

PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING

**WHO headquarters, Geneva
Monday, 22 January 2018, scheduled at 14:30**

Chairman: Dr A. HAFEEZ (Pakistan)

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SECOND MEETING

Monday, 22 January 2018, at 14:35

Chairman: Dr A. HAFEEZ (Pakistan)

1. **DIALOGUE WITH THE DIRECTOR-GENERAL:** Item 2 of the agenda (document EB142/2) (continued)

The representative of the UNITED REPUBLIC OF TANZANIA noted that little had been said about surgical care and anaesthesia in the context of universal health coverage at the primary, secondary and tertiary health care levels. Given that they posed serious challenges in low- and middle-income countries, surgery, anaesthesia and trauma care must be considered by the Director-General in relation to health emergencies.

The representative of the PLURINATIONAL STATE OF BOLIVIA¹ supported systems for universal health coverage that were based on solidarity and equality. Access to medicines should be addressed from a human rights perspective, in accordance with the Organization's Constitution and drawing on the outcomes of the United Nations Secretary-General's High-level Panel on Access to Medicines. He shared the Director-General's concern about the increase in earmarked voluntary contributions, which hampered the prioritization of activities. An innovative funding solution had to be found. More emphasis should be placed on the social determinants of health, with particular regard to achieving the Sustainable Development Goals. In order to reduce the private sector's influence on WHO, in particular on its normative work, the Framework of Engagement with Non-State Actors must be implemented in an appropriate manner.

The representative of CHINA¹ said that activities at the national level should be tailored to the context and specific needs of each country. The work of country offices should be strengthened and better coordination was required across the three levels of the Organization. Targets relating to primary health care and poverty elimination would help to attain universal health coverage. WHO should continue to develop standards and guidelines for the deployment of emergency response teams, and support the development of national emergency response capacities under the International Health Regulations (2005).

The representative of INDONESIA¹ said that universal health coverage should encompass higher quality and cost-effective clinical interventions at all levels of society, including those relating to health promotion, disease prevention and treatment, rehabilitation and palliative care. Although her Government was optimistic that universal health coverage could be achieved in Indonesia by 2019, sustainable financing remained a challenge for her country, as it was for others. WHO experts should help Member States to manage sustainable financing and achieve universal health coverage targets on time. Regarding health emergencies, the Secretariat should support Member States in making their health care systems more resilient and responsive to public health emergencies of international concern. She asked the Director-General to elaborate on the need to improve emergency medical teams and the guidelines and procedures for their deployment.

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

The representative of LITHUANIA¹ supported prioritizing health and the impact of climate change, and said that WHO played a key role in developing mitigation and adaptation strategies. She supported the Organization's efforts to become more efficient and results-driven, with more adequate resources. Partnerships with Member States and other stakeholders should be developed, and country offices should be strengthened and their performance measured. She asked how WHO intended to manage innovation to ensure the timely inclusion of new scientific discoveries in its work in areas such as access to medicines, antimicrobial resistance, noncommunicable diseases and eHealth.

The representative of SOUTH AFRICA¹ said that, in order to achieve the Sustainable Development Goals and the "triple billion" goal, it was necessary to implement health programmes that produced tangible, measurable and sustained results. More support for country offices and departments of health in low- and middle-income countries was critical. Country support should include guidance on how to make strategic shifts, find and reallocate resources and achieve efficiencies in order to reach goals, and on the provision of financial support. Furthermore, investment in human capital was crucial.

The representative of HAITI¹ thanked the Director-General for putting countries at the centre of WHO's work and appreciated the Organization's efforts on emergency response. He called for the strengthening of country offices and greater support for the elimination of cholera in his country. It was necessary to reform WHO's internship programme; he stood ready to help to prepare a draft resolution on the matter to be presented at the following Executive Board session.

The representative of INDIA¹ said that the draft thirteenth general programme of work 2019–2023 was a comprehensive and aspirational tool for reshaping the global health architecture. Given WHO's primacy in global health policy-making, Member States must equip the Organization with the capacities it needed to fulfil its mandate. He welcomed the alignment of the draft programme of work with Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). The findings and recommendations of the United Nations Secretary-General's High-level Panel on Access to Medicines should be discussed formally by Member States. He supported the emphasis on a more robust emergency response system, however, the lack of funding for the WHO Contingency Fund for Emergencies was a concern. To meet new and emerging global health challenges, the Executive Board must be more participative and equitable. Finally, the Director-General's thrust towards ensuring gender parity and equal geographical distribution across the Organization's workforce was commendable.

The representative of MOROCCO,¹ while recognizing the contribution of the International Health Regulations (2005) to combating pandemics, underscored the need for a global framework that underpinned national action plans for health emergency preparedness and response. In the context of the strategic shifts outlined in the draft thirteenth general programme of work 2019–2023, it was important to focus on the most excluded and marginalized members of society. Priority must be given to an essential package of health and nutrition services for women, children and adolescents, if universal health coverage was to be achieved. To finance such services, it was necessary to combine national resources and development assistance through sound multisectoral national plans.

The representative of SPAIN¹ welcomed the reforms undertaken to make WHO more efficient and effective. He supported the Organization's contribution to sustainable development and the alignment of its budget with the 2030 Agenda for Sustainable Development. WHO should maintain its

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

global leadership role, ensuring that its objectives were at the centre of any action taken by governments and other international organizations. He called for a discussion on the issue of organ trafficking during the current session of the Executive Board. He underscored the importance of timely reporting of epidemics of possible international concern.

