

PROVISIONAL SUMMARY RECORD OF THE THIRD MEETING

**WHO headquarters, Geneva
Tuesday, 23 January 2018, scheduled at 09:00**

Chairman: Dr A. HAFEEZ (Pakistan)

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THIRD MEETING

Tuesday, 23 January 2018, at 09:00

Chairman: Dr A. HAFEEZ (Pakistan)

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

Appointment of the Regional Director for the Americas: Item 5.8 of the agenda (documents EB142/33 and EB142/33 Add.1)

**The meeting was held in open (private) session until 09:45,
when it resumed in public session.**

At the request of the CHAIRMAN, the RAPPORTEUR read out the resolution on the appointment of the Regional Director for the Americas adopted by the Board in open (private) session:¹

The Executive Board,
Considering the provisions of Article 52 of the Constitution of the World Health Organization;
Considering the nomination made by the Regional Committee for the Americas at its sixty ninth session,

1. REAPPOINTS Dr Carissa Etienne as Regional Director for the Americas as from 1 February 2018;
2. AUTHORIZES the Director-General to issue a contract to Dr Carissa Etienne for a period of five years as from 1 February 2018, subject to the provisions of the Staff Regulations and Staff Rules.

The CHAIRMAN congratulated Dr Etienne on her reappointment.

At the invitation of the CHAIRMAN, Dr Etienne took the oath of office contained in Staff Regulation 1.10 and signed her contract.

The REGIONAL DIRECTOR FOR THE AMERICAS thanked the Member States of PAHO for unanimously electing her to serve as Director for a second term, and the Executive Board for reappointing her as Regional Director for the Americas. She listed PAHO's achievements during her first term, which had included: successful epidemic preparedness and response efforts; responses within 48 hours to all declared emergencies and disasters in the Region; the elimination of communicable diseases such as measles and rubella; and the elimination of mother-to-child transmission of HIV and congenital syphilis in a number of countries. Regarding noncommunicable

¹ Resolution EB142.R1.

diseases, several countries had adopted legislation on food labelling and introduced taxes on sugar-sweetened beverages at the national level. Regarding health systems, deliveries by skilled birth attendants had increased to almost 100% and the Region had reached the recommended target of 25 physicians and nurses per 10 000 people.

The priorities for her second term in office were *inter alia* to advance universal health coverage and universal access; promote a renewed focus on equitable health for all; act as a catalyst for multisectoral and multidisciplinary responses to antimicrobial resistance in the Region; take further action to eliminate communicable diseases and reduce mortality by noncommunicable diseases; and improve determinants of health through multisectoral approaches. She also planned to lead the regional health sector response to climate change, further improve access to quality affordable medicines across the Region, and ensure that the Region was on track to achieve all the targets under Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and the health-related targets under the other Goals.

Efforts to achieve the Sustainable Development Goals should draw on the lessons learned since the International Conference on Primary Health Care held in Alma-Ata 40 years earlier. Barriers to access must be systematically identified and removed and national governments must lead and own the process of moving towards universal health coverage. The Region should focus on addressing health inequities by carrying out differentiated interventions to target the poorest, most vulnerable and marginalized members of society. She offered her personal commitment to ensure the maximum possible synergy between PAHO and WHO over the coming five years.

The DIRECTOR-GENERAL thanked Dr Etienne for her wise advice and the key role that she played in the WHO Global Policy Group. It was easy to see why she had been unanimously elected for a second term, as under her strong and steady leadership her office had scored enormous achievements that had improved the lives of millions of people in the Region. He thanked Dr Etienne for her dedication and persistence in ensuring that more people had access to quality health care, and wished her every success in her second term.

The representative of SWAZILAND, speaking on behalf of the Member States of the African Region, congratulated Dr Etienne and commended PAHO for ensuring that the election had been held in accordance with the established rules and procedures.

