr A. HAFEEZ (Pakistan)

1. OTHER TECHNICAL MATTERS: Item 4 of the agenda (continued)

Improving access to assistive technology: Item 4.5 of the agenda (document EB142/21)

The CHAIRMAN drew attention to the report on improving access to assistive technology, contained in document EB142/21, and to a draft resolution on the subject, proposed by Algeria, China, Costa Rica, Ecuador, Ethiopia, France, Germany, Ghana, Iraq, Israel, Jamaica, New Zealand, Pakistan, the Philippines, Sri Lanka, Turkmenistan, the Bolivarian Republic of Venezuela and Zambia.

The representative of PAKISTAN said that, following informal consultations, Italy, Turkey, Thailand, Sudan, Haiti, the Dominican Republic, Jordan and Japan had been added to the list of sponsors of the draft resolution. Informal consultations had also resulted in several proposed amendments to the text of the draft resolution, which would read:

> The Executive Board
> Having considered the report on assistive technology,
>
> RECOMMENDS to the Seventy-first World Health Assembly the adoption of the following resolution:
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> > The Seventy-first World Health Assembly,
> > (PP1) Considering that one billion people need assistive technology and that, as the global population ages and the prevalence of non-communicable diseases increases, this figure will rise to more than two billion by 2050;[1]
> > (PP2) Noting that assistive technology enables and promotes the inclusion, participation and engagement of persons with disabilities, ageing populations and people with **co-morbidities** ~~many health conditions~~ in the family, community and all areas of society, including the political, economic and social spheres;
> > (PP3) Recalling that 90% of those who need assistive technology do not have access to it, thereby having a significant adverse impact on the education, livelihood, health and well-being of individuals, and on families, communities and societies;[2]
> > (PP4) Recalling the 2030 Agenda for Sustainable Development and its ultimate aim of "leaving no one behind";
> > (PP5) Recognizing that the inclusion of assistive technology, **in line with countries' national priority and context, into health systems** is essential to realizing **progress towards achieving** the SDG targets relating to universal health coverage, inclusive and equitable quality education, inclusive and sustainable economic growth, full and productive employment and decent work for all, reduce inequality within and among countries by empowering and promoting the social, economic and political inclusion of

[1] WHO, 2011. World Health Organization & World Bank, World report on disability. Geneva: WHO.

all, make cities and human settlements inclusive, safe and sustainable, and provide universal access to safe, inclusive and accessible green and public spaces, particularly for persons with disabilities;

(PP6) Recalling the United Nations Convention on the Rights of Persons with Disabilities, under which 174 Member States have committed inter alia, to ensuring access to quality assistive technology at an affordable cost (Article 20) and to foster international cooperation (Articles 4, 20, 26 and 32) in support of national efforts for the realization of the purpose and objectives of the Convention;

(PP7) Emphasizing the need for a comprehensive, sustainable and multisector approach to improving access to assistive technology that fulfils the safety and quality standards established by national and international regulations, at the national and subnational levels;

(PP8) Recalling resolutions WHA69.3, WHA67.7, and WHA66.4 and WHA70.34 in which, respectively, the Health Assembly calls on Member States inter alia to improve access to assistive technology for older people, people with disabilities and people with vision and hearing loss, respectively;

(PP9) Noting the request made to the Executive Board by the WHO Regional Committee for the Eastern Mediterranean, in resolution EM/RC63/R.3 on improving access to assistive technology, to include assistive technology as an agenda item for the Health Assembly.

OP1. URGES Members States[1]:

(1) to develop, implement and strengthen policies and programmes, as appropriate, to improve access to assistive technology within universal health and/or social services coverage;

(2) to ensure that adequate and trained human resources for the provision and maintenance of assistive products are available at all levels of health and social service delivery;

(3) to ensure that assistive technology users and their cares givers have access to the most appropriate assistive products and use them safely and effectively;

(4) where appropriate, **based on national needs and context,** to develop a national list of priority assistive products that are affordable and cost-effective and meet minimum quality and safety standards, drawing on WHO's priority assistive products list;

(5) to promote or invest in research, development, innovation and product design in order to make existing assistive products affordable, and also to develop a new generation of products including high-end or advanced assistive technology, taking advantage of universal design and new evidence-based technologies, in partnership with academia, civil society organizations, in particular with persons with disabilities and older persons and their representative organizations, and the private sector, as appropriate;

(6) to encourage international and/or regional collaboration for the manufacturing, procurement and supply of priority assistive products, ensuring that these remain affordable and available across borders;

(7) to collect population-based data on health and long-term care needs including those that may be met by assistive technology in order to develop evidence-based strategies, policies and comprehensive programmes;

[1] And, where applicable, regional economic integration organizations.

(8) to invest in and promote inclusive barrier-free environments so that all people who need assistive technology can make optimum use of it, in order to live independently and safely and participate fully in all aspects of life;
(9) to promote the inclusion of priority assistive products and inclusive barrier-free environments within emergency preparedness and response programmes;

OP2. REQUESTS the Director-General:

(1) **by 2021,** to prepare a **global** report **on effective access to** assistive technology in the context of an integrated approach, based on the best available scientific evidence and international experience, with the participation of all relevant units within the Secretariat and in collaboration with all relevant stakeholders, including the possibility of establishing an Expert Advisory Group, within existing resources, for this purpose;
(2) to provide the necessary technical and capacity-building support for Member States, aligned with national priorities, in the development of national assistive technology policies and programmes, including procurement and financing, regulation, training for health and social services, appropriate service delivery, and inclusive barrier-free environments;
(3) to provide technical and capacity-building support to countries, on request, to assess the feasibility of establishing regional or sub regional manufacturing, procurement and supply networks for assistive technology and cooperation platforms;
(4) to contribute to and engage in, as appropriate, the development of minimum standards for priority assistive products and services, in order to promote their safety, quality, cost-effectiveness and appropriateness;
(5) to report on progress in the implementation of the present resolution to the Seventy-fifth World Health Assembly and thereafter to submit a report to the World Health Assembly every four years until 2030.