The representative of ECUADOR¹ said that her Government would continue to support the work of WHO as an Organization that upheld the principles of its Constitution, defined health as a state of well-being and focused on more than just emergency response.

The representative of ZIMBABWE¹ supported the creation of a health reserve workforce to which Member States should contribute human and financial resources. However, caution should be exercised to ensure that poorer Member States, which were able to contribute human resources but lacked financial capacity, were not excluded. He looked forward to further discussion of that proposal.

The representative of SUDAN¹ said that, in order to achieve the strategic priorities of the thirteenth draft programme of work 2019–2023, in particular those relating to universal health coverage, it was important to consider the widespread shortage of human resources for health. His Government was committed to universal health coverage at all levels, but support from WHO was needed to address the human resources shortage in remote areas.

The representative of PANAMA¹ expressed concern regarding the increase in financial resources required for communicable and noncommunicable diseases, health emergencies and health systems. She asked the Director-General how he planned to achieve greater efficiency in budget implementation. She welcomed the Framework of Engagement with Non-State Actors, which safeguarded WHO's Constitution, normative capacity and independence. Nevertheless, she asked how risk management would be taken into account when making decisions and which risk management procedures and instruments would be given priority.

The representative of PERU,¹ recognizing the importance of WHO's normative role, agreed that its operational activities and the direct provision of services should be restricted to emergencies in particularly vulnerable contexts and health systems with limited response capacities. He supported the creation of a health workforce to be deployed in health emergencies, and asked how WHO would work with existing United Nations emergency response mechanisms. WHO reform should not lead to fragmentation of the Organization's work and resources. The work of country offices should be geared towards national priorities. He echoed calls to reform the Organization's internship programme so as to welcome more interns from developing countries.

The representative of GERMANY¹ commended the Director-General for providing additional context for the work of the Executive Board, and commended his leadership and ambition in implementing the health-related Sustainable Development Goals. The transitional period between the Director-General's election and his assumption of office had been far too short, and that should be discussed by the Board. While the Director-General had fresh and ambitious ideas and an inspiring approach to making improvements, the German Government would continue to offer constructive criticism in order to strengthen the work of the Organization.

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

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that a better, healthier future for people worldwide depended on collaboration not only between States and organizations, but also with local actors. To maximize the potential of local actors and community health workers, it was necessary to invest in their operational and institutional capacities. More effort was also needed to ensure the safety of staff and volunteers. Access to water, sanitation and hygiene deserved attention in all health-related discussions. Rapid responses in health emergencies required collaboration among all stakeholders, including donors, and the implementation of the “no regrets” policy laid out in WHO’s Emergency Response Framework.

The DIRECTOR-GENERAL, expressing appreciation for the constructive input and support, and responding to issues raised, said that the draft thirteenth general programme of work 2019–2023 had been significantly improved over the previous six months. Collaborative work, involving many rounds of consultations, had allowed Member States to take ownership of the document. He emphasized that the draft thirteenth general programme of work was aligned with the Sustainable Development Goals because there was no need to reinvent the wheel. Better progress needed to be made towards articulating and achieving the health-related Sustainable Development Goal targets.

Regarding work with other United Nations organizations, WHO should focus on areas in which it had a comparative advantage. WHO should not duplicate efforts, but rather work with other United Nations organizations at the global and country levels. Country teams had a key role to play in that regard. In the past six months, new agreements had been signed between WHO and other organizations within the United Nations system, and more would follow.

Recognizing the important work of the H6 Partnership, the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria, the creation of subgroups of organizations with similar goals may help to drive the wider efforts of the larger organizations.

Competition for resources could be eliminated if organizations worked together more effectively and sought new sources of funding rather than vying for existing ones. Transformative and creative ideas from WHO staff on new ways to raise funds would also help in that regard. WHO had decided to provide intensive support to other health organizations, such as the GAVI Alliance and the Global Fund, in their resource mobilization efforts, eliminating the need for competition. The focus should not be on the money that WHO received, but on the availability of resources for the greater global health agenda. WHO was committed to being a positive player within the United Nations family and with other partners involved in health.

With regard to funding concerns, having more unearmarked, flexible and predictable funding was more important than increasing the amount of contributions. That flexibility would allow WHO to better focus on its priorities and deliver results. In addition, recent conversations had led to pledges from new donors. Resource mobilization and funding would remain a challenge, but innovative mechanisms were allowing the Organization to improve in that regard. The agreed one-year period between the adoption of the draft programme of work, in 2018, and its entry into force, in 2019, would be used to develop an investment case to secure sufficient resources for its implementation. Furthermore, it would ensure Member States had adequate time to make an informed decision on the next programme budget, based on a real and up-to-date assessment of resource mobilization efforts.

The concept of putting countries at the centre referred to the strategic shift towards building country capacities in line with national priorities, which was essential to provide better services and care, and to ensure outbreak prevention and response. Quick wins and mid- and long-term solutions had been identified at recent global leadership meetings and meetings of the Global Policy Group, and had subsequently been incorporated into a draft transformation plan and architecture.