The representative of CANADA, speaking on behalf of the Member States of the Region of the Americas, said that Dr Etienne's reappointment confirmed the collective support for her in the Region and Member States' confidence in her leadership. She looked forward to working with PAHO to continue strengthening the Region's guidance and resilience in response to existing and emerging health threats.

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, congratulated Dr Etienne on her reappointment and on her successful handling of various health issues in the Region of the Americas during her first term.

The representative of the NETHERLANDS, speaking on behalf of the European Union and its Member States, commended Dr Etienne on the serious progress made on health in the Region of the Americas during the previous five years and wished her every success in her second term. The Government of the Netherlands, which had territories in the Caribbean, deeply appreciated the work being done in the Region.

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region, expressed confidence that Dr Etienne would continue to serve as a dynamic, able and committed leader who would help to protect and improve health in the Region of the Americas and

worldwide. He acknowledged her expertise in areas such as primary health care, and noted that her appointment would strengthen the Director-General's vision for universal health coverage and WHO reform.

The representative of FIJI, speaking on behalf of the Member States of the Western Pacific Region, expressed confidence that the high expectations for the future would be met under Dr Etienne's continued guidance. It was pleasing that the community of small island developing States now had a voice at senior levels in WHO, not only via a Regional Director, but also an Assistant Director-General and a Chief Nursing Officer.

2. STRATEGIC PRIORITY MATTERS: Item 3 of the agenda (continued)

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

The representative of the UNITED STATES OF AMERICA¹ said that it was encouraging to see that measurable goals, outcomes and impacts were emphasized throughout the draft programme of work. WHO should aim for excellence in conducting its core business and become more data-driven and results-based. It should advocate only on matters falling under its mandate and focus on providing objective public health expertise grounded in evidence and science and in response to Member State requests. A clearer description and more balanced presentation of universal health coverage were needed. When aligning its work to help Member States to achieve the health-related Sustainable Development Goals, WHO should not lose sight of its core health missions by expending its resources on the achievement of other Goals. The ambition of the draft programme of work should be combined with realistic budgeting and resource mobilization expectations.

The representative of ECUADOR¹ said that the draft programme of work should better reflect cross-cutting areas involving Secretariat management and the WHO strategy for fulfilling its regulatory role in accordance with Article 2 of the Constitution. She would welcome more information on the consultation mechanism being used to improve the draft, given the need to include activities to strengthen interaction with specialized intergovernmental mechanisms, and asked how the draft programme of work fitted in with the implementation of regional programmes. Her delegation had submitted proposed amendments to the draft programme of work in writing to the Secretariat.

The representative of CÔTE D'IVOIRE¹ welcomed the transparent and participatory nature of the process to prepare the draft programme of work, and the flexibility and open-mindedness demonstrated by the Secretariat, which had made it possible to take on board comments and observations by Member States. Because the draft programme of work was ambitious in nature, its implementation would require the Secretariat to make significant efforts, particularly to seek innovative forms of financing.

The representative of SWITZERLAND¹ said that the new version of the draft programme of work was better aligned with the Sustainable Development Goals. She welcomed the importance attached to the social determinants of health and universal health coverage. The United Nations system must be coherent, with each component taking a lead role in its specific area. WHO should be more

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

prominent in the United Nations resident coordinator system and, as of 2026, its programme of work should be aligned with the whole United Nations planning cycle. To that end, the thirteenth draft general programme of work could be extended to 2025, or a transitional programme could be adopted for the period 2024–2025.

The representative of FINLAND,¹ stressing the importance of health system strengthening and capacity-building to achieving health goals, said that WHO had to engage with the wider United Nations system and other partners to make the case for health in the broader policy context. It had to enhance collaboration across all WHO programmes, with a view to delivering the “triple billion” goal and the Sustainable Development Goals. Access to reliable and comprehensive data on health should be ensured, as such data were an essential factor in socioeconomic development and would help national authorities to advocate for investment in health at all levels of policy-making.