The financial and administrative implications of the draft decision for the Secretariat were:

Resolution:	Improving access to assistive technology
A.	**Link to the programme budget**
1.	**Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted**
	Programme area: 2.4. Disabilities and rehabilitation
	Outcome: 2.4. Increased access to comprehensive eye care, hearing care and rehabilitation services
	Output(s): 2.4.1. Implementation of the WHO global disability action plan 2014–2021: better health for all people with disability, in accordance with national priorities
	Programme area: 3.2. Ageing and health
	Outcome: 3.2. Increased proportion of people who are able to live a long and healthy life
	Output(s): 3.2.1. Countries enabled to develop policies, strategies and capacity to foster healthy ageing across the life-course
	Programme area: 4.3. Access to medicines and other health technologies, and strengthening regulatory capacity

Outcome: 4.3. Improved access to and rational use of safe, efficacious and affordable quality medicines and other health technologies

Output(s): 4.3.1. Access to and use of essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools

2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:

Not applicable.

3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:

No additional deliverables are foreseen, but existing deliverables that support establishing regional or subregional assistive technology manufacturing, procurement and supply networks (notably the production of the first draft of the World report on assistive technology) are to be scaled up and strengthened.

4. Estimated implementation time frame (in years or months) to achieve the resolution:

The implementation time frame is currently planned up to 2030. Work may continue beyond this date as needed.

B. Resource implications for the Secretariat for implementation of the resolution

1. Total resource requirements to implement the resolution, in US$ millions:

US$ 32.5 million until 2030.

2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US$ millions:

US$ 2.45 million.

2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US$ millions:

US$ 2.55 million.

3. Estimated resource requirements in the Programme budget 2020–2021, in US$ millions:

US$ 5.0 million per biennium.

4. Estimated resource requirements in future programme budgets, in US$ millions:

US$ 5.0 million per biennium.

5. Resources available to fund the implementation of the resolution in the current biennium, in US$ millions

– **Resources available to fund the resolution in the current biennium:**

US$ 2.45 million.

– **Remaining financing gap in the current biennium:**

US$ 2.55 million.

– **Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:**

US$ 15.0 million until 2030.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	1.60	0.00	0.00	0.00	0.00	0.00	0.00	1.60
	Activity	0.20	0.15	0.05	0.15	0.05	0.20	0.05	0.85
	Total	1.80	0.15	0.05	0.15	0.05	0.20	0.05	2.45
2018–2019 additional resources	Staff	0.25	0.10	0.05	0.10	0.05	0.10	0.05	0.70
	Activity	0.60	0.20	0.10	0.20	0.25	0.25	0.25	1.85
	Total	0.85	0.30	0.15	0.30	0.30	0.35	0.30	2.55
2020–2021 resources to be planned	Staff	1.85	0.10	0.10	0.10	0.05	0.10	0.05	2.35
	Activity	0.65	0.40	0.20	0.40	0.25	0.50	0.25	2.65
	Total	2.50	0.50	0.30	0.50	0.30	0.60	0.30	5.00
Future bienniums resources to be planned	Staff	1.85	0.10	0.10	0.10	0.05	0.10	0.05	2.35
	Activity	0.65	0.40	0.20	0.40	0.25	0.50	0.25	2.65
	Total	2.50	0.50	0.30	0.50	0.30	0.60	0.30	5.00

The representative of SWAZILAND, speaking on behalf of the Member States of the African Region, said that access to assistive technology was not only an issue relating to universal health coverage but also a human rights issue. Addressing access to assistive technology required a health systems approach. The work of WHO was commendable but more remained to be done. WHO should speed up finalization and dissemination of the assistive technology policy framework; strengthen procurement mechanisms, with a focus on high-burden, low-access countries; and consider mathematical modelling of the economic and health impact of assistive technologies in low- and middle-income countries with a view to encouraging investment. He supported the draft resolution.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the need for assistive technology must be urgently addressed at all levels, particularly at the country level. While acknowledging WHO's current efforts to promote access to assistive technology through the Global Cooperation on Assistive Technology initiative, he called on the Secretariat to make additional technical support available to national health ministries so that they could better integrate assistive products service provision into their respective health systems and ensure widespread access to assistive technology. Member States should also take steps to include access to assistive technology as a core component of their respective national health preparedness and

response programmes, particularly in those countries experiencing situations of instability and armed conflict.

The representative of SRI LANKA said that access to assistive technology would become an increasingly important part of public health care service provision, especially as populations aged. However, many of the more useful assistive products required expensive, high-end technologies. Promoting technology transfer would therefore be vital in reducing the costs of and improving access to assistive technology. He expressed support for the draft resolution.

The representative of THAILAND said that not only did assistive technology allow persons with disabilities to participate more fully in society and the economy, it also helped to prevent or delay disability in some cases. Although essential assistive products had been made available free of charge in Thailand, in reality, access had not been universal. He therefore called on WHO to adopt the draft resolution and to promote assistive technology as part of universal health coverage in order to make such technology accessible in practice.

The representative of the UNITED REPUBLIC OF TANZANIA expressed concern at the projected sharp rise in the number of people requiring assistive products and the limited access to assistive technology around the world. While acknowledging the successes of the Global Cooperation on Assistive Technology initiative and the progress made in enhancing coordination with WTO and other related partners, he stressed the importance of further action to reduce the high tariffs on basic assistive products, such as hearing aids, so as to ensure that they were more affordable and readily accessible to those who needed them most. His country wished to be added to the list of sponsors of the draft resolution.