WHO’s normative functions would continue to be a major part of its work, supported by the four approaches outlined in the draft programme of work to drive public health impact in every country: policy dialogue, strategic support, technical assistance and service delivery. The approaches used would be determined by country capacity and vulnerability. The fourth approach – service delivery – applied to a small number of conflict and post-conflict countries. Being operational in those

countries did not mean that WHO would deliver services directly, rather that it acted as a coordinator for the health cluster, save in exceptional circumstances. In the case of Madagascar, although WHO had deployed staff to carry out surveillance and prevention activities at the start of the 2017 plague outbreak, its work had principally involved coordinating the actions of other actors and partners.

While there was no single pathway to achieving universal health coverage, the financial barrier to coverage must be addressed. It was possible to implement universal health coverage across all economic levels, tailored to what the population needed and what the country could afford. A phased approach could be used, starting with primary health care and progressing to complete services. Strengthening primary health care was key, along with a focus on the prevention of communicable and noncommunicable diseases. For the implementation of universal health coverage to be successful, it had to be seen as an investment, and health had to be seen as a right. Discussions on universal health coverage and the health-related Sustainable Development Goals should be linked to development and to the social, political and economic determinants of health.

WHO should work to coordinate research and development activities, mapping global capacities and identifying their focuses, which included medicines, diagnostics, and vaccines. The best way to make an impact was not to compete with others, but to begin by convening existing capacities.

The International Health Regulations (2005) were the best tool for rapid outbreak detection and response, but they should not be separated from health systems strengthening; prevention was an essential component of any country's emergency capacity. During the 2017 plague outbreak in Madagascar, too much emphasis had been placed on early diagnosis and treatment, which had led health authorities to neglect preventive measures such as sanitation and vector control. A comprehensive plan covering all of those aspects was needed for a response to be effective. He called on Member States to assess their capacities under the International Health Regulations (2005) in order to identify and address any gaps.

Reform should be a continuous process. The current transformation period would continue for 18 months and then a strategic unit would be tasked with continuous improvement by constantly thinking about how the Organization should reposition itself to respond to emerging needs. He agreed that regular consultations would continue to take place to ensure that the ongoing reform process was successful. Performance management at all levels was linked with accountability, and must be based on a clear plan that set definite, measurable expectations. As part of the reform process, performance assessments would be introduced for internal and external use, to ensure accountability.

Recruitment and procurement services remained very slow due to excessive bureaucracy, which was the result of a trust deficit inside and outside the Organization. Changing that would require not only new management tools, but also a change in the culture and mindset across the Organization. Concerning recruitment, he said that although Member States had pushed for the open advertisement of new positions, that process did not work: not only was it too slow, it was biased against women and reduced diversity. He had therefore used an alternative method when putting together his cabinet, conducting wide consultations with the regional directors and other relevant persons, while retaining merit as the first criterion. New guidelines had been put in place that would continue to improve gender balance and diversity, not just in management positions, but across WHO. Indeed, many interns at headquarters – the majority of whom came from high-income countries – had expressed disappointment with the lack of geographical diversity. WHO was implementing best practice from UNICEF to address that problem. Regarding attacks on health workers, WHO had a mandate to collect information and advocate for action, including before the United Nations Security Council.

Finally, he would prioritize efforts to address health needs in Africa, as it was the continent with the highest burden of disease and the largest number of developing countries. Furthermore, the President of Rwanda had pledged to put universal health coverage on his agenda during his term as Chairperson of the African Union.

2. STRATEGIC PRIORITY MATTERS: Item 3 of the agenda

Draft thirteenth general programme of work 2019–2023: Item 3.1 of the agenda (documents EB142/3, EB142/3 Add.1 and EB142/3 Add.2)

The CHAIRMAN drew attention to document EB142/3, which contained the latest version of the draft thirteenth general programme of work 2019–2023, revised following the special session of the Executive Board held in November 2017. Document EB142/3 Add.1 contained a draft resolution on the subject, with the related financial estimate set out in document EB142/3 Add.2. He also drew attention to paragraphs 5 to 12 of the report of the Programme, Budget and Administration Committee of the Executive Board, contained in document EB142/25, which related to the draft thirteenth general programme of work.

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's discussion and understanding of the draft general programme of work had been greatly facilitated by examining its content separately from its financial aspects. Although the Committee had not considered the content in great detail, numerous issues had been raised that would benefit from further discussion by the Board: gender mainstreaming; definitions of universal health coverage; the use of flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), as recognized in the 2001 Doha Declaration on the TRIPS Agreement and Public Health; and technology transfer. The Committee had extensively discussed the financial estimate submitted by the Secretariat. It did not yet consider that the draft programme of work was ready for adoption; rather, it had recommended that the Executive Board, at its 142nd session, should continue to discuss the content of the draft general programme of work, together with the associated draft resolution contained in document EB142/3 Add.1.

The REGIONAL DIRECTOR FOR EUROPE said that the draft general programme of work reflected an ambitious but realistic agenda for change that focused on the right to health, equity, fairness, universality and solidarity and was aligned with the Sustainable Development Goals. It was centred on countries, where WHO would be concentrating its efforts to improve people's lives. To that end, the Organization would work closely with governments to update their national health policies and strategies and country cooperation strategies, in collaboration with the United Nations and other partners, through policy dialogue, strategic support, technical assistance or service delivery, depending on the context. A Health in All Policies and whole-of-government approach to the determinants of health would have a substantial impact on health and well-being worldwide. Such efforts must be closely linked to national development strategies, in which health must also be made a priority. The planned strategic shifts would strengthen WHO's normative work by translating it into action.