The representative of CHINA¹ said that he appreciated the emphasis on the normative functions of WHO, the alignment of headquarters with regional and country offices, and the direct links established between actions, outcomes and accountability. Those principles should be applied in the implementation process. The new version of the draft programme of work reflected the willingness of WHO to reform and the challenges to that reform, such as financing. The Government of China had paid its dues on time and in full, despite current difficulties, and urged other Member States to do the same. WHO reform should enhance value for money.

The representative of BANGLADESH,¹ referring to the “triple billion” goal and the three strategic priorities, said that he looked forward to implementation of the general programme of work, particularly in terms of funding and the resource mobilization mechanism. With regard to the WHO decision to establish platforms to address key issues, vulnerable countries and small island developing States should be part of the platform on climate change. He therefore proposed that the phrase “vulnerable settings” should be replaced by “vulnerable States”.

The representative of CHILE¹ expressed support for the proposal to prioritize multisectoral action, in particular with a view to scaling up efforts to implement high-impact and cost-effective measures for accelerating action on preventing noncommunicable diseases and promoting mental health. To that end, the document should also refer to the Secretariat working through the global coordination mechanism on the prevention and control of noncommunicable diseases, which was intended to facilitate intersectoral collaboration, including with non-State actors. She welcomed the inclusion of a stronger gender perspective, but suggested that it should be a cross-cutting priority. The draft programme of work should also address dementia.

The representative of PERU¹ agreed that the primary role of WHO in emergencies should be to coordinate, not provide, health care. The draft programme of work should treat gender and human rights as cross-cutting issues and, with regard to universal health coverage, should incorporate the health of indigenous peoples from an intercultural perspective. He supported the plan to measure progress using the targets established for the Sustainable Development Goals, which would avoid duplication of efforts, and expressed satisfaction that the latest draft programme of work provided a more accurate picture of the funding and other efforts that would be required to achieve the targets.

The representative of PANAMA¹ said that the draft programme of work should include technical criteria that went beyond those used to define the Sustainable Development Goals, which did

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not reflect all aspects of health. Member States would be more committed to implementation of the programme of work if it encompassed regional and country specificities. The draft should place greater emphasis on health promotion and disease prevention. She welcomed the elimination of indicators but stressed the importance of impact evaluations and accountability. The purpose of the “outcomes” mentioned at the end of the document was not immediately obvious. The document should mention what evaluation mechanisms would be used to assess the impact of normative products. It should also be structured in a more practical and readable way. She agreed with the previous speaker on the need to include a strategy for indigenous peoples.

The representative of EGYPT¹ welcomed the inclusion in the draft programme of work of universal health coverage as a strategic priority. Achieving such coverage would require efforts to address shortages, ensure access to innovative medicines and vaccines, and promote research and development and synergies. He urged the Secretariat to implement the recommendations of the United Nations Secretary-General’s High-level Panel on Access to Medicines, together with all relevant stakeholders. It was important to preserve the leading role of WHO on global public health matters, including the setting of evidence-based norms and standards. A robust and comprehensive conflict of interest policy was required if WHO was to expand its engagement with non-State actors. The reference to the Global Policy Group in paragraph 105 should be redrafted to reflect the Group’s advisory nature. He welcomed the Secretariat’s use of consensual language drawn from the Sustainable Development Goals on contentious issues and urged Member States not to raise issues, such as lesbian, gay, bisexual, transgender and intersex and sexual rights, whose inclusion in the draft programme of work might delay its approval.

The representative of the REPUBLIC OF KOREA¹ agreed that the strategic priorities set out in the draft programme of work should be interlinked and based on the Sustainable Development Goals, and commended the inclusion of previously understated issues such as healthy ageing. However, greater clarity was needed regarding how the second and third strategic priorities would be conceptualized, measured and tracked. The interlinking of the strategic priorities meant that their outcomes and impacts might overlap, making it difficult to measure individual outcomes and impacts accurately. The Secretariat should therefore clearly define the strategic priority concepts, measurements and monitoring schemes.

