EXECUTIVE BOARD
142nd session

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PROVISIONAL SUMMARY RECORD OF THE NINTH MEETING

WHO headquarters, Geneva
Thursday, 25 January 2018, scheduled at 18:00

Chairman: Dr A. HAFEEZ (Pakistan)

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NINTH MEETING

Thursday, 25 January 2018, at 18:15

Chairman: Dr A. HAFEEZ (Pakistan)

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

Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018: Item 3.8 of the agenda (documents EB142/15 and EB142/15 Add.1) (continued)

The representative of NEW ZEALAND noted that the executive summary of the preliminary evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases, contained in document EB142/15 Add.1, had found the mechanism to be "more useful than effective". It was unclear whether implementation of the recommendations contained in the document would deliver the desired outcomes, as the activities proposed were not contextualized to meet the Member States' needs. It was also uncertain whether the mechanism would become sufficiently operational during the remainder of its mandate to serve its purpose.

The REPRESENTATIVE OF THE DIRECTOR-GENERAL (Evaluation and Organizational Learning) said that the majority of Member States had recognized the added value of the mechanism. Implementation of the proposed actions would greatly enhance its effectiveness and add strategic clarity, thus enabling the fulfilment of its mandate.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) said that the recommendations would be addressed in such a way as to add value to the mechanism and support implementation of the draft thirteenth global programme of work and the Sustainable Development Goals.

The Board noted the report.

Preparation for a high-level meeting of the General Assembly on ending tuberculosis: Item 3.9 of the agenda (document EB142/16)

The CHAIRMAN drew attention to a draft resolution on preparation for a high-level meeting of the General Assembly on ending tuberculosis proposed by Brazil, the Philippines, the Russian Federation and South Africa, which read:

> The Executive Board,
>
> Having considered the report on the preparation for a high-level meeting of the General Assembly on ending tuberculosis, to be held in 2018,[1]
>
> 1. REQUESTS the Director-General to develop, working in close collaboration with all relevant international, regional and national partners as recommended in the Moscow

[1] Document EB142/16.

Declaration to End TB (2017), a draft multisectoral accountability framework that enables the monitoring, reporting, review and actions needed to accelerate progress to end tuberculosis both globally and nationally, leaving no one behind, through an independent constructive and positive approach, especially in the highest burden countries, and the independent review of progress achieved by those countries, to be considered by the Seventy-first World Health Assembly in May 2018, and presented at the high-level meeting of the United Nations General Assembly on ending tuberculosis in 2018 in order to secure strong political support;

2. RECOMMENDS to the Seventy-first World Health Assembly the consideration of the following draft resolution:

The Seventy-first World Health Assembly,

(PP1) Noting with concern that tuberculosis remains the leading infectious disease killer in the world today, responsible for an estimated 1.3 million deaths and an additional 374 000 deaths among people living with HIV/AIDS in 2016; and that the epidemic, including drug-resistant tuberculosis, poses a serious threat to health security and is a priority in the response to antimicrobial resistance;

(PP2) Reaffirming resolutions: WHA67.1 (2014), by which the Health Assembly adopted the global strategy and targets for tuberculosis prevention, care and control after 2015, subsequently known as the End TB Strategy; and WHA68.7 (2015), by which the Health Assembly adopted the global action plan on antimicrobial resistance; as well as recalling General Assembly resolution 71/3 (2016) "Political Declaration of the High-Level Meeting of the General Assembly on Antimicrobial Resistance";

(PP3) Recalling the General Assembly resolution 70/1, which adopted the 2030 Agenda for Sustainable Development and defined the Sustainable Development Goals, as well as the associated target of ending the tuberculosis epidemic by 2030;

(PP4) Recalling further the report submitted to the Seventieth World Health Assembly in May 2017 on the implementation of the End TB Strategy, [1] which concluded that global, regional and country-level actions as well as investments were falling far short of those needed and that high-level global support and regional and national commitments were required; and noting that progress is slow on all three targets of the Strategy (reducing TB incidence, reducing TB mortality, and eliminating catastrophic costs among TB patients and their households);

(PP5) Recognizing that to achieve the TB targets and milestones of the Sustainable Development Goals (SDGs) and of the WHO's End TB Strategy, care and prevention-related actions should be reinforced, paying particular attention to vulnerable groups, taking into account national contexts and circumstances, in the context of [the context of progress towards achieving] [achieving] universal health coverage (UHC) and taking into account social, economic and environmental determinants and consequences of TB;

(PP6) Welcoming the decision contained in the General Assembly Resolution A/RES/71/159, to hold a high-level meeting on the fight against tuberculosis in 2018;

(PP7) Welcoming also the first WHO global ministerial conference on "Ending TB in the Sustainable Development Era: A Multisectoral Response", organized jointly with the Government of the Russian Federation and held in Moscow on 16 and

[1] Document A70/38, section E.