The Organization would be stepping up its advocacy for reducing health inequalities, with political support from Member States and civil society. The draft programme of work was the result of an inclusive consultative process, and the regional directors were fully committed to the Director-General's strategic vision and his agenda for transformation and resource mobilization.

The DIRECTOR-GENERAL, expressing appreciation to Member States for their feedback on the draft general programme of work, stressed that all the goals contained therein, including the "triple billion" goal, were based on the 2030 Agenda for Sustainable Development. It was not customary for draft programmes of work to cover financial matters; however, a financial estimate had been prepared at Member States' request. He acknowledged Member States' calls for greater detail on indicators but stressed that it was uncommon to include such details in a strategic plan. The WHO Expert Reference Group on the Draft Thirteenth General Programme of Work Impact Framework 2019–2023 had been

established to develop detailed indicators and an accountability matrix, which would be useful in preparing the proposed programme budget for 2020–2021. However, he encouraged the Board not to make endorsing the draft programme of work conditional upon receiving such information. Extensive consultations had already been held, and the focus should turn to implementation and results, bearing in mind that the draft was intended to serve as a point of departure and would continue to be refined.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey and Montenegro, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and the Republic of Moldova, associated themselves with his statement. He welcomed the updated draft programme of work and proposed priorities, and the new emphasis on the Organization's aim of strengthening its public health advocacy role.

Given that the "triple billion" goal could only be achieved through cooperation with Member States and other donors, as well as the catalysing effect of funds such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance, it would be useful to clarify how WHO's contribution would be measured, particularly in countries moving from external to domestic funding for health. While it was helpful that the role of the WHO regional offices with regard to universal health coverage had been outlined, further details were needed on regional collaboration. In that context, reform of the institutional operating model should be accompanied by a needs-based analysis of WHO country offices and the impact of resource reallocation. There was also a need for country-specific donor coordination solutions and measures to strengthen links between WHO headquarters and country offices.

Concerns remained with regard to how the platforms featured in the draft programme of work dovetailed with the Organization's strategic priorities, how duplication or a silo effect could be avoided in their implementation and how accountability could be ensured. A reference should be included in the draft programme of work to the creation of an independent oversight and accountability mechanism. The development by the Secretariat of an impact and accountability framework would increase trust and was a prerequisite for more flexible funding. In order to ensure value for money, it was essential that the draft programme of work was feasible and was based on realistic financial assumptions, particularly given that funding for poliomyelitis programmes would soon be discontinued.

A significant proportion of voluntary funding was obtained from non-State actors. It was therefore beyond the control of Member States, whose approval of programme budgets did not constitute an implicit commitment to ensure the full financing thereof. Although the Member States of the European Union were open to the adoption of a resolution along the lines of the draft circulated in document EB142/3 Add.1, the precise wording of the text required further discussion.

The representative of NEW ZEALAND expressed support for the intent and strategic direction of the draft programme of work. However, in order to allow Member States, non-State actors and donors to understand how the programme applied to them and their roles in delivering the health-related Sustainable Development Goals, further information was needed on: what constituted universal health coverage in States of different levels of income and development; specific milestones for achieving universal health coverage in each biennium; a system for developing innovative and sustainable solutions to expand both foundational and additional universal health coverage; and how the value-for-money approach would be applied to existing WHO programmes, with a view to terminating low-value programmes that were not aligned with the draft programme of work. Providing additional information would facilitate more flexible funding. The Secretariat should address the fact that many WHO programmes continued to focus on process and output indicators, rather than on impact.

The representative of CANADA, speaking on behalf of the Member States of the Region of the Americas, welcomed the fact that Member States' comments had been taken into account in the updated draft programme of work. Its implementation in her region had certain strategic, operational, budgetary and administrative implications, and countries in the region looked forward to cooperating with the Secretariat and other Member States on the basis of clear information and in line with regional priorities. In that regard, she encouraged the Secretariat to plan scenarios tailored to the resources available.

Targeted interventions were required, focusing on the most vulnerable populations, to build on gains made in improving health outcomes. In that regard, Member States of the Region of the Americas planned to work with WHO and PAHO to set priorities and ensure the most cost-effective delivery of universal health coverage. At the regional level, efforts would be made to align the activities of PAHO with the draft programme of work and the Sustainable Development Goals.

Speaking in her capacity as the representative of Canada, she said that her Government welcomed the increased emphasis on reform, the social determinants of health, gender equality, equal rights and human rights, along with the focus on the health of women, children and adolescents, in the updated draft programme of work. To improve it further, reference should be made to older people, and the critical role of sexual and reproductive rights should be given greater prominence. In terms of healthier populations, improving human capital across the life course should be the overarching aim.

The Secretariat's responsiveness to input from Member States was commendable, but the current draft programme of work was not as concise and compelling as intended and could be restructured. For example, supplementary information could be removed from the main text and included in supporting documentation.