The representative of NORWAY¹ applauded the fact that the draft programme of work situated WHO more clearly within the larger United Nations family, but stressed that WHO had to advance implementation of United Nations reform and enable the United Nations to deliver as one. He was pleased that the strategic priority on universal health coverage was strongly rooted in primary health care. Benchmarking against peer countries, progressive implementation and equitable expansion of access were important elements to consider in that regard. Concerning the five platforms referred to under health promotion, it was a cause of concern that there was apparently no unifying point in the Organization with overall responsibility for public health and for driving health-related gains through cross-sectoral policy measures. WHO must be able to break down silos and help Member States to do the same.

The representative of BELGIUM¹ noted the key role attributed to the impact and accountability framework and the taxonomy of outcomes in the draft programme of work, but suggested that the outputs delivered by WHO deserved equal attention. The relationship between outputs, inputs and impacts should be clarified by means of contribution analyses. WHO had to convince Member States

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and other donors to provide it with the flexible resources needed to implement the programme of work, and set an example in terms of accountability and transparency.

The representative of ANGOLA¹ said that her Government supported the emphasis placed on measuring impacts, empowering regional and country offices, and building the capacities of Member States to develop more resilient health systems. She commended the Secretariat for initiating an inclusive consultation process and listening to the concerns of Member States.

The representative of GHANA¹ said that the focus in the draft programme of work on country-level work, workforce development, universal health coverage, emergencies and the Sustainable Development Goals was a step in the right direction, as was the adoption of meaningful metrics to assess the outcomes and impacts of the Organization's work. He had concerns, however, about funding, since donors continued to earmark contributions, and about the failure to mention intellectual property barriers to access to medicines.

The representative of GERMANY¹ thanked the Director-General for clearly stating that the draft programme of work was not intended to answer all the practical budget questions its implementation would raise. That being said, there had to be a common understanding of the potential wider implications of redistributing resources from major offices. The draft programme of work had to address accountability, risk management and evaluation, and the governing bodies would have to ensure adequate oversight if more resources were provided at the country level. He asked for clarification of the process for amending the draft resolution.

The representative of INDIA¹ expressed support for the proposals set out in the draft programme of work for flexible financing and increased assessed contributions. Voluntary contributions should be unearmarked, in order to ensure that donors did not directly or indirectly influence programme prioritization. More information should be provided on the type of support that WHO would give to Member States to strengthen their health emergency preparedness and response capabilities. Regarding the "triple billion" goal and the three strategic priorities, country targets should be established that focused on how many countries had set a timeline for the introduction of universal health coverage. As the lack of access to medicines and vaccines in developing and least developed countries was a major shortcoming of the global health architecture, he wondered why neither the report of the United Nations Secretary-General's High-level Panel on Access to Medicines, nor the recent first World Conference on Access to Medical Products and International Laws for Trade and Health, hosted by India, was mentioned in the draft. Furthermore, it would be best to avoid the phrase "fair pricing", as it shifted the focus from access and affordability to profit. The process relating to the Framework of Engagement with Non-State Actors had to be followed up, as a comprehensive conflict of interest policy, covering both institutional and individual interests, was still lacking.

The representative of the CZECH REPUBLIC¹ said that she supported the request, made by the representative of Chile, to refer to the global coordination mechanism on the prevention and control of noncommunicable diseases.

The representative of ISRAEL¹ expressed support for the strategic priorities set out in the draft programme of work, but suggested that future discussions should pay more attention to WHO reform, particularly accountability mechanisms, transparency and practical priority-setting. The use of technology, innovation and entrepreneurship in public health also merited closer consideration. He

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hoped that the final conclusions of the WHO Expert Reference Group on the Draft Thirteenth General Programme of Work Impact Framework 2019–2023 would be reflected in the draft programme of work before its final approval by the World Health Assembly.