The representative of ZAMBIA said that her country's implementation of the United Nations Convention on the Rights of Persons with Disabilities had been hindered by factors such as cost, poor health-seeking behaviour and inadequate service provision. She called on the Secretariat to raise awareness of its strategic documents and partnerships to promote access to affordable assistive products, particularly in developing countries. She welcomed the proposed issuance of guidance on innovative models of service provision and urged the Secretariat to make the document available to Member States as soon as possible.

The representative of JAPAN said that his country wished to be added to the list of sponsors of the amended draft resolution. Assistive technologies were rapidly evolving and served many purposes, including helping the ageing population to stay active, encouraging involvement in the community and enabling nurses to lift heavy patients.

The representative of the DOMINICAN REPUBLIC expressed support for the draft resolution. Improving access to assistive technology would enable countries to fulfill their social obligations towards the one billion people in need of such technology. Assistive technology enabled people to improve their functioning, promoted well-being and represented a means of making progress towards universal health coverage.

The representative of MEXICO urged Member States to promote the integration of assistive products into services at all levels, particularly at the primary health care level, as a move towards universal health coverage. Due consideration should also be given to the clinical, economic, social and ethical aspects of assistive technology when devising national plans and programmes to improve access to such products and to related systems and services. She endorsed the draft resolution, as amended.

The representative of COLOMBIA said that one of the main advantages of assistive technology was that it facilitated the social inclusion of persons with disabilities, ageing populations and people with specific functional needs, which was why a multisectoral approach was essential. As such, it was critical that research and investment focused not only on high-end assistive products, but also on ensuring that basic, low-technology assistive products were readily accessible to everyone. Greater knowledge transfer among Member States would be essential in order to facilitate the necessary skills development and capacity-building to ensure access to both types of assistive devices. Standard guidelines on the assistive technology to be included in health systems would be useful in that regard and should therefore be made available to support Member States in their decision-making processes. His country wished to be added to the list of sponsors.

The representative of the UNITED STATES OF AMERICA[1] said that his country had made significant investments in assistive technology over the previous two decades. He supported the draft resolution, as amended.

The representative of PERU[1] expressed support for the draft resolution. His Government remained committed to ensuring the full enjoyment by persons with disabilities of their human rights, including the right to health.

The representative of ETHIOPIA[1] said that assistive technology enabled people to live healthy, productive, independent and dignified lives. Ensuring access to such products was therefore of paramount social and economic importance for developing countries. He urged the Secretariat to focus on improving access to assistive technology for women and children with disabilities in particular. He endorsed the draft resolution, as amended.

The representative of BANGLADESH[1] expressed support for the draft resolution. He called on the Secretariat to assist Member States in their efforts to guarantee equal access to assistive technology while simultaneously reducing out-of-pocket payments as a proportion of total health expenditure and expanding the scope of community-based rehabilitation.

The representative of ISRAEL[1] called for activities under the Global Cooperation on Assistive Technology initiative to be stepped up, with the aim of addressing the lack of access to assistive technology and enabling all citizens to lead full and productive lives.

The representative of GHANA[1] noted that the draft resolution sought to enable persons with disabilities to lead meaningful and dignified lives.

The representative of SOUTH AFRICA[1] expressed support for the draft resolution and requested that South Africa be added to the list of sponsors.

The representative of SAUDI ARABIA[1] said that greater emphasis should be placed on enabling persons with disabilities to live with their families and participate actively in society. Such an approach would result not only in positive social, economic and political outcomes for the individuals concerned, but also the communities of which they formed part. His Government therefore welcomed the strengthened cooperation between WHO and other international organizations aimed at improving access to assistive technology and the related systems and services for persons with disabilities and older people.

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

The representative of ARGENTINA[1] urged Member States to address the barriers to accessing assistive technology and ensure that adequate human and technological resources for the provision of assistive products were available. In particular, efforts should be made to guarantee access to assistive information and communication technology for all those requiring it, and not just older people. He called on the Secretariat to provide additional technical assistance to Member States in that regard, including by sharing examples of good practice from across the globe. He supported the draft resolution, as amended.

The representative of AUSTRALIA[1] said that persons with disabilities and their carers must be involved in the development of new assistive technologies and related policies. Her own country had been active in the research and development field, both at the national and the international level. She welcomed the launch of projects such as the Global Cooperation on Assistive Technology initiative and looked forward to making further progress in the areas of accessibility and affordability of assistive products. She requested that Australia be added to the list of sponsors of the draft resolution.

The representative of CHINA[1] said that assistive technology offered persons with disabilities the opportunity to participate fully in family and community life, and greatly improved their overall health and well-being. Ensuring access to assistive technology also contributed to the attainment of the Sustainable Development Goals.

The representative of INDONESIA[1] said that greater efforts should be made to promote local, standardized and affordable assistive products as part of a collection of measures to increase access to assistive technology. She called on the Secretariat to offer support to Member States in the development of policies to integrate assistive technology into their respective national health insurance systems and to strengthen their human resources capacity for the provision and maintenance of assistive products. She asked for her country to be added to the list of sponsors of the draft resolution.

The representative of PANAMA[1] expressed support for the draft resolution and requested that her country be added to list of sponsors.

The representative of ECUADOR[1] said that, sooner or later, the majority of representatives to the Board would likely depend on one or more assistive products, such as hearing aids, to maintain their quality of life. Recognizing that they belonged to a privileged minority with access to such devices should lead to increased awareness and decisive action.