17 November 2017, and the resulting Moscow Declaration to End TB,[1] with commitments and calls to action regarding notably: advancing the TB response within the Sustainable Development Agenda; ensuring sufficient and sustainable financing; pursuing science, research and innovation; developing a multisectoral accountability framework; and, acting immediately to prepare for the high-level meeting of the United Nations General Assembly;

(PP8) Noting the commitment made in the Moscow Declaration to support the development of the multisectoral accountability framework, [looking towards] the 2018 UNGA high-level meeting on TB, to be considered by the WHO Governing Bodies,

OP1. URGES Member States:[2]

(1) to support preparation for the high-level meeting of the United Nations General Assembly in 2018 on tuberculosis, including by enabling high-level participation;

(2) to pursue the implementation of all the commitments called for in the Moscow Declaration to End TB (2017), which will contribute to reaching the targets of the End TB Strategy and the Sustainable Development Goals target to end the tuberculosis epidemic;

OP2. CALLS UPON all international, regional and national partners, as appropriate, to pursue the actions called for in the Moscow Declaration to End TB (2017) and to invite those who have not yet endorsed it to add their support;

OP3. REQUESTS the Director-General:

(1) to continue to support the United Nations Secretary-General and the General Assembly, upon request, in the preparation of the high-level meeting of the General Assembly on ending tuberculosis in 2018;

(2) to support, together with all relevant stakeholders, the implementation of the Moscow Declaration to End TB as a direct contribution to the success of the United Nations General Assembly high-level meeting and to advance tuberculosis prevention and care and the specific actions requested of WHO in the Moscow Declaration, including: actions to [to achieve (DEL advance towards)] [to strengthen health systems [(DEL for progress)] towards achieving] universal health coverage, [(DEL through health systems strengthening], including for tuberculosis prevention and care; to urgently support high multidrug-resistant TB (MDR-TB) burden countries in their national emergency response and to address MDR-TB as a major threat to public health [(DEL security)] by supporting implementation of the Global Action Plan on Antimicrobial Resistance (AMR) including TB-specific actions in all countries;

(3) to continue to provide strategic and technical leadership, assistance, advice and support to Member States, as well as working with international institutions and all other relevant stakeholders, towards sufficient [, (DEL and)] sustainable [and flexible] financing;

[1] Available at http://www.who.int/tb/Moscow_Declaration_MinisterialConference_TB/en/.

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

(4) to develop a global strategy for tuberculosis research and innovation taking into consideration ongoing and new efforts and to make further progress in enhancing cooperation and coordination of tuberculosis research and development, considering where possible drawing on relevant, existing research networks and global initiatives;

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

Resolution:	Preparation for a high-level meeting of the General Assembly on ending tuberculosis
A.	**Link to the programme budget**
1.	**Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted** **Programme area:** 1.2. Tuberculosis **Outcome:** 1.2. Universal access to quality tuberculosis care in line with the End TB Strategy **Outputs:** 1.2.1. Worldwide adaptation and implementation of the End TB Strategy and targets for tuberculosis prevention, care and control after 2015, as adopted in resolution WHA67.1 1.2.2. Updated policy guidelines and technical tools to support the implementation of the End TB Strategy and efforts to meet targets for tuberculosis prevention, care and control after 2015, covering the three pillars: (1) integrated, patient-centred care and prevention; (2) bold policies and supportive systems; and (3) intensified research and innovation
2.	**Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:** Not applicable.
3.	**Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:** A draft multisectoral accountability framework. The draft resolution includes two elements: (a) the Executive Board requests the Director-General to develop, in close collaboration with all relevant international, regional and national partners, a draft multisectoral accountability framework that enables monitoring, reporting, review and actions needed to accelerate progress to end TB both globally and nationally, for consideration by the Seventy-first World Health Assembly in May 2018; (b) a bracketed draft resolution for consideration by the Seventy-first World Health Assembly. The financial and administrative implications for the Secretariat included in the current document are those relevant to point (a). The financial and administrative implications for the Secretariat of the proposed draft resolution for consideration by the Health Assembly would be developed in advance of the Seventy-first World Health Assembly.
4.	**Estimated implementation time frame (in years or months) to achieve the resolution:** Three months.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** US$ 0.13 million.

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

US$ 0.13 million.

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

Zero.

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

Not applicable.

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

Not applicable.

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

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

US$ 0.13 million

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

Not applicable.

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

Not applicable.