The representative of UNFPA said that sexual and reproductive health and rights should be given greater prominence in the detailed planning and budgeting for the draft programme of work. More attention should also be paid to developing plans and allocating funding to protect the health of women, children and adolescents.

The observer of the GAVI ALLIANCE said that the draft programme of work should recognize immunization as a platform on which to build universal health coverage. Immunization was a highly cost-effective means of preventing infections and reducing antimicrobial resistance.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, welcomed the explicit inclusion of palliative care as an essential service of universal health coverage and the recognition of the need to increase the provision of palliative care for everyone worldwide.

The representative of the INTERNATIONAL FEDERATION ON AGEING, speaking at the invitation of the CHAIRMAN, welcomed the strong focus on the life course perspective in the latest draft of the general programme of work. Nonetheless, WHO had a responsibility to eradicate discriminatory practices, such as the use of age brackets in its monitoring of noncommunicable diseases. It was important to remember that older people had the same right to benefit from research and tailored health services as younger people.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, stressed the importance of interprofessional collaboration with regard to paragraphs 41 and 42 of the draft, which related to the health workforce. It would be advisable to include the topic of patient safety in the draft programme of work, so as to promote the continued leadership of WHO in that field.

The representative of the INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE, speaking at the invitation of the CHAIRMAN, suggested that an additional paragraph, 37(a), should be inserted in the draft programme of work, to acknowledge the fact that rehabilitation services for vulnerable groups were lacking in most countries and that WHO, together with partner organizations, was building technical capacity at the country level in order to meet the needs of those groups.

The representative of the WORLD FEDERATION OF ACUPUNCTURE-MOXIBUSTION SOCIETIES, speaking at the invitation of the CHAIRMAN, said that evidence was emerging that including traditional, complementary and integrative medicine services in universal health coverage plans could alleviate pressure on health systems and reduce costs. The development of guidance tools for the appropriate integration of such services in health systems should be included in the draft programme of work.

The representative of the THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, commended WHO for the improved language on palliative care used in the draft programme of work. It was crucially important that medical professionals were provided with ongoing education on the subject of palliative care.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, expressed disappointment that the draft programme of work did not outline steps to address the Organization’s funding crisis, did not acknowledge that the operations of transnational corporations in several sectors were a major contributor to ill health, and did not address key issues regarding access to medicines. Another cause for concern was the use of the term “fair pricing” to replace the earlier concept of “affordable pricing”.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, called on WHO to develop a comprehensive mechanism to ensure the full and effective participation of youth-led and youth-serving organizations in all areas relating to the draft programme of work. WHO should also further develop its internship programme to make its internships available to all young people, whatever their socioeconomic background.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, pointed out that the draft programme of work still contained no reference to the importance of sound nutrition or protecting a woman’s right to breastfeed. The draft failed to fully identify the risks of engagement and partnership with the private sector. Regulation was crucially important, and WHO must not allow itself to be used as a cover for corporations whose practices had a detrimental effect on health and the environment.

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIRMAN, said that it might be useful to indicate a minimum recommended proportion of health care expenditure to invest in primary care at the country and regional levels. Investment in training and education for health care workers, particularly family physicians, should be clearly supported.

The representative of ALZHEIMER’S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that general references to dementia and to the draft global action plan on the public health response to dementia 2017–2025 should be added to the draft programme of work, under the topic of either noncommunicable diseases or ageing.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that the importance of equitable access to treatment for noncommunicable diseases should be taken into account. Many people living with noncommunicable diseases had difficulty obtaining medicines, including those featured in the WHO Package of Essential Noncommunicable Disease Interventions. The title of platform 2 of the draft programme of work could be changed to “Accelerating the comprehensive prevention and management of noncommunicable diseases and promoting mental health”, to bring it in line with the fourth outcome of the new impact and accountability framework.