The observer of the HOLY SEE said that universal access to assistive technology could only be achieved by strengthening regulatory mechanisms, addressing difficulties in accessing affordable local repair and maintenance, obtaining high-quality products at low cost and tackling the lack of availability of assistive devices for persons affected by natural disasters or conflicts. Greater emphasis should therefore be placed on strengthening cooperation between WHO and other relevant United Nations agencies and partners in order to improve access to assistive technology, especially for poor, marginalized and vulnerable people. Efforts should also be made to address the challenges relating to intellectual property policies, including through the promotion and adoption of the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired, or Otherwise Print Disabled.

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

The representative of the INTERNATIONAL SOCIETY FOR PROSTHETICS AND ORTHOTICS, speaking at the invitation of the CHAIRMAN, said that his society had a long history of cooperation with WHO, including on the development of global standards for prosthetics and orthotics. He welcomed the report and the resolution, which would contribute to serving the most vulnerable and achieving the goal of the 2030 Agenda for Sustainable Development of leaving no one behind.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that persons with disabilities should participate in the development and implementation of global activities to improve access to assistive technology. Technical assistance should be made available to national health authorities so that they could promote the rational use of assistive technologies and introduce priority assistive product lists at the country level. Technical cooperation should also be prioritized in order to strengthen the development, manufacture and maintenance of assistive devices in States with limited capacity. WHO should build a closer relationship with the Inter-Agency Support Group on the Convention on the Rights of Persons with Disabilities and take the necessary steps to ensure that its partnerships avoided any conflicts of interest.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines, Vaccines and Pharmaceuticals), responding to the points raised, agreed that the global approach to assistive technology must focus on ensuring equitable access to assistive products and services for all. The lack of access to assistive technology across the world had deleterious effects on health and well-being. Only one in ten people had access to the assistive products they needed, including very basic devices such as hearing aids or reading devices. That situation was unacceptable. Certain barriers to access, such as prohibitive costs, should be simple to address by cutting or eliminating taxes on assistive products. Other obstacles to access included those relating to maintenance, such as the replacement of wheelchair tyres or hearing aid batteries, which should also be easy to overcome. In the face of an ageing population and growing numbers of people affected by injury-related disability, access to assistive technologies was essential. WHO had fostered global cooperation on technical products through the Global Cooperation on Assistive Technology initiative and had launched the Priority Assistive Products List, similar to the Essential Medicines List.

In response to questions posed by Member States, she said that the Secretariat would increase the amount of technical assistance provided to Member States and their efforts to integrate the Priority Assistive Products List into their respective national policy frameworks. The Secretariat also intended to draft a policy framework on assistive technology as part of its workplan for 2018–2019, and was in the process of preparing a procurement manual and a report on assistive technology financing mechanisms.

The Board noted the report.

The CHAIRMAN took it that the Board wished to adopt the draft resolution, as amended.

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

[1] Resolution EB142.R6

2. OTHER MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS (continued)

Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits: Item 5.1 of the agenda (documents EB142/24 and EB142/24 Add.1)

The CHAIRMAN invited the Board to consider the report contained in document EB142/24 and the draft decision therein. The financial and administrative implications of the draft decision were set out in document EB142/24 Add.1.

The representative of BRAZIL agreed that 70% of Partnership Contributions should continue to be used for pandemic preparedness measures and 30% should continue to be reserved for response activities. That division had allowed for important advancements in the surveillance of influenza cases, the identification of new influenza viruses of pandemic potential and the development of effective vaccines. The Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits had proved to be a successful instrument and served as a model for WHO cooperation with non-State actors. While recognizing the need for flexibility in deploying resources, he wished to know under what circumstances the Director-General would be able to temporarily reallocate Partnership Contribution resources.

The representative of THAILAND expressed support for the draft decision and the proposal to maintain the existing proportional allocation of Partnership Contribution resources. Such contributions must be made in a timely manner to allow a focus on comprehensive prevention and early detection. She proposed that, in the last sentence of paragraph (2) of the draft decision, the words "Member States" should be replaced with "the Executive Board".

The representative of the DOMINICAN REPUBLIC said that, despite the considerable progress made in the Region of the Americas to strengthen national influenza pandemic surveillance and response capacities, gaps remained in terms of intersectoral coordination. WHO should therefore make additional technical and financial resources available to address that issue, with the overall aim of strengthening cooperation at all levels.

The representative of SWAZILAND, speaking on behalf of the Member States of the African Region, welcomed the recommendation to maintain the existing proportional allocation of Partnership Contributions and the inclusion of a reference to the vital role of the PIP Framework in the draft thirteenth general programme of work 2019–2023. He recognized the ongoing need to strengthen pandemic preparedness capacity under the International Health Regulations (2005) and supported the draft decision, particularly the flexibility it gave the Director-General to respond to pandemic influenza emergencies.

The representative of IRAQ stressed the importance of improving epidemiological surveillance and enhancing diagnostic capacities at the country level. Efforts must also be made to address the shortage of influenza vaccines and strengthen information sharing on pandemic influenza preparedness at the regional level.

The representative of the NETHERLANDS said that his country supported the draft decision, but remained concerned at the underutilization of resources set aside for preparedness measures.

The representative of CANADA said that strengthening capacities for pandemic influenza preparedness would be essential to the successful implementation of the draft thirteenth general

programme of work and the attainment of the Sustainable Development Goals. She therefore expressed support for the draft decision and the PIP Framework in general.

The representative of MEXICO, expressing support for the draft decision, said that efforts to strengthen the PIP Framework must continue, in collaboration with the regional and country offices. All stakeholders involved in pandemic influenza preparedness and response must be provided with timely information so that they could calculate which measures to take.

The representative of PAKISTAN said that implementation of the PIP Framework in his country and the rest of the Eastern Mediterranean Region had begun in July 2014. Since that time, his Government had made significant progress in developing laboratory surveillance of human cases of influenza and had shared the relevant epidemiological and virological data with WHO.