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

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	0.040	0.004	0.004	0.004	0.004	0.004	0.004	0.064
	Activities	0.070	0.000	0.000	0.000	0.000	0.000	0.000	0.070
	Total	0.110	0.004	0.004	0.004	0.004	0.004	0.004	0.134

The representative of BRAZIL, also speaking on behalf of China, India, the Russian Federation and South Africa, said that in order to achieve the tuberculosis targets and milestones set forth in the Sustainable Development Goals and the global strategy and targets for tuberculosis prevention, care and control after 2015, known as the End TB Strategy, treatment and prevention-related activities needed to be reinforced in the context of universal health coverage. Addressing the socioeconomic determinants and consequences of tuberculosis was also critical. Under a cooperation plan adopted in 2016, the Governments of Brazil, China, India, the Russian Federation and South Africa had committed to joining efforts to promote universal access to the diagnosis and treatment of tuberculosis, in particular by mobilizing efforts, resources and investment in research and innovation. In 2017, they had agreed to establish a tuberculosis research network, which had been presented at the first WHO Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: A Multisectoral Response, held in Moscow, Russian Federation, in November 2017. The current

focus was on developing new technologies for more accurate and timely diagnosis and treatment of tuberculosis, including its multidrug-resistant forms, and more effective prevention. The Moscow Declaration to End TB was a crucial reference document for scaling up tuberculosis response and would provide useful input for the first high-level meeting of the United Nations General Assembly on the fight against tuberculosis in 2018.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, expressed support for the implementation of the Moscow Declaration. The WHO Secretariat should update Member States regularly on the preparation for the high-level meeting. The meeting was a crucial opportunity to galvanize greater political commitment to the fight against tuberculosis, enable the allocation of domestic resources and engender a culture of regular tracking of progress. Tuberculosis remained one of the leading causes of death in the African Region and more support was needed to strengthen health systems and guarantee universal access to more precise, rapid diagnosis. He supported the adoption of the draft resolution.

The representative of VIET NAM said that her delegation fully supported the ambitious goals and solutions set forth in the Moscow Declaration. When preparing for the high-level meeting, it was important to recall that tuberculosis was a leading cause of death globally and undermined global health security. Although diagnostic tools and treatment were available, access was far from universal. Multisectoral approaches were needed to increase access and ensure the optimal utilization of existing tools. WHO should provide timely guidance and support to Member States during the preparation of the high-level meeting to ensure the broadest possible participation.

The representative of ZAMBIA said that strong political commitment was needed to accelerate progress towards ending tuberculosis and the high-level meeting would be a useful tool in that regard. It had already generated increased recognition and stakeholder engagement, effort and investment. Implementation of the Moscow Declaration would be an important first step towards achieving universal coverage of tuberculosis care and prevention. Technical and financial support for Member States should be maintained and WHO should work with different stakeholders to ensure sufficient and sustainable funding for tuberculosis elimination.

The representative of MEXICO briefed the Board on progress made in her country towards ending tuberculosis. She highlighted the importance of a whole-of-society approach and the need to take into account the multiple risk factors and social determinants of the epidemic. WHO played a crucial role in the global fight against tuberculosis and must create synergies with other United Nations agencies to develop an effective response. When preparing for the high-level meeting, the Organization should draw on existing agreements, in particular the Moscow Declaration. At the meeting, discussions on ways to tackle multidrug-resistant forms of tuberculosis should be seen in the context of the broader agenda on antimicrobial resistance.

The representative of the PHILIPPINES stressed the need for a multisectoral response to tuberculosis. The fight against the epidemic must go hand in hand with the drive towards universal health coverage so that no one was left behind. The high-level meeting was expected to garner strong political commitments and action-oriented responses from Member States, especially among high-burden countries. Increased stakeholder engagement was needed to ensure multisectoral accountability and it was imperative to address the social determinants of tuberculosis, including poverty and overcrowding. The roles and functions of different sectors in supporting existing and future interventions should be clearly defined at the high-level meeting.

The representative of BAHRAIN said that her delegation supported the Moscow Declaration. In preparing the high-level meeting, particular emphasis should be placed on the contributions and

requests of countries in emergency situations, which should receive additional support and capacity-building assistance.

The representative of JAPAN said that tuberculosis must be addressed in the context of universal health coverage. His delegation supported the work on preparing the high-level meeting and welcomed the draft resolution. As a co-facilitator of the meeting, his Government would spare no effort to contribute to the global drive to end tuberculosis. Innovative measures, new technology and a clear vision for the way forward were crucial to achieving the ambitious goals of the End TB Strategy. He wished to learn more about the way in which WHO intended to drive progress.

The representative of IRAQ said that the Moscow Declaration provided a sound basis for a multisectoral response to tuberculosis and the actions set forth in the document must be implemented. The fight against tuberculosis must involve all States, regardless of their respective disease burden. National tuberculosis responses should be set in the context of the draft thirteenth general programme of work 2019–2023 and the Sustainable Development Goals, and integrated into emergency preparedness and response activities, with a special focus on internally displaced persons