The representative of ACTION CONTRE LA FAIM INTERNATIONAL, speaking at the invitation of the CHAIRMAN and also on behalf of World Cancer Research Fund International, said that the omission of WHO’s global nutrition targets for 2025 and the United Nations Decade of Action on Nutrition from the draft programme of work was regrettable. Nutrition should be recognized as playing a preventive and protective role under the strategic priority on universal health coverage, and the role of WHO in the advancement of multisectoral collaboration should be highlighted. Furthermore, the draft should reflect a stronger stance on safeguarding the development of policies and programmes relating to nutrition and noncommunicable diseases from commercial interests.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that the strategic priority on universal health coverage should include effective noncommunicable disease indicators. WHO should bolster its capacity to provide technical advice, with a view to promoting policy coherence on noncommunicable diseases across health sectors. Member States should take steps to remedy chronic underfunding of programmes relating to noncommunicable diseases, for example by freeing up earmarked contributions. The global coordination mechanism on the prevention and control of noncommunicable diseases should be mentioned under platform 2 of the draft.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, said that sexual and reproductive rights must be addressed in a systematic manner across the draft programme of work. WHO should commit to ensuring access to a minimum initial service package for reproductive health for women and girls fleeing crises. It should strengthen its cooperation with governments, other United Nations system agencies and civil society, in order to achieve accountable country implementation and increase community engagement. The draft should make further reference to existing WHO programmes, such as the Partnership for Maternal, Newborn and Child Health.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, pointed out that WHO remained chronically underfunded; any increase in the direct involvement of WHO at the country level would therefore come at the expense of fewer resources for other activities. A global shortage of trained health care workers was looming. WHO should support adequate training for and distribution of health workers to meet that shortage.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that her organization was concerned that the draft programme of work contained no specific plans to address pneumonia. The Executive Board should support the development and delivery of pneumonia action plans and road maps. WHO must lead the global health community by holding governments to account when they failed to fund their health systems in a sustainable and non-discriminatory manner.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN, said that obesity treatment and care should figure as essential services under universal health coverage and that WHO should help Member States to provide them. The target on child and adolescent obesity in the draft impact framework should be expanded to also address adult obesity and a physical activity target should be included. WHO should clarify its position on partnerships with civil society and the private sector, making it clear that the role of the private sector should be limited to the delivery of services.

The representative of the WORLD SELF-MEDICATION INDUSTRY, speaking at the invitation of the CHAIRMAN, said that the role of self-care in attaining the Sustainable Development Goals should be recognized. Changing the classification of appropriate medicines from prescription to non-prescription status cut health care costs and helped health systems to meet patients' needs. WHO could provide information on health care products to help to develop health-literate populations, but education providers would need to form partnerships with health care services for such efforts to have maximum effect.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, expressed concern that the draft programme of work did not recognize that investment in health employment could stimulate economic growth. Although the adequate provision of water, sanitation and hygiene was pivotal for essential health services, it was mentioned only in a

footnote on antimicrobial resistance. The draft did not reflect the negative effect that changing polio funding would have on WHO or the risk that polio transition posed to immunization services, especially for countries facing transition from GAVI Alliance support.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that WHO should take on a stronger leadership role with regard to the comprehensive protection of children by coordinating stakeholders at all levels.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that capacity-building would be needed across WHO to meet targets relating to ageing, especially at the country level. WHO should allocate funding to address ageing, any reference to which was worryingly absent from the financial estimate for the draft programme of work. Her organization reiterated its concern that WHO continued to focus on premature mortality and those under 70 years of age in its work on noncommunicable diseases.

The representative of NEW ZEALAND, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, reminded the meeting that the adoption of the draft programme of work did not imply the adoption of the accompanying financial estimate, as indicated by the footnote to that effect in the draft resolution.