The representative of COLOMBIA expressed support for the draft decision. She urged Member States to strengthen the capacities of their respective national reference laboratories and share relevant information with WHO collaborating centres, including in regard to vaccine development. Steps should also be taken to provide specific training to health workers on surveillance, laboratory work and risk communication.

The representative of NEW ZEALAND asked the representative of Thailand to explain the reasoning behind her proposed amendment.

The representative of the RUSSIAN FEDERATION[1] said that she had no objection to maintaining the current proportional allocation of Partnership Contribution resources, particularly as the Director-General would be able to modify it temporarily in the event of a pandemic influenza emergency.

The representative of CHINA[1] said that her country supported the draft decision. Her Government had launched a number of national pandemic influenza preparedness measures and reported pandemic situations to WHO and other relevant countries promptly. She stressed the importance of sharing surveillance information and genetic sequencing data in an open, transparent, equitable and fair manner.

The representative of INDONESIA[1] said that ongoing efforts must be undertaken to strengthen pandemic influenza preparedness activities through the Global Influenza Surveillance and Response System. While agreeing with the decision to maintain the proportional allocation of resources, she suggested that resources should also be made available for all activities aimed at strengthening Member States' preparedness capacity, including knowledge and technology transfer for vaccine development. Sharing of genetic sequencing data under the Standard Material Transfer Agreement 2 was also essential.

The representative of INDIA[1] expressed support for the draft decision. He stressed, however, that the results of the PIP Framework must be regularly monitored, measured and communicated, and virus samples and genetic sequencing shared equitably. A transparent process should be introduced to evaluate countries for continued funding, and countries with a high burden of disease, such as India, should be given priority in receiving influenza vaccines. More technology transfer and capacity-building were needed to support developing countries in manufacturing vaccines, and international

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

collaboration should be strengthened to increase the efficient use of laboratory services and other capacities.

The representative of the UNITED STATES OF AMERICA,[1] expressing support for the draft decision, said that influenza pandemic preparedness and response should remain a high priority at WHO. The rapid, systematic and continuous sharing of contemporary, diverse and representative samples of circulating influenza viruses was essential to assess and take action aimed at reducing the global risk of an influenza pandemic, and would be critical to the overall success of the PIP Framework. Noting the growing regulatory complexity of biosecurity that made sample shipping difficult, he called on WHO to streamline the process by mobilizing all relevant authorities, and not just national health ministries. Member States should also take steps to honour their virus- and benefits-sharing commitments under the PIP Framework. He urged the Secretariat to adopt measures ensuring that the use and management of Partnership Contribution resources remained transparent.

The representative of PERU[1] said that his Government had made considerable progress in the areas of influenza pandemic surveillance, risk communication, preparedness and response. Nevertheless, there was a need to strengthen the country's network of laboratories, improve monitoring in certain areas and develop systems to better register influenza cases. He called for Secretariat support under the PIP Framework in that regard.

The DEPUTY DIRECTOR-GENERAL (Emergency Preparedness and Response) thanked Member States for their participation in the Global Influenza Surveillance and Response System, which had been vital to ensuring global health security and promoting open and collaborative sharing of viruses. Responding to comments made, he said that the preparedness and response resource allocations of 70% and 30% were approximate and were expected to vary between 65% and 75%, and 25% and 35%, respectively. The Director-General would be able to modify temporarily those allocations upon the declaration of an influenza pandemic emergency by WHO. The underutilization of allocated resources for preparedness had been due to the overwhelming global institutional response to the Ebola outbreak in 2014 and 2015 and the delay in receiving Partnership Contributions from industry. He underscored that the Secretariat had devised a high-level implementation plan and called upon all stakeholders to offer their contributions in a timely manner so that its provisions could be adopted immediately. The Secretariat welcomed the suggestions to use resources on intersectoral coordination, preparedness and technology transfer and would look to do so wherever possible. Lastly, concerning the amendment to the draft decision proposed by the representative of Thailand, he said that the PIP Framework Advisory Group had suggested the current language to ensure that Member States received immediate notification of any temporary modification of resource allocation during influenza pandemic emergencies, without having to wait for the convening of an Executive Board session.

The representative of THAILAND recalled that the modification of resource allocations during emergencies would be a decision for the Executive Board. The Director-General should therefore report to the Executive Board if such a measure was taken. It was unclear how the Director-General would report to Member States. If the Director-General were to report to the Health Assembly, it would be acceptable to reflect such a course of action in the draft decision.

The DIRECTOR-GENERAL agreed with the amendment proposed by the representative of Thailand. During emergencies, it was important to report to the Executive Board as the governing

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

body that could take the most immediate action. He hoped that the Secretariat could work with the Officers of the Executive Board on a regular basis so that the Secretariat could receive governance support.

The representative of NEW ZEALAND said that all Member States should be informed about any modifications to resource allocations as soon as possible, should such measures be taken.

The Board noted the report.

The CHAIRMAN said he took it that the Board agreed to adopt the draft decision, as amended.

The decision, as amended, was adopted.[2]

Statement by the representative of the WHO staff associations and report of the Ombudsman: Item 5.9 of the agenda

- **Statement by the representative of the WHO staff associations** (document EB142/INF./1)

The representative of the WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, PAHO, IARC and UNAIDS, said that the implementation of salary adjustments on 1 February 2018 would be premature and detrimental to the Organization. There had been significant errors in the methodology and findings of the previous cost-of-living survey for Geneva. It was therefore imperative that the methodology issues were corrected ahead of the upcoming 2018 survey, which would be conducted in 60 countries. Unpredictable resources and large salary adjustments would undermine morale and make it difficult for WHO to retain staff members. WHO should therefore defer the implementation of the measures set forth by the International Civil Service Commission and continue discussions with the Commission to ensure that its recommendations were lawful and did not harm the Organization.

Although WHO had been doing its utmost to deliver on the needs and challenges of global health, the internal health of the Organization had been weakened through an unprecedented number of changes to the Staff Regulations and Staff Rules. An increasing number of professional staff members and their families had also faced difficulties following the introduction of the revised compensation package for United Nations employees.

For a community to thrive, it must be healthy and safe. Staff must not fear job losses due to inconsistent staff policies. Efforts should therefore be made to reform the internal justice system and ensure a greater level of accountability at all levels. The Organization should collect statistics on the number of staff members on extended sick leave due to harassment and bullying, and on the corrective actions taken. Moreover, since many staff members had raised concerns at the lack of career development opportunities within the Organization, horizontal and vertical career pathways should also be developed. While striving to achieve better health for the population at large, staff worldwide must feel confident that they had access to health facilities and affordable medicines for themselves and their families. A global network of health care facilities must therefore be made available which recognized WHO staff health insurance and offered preferential prices for health services and direct-billing arrangements. Equity, quality and solidarity must be reinforced by ending the two-tier policy and 20% copayment, which placed unfair, discriminatory financial burdens on staff members. WHO should also implement the extension of the mandatory age of separation to 65 by 1 January 2018, pursuant to United Nations General Assembly resolution 70/244.

[2] Decision EB142(7).

Staff engagement would be critical to the success of the transformation agenda of the Organization. To be engaged, staff members must feel that their work was valued. That required the fostering of mutual trust, common values and a shared vision, and an acknowledgement of the workforce as the main driver of WHO's success.

- **Report of the Ombudsman** (document EB142/INF./2)

The OMBUDSMAN, speaking on behalf of all of WHO's ombudsmen, said that his role was to assist staff members experiencing work-related difficulties through informal means, in order to prevent escalation and avoid conflict. The Ombudsman monitored trends so that systemic issues were detected early and brought to the attention of senior management for corrective action. WHO's workforce was dedicated to the Organization's success, but was often exposed to dysfunctional systems or managerial flaws, which must be corrected. To do so, greater investment in managerial skills was needed. Dysfunctional relationships often existed between managers and staff, commonly as a result of internal communication problems. The Secretariat should provide managers with the tools required to engage successfully with staff, specifically to address work-related conflicts and performance issues. Furthermore, there was a common perception that the Secretariat had tolerated and failed to properly address disrespectful behaviour, particularly in cases of harassment. WHO should strive to create a safe working environment that prevented harassment and encouraged staff to report situations of concern without fear of reprisals. Current efforts to revise WHO's harassment policy were commendable, but further progress must be made. All WHO services receiving reports about potential cases of harassment should join forces and share information to address the matter and correct systemic issues. Moreover, the Secretariat should do more to foster career development among staff members seeking new opportunities within the Organization. WHO's human resources unit had placed great emphasis on the subject of career progression, but more efforts were needed. Lastly, there should be equal access to informal resolution of work-related issues in all of WHO's offices. Each regional office should have an ombudsman who operated under the same professional standards as those employed in other offices.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, said that staff welfare and safety were crucial to the success of the WHO transformation agenda. The dysfunctional relations between managers and staff highlighted in the report of the Ombudsman could impair implementation of the draft thirteenth general programme of work 2019–2023. Such communication problems must therefore be addressed immediately.

The representative of SRI LANKA expressed concern at the prospect of industrial action, and asked the Chairman how other United Nations agencies handled disputes with staff. He also asked whether the decision had already been taken to implement a salary cut as of 1 February 2018.

The representative of FIJI said that he was concerned by the Board's lack of response to the report of the Ombudsman and by the issues raised by the representative of the United Republic of Tanzania. He encouraged the Director-General and his leadership team to further consider the report and remember that the principle of leaving no one behind should also apply to the Organization's staff members, who appeared all too often to be suffering from poor management.

The representative of MEXICO expressed support for the statement made by the representative of Fiji. Such issues should be discussed in depth and in detail, both within and across the United Nations system.

The representative of CANADA asked the Secretariat to confirm whether the report of the Ombudsman would be considered by the Programme, Budget and Administration Committee of the Executive Board on an annual basis. Private-sector executive boards used management action plans to implement a process for continual improvement, so that staff members knew that their concerns would be addressed. She expressed the hope that WHO could move forward in a similar, systematic way on the issue.

The representative of the UNITED STATES OF AMERICA[1] said that the dysfunctional relations between managers and staff identified in the report of the Ombudsman could lead to high rates of staff turnover and distract the Organization from its mission. She asked what plans the Secretariat had for implementing the recommendations of the Ombudsman, and what steps it would take to improve managerial skills across WHO. There was a widespread perception that disrespectful behaviour was tolerated in the Organization. She urged senior leaders to counter that perception and lead by example. Employees should feel comfortable reporting misconduct without fear of retaliation, which would enable the Organization to address wrongdoings before they became systemic issues. She supported the development of harmonized terms of reference for all WHO ombudsmen.

The representative of GERMANY[1] said that he agreed with the statements made by the representatives of Canada, Fiji and the United States of America, and expressed his gratitude to the Director-General for allowing the Ombudsman to report to the Executive Board for the first time. That practice should be continued, and the recommendations of the Ombudsman should continue to be discussed, possibly at the twenty-eighth meeting of the Programme, Budget and Administration Committee of the Executive Board.

The DIRECTOR-GENERAL, thanking the representatives for their comments, said that the report of the Ombudsman had been made available to Member States in the spirit of transparency. The report would be converted into a plan that would address the issues raised, and would include short-, mid- and long-term objectives. Systemic solutions must be found. One solution was to ensure that the Organization was open, and that problems could be identified as early as possible. An open-door policy had already been introduced to encourage staff to report problems immediately and to share their transformative and creative ideas for the Organization. Staff surveys on internal culture had also recently been carried out and had helped to identify problems and the staff-identified root causes of those problems. The results of those surveys and the report of the Ombudsman would serve as the basis for future action.

With regard to training managers, the Organization had already identified two partners to conduct training in managerial skills. Such skills were required from the team level, right up to the highest level of WHO. At a meeting with the staff associations, ten main issues had been identified, and there had been agreement on the majority of those issues. More regular meetings, including informal meetings of clusters and departments, would be organized in order to engage further with staff. The Ombudsman would report to the Executive Board on a regular basis. The Secretariat would prepare a plan of action and a progress report in response to the Ombudsman's report. While great strides had been made in the last six months, more remained to be done.

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

Report of the Programme, Budget and Administration Committee of the Executive Board: Item 5.2 of the agenda (document EB142/25)

The representative of NEW ZEALAND, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee had considered matters including the draft thirteenth general programme of work, value for money in WHO, the report of the Independent Expert Oversight Advisory Committee, the implementation of the Framework of Engagement with Non-State Actors and the amendments to the Staff Regulations and Staff Rules. It had also taken note of the progress report on human resources and the report of the International Civil Service Commission. The Committee had welcomed the progress made in increasing the diversity of WHO's workforce and had encouraged the Secretariat to continue to improve gender balance and address geographical underrepresentation at all levels of the Organization. Furthermore, the Committee had asked the Secretariat to provide more information about the introduction of mandatory mobility in 2019, including whether the necessary administrative support was available. The Committee had noted the report of the International Civil Service Commission and had underscored that the Secretariat should implement the Commission's recommendations in due time and form. Regarding the proposed amendments to the Staff Regulations and Staff Rules, the Committee had recommended that the Executive Board should adopt the three draft resolutions contained in document EB142/38. It had also noted the report on real estate and the update on the Geneva buildings renovation strategy.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, said that her Region shared the concerns raised by the Programme, Budget and Administration Committee concerning the financing of the draft thirteenth general programme of work and the need for a well-organized resource mobilization strategy. It was also concerned about the uneven funding levels among programmes for the biennium 2016–2017, and considered that to be linked to the growing disparity between public and private sources of voluntary contributions. Clearer rules should therefore be developed to govern the interaction between WHO and funding sources to allow for more flexibility. It was important to apply the value-for-money approach to financial and human resources and strengthen accountability. More progress must be made on gender and geographical balancing of staff at all levels of the Organization.

The representative of THAILAND urged WHO to pay more attention to the risk management process and integrate it into the planning cycle of the Organization. Highly earmarked funding had a negative impact on the Organization's implementation rate and WHO should seek systematic solutions to tackle that issue. WHO should also use more of its social and intellectual capital, which no one could earmark, to engage with countries.

The Board noted the report.

Evaluation: update and proposed workplan for 2018–2019: Item 5.4 of the agenda (document EB142/27)

The CHAIRMAN drew attention to the summary of the discussion of the agenda item by the Programme, Budget and Administration Committee of the Executive Board, contained in paragraphs 30 to 33 of document EB142/25, which encouraged the Board to consider the proposal for two additional evaluations – one of normative functions at country level and one of the implementation of primary health care.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, welcomed the centralized and decentralized evaluations contained in the proposed evaluation workplan for 2018–2019, but stressed that evaluations commissioned outside the central Evaluation Office must follow standard operating procedures. The proposed evaluation workplan should be updated every six months in order to incorporate new evaluations requested by Member States, donors or United Nations country teams. She asked WHO to ensure that the Evaluation Office received adequate funding in order to avoid budgetary constraints that would hinder implementation of the workplan. The Region fully supported the proposed workplan.

The representative of the DOMINICAN REPUBLIC highlighted the importance of implementing the framework for strengthening evaluation and organizational learning, as it was essential to WHO's reform process. He approved the proposed workplan, and recalled that his Government had proposed an evaluation of progress in the implementation of primary health care in countries, conducted through the regions, that should take place to mark the fortieth anniversary of the Alma-Ata Declaration on primary health care. Every country should be evaluated and the results presented at the World Health Assembly in 2020, with a view to finding the most effective way of attaining universal health coverage.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said that the Evaluation Office must possess sufficient funding and maintain its independence to perform its role effectively. He therefore raised concerns about the budgetary constraints that had resulted in the deferment of some evaluations in the 2016–2017 biennium. Resources devoted to the evaluation function in WHO should be benchmarked against best practices in the United Nations system and be subject to further discussion. The principle of independence should be highlighted in the revised evaluation policy to be submitted to the Seventy-first World Health Assembly, including with reference to the appropriate reporting lines and budgeting mechanisms.

The representative of BRAZIL recalled that, according to the Alma-Ata Declaration, the promotion and protection of the health of the people was essential to sustained economic and social development and contributed to a better quality of life and to world peace. He therefore supported the proposal made by the representative of the Dominican Republic.

The representative of NEW ZEALAND, speaking in his capacity as Chairman of the Programme,

Budget and Administration Committee of the Executive Board, recalled that it had been agreed at the twenty-seventh meeting of the Programme, Budget and Administration Committee that the Evaluation Office would conduct two additional evaluations, one on normative functions at the country level, and another on the implementation of primary health care. When designing the latter, the Committee would take into account the outcome of the international conference to mark the fortieth anniversary of the Alma-Ata Declaration, to be held in Almaty, Kazakhstan, in October 2018, as well as the evaluation work on primary health care implementation currently being undertaken by the WHO Regional Office of the Americas.

The representative of THAILAND said that increasing capacities at the regional, country and institutional levels to accommodate priority evaluations could be a viable option in the light of the limited capacities of the Evaluation Office. His country supported the proposed workplan and was in favour of the two additional evaluations of normative functions at the country level and of the implementation of primary health care.

The representative of COLOMBIA expressed support for the evaluation of primary health care implementation, proposed by the representative of the Dominican Republic.

The representative of IRAQ said that the evaluation process should focus on analysing the gaps in primary health care provision. Care should be taken to consider how the funding of programmes corresponded to country priorities, including in emergency situations. A detailed evaluation of how funds were allocated for the implementation of primary health care programmes should be undertaken, so that problems could be identified and addressed in a timely manner.

The representative of JAMAICA said that significant gaps remained in the implementation of primary health care globally. She therefore fully supported the proposal made by the representative of the Dominican Republic.

The representative of FIJI said that any evaluation of primary health care implementation would need to have a well-defined scope if it were to produce meaningful and actionable recommendations. The approach outlined in the report of the Programme, Budget and Administration Committee would therefore be a practical way of addressing the need identified by the representative of the Dominican Republic. The proposed reviews of six to ten country offices should take into account both technical and managerial aspects.

The representatives of MEXICO, ECUADOR,[1] and COSTA RICA[1] expressed support for the proposal by the representative of the Dominican Republic.

The representative of TURKEY said that more country office evaluations should be conducted in order to plan the future work of the Organization more effectively.

The representative of PERU[1], supported by the representative of SPAIN,[1] welcomed the proposal made by the representative of the Dominican Republic. The suggested evaluation of the implementation of primary health care at the country level should be aligned with efforts to implement the 2030 Agenda for Sustainable Development and the draft thirteenth general programme of work.

The representative of INDIA[1] said that the work of the Evaluation Office should be holistic and include substantive and operative elements and a strict monitoring of financial resources. He agreed that the proposed workplan should be aligned with the provisions of the draft thirteenth general programme of work. Efforts should also be made to harmonize the decentralized and centralized evaluations so as to ensure better organizational learning and implementation.

The representative of INDONESIA[1] said that the evaluation of the neglected tropical diseases programme should be completed as soon as possible, with particular focus on the current neglected tropical diseases road map for implementation. The efficacy of emergency programmes that required a large budget should also be measured. As part of the evaluation process, WHO should report on the implementation of programmes in each Member State along with the contribution made by WHO to achieving the targets set. Moreover, experts from the countries concerned should be involved in the evaluation of programmes.

The representative of PANAMA[1] said that the evaluation proposed by the representative of the Dominican Republic should be carried out in line with the recommendations contained in the report of

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

twenty-seventh meeting of the Programme, Budget and Administration Committee, in order to ensure a systematic approach.

The representative of BELGIUM,[1] echoing the concern expressed by the representative of Sweden regarding the lack of resources devoted to the evaluation function, said that the Evaluation Office should be given higher visibility in order to make it easier for Member States, stakeholders and the general public to access information on its operation and output. Greater prominence should also be given to the evaluation function in both informal briefings and meetings of the governing bodies. Oversight and evaluation was an essential element of organizational learning, decision-making and accountability that required adequate funding, human resources, visibility and transparency.

The REPRESENTATIVE OF THE DIRECTOR-GENERAL (Evaluation and Organizational Learning) thanked all representatives for their comments and guidance. In future, the Organization would focus on strengthening quality assurance and technical backstopping in decentralized evaluations, in partnership with the regional directors and the various clusters. The Evaluation Office would consider posting biannual evaluation updates on its website to supplement the annual reports on evaluation activities submitted to the World Health Assembly each May.

The Evaluation Office would hold discussions with the Deputy Director-General for Corporate Operations to define a budget for the two additional evaluations proposed at the January 2018 meeting of the Programme, Budget and Administration Committee. Defining the scope of the primary health care evaluation would be a great challenge. The necessary guidance would come from the planned conference in Almaty, the review by the WHO Regional Office of the Americas on primary health care implementation over the past 40 years, and evaluation work by other regional offices. The Evaluation Office would report back to the Board in January 2019 with a scope and framework for the evaluations.

Following the recent independent review of the evaluation function, the Evaluation Office would be working with the Deputy Director-General for Corporate Operations to prepare a management response. The Board would receive a revised evaluation policy, to be guided by the recommendations of the independent review and the updated United Nations Evaluation Group Norms and Standards for Evaluation, in May 2018. The Evaluation Office would take into account the Board's guidance regarding the inclusion of a managerial dimension in evaluations of country offices.

The DEPUTY DIRECTOR-GENERAL (Corporate Operations) said that, in future, greater emphasis would be placed on the recommendations issued after evaluations. As part of the transformational shift envisaged by the Director-General, more focus would be put on following up on recommendations at all levels of the Organization.

The representative of the DOMINICAN REPUBLIC said that the purpose of his proposed evaluation was to examine the current gaps that existed between countries in relation to their human resource capacities, processes and information systems. The Director-General would subsequently be able to use the data collected to instruct Member States on actions to be taken to improve primary health care provision.

The representative of IRAQ said that the proposed evaluation of primary health care implementation should focused on the country level. It was primarily an exercise for WHO representatives, who were best placed to understand the demographic variables of the country.

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

The REPRESENTATIVE OF THE DIRECTOR-GENERAL (Evaluation and Organizational Learning) said that the useful guidance provided by the representatives of the Dominican Republic and Iraq would be taken into consideration.

The CHAIRMAN took it that the Board wished to note the report contained in document EB 142/27 and approve the Organization-wide evaluation workplan for 2018–2019.

The Board noted the report and approved the evaluation workplan for 2018–2019.

The meeting rose at 17:35.

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