On the issue of financing, she welcomed the 5% efficiency and savings target and the financial estimates provided, including those relating to the poliomyelitis programme. However, it was essential to expand the Organization's funding base and to ensure that donors trusted WHO to deliver on its mandate. Overall, the draft programme of work was a step in the right direction.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, welcomed the inclusive consultation process that had resulted in an improved draft programme of work that reflected Member States' concerns, not least through the inclusion of an impact and accountability framework. The Member States of the African Region attached great importance to efforts to combat threats relating to health emergencies, communicable and noncommunicable diseases, climate change and environmental issues. In that context, they supported the Director-General's call for investment in those areas, including through innovative financing and the promotion of flexible voluntary contributions, as well as the full implementation of the Framework of Engagement with Non-State Actors. Moreover, targets relating to protection from environmental threats to health should be extended to cover developing countries.

A mechanism was needed to allow Member States to make better use of the flexibilities provided for in the Doha Declaration on the TRIPS Agreement and Public Health. Support for national research and development and health innovation projects, the local production of medicines and accelerated access to prequalification were vital to strengthening the resilience of health systems, including through digitization and technology transfer.

The Organization should continue to strive to ensure geographical balance and gender equality among senior management staff and to promote internships and staff mobility, with a view to attracting more staff from developing countries. With those comments, the Member States of the African Region supported the adoption of the draft resolution contained in document EB142/3 Add.1.

The representative of SWEDEN welcomed the overarching aims of the draft programme of work and encouraged the Secretariat to make them its first strategic priority. In the section entitled "Platform 1: Improving human capital across the life course", the references to targets 3.7 and 5.6 of the Sustainable Development Goals did not reflect the magnitude of health problems linked to sexual

and reproductive health and rights. The wording used failed to convey a rights perspective, the spirit of the 2030 Agenda for Sustainable Development, WHO's mandate in that area or the Director-General's strong commitment to the issue. As in the earlier concept note, an explicit reference to sexual and reproductive health and rights should be included. Failing to make sexual and reproductive health and rights a priority in health coverage implied a failure to guarantee equality of access, affordability, high-quality health services and accountability.

The wording relating to gender, while improved, did not adequately capture the concept of gender mainstreaming in areas such as data collection, needs analysis, monitoring and evaluation. The references to violence, related to Sustainable Development Goals 5 (Achieve gender equality and empower all women and girls) and 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels), should be reinstated.

To combat antimicrobial resistance, it was important for the Organization to strengthen cooperation with all relevant United Nations agencies and partners from different sectors. It would also be useful to include references to existing commitments, including those relating to the Global Action Plan for Influenza Vaccines, and to clarify the basis for the 10% target relating to blood stream infections.

The representative of ZAMBIA welcomed the updated draft programme of work, which took account of Member States' concerns, focusing on strengthened planning, budget allocations and the deployment of human resources at country level. Although the draft no longer contained specific indicators, it was encouraging to note that they would still be available, allowing regions to revise their own impact-based results frameworks in line with the draft programme of work.

In the area of access to medicines, vaccines and health products, the Organization should not only focus on mobilizing political will among governments, but also encourage industry stakeholders to take action to facilitate access and allow governments to rationalize public financing. He expressed full support for the adoption of the draft programme of work.

The representative of FRANCE said that the draft programme of work should commit the Organization to objectives that were within its mandate and means; nothing should undermine WHO's core functions. The Organization must determine the added value and comparative advantages it could offer. The draft programme of work should refer to existing global plans and strategies.

He welcomed the move towards assessing impact, but targets needed to be realistic, measurable, geographically well balanced and aligned with the Sustainable Development Goals, which was not the case for the "triple billion" goal. The framework for impact and accountability must specify impact and outcome indicators. The strategic shift towards a country focus entailed enhanced accountability for WHO country offices to ensure proper use of resources, the reallocation of which should be based on transparent criteria. Enhanced accountability and transparency would help to ensure the availability of more flexible, responsive and predictable funds.

Speaking on behalf of Belgium, Canada, Denmark, France, Finland, Germany, Iceland, Japan, Luxembourg, the Netherlands, New Zealand, Norway, Portugal, Sweden, Thailand, Uruguay and the United Kingdom of Great Britain and Northern Ireland, he reaffirmed their commitment to promoting gender equality and the health and rights, particularly sexual and reproductive rights, of women, girls and adolescents. He urged the Secretariat to ensure that those issues received adequate attention in the draft programme of work, which should include appropriate commitments in that regard.

The representative of BAHRAIN welcomed the fact that the draft programme of work took account of sustainable development and respected the overarching objective of achieving universal health coverage. All countries would need support to meet the goals set, achieve the Sustainable Development Goals, carry out impact assessments with a view to ensuring proper implementation of the draft programme of work, and focus on the areas of HIV/AIDS and climate change. It was also

essential to strengthen cooperation between the Secretariat and WHO country offices, including through capacity-building measures. She expressed support for the draft resolution contained in document EB142/3 Add.1.

The representative of the DOMINICAN REPUBLIC expressed support for the draft programme of work, which was ambitious in scope and inspiring in approach, promoting alignment among global, regional and country activities within the Organization. One of its strengths was acknowledging the need to enhance WHO's leadership and its capacity for innovation, action and coordination to encourage States to develop health policies that would make a difference to people's lives. A goal-oriented approach could inadvertently lead to a focus on populations emerging from poverty, rather than the most vulnerable. In order to avoid inequity, objectives that aimed to close social gaps or improve the social gradient in health would be preferable.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, noted with satisfaction that most comments made by Member States had been incorporated into the new version of the draft programme of work. Its ambitious objectives were based on the 2030 Agenda for Sustainable Development and the Sustainable Development Goals, to which Member States had already committed themselves. Both the proposed emphasis on the health needs of vulnerable populations and the shift towards outcomes and impacts were praiseworthy, as was the inclusion of universal health coverage as a strategic priority. Intersectoral cooperation and respect for the principle of Health in All Policies were also important. Financial and human resources must be redistributed in order to enable the proposed shift towards impact at country level. Implementation of the draft programme of work would require increased and more flexible funding. WHO should explore solutions to the issue of earmarked funds that restricted implementation in some areas. The proposal to divide the programme budget into two segments was particularly welcome.