The SENIOR ADVISER TO THE DIRECTOR-GENERAL thanked Member States for their feedback on the draft programme of work. The Secretariat would use their valuable suggestions as a means of refining the document and strengthening its content in areas such as public health, gender mainstreaming, patient safety, dementia, climate change and universal health coverage.

The process of finalizing the financial estimate for the draft programme of work had already begun, and the Secretariat would submit a draft programme budget for 2020–2021 to the Seventy-second World Health Assembly in 2019 for Member States' consultation and approval. That being said, the period between May 2018 and May 2019 would be important in terms of resource mobilization.

Achievement of the "triple billion" goal set out in the draft programme of work would require a joint effort by Member States, non-State actors and the Secretariat. WHO's contribution would be shown via the results chain in the context of the Programme and budget 2020–2021 and would include outputs related to Secretariat activities. The WHO Expert Reference Group had also started to explore innovative ways of enhancing contributions, not just by WHO but by the entire global health ecosystem. It had to be remembered that country and regional goals were important factors in the programme's implementation; indeed, results were really only produced at the country level.

The Secretariat intended to introduce an independent accountability mechanism. It was aware that the outcomes and indicators contained in the draft programme of work published in November 2017 required further review. Amendments would be issued as they became available, between February and April 2018, including one concerning the indicator on antimicrobial resistance.

Measures designed to avoid duplication of work and the formation of silos would be incorporated into the revised draft programme of work. The Deputy Director-General for Programmes was in charge of ensuring integration across all levels of the Organization, with universal health coverage and WHO emergency work serving as unifying points in that regard. In addition, every effort had been made to design the budget structure in such a way that silos became a thing of the past.

WHO remained firmly committed to United Nations reform. The fact that, like the draft programme of work, United Nations reform was focused on the country level would make it easier to align the two. Operational issues related to performance management, regional coordination and country office accountability would be addressed in the course of the implementation of the programme of work, specifically within the transformation agenda and in structures such as the programme budget.

The REGIONAL DIRECTOR FOR EUROPE said that the Secretariat welcomed Member States' proposals and guidance aimed at strengthening the draft programme of work, particularly in the areas of public health and primary health care and with regard to the impact and accountability framework. The Secretariat's leadership team, along with the Regional Directors, remained committed to working with Member States and partners to implement the programme. The three levels of the Organization would work in harmony to avoid the formation of silos and support country efforts to effect change. Political commitment from the highest level of government would nonetheless be needed to move forward successfully with the general programme of work.

The DIRECTOR-GENERAL welcomed Member States' constructive comments and active engagement on the draft programme of work. The Secretariat would incorporate their suggestions in the draft general programme of work and publish a revised version of the draft for further consultation.

WHO existed in an ecosystem of partners, each of which played a crucial role in achieving the Sustainable Development Goals. WHO would only accomplish the ambitious goals of the general programme of work by working with partners from all sectors, including civil society and the private sector. Steps must therefore be taken to strengthen the Framework of Engagement with Non-State Actors in order to protect the Organization's work from conflicts of interest and undue influence.

A continuing commitment to accountability and transparency would also be vital to effectively measure the impact of the general programme of work and ensure the success of the Organization's transformation agenda. Cultural change would be integrated into WHO initiatives and processes to transform the Organization's ways of working. The change would be driven by the Secretariat leadership team and would encompass every part of the Organization.

Advocacy would play a key role in the transformation agenda. WHO must seek to capitalize on its leadership role in global health and use its normative and technical expertise to advocate for adequate and sustainable financing of global health. It must continue to develop evidence-based public health advocacy initiatives and campaigns aligned with its strategic priorities.

In order to deliver on the three strategic priorities and obtain results in keeping with the goals of the general programme of work, appropriate levels of flexible, aligned and predictable funding would be crucial. He urged Member States to make the unearmarked contributions that would allow for greater independence and flexibility. In doing so, Member States would provide the Secretariat leadership team with the opportunity to deliver clear results and prevent the formation of silos.

The meeting rose at 12:35.

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