

PROVISIONAL SUMMARY RECORD OF THE THIRTEENTH MEETING

**WHO headquarters, Geneva
Saturday, 27 January 2018, scheduled at 09:00**

**Chairman: Dr A. HAFEEZ (Pakistan)
later: Mr P. DAVIES (Fiji)
later: Dr A. HAFEEZ (Pakistan)**

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THIRTEENTH MEETING

Saturday, 27 January 2018, at 09:05

Chairman: Dr A. HAFEEZ (Pakistan)

later: Mr P. DAVIES (Fiji)

later: Dr A. HAFEEZ (Pakistan)

1. OTHER MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS: Item 5 of the agenda (continued)

Future meetings of the governing bodies: Item 5.7 of the agenda (continued)

- **Provisional agenda of the Seventy-first World Health Assembly** (document EB142/31)

The DIRECTOR (Governing Bodies) drew attention to the draft provisional agenda of the Seventy-first World Health Assembly, contained in document EB142/31. Summarizing the previous discussion, he said that the following amendments had been proposed: item 18.1 (Evaluation of the election of the Director-General of the World Health Organization) would be deleted; progress report K (Health and the environment: road map for an enhanced global response to the adverse health effects of air pollution (decision WHA69(11) (2016)) would be discussed under item 11.5 (Health, environment and climate change); and progress report M (Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health (resolution WHA69.2 (2016)) would be discussed under item 12.3 (Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): early childhood development).

In addition, he informed the Executive Board that the two documents on WHO reform that had not been discussed during its current session, EB142/5 and EB142/6 would be discussed at the 143rd session of the Executive Board in May 2018.

The representative of IRAQ, supported by the representative of ALGERIA, proposed that a separate item on cholera should be added to the draft provisional agenda of the Seventy-first World Health Assembly, given the dramatic rise in the number of global cases.

The representative of CANADA recalled that the Board had gone to great lengths to improve efficiency and limit the number of items for inclusion on the provisional agenda. While recognizing the need to discuss cholera, she was therefore not in favour of adding a separate item on the subject.

The representative of THAILAND, supported by the representatives of the NETHERLANDS, SWEDEN, the UNITED REPUBLIC OF TANZANIA and FRANCE proposed that, rather than adding an additional item for discussion, the Secretariat should include a dedicated section on cholera in the report on public health preparedness and response to be produced under item 11.3. The Secretariat should also offer support to Member States wishing to table a draft resolution on the topic.

The representative of ZAMBIA said that, while he would have preferred the inclusion of cholera as an additional item for discussion, he agreed with the compromise proposal made by the representative of Thailand.

The DIRECTOR (Governing Bodies) took note of the proposal.

The CHAIRMAN invited the Board to adopt the draft decision contained in document EB142/31, as amended.

The decision, as amended, was adopted.¹

- **Date and place of the 143rd session of the Executive Board** (document EB142/32)

The representative of BRAZIL asked the Secretariat for an update on the status of the official WHO health days.

The CHAIRMAN said that the Secretariat was in the process of evaluating the impact of marking the official WHO health days. It would submit its findings to the Executive Board at its 143rd session.

The representative of SWAZILAND, noting the increasingly heavy agenda of the Executive Board, proposed that Member States should discuss how best to organize the work of future Board sessions to avoid it becoming a second World Health Assembly.

The CHAIRMAN urged Member States to consider that issue carefully and said that the organization of work of the Executive Board could be addressed as part of future discussions on WHO reform.

He invited the Board to adopt the draft decision contained in document EB142/32.

The decision was adopted.²

Mr Davies took the Chair.

Reports of committees of the Executive Board: Item 5.6 of the agenda

- **Foundations and awards** (document EB142/30)

Ihsan Doğramacı Family Health Foundation Prize

Decision: The Executive Board, having considered the report of the Ihsan Doğramacı Family Health Foundation Selection Panel, awarded the Ihsan Doğramacı Family Health Foundation Prize for 2018 to Professor Vinod Kumar Paul of India for his exceptional and lasting contribution towards improving the health and well-being of families. The laureate would receive US\$ 20 000.²

¹ Decision EB142(10).

² Decision EB142(11).

² Decision EB142(13).

Sasakawa Health Prize

Decision: The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2018 to the Fundación Pro Unidad de Cuidado Paliativo (Pediatric Palliative Care Unit Foundation) of Costa Rica for its contribution to the rights of children with terminal illnesses. The laureate would receive US\$ 40 000.¹

United Arab Emirates Health Foundation Prize

Decision: The Executive Board, having considered the report of the United Arab Emirates Health Foundation Selection Panel, awarded the United Arab Emirates Health Foundation Prize for 2018 to The Korea Institute of Drug Safety and Risk Management (KIDS) of the Republic of Korea for its work to enhance national health quality through the prevention and recognition of drug-related issues. The laureate would receive US\$ 20 000.²

His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion

Decision: The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel, awarded the His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion for 2018 to the Association El Badr, Association d'aides aux malades atteints de cancer (El Badr Association, Cancer Patient Association) of Algeria for its efforts to provide better management of patients with cancer through the involvement of civil society in social and humanitarian actions. The laureate would receive US\$ 20 000.³

Dr LEE Jong-wook Memorial Prize for Public Health

Decision: The Executive Board, having considered the report of the Dr LEE Jong-wook

Memorial Prize Selection Panel awarded the Dr LEE Jong-wook Memorial Prize for Public Health for 2018 to Dr Nazni Wasi Ahmad of Malaysia for her contribution to innovative research in forensic entomology, particularly her studies on maggot debridement therapy with *Lucilla cuprina* to expedite the healing process in diabetic wounds and foot ulcers. The laureate would receive US\$ 100 000.⁴

Dr A.T. Shousha Foundation Prize

Decision: The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Committee, awarded the Dr A.T. Shousha Foundation Prize for 2018 to Dr Assad

¹ Decision EB142(14).

² Decision EB142(15).

³ Decision EB142(16).

⁴ Decision EB142(17).

Hafeez of Pakistan for his significant contribution to public health in Pakistan. The laureate would receive the equivalent of 2500 Swiss francs in United States dollars.¹

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

Global Strategy for Women's, Children's and Adolescent's Health (2016–2030): early childhood development: Item 4.3 of the agenda (document EB142/19)

The representative of FRANCE said that, Belgium, Canada, Denmark, Estonia, Finland, Germany, Iceland, Japan, Latvia, Luxembourg, New Zealand, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, Thailand, the United Kingdom of Great Britain and Northern Ireland, and Uruguay aligned themselves with her statement. The rights of young children were particularly at risk in migration and humanitarian crises and in other vulnerable contexts. Women and girls should be guaranteed access to a comprehensive set of sexual and reproductive health services, in line with a wider commitment to promoting gender equality and women's rights. It was also important to consider men's responsibility in upholding sexual and reproductive rights, as well as their access to and their use of contraceptives. A human rights-based and gender-responsive approach to implementing the Global Strategy for Women's, Children's and Adolescent's Health (2016–2030), under the leadership of WHO, was essential.

Dr Hafeez resumed the Chair.

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, although much progress had been made, collective action was needed to further reduce the mortality rate among women, children and adolescents. Early childhood development was essential to the attainment of the 2030 Agenda for Sustainable Development; the health sector was uniquely placed to help families and caregivers in that regard, through action in areas such as nutrition, mental health and breastfeeding. The Secretariat should help Member States to support responsive caregiving and early learning, adopt multisectoral approaches to early childhood development, integrate early childhood development into national plans, and strengthen health information systems to overcome the challenges presented by data gaps.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, said that she looked forward to the publication of more detailed information on the health needs of women, children and adolescents, such as that which would soon be made available on the Global Health Observatory data portal. The safety of contraceptive products must be ensured and clear information regarding the return to fertility after their use should always be provided to ensure that women and girls were able to make informed choices. A person's culture exerted significant influence on the use of certain sexual and reproductive health services, a factor which should be the subject of further research. Abortion should always be undertaken on medical grounds and promoted only in line with national legislation and contexts. For the sake of transparency and accountability, an annex listing those countries targeted by the measures outlined in document EB142/19 should be attached to the final version of the report that would be discussed by the Seventy-first World Health Assembly.

¹ Decision EB142(12).

The representative of CANADA said that the Sustainable Development Goals could not be attained without addressing the issue of gender inequality and the empowerment of women and girls, and ensuring their enjoyment of sexual and reproductive health rights. There was a particular need for effective gender-responsive nutrition policies, which would reduce the prevalence of anaemia. The Global Financing Facility in support of Every Woman, Every Child was an important tool with which to accelerate progress on women's, children's and adolescents' health. Member States were therefore encouraged to invest in the tool's trust fund.

The representative of the DOMINICAN REPUBLIC said that WHO should continue to widen access to modern methods of family planning and should help Member States to increase and safeguard resources for women's, children's and adolescents' health. National health systems should incorporate approaches to health care that took into account the life cycle, gender equality and human rights to address issues such as cervical and breast cancer, teenage pregnancy and violence. Investment and policy-making that focused on early childhood should continue, given the importance of development in the first years of life to later physical and mental health.

The representative of ZAMBIA said that the draft nurturing care framework, which was available for consultation online, would offer a road map for the integration of early childhood interventions into Member States' health and social sectors. Member States and other WHO partners should join the Zambian Government in sponsoring an event at the World Health Assembly to launch the framework.

The representative of KAZAKHSTAN expressed support for the statement made by the representative of France. Social factors exerted great influence on children's health; for example, children growing up in orphanages or single-parent families might not have access to all health services from early childhood and could be affected by mental health problems in later life. Such social issues should be addressed by making it possible for more children to grow up in a family environment.

The representative of COLOMBIA said that everyone had the right to health; the Colombian Government had therefore focused on guaranteeing equal access to health services for all. Early childhood development should be a priority area in development policies. The Secretariat's next report on the Global Strategy should focus on obstetric care, given its importance to the health of mothers and their newborn children.

The representative of IRAQ said that WHO should support the provision of health services in schools. Adolescent health could be improved through a focus on sexually transmitted diseases and mental health. Teacher and parent councils should be empowered to monitor children's health. In the Arabic version of the report, care should be taken to use the correct terminology: the term "adolescent" was preferable to "pre-adolescent".

The representative of MEXICO said that capacity-building measures should be established to ensure that adolescents' health needs were better met. The problems inherent to adolescents' health were complex and caused by a variety of factors; the design and implementation of any strategies to address those problems should therefore involve the input of adolescents themselves.

The representative of the PHILIPPINES said that her Government's approach to children's health and development incorporated measures that addressed a number of factors, such as disability and socioeconomic inequality, rather than focusing solely on life-saving measures. In line with the draft nurturing care framework, a multisectoral approach to care should be adopted during the first 1000 days of the life course, which could be complemented by existing children's health strategies, such as nutrition programmes.

The representative of THAILAND said that the main issue besetting the Global Strategy was a lack of funding and monitoring capacity. The Secretariat should provide further technical support in that regard, including through the establishment of a standardized assessment system and guidance regarding child development. Promoting physical activity helped to ensure children's healthy development and should be highlighted in the draft nurturing care framework.

The representative of GEORGIA said that her Government attached great importance to women's and children's rights, and as such, supported the work being undertaken in the area of women's, children's and adolescents' health.

The representative of PAKISTAN said that the health of young and adolescent girls should be a priority for Member States, as neglecting the issue negatively affected their health and socioeconomic situation in later years. Early childhood development and midwifery should be prioritized in future discussion of the Global Strategy.

The representative of TURKEY said that the report should place greater emphasis on the role of the family in early child development.

The representative of SLOVAKIA¹ agreed with the comment made by the representative of Kazakhstan that growing up in a family environment was of the utmost importance for children's physical and mental health. More research should be conducted on natural methods of family planning and methods based on the awareness of fertility, which were an important part of reports on the Global Strategy.

The representative of ECUADOR**Error! Bookmark not defined.** said that WHO should continue to support Member States in the establishment of policies and actions to address women's and children's health issues, such as gender-based violence, postpartum and neonatal mortality, and access to information on sexual and reproductive rights and contraceptives. In its work with UNICEF, WHO should integrate an intercultural perspective in its redesign of childhood health guidelines, so as to increase the demographic reach of those guidelines in countries where such a perspective was needed. Lastly, the next report on the Global Strategy should consider how midwifery could be made available to all women and their newborn children, recognizing the need for an approach that was rights-based, community-focused and gender-sensitive.

The representative of INDONESIA¹ said that efforts to end preventable death during pregnancy, delivery and the postpartum period should go hand in hand with an improvement in the quality of other services offered to new mothers. WHO should work with UNESCO and other partners on a global framework for early childhood development. The Global Strategy should consider how to make midwifery available to all women and their newborn children.

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

The representative of the UNITED STATES OF AMERICA¹ said that the use of age and sex disaggregated data in tailored and multisectoral approaches, which were centred on the involvement and empowerment of families and communities, played a critical role in improving adolescents' health. Critical and sustained efforts were needed to end preventable mortality of children under five years of age. She expressed concern regarding the transfer of resources and attention away from life-saving efforts. Information contained in the Global Abortion Policies Database should not be used to lobby for or against abortions, and she recalled her Government's policy on the use of foreign assistance funds to promote or facilitate abortions. The Global Strategy should be implemented in line with the Programme of Action adopted at the International Conference on Population and Development in Cairo, which stated that abortion should not be promoted as a method of family planning. The next report on the Global Strategy should include a holistic strategy to increase the number of well-trained midwives. Member States should continue to prioritize ending violence against women, girls and children.

The representative of PERU¹ expressed support for the comments made by the representative of Canada on child nutrition and the fight against anaemia. Improving maternal and neonatal health and reducing chronic child malnutrition would facilitate early childhood development. WHO and the Office of the United Nations High Commissioner for Human Rights should work in a coordinated manner to ensure the enjoyment of the maximum level of health as a fundamental human right.

The representative of SOUTH AFRICA¹ said that implementation of the Global Strategy at the country level should be strengthened. Adequate financing should be ensured, and support should be provided to partners working to increase domestic resources.

The representative of INDIA¹ said that his Government was to host the 2018 Partners' Forum organized by the Partnership for Maternal, Newborn and Child Health. Efforts to define "skilled health personnel" were ongoing, and should take into account local contexts and challenges. Finally, he cautioned against setting ambitious goals that might jeopardize planning for the implementation of the Global Strategy at country level.

The representative of POLAND¹ said that the section of the report on early childhood development should be more detailed and provide further guidance on potential action. Coordinated multisectoral action was the key to helping children reach their full potential. He agreed that the role of the family was vital to the proper social and emotional development of children.

The representative of HUNGARY¹ said that her Government had launched an intersectoral early childhood intervention programme to ensure the efficient provision of services, which had been shared with the Member States of the WHO European Region. Effective and timely interventions were essential to the survival and quality of life of children, and later, adults. The report should focus more on breastfeeding and the WHO-led Baby-friendly Hospital Initiative. She welcomed the draft nurturing care framework, and the consultations on that framework.

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

The representative of PANAMA¹ said that all programmes, policies and strategies relating to health across the life course should include palliative care. The Global Strategy was important for human rights and achieving universal health coverage.

The observer of the HOLY SEE expressed concern about the engagement of WHO and other United Nations agencies with the open-access Global Abortion Policies Database. He strongly objected to efforts by United Nations specialized agencies to promote national legislation that permitted abortion. He could not accept the claim that the promotion of “safe abortion” was a means of protecting the human rights of women and girls.

The observer of PALESTINE said that WHO should strengthen early childhood development programmes in the occupied Palestinian territory. An early childhood development strategy contributing to more comprehensive and equitable access to early childhood development activities was already in place.

The representative of UNFPA welcomed the progress being made to strengthen data and indicators related to the Global Strategy, and efforts to update the definition of “skilled health personnel”, with particular reference to the Sustainable Development Goals. She expressed appreciation for the establishment of the Global Abortion Policies Database, which included country profiles and United Nations treaty body observations. She commended efforts to develop a framework cooperation agreement on the health and human rights of women, children and adolescents, and encouraged WHO to widen consultations to ensure effective collaboration with relevant stakeholders.

The representative of the GAVI ALLIANCE said that the report should contain a reference to immunization as a high-impact intervention for child health and development. It should also mention that vaccinated children demonstrated better cognitive and physical development, and that vaccines against cervical cancer and rubella had significant social and economic benefits.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, drew attention to the value of pharmacists in supplying over-the-counter contraception, providing advice on general contraception, and promoting breastfeeding. In 2017, the Federation had set up a working group dedicated to women in their role as informal caregivers, and in ensuring the responsible use of medicines.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that medical students worldwide should receive more equitable training on women's, children's and adolescents' health issues. Member States should strive for universal access to sexual and reproductive health care, and recognize the negative impact of stigma on the health of individuals. Women, children and adolescents should be placed at the centre of coordinated activities to implement the Global Strategy.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that pneumonia was one of the leading causes of death in children, and called on the Executive Board to support the development and implementation of pneumonia action plans integrated with national nutrition plans in countries with a high burden of that disease. The draft nurturing care framework should include guidance on specific strategies for families in adversity, prevention of violence by and among caregivers, and care in humanitarian settings.

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

The representative of MEDICINES FOR MALARIA VENTURE, speaking at the invitation of the CHAIRMAN, and also on behalf of the Drugs for Neglected Diseases initiative, said that efforts must continue to ensure better access to effective paediatric medicines and to develop better paediatric treatments for HIV, tuberculosis, malaria and neglected tropical diseases. She expressed the hope that the draft nurturing care framework would emphasize the urgent need for research and development, and access to and uptake of child-friendly medicines, in line with relevant WHO guidance.

The representative of the INTERNATIONAL LACTATION CONSULTANT ASSOCIATION, speaking at the invitation of the CHAIRMAN, expressed concern that breastfeeding had been omitted from the report. She drew the Board's attention to the publication of Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, which had been produced in support of breastfeeding by the Infant and Young Child Feeding in Emergencies Core Group.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, noted with concern that comprehensive education on sexuality had been omitted from the report. She welcomed the recognition of the challenges faced by women and girls in humanitarian crises and other fragile settings, including those living in hard-to-reach areas, those impacted by disability and those living in extreme poverty. Cervical cancer prevention and control required a comprehensive approach across the life course, and integrated programmes that included vaccination and screening.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the recommendations contained in the 2017 report of the Every Woman, Every Child's Independent Accountability Panel on adolescent health care provision and the need for disaggregated data on adolescent health. Addressing adolescent nutrition was crucial. The international community must prioritize the social drivers of poor sexual and reproductive health. Engagement with community leaders, institutions and families would help to foster healthy environments for young people.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, expressed concern that perinatal and adolescent palliative care and palliative care for women were absent from the report and requested that it be included. Globally, mothers received little or no support for their terminally ill children. Palliative care must appear within all strategies developed by WHO.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that the reproductive rights of women could not be separated from children's right to health. Breastfeeding was an important element of nurturing care. The relationship between mother and child was vital to the physical and mental development of children, and adequate maternity provisions should be made. Commercial interference from companies selling breast-milk substitutes should be addressed.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, said that she welcomed the initiative to redesign child health guidelines to define universal health coverage for all children. The guidelines should take into account the recommendations contained in the Roadmap for Childhood Tuberculosis and ensure that children were included in household contact investigations where adults were diagnosed with tuberculosis. WHO should consider evidence for scaling up clinical approaches to diagnose tuberculosis in children. The needs of infants, children and adolescents must be given

prominence in the outcome documents of the 2018 high-level meeting of the United Nations General Assembly on ending tuberculosis.

The ASSISTANT DIRECTOR-GENERAL (Family, Women, Children and Adolescents), thanked Member States and partners for their responses, which showed that some of the targets contained in the Global Strategy and aligned with the Sustainable Development Goals would be met as planned. The Secretariat would support Member States in addressing the critical gaps highlighted. WHO was committed to expanding contraceptive choice through research and development, and to assessing the safety and efficacy of new and existing methods of contraception. Guidelines on contraception were based on systematically reviewed evidence, including information on the return to fertility. In addition, those guidelines required health care providers to ensure that users were able to make an informed choice of contraceptive method.

Progress had already been made in some of the areas highlighted by Member States. For example, the WHO Director-General and the Office of the United Nations High Commissioner for Human Rights had already signed a Framework of Cooperation that would ensure that human rights were at the forefront of the work of both organizations.

The Board took note of the report.

mHealth: Item 4.4 of the agenda (document EB142/20)

The representative of BENIN, speaking on behalf of the Member States of the African Region, said that, although the expansion of mobile technologies in his Region brought many opportunities, there were also challenges to mHealth, including a lack of standards and evaluation tools, insufficient coordination with telephone operators, and a lack of guidance for governments on selecting digital technologies. To overcome those challenges, it was important to promote multisectoral collaboration. The Governments of the African Region approved the priority areas outlined in paragraph 13 of the report contained in document EB12/20, in particular the use of mHealth to provide health care services and achieve universal health coverage. WHO should continue to work closely with ITU. He welcomed efforts towards drafting a resolution on mHealth for submission to the World Health Assembly.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro and Albania and the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia aligned themselves with his statement. He said that, although digital technologies could improve the efficiency and coverage of health services, the final goal was not technological innovation itself, but the health of citizens. eHealth was a critical component of health reform, although it was only one method of delivering care. Public health policy should be shaped by reliable, progress-driven data. Thus, he welcomed the planned update of the Global Observatory for eHealth.

In order to address remaining challenges, clear rules on access, and the use of, health data should be considered when sharing data; there should be a balance between innovation, people-centred care and commercial interests; common regulations and policies should promote interoperability; Member States and health professionals should be trusted to implement digital health; and a combination of service delivery methods should be used to maximize access to care. He supported the Organization's priorities on digital health and the focus on innovation, which were outlined in the draft thirteenth general programme of work 2019–2023. WHO should collaborate with other United Nations agencies, including ITU, and stakeholders. The development of a global strategy on digital health would facilitate future discussions.

The representative of the DOMINICAN REPUBLIC requested that, in the Spanish version of document EB142/20, the term ‘pacientes tuberculosos’ be changed to ‘pacientes con tuberculosis’ as the former was discriminatory.

The representative of BAHRAIN described her country’s efforts towards implementing mHealth, highlighting the development of a unified national health data system, monitoring of electronic medical records using mobile devices, and the use of mobile technology to track repeat visits to accident and emergency departments. She commended efforts to promote health awareness and accelerate Member States’ progress towards achieving universal health coverage through digital technologies.

The representative of BRAZIL said that private information on digital platforms must be managed carefully to protect the right to privacy and prevent the commercial use of data. He welcomed ongoing efforts to draft a Health Assembly resolution on mHealth, which should propose a clear way forward in line with WHO’s mandate and should include nutrition and physical activity as important elements of mHealth.

The representative of NEW ZEALAND acknowledged the importance of digital technologies in realizing the strategic priorities contained in the draft thirteenth general programme of work. Digital technologies could be used to transform health care access and provision. He welcomed efforts to trial the use of such technologies, including secure eHealth portals and the use of video calling for patient triage; engagement with non-State actors and the private sector would help Member States to learn from those and other initiatives. Existing solutions to privacy and data security should be standardized and implemented.

The representative of SRI LANKA said that his Government was implementing an electronic health record system and asked Member States to share best practices in that regard. He emphasized the need for a mechanism at the country level to regulate health-related applications for mobile devices.

The representative of IRAQ emphasized WHO’s role in cooperation and coordination within and between regions to promote mHealth. WHO should incorporate mHealth into the draft thirteenth general programme of work, with regular progress reporting, monitoring and evaluation. mHealth should also form part of primary health care delivery, and the management of digital information should be strengthened at the country level.

The representative of ZAMBIA emphasized the need to consider country-level needs in matters of research innovation, stressing that investment in digital technologies should not disadvantage the traditional national health information architecture.

The representative of JAPAN recognized the benefits of mHealth in enhancing individual health, achieving universal health coverage and developing public health policy. Collaboration with ITU on mHealth should be strengthened, and WHO should work more strategically with the private sector. In addition, the promotion of public–private partnerships should be included in one of the priority areas referred to in the report. It was important to recognize the wider benefits of mHealth for public health, including monitoring health-related Sustainable Development Goal indicators, projecting future medical needs and collating information on long-term care.

The representative of MEXICO recommended integrating applications for mobile devices into national health systems. A regulatory framework would ensure the reliability, quality and security of

data. His Government stood ready to share its experience in using digital technologies to support public health.

The representative of the PHILIPPINES said that national initiatives should capitalize on digital technologies to facilitate public health development. Specific interventions to streamline and address issues on accountability, patient rights, privacy, data protection and security would be welcome.

The representative of PAKISTAN said that the regulation and governance of mHealth to ensure the privacy, security and confidentiality of personnel and patient health records required greater attention. Member States should be supported in developing capacity to implement mHealth, thereby improving access to quality health services.

The representative of THAILAND said that the increase in digital information required stronger regulation, but could strengthen health information systems. Member States should engage with partners to better understand patient behaviour and benefit from new technologies and marketing strategies. He expressed concern that the growing use of digital technologies may erode the human element of health care.

The representative of INDIA¹ outlined national activities in the area of digital health to improve surveillance and emergency preparedness and response, and to introduce electronic medical records. He requested that the Secretariat produce a separate, supplementary document for the Seventy-first World Health Assembly that clearly defined the digital technologies available, with specific reference to health information systems, electronic medical devices and diagnostic equipment. He proposed that the Secretariat develop a global strategy on digital health to ensure its place in the sustainable development agenda. He encouraged Member States to contribute to the development of a draft resolution on the use of appropriate digital technologies for public health for submission to the World Health Assembly, under the leadership of his Government.

The representative of the UNITED STATES OF AMERICA¹ said that greater coordination would avoid the duplication and fragmentation of digital health systems. National digital health strategies should be developed to reflect the priorities of the national health strategy in each country. Resource mobilization should be aligned with those priorities, recognizing that each country was implementing digital health technologies at a different rate. Member States should build capacity and strengthen governance to better enable the use of digital health technologies, with a focus on privacy, accessibility and the use of data and data systems. While digital technologies could be a powerful tool for public health surveillance, care should be taken in emergency situations to protect the security of health workers.

The representative of KENYA¹ recognized the key role of mHealth in achieving universal health coverage, the Sustainable Development Goals and important health outcomes. She supported the development of a platform for sharing evidence and best practices relating to mHealth. The Secretariat should continue to support Member States in building capacity to implement digital technologies, and develop guidance and assessment frameworks to support decisions regarding investment in digital technologies. Her Government looked forward to contributing to the development of a draft resolution.

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

The representative of PARAGUAY¹ said that increasing connectivity provided an opportunity to develop digital technologies, which improved access to, and quality of, health care, reduced costs and improved diagnosis and treatment times, and fostered resilient and sustainable health care systems. In particular, WHO and other international organizations should continue to support landlocked developing countries, least developed countries, and small island developing States on mHealth. His Government, with support from Taiwan,² was implementing digital technologies to improve health information management. Given the support it provided, Taiwan should be allowed to participate more actively in WHO

The representative of POLAND¹ said that eHealth and mHealth were high on the national health agenda and that a national eHealth strategy had been developed. He stressed the importance of setting evidence-based eHealth standards and norms, which should be aligned with other relevant actions.

The representative of INDONESIA¹ said that the adoption of digital technologies improved health services and helped to promote healthy lifestyles. WHO should continue to collaborate with ITU and other stakeholders to help Member States improve mHealth interventions. She supported plans to draft a resolution for submission to the Health Assembly, underlining the importance of confidentiality in developing digital health technologies.

The representative of the REPUBLIC OF KOREA¹ shared information regarding the use of mobile technologies in her country. Her Government would actively participate in drafting a resolution for submission to the Health Assembly. That draft resolution should clearly define the scope of data sharing, and should mention the need for personal information protection. The role and participation of private sector providers in mHealth should be further explored.

The representative of ITU said that his organization had worked with WHO and the private sector to support Member States in the development of eHealth strategies and mobile health initiatives; that collaboration would continue. Recent events organized by ITU had provided opportunities to foster cross-sectoral dialogue between the health and the information and communication technology sectors, and to discuss the future of digital technologies and their contribution to the Sustainable Development Goals.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that mobile technology contributed to improving health care safety and accessibility, disease surveillance and data collection, engagement and health coverage. She underscored the importance of youth participation in developing mHealth programmes and strategies. There was a need to prioritize funding for mobile solutions to global health problems. An mHealth strategy should be developed to provide an integrated approach to standard setting and sharing of best practices.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, acknowledged the positive impact of mHealth on health care quality and provision. However, there was a need for greater regulation of digital technologies, particularly when they met the definition of a medical device. Furthermore, there should be data protection

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

² World Health Organization terminology refers to "Taiwan, China".

policies to regulate and secure the data of mHealth users. Finally, the education of health professionals should remain a focus, in light of the shortage of health workers.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that mHealth could contribute to solving the global shortage of trained health care professionals, and could significantly accelerate Member States' progress towards achieving universal health coverage. However, the delivery of high-quality health care still depended on the education and training of health care professionals and an understanding of a patient's right to data protection. She welcomed WHO's new priorities for digital health, set out in paragraph 13 of the report.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, expressed support for the recommendations contained in the report, but said that digital technologies should only be used to complement more traditional health care if pharmacists and other health care professionals were involved in development and oversight. Any data provided to patients through such technologies should be strictly verified by clinicians, and appropriate, easy-to-use language was needed to prevent miscommunication. mHealth technologies should be included in the curricula used to train health care professionals. Finally, collaboration between Member States and the Secretariat was crucial if progress was to be made in the priority areas set out in the report.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, called for greater leadership from the Secretariat and Member States in coordinating stakeholder action at the country level; the scale-up of proven digital applications in the area of child protection; and the integration of mHealth systems into the global plan of action, in order to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and children. Finally, protocols and minimum standards should be developed to ensure the security of data, data privacy, informed consent and responsible use of technologies.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that WHO's mHealth strategy should be built upon strong national health care systems and that mHealth should not be seen as a substitute for strong primary health care or viewed as a cost-cutting measure. The fact that people in some countries were more likely to have access to a mobile telephone than to clean water was indicative of a distorted paradigm of development. He expressed concern that the report envisaged a close partnership with ITU, as its work with certain private-sector entities may represent a conflict of interest. Issues related to data privacy should be addressed; strong public oversight of the use of digital technologies was essential.

The DIRECTOR (Service Delivery and Safety) welcomed the comments made, which recognized the need to leverage digital technologies to achieve universal health coverage through integrated, people-centred health services across the care continuum, including prevention and public health. He noted the development of national and regional strategies on mHealth, which constituted important guidance, and the need to strengthen discussions on engagement with the private sector. Digital health was a key element of the draft thirteenth general programme of work 2019–2023, and he took note of the specific areas of importance mentioned, including the quality of service delivery, strengthening health workforce education and management, and modern data management systems. The Secretariat would support Member States' discussions on mHealth, led by the Government of India, prior to the Seventy-first World Health Assembly, and would consider how to update the report to incorporate Member States' comments.

The DIRECTOR-GENERAL welcomed the comments made and said that digital health would be a key component of the innovation hub being set up within the Organization. It was important to look ahead and consider the impact that the increased use of digital technologies would have on health care, even beyond 2030. While digital technologies would improve the quality of health services and address some of the gaps in universal health coverage, mHealth did have limitations, particularly with regard to the delivery of primary health care. In addition, it was also essential to consider how best to leverage digital technologies in the current health context. That would require closer collaboration with partners, including ITU. Such partnerships offered significant untapped potential, and the Secretariat was reviewing existing cooperation agreements. Furthermore, new partnerships and financing mechanisms were being explored.

The Board noted the report.

3. MATTERS FOR INFORMATION: Item 6 of the agenda

Report of the regional committees to the Executive Board: Item 6.1 of the agenda (document EB142/34)

The CHAIRMAN thanked the chairpersons of the regional committees for their work.

The Board noted the report.

Global vaccine action plan: Item 6.2 of the agenda (document EB142/35)

The Board noted the report.

Reports of advisory bodies: Item 6.3 of the agenda

- **Expert committees and study groups** (documents EB142/36 and EB142/36 Add.1)

The Board noted the reports.

Eradication of poliomyelitis: Item 6.4 of the agenda (document EB142/37)

The Board noted the report.

The representative of NEW ZEALAND requested that, in future, the Secretariat should explain the reason why a report was included for information purposes only, rather than for more in-depth consideration.

4. CLOSURE OF THE SESSION: Item 7 of the agenda

The DIRECTOR-GENERAL congratulated all participants on a successful session and thanked Member States for endorsing the draft thirteenth general programme of work 2019–2023 and the ambitious “triple billion” target therein. The fact that the draft programme of work would be approved by the World Health Assembly one year ahead of schedule reflected his commitment to speeding up

WHO processes and the need to work with a sense of urgency. In response to concerns raised by Member States, he committed to issuing all documents on time prior to the Seventy-first World Health Assembly.

He reiterated his request for each country to take at least three concrete steps towards universal health coverage prior to the upcoming World Health Assembly. He also called on Member States to pledge personnel to the health reserve workforce, and agree to cover all expenses related to their deployment. Finally, he encouraged Member States to consider increasing unearmarked contributions, so as to facilitate the prioritization of activities.

After the customary exchange of courtesies, the CHAIRMAN declared the 142nd session of the Executive Board closed.

The meeting rose at 12:10.

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