The representative of ITALY, noting with appreciation that the updated draft programme of work placed additional emphasis on the health of migrants, drew attention to the high mortality burden associated with kidney failure and the value of kidney transplantation as the most cost-effective treatment. Although noncommunicable diseases had replaced communicable diseases as the most common cause of premature death worldwide, low- and middle-income countries spent significantly less on noncommunicable diseases. Kidney exchange, which was practiced routinely in high-income countries to meet the limited availability of organs and was both equitable and ethical, should be expanded to low- and middle-income countries. Transplantation of organs, in particular kidneys, should be included in the draft programme of work with a view to carrying out a pilot programme on international kidney exchange, which would benefit from WHO oversight, cooperation and assistance to ensure it met the highest ethical and legal standards.

The representative of THAILAND shared some of her country's positive experiences of WHO impact at the country level, both in terms of resource mobilization and policy-making. By maximizing its social and intellectual capital, the Organization could often make a difference without a dollar spent. She fully supported the updated draft programme of work.

The representative of SRI LANKA said that the draft programme of work reflected WHO's determination to adapt to a rapidly changing world and to take account of regional plans and lessons learned. Health was a fundamental human right. He commended the collaborative process followed in developing the draft text, as illustrated by a special technical session convened by the Regional Office for South-East Asia to brief Member States. Such collaboration augured well for the successful implementation of the document. The strategic objectives in the document and the five platforms established to help to improve population health would support the achievement of the Sustainable Development Goals. He welcomed both the proposed shift towards a country-based, service-oriented

culture and the focus on health outcomes. The ambitious goals set forth in the draft programme of work should be seen as an investment and should therefore be considered separately from the budget required for implementation.

The representative of JAMAICA requested clarification of the timeline for developing a detailed operational plan and budget for the draft programme of work. While the focus on impact and outputs was commendable, organizational change could be disruptive and must be managed effectively. Increased domestic investment in health might require the mobilization and reorientation of domestic resources and could be a challenge for those Member States experiencing slow economic growth or undergoing structural adjustment. He highlighted the success of the Fourth Global Forum on Human Resources for Health, held in Dublin in November 2017, and stressed the importance of a steady supply of skilled human resources for the implementation of universal health coverage and the draft programme of work. In that connection, WHO should continue to promote adherence to the WHO Global Code of Practice on the International Recruitment of Health Personnel as a global health priority.

The representative of JAPAN welcomed the focus on ageing and universal health coverage in the draft programme of work, suggesting the inclusion of references to dementia and patient safety, respectively, in those contexts. Member States' approval of the vision set forth in the draft should not be directly linked to their approval of the programme budget, although discussion on budget-related matters should commence swiftly once the document had been adopted by the Health Assembly. The practice of budgetary discipline should be sustained. Collaboration with other agencies was crucial. By focusing on areas of strength and delegating areas of weakness, WHO would convince the international community of its cost-effectiveness. He requested more information on the selection of countries for direct engagement and the process of transferring responsibilities to countries.

The representative of COLOMBIA welcomed the prominent role given to global health governance in the updated draft programme of work. Work to measure and assess WHO reform had helped to identify the positive impact of measures taken and enabled early corrective action, where required. He highlighted the need to further strengthen accountability and to align the draft with the programme budget in order to ensure effective implementation, requesting additional information on the types of accountability mechanisms envisaged. The current wording of paragraph 80 of the draft appeared to suggest that the WHO Framework of Engagement with Non-State Actors covered aspects relating to conflict of interest only, which was incorrect. The Framework governed all WHO engagement with non-State actors, and the paragraph in question should be revised accordingly. While improving human capital across the life course, as outlined in platform 1, was a solid aim, it was important to remember that the benefits of healthier populations were not purely economic. The draft resolution should address only the achievement of the objectives set out in the draft programme of work, not the Sustainable Development Goals, as the scope of WHO's work was broader than sustainable development alone.

The representative of BRAZIL welcomed the incorporation of Member States' views and perspectives in the draft programme of work, which would guarantee it broad support. She fully supported the strategic objectives set out therein and welcomed the greater clarity afforded by the updated draft. Universal health coverage objectives must be aligned with the 2030 Agenda for Sustainable Development. It was not obvious why the draft programme of work referred to "advancing UHC", rather than "achieving UHC", which was the wording used in the 2030 Agenda. When referring to fragile and vulnerable countries, the fact that WHO was concerned with health-related vulnerability should be specified. The proposed interaction among the five platforms under the strategic priority of achieving healthier populations should be defined, ensuring that they were truly interconnected and also supported the other two strategic priorities. Further discussion on financing

and accountability was needed, and she requested information about further steps to be taken towards the adoption of the draft programme of work by the Health Assembly.

The representative of MEXICO welcomed both the alignment of the strategic priorities in the draft programme of work with the 2030 Agenda and the Sustainable Development Goals and the emphasis on disease prevention and health promotion. In that regard, primary health care should be bolstered and there should be a focus on the health of vulnerable populations. The strategic objectives were fully in line with her country's national priorities and priorities in the region, and regional experiences could provide valuable input for global action. In the context of WHO reform, efforts should focus on building bridges between headquarters and the regions. The absence of health meant deprivation and a lack of opportunities; Member States must take dedicated action to meet the major challenges ahead.

The representative of BHUTAN said that the participatory approach to developing the draft programme of work illustrated the positive changes within WHO, which should be sustained. He strongly supported the adoption of the draft programme of work.

The representative of FIJI expressed reservations about broadening the scope of platform 5, which had previously focused specifically on the health effects of climate change in small island developing States, to include "other vulnerable settings" since that might dilute efforts and spread already limited resources too thinly. While climate change undoubtedly posed threats to health in all countries, the scale and urgency of the challenges facing small island developing States was such that a clear focus and prioritization were crucial. The explicit focus of the earlier draft programme of work on small island developing States should therefore be restored, as lessons learned in those settings would be relevant to other Member States.

The representative of VIET NAM said that the inclusive process used to develop the draft programme of work would ensure strong Member State ownership. Commending the alignment of strategic priorities with the Sustainable Development Goals and noting the importance of reflecting changes in population health, she highlighted the need for consistency among past and future general programmes of work. The Director-General's commitment to providing strategic and policy support to Member States on health systems strengthening and human resource development was encouraging. She welcomed the financing proposals to fund the strategic priorities and supported endorsement of the draft programme of work.

The representative of the NETHERLANDS said that the draft programme of work was a joint effort between the Secretariat and Member States and would serve mainly as an accountability instrument for future work. There was a need for greater balance among the three strategic objectives and the draft would benefit from a clearer focus. In connection with universal health coverage, the role of the private sector in ensuring access to high-quality health care should be mentioned. At its fourth special session, held in Geneva in November 2017, the Board had identified sexual and reproductive health and reproductive rights as a key element of the draft programme of work; he asked why the issue had been subsumed into platform 1, "Improving human capital across the life course". While the concept of platforms was good, they mainly described current activities, and he encouraged the Director-General to be more ambitious. Further discussions were needed on financing the implementation of the draft programme of work.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the consultative process of developing the revised draft programme of work and expressed strong support for the focus on health systems. When implementing the commendable commitment to place countries at the centre of WHO's work, national contexts needed to be taken into account.

The representative of INDONESIA¹ expressed support for the draft programme of work. Its ambitious targets would require continuous support from all stakeholders, together with a sharpened focus on key health issues. He called for a more transparent explanation of how resources would be mobilized for the three strategic priorities and requested that his delegation's previous comments concerning resource mobilization be incorporated into the draft. He asked whether current programmes and initiatives not covered in the draft would continue to be pursued and requested assistance from the Secretariat in aligning the Programme budget 2018–2019 with the draft programme of work.

The representative of ARGENTINA,¹ welcoming the ambitious draft programme of work, expressed support for the Director-General's view that details of how the strategic priorities would be financed should be provided in the proposed programme budgets for 2020–2021 and 2022–2023. WHO should be held accountable not only for the outcomes achieved, but also for the processes and efforts employed to obtain those outcomes. More information was needed on the draft impact framework, how it had been designed and the methods used to quantify its impact. If effective implementation of the Framework of Engagement with Non-State Actors remained a priority, WHO's leadership role in that regard should be more explicitly stipulated in the draft programme of work. If it was not a priority, why not? Finally, she asked how the Secretariat planned to monitor and evaluate implementation of the draft programme of work.

The representative of POLAND¹ expressed support for strengthening the Organization's normative role. With regard to the draft programme of work, he said that paragraph 95 of the text should clearly distinguish between internal Secretariat documents and documents on which consultations would be held with Member States. The framework for cooperation between WHO and the Office of the United Nations High Commissioner for Human Rights should contribute to achieving Sustainable Development Goal 5 (Achieve gender equality and empower all women and girls), particularly target 5.6. Closer cooperation was needed between WHO and data collection and analysis entities, such as OECD and Eurostat, while ensuring that duplication was avoided and the reporting burden on Member States was not increased. He asked whether the "World Health Assembly-approved metrics" mentioned in paragraph 106 of the draft programme of work had already been adopted or whether new indicators were planned.

The representative of DENMARK,¹ welcoming the improvements made to the draft programme of work, expressed strong support for the document's alignment with the Sustainable Development Goals. He urged WHO to strengthen its leadership on the global understanding of the concept of health, which should be perceived in a broad sense that encompassed human rights, gender responsiveness, and sexual and reproductive health and rights. An innovative approach to resource mobilization was needed, particularly in view of concerns about ambitious financial estimates, and clearer prioritization and contingency planning were to be encouraged. The focus on antimicrobial resistance and noncommunicable diseases was welcome. Healthy ageing should be made a priority in tackling the challenges of noncommunicable diseases. WHO's normative and standard-setting role was of the utmost importance, and strong country offices were essential in supporting Member States.

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

While the proposed move towards outcome and impact assessment was necessary, it could not be completed overnight. WHO should continue its own reform process and also engage in the wider United Nations reform instigated by the Secretary-General.

The representative of the PLURINATIONAL STATE OF BOLIVIA¹ welcomed the draft programme of work, in particular its alignment with the Sustainable Development Goals and its human rights-based approach. It should aim to benefit all Member States, especially developing countries, while taking account of specific country situations. Recognizing the importance of WHO's normative role, he stressed the need for cooperation with other stakeholders to be managed transparently and in such a way as to avoid conflicts of interest. Full implementation of the Framework of Engagement with Non-State Actors was essential in that regard. Resource mobilization and the prioritization of work needed further fine-tuning, and greater flexibility was required in the allocation of voluntary contributions.

The representative of GABON¹ called on the Secretariat to continue revising the framework for impact and accountability included in the draft programme of work so that it took full account of specific country situations. Adoption of the draft by the Seventy-first World Health Assembly would ensure that the Organization had ample time to mobilize the necessary resources before implementation began.

The representative of the RUSSIAN FEDERATION¹ welcomed the draft programme of work, particularly its alignment with the Sustainable Development Goals. Every Member State should have a clear understanding of the particular contribution it could make to achieving the "triple billion" goal. In paragraph 70 of the draft, mention should be made of the global coordination mechanism on the prevention and control of noncommunicable diseases.

Turning to the draft resolution, he suggested that paragraph 2 should refer only to Member States identifying their roles and actions for achieving the goals of the draft programme of work, and that paragraph 3 should provide for an interim progress report to be submitted to the Seventy-fourth World Health Assembly.

The representative of MOROCCO¹ welcomed the revised draft programme of work. Noting the lack of funding in the areas of noncommunicable diseases and health emergency preparedness, he expressed support for increased investment in health and more innovative funding mechanisms. Greater efforts should be made to expand the Organization's donor base, improve geographical and linguistic representation in recruitment and training, enable developing countries to produce their own medicines by using the flexibilities afforded by intellectual property agreements, and provide technological support for research and development projects.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that the draft programme of work was an appropriate and timely step towards achieving the Sustainable Development Goals. The draft's ambitious yet necessary targets would require a harmonized strategy that encompassed financial and human resources and included precise monitoring and evaluation metrics and mechanisms. Humanitarian issues should be borne in mind. There was a need for balance between WHO's operational tasks and its normative role. Unearmarked financial resources should be increased, with the Framework of Engagement with Non-State Actors playing an important role in that regard. Furthermore, WHO should not be asked to address contentious issues that did not necessarily have

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

health-related consequences and did not fall directly within its mandate, as that could undermine its integrity.

The representative of PORTUGAL¹ expressed support for the updated draft programme of work, in particular the inclusion of a financial estimate and an impact framework, the alignment with the Sustainable Development Goals, and the human rights-based approach taken, which was essential for achieving universal health coverage. However, the draft should: better reflect the fundamental need to respect human rights in mental health interventions; more fully address the harmful impact that over-medication could have on mental health; include a more direct commitment to reducing obesity, particularly childhood obesity; more strongly reflect the need to support policies promoting transparency in access to medicine; further highlight the importance of addressing the challenges of an ageing population and the related health risks; and take a more systematic and holistic approach to sexual and reproductive health and rights, taking into account the specific health needs of people living with HIV/AIDS and lesbian, gay, bisexual, transgender and intersex people.

The representative of ETHIOPIA¹ welcomed the strategic and organizational shifts proposed in the draft programme of work, which would be of benefit to Member States. The emphasis on primary health care as a vehicle for achieving universal health coverage was particularly appreciated. The strategies and initiatives in the draft programme of work should focus on building strong and resilient health systems and on the Secretariat's role in helping developing countries to benefit from the flexibilities provided in the TRIPS Agreement and Doha Declaration and build their local production capacities to ensure access to essential medicines and vaccines. The geographical scope of measures relating to the impact of climate change on health should be expanded in order to address the growing health and nutrition concerns of countries vulnerable to extreme drought caused by climate change.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND,¹ welcoming the improvements made to the draft programme of work, said that the impact framework should be further amended to include clear metrics. The draft programme of work did not clearly articulate how accountability for work on the five platforms would be assured across the various levels of the Organization. Paragraph 72, on platform 4, "Tackling antimicrobial resistance", should be more comprehensive. Specific reference to the safety of health services, which constituted a key part of universal health coverage, had been removed, and it was disappointing that no reference had been made to dementia. Noting the additional detail on the role of regional offices in universal health coverage, she asked how the Secretariat planned to leverage the offices' unique position in other aspects of the draft programme of work. She also asked whether the performance management strategy would be strengthened with regard to managing poor performers. Expressing concern regarding financing, she stressed the need for comprehensive and realistic information on the overall costs involved, highlighting the need to avoid making risky assumptions about the continuation of funding for poliomyelitis activities.

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

The representative of AUSTRALIA¹ welcomed the improvements and clarifications made to the draft programme of work, particularly in terms of the increased focus on ageing populations, gender equality and human rights, the shift away from the broad statement that WHO would become “more operational”, the move towards outcomes, and the emphasis on strengthening country preparedness for health emergencies. The impact framework would be central to its implementation and to achieving results and building confidence in WHO’s commitment to transparency and accountability. He urged the Secretariat to ensure that the revised framework was made available well in advance of the Seventy-first World Health Assembly and highlighted the critical importance of realistic planning throughout the programme budget process.

(For continuation of the discussion, see the summary record of the third meeting, section 2.)

The meeting rose at 18:30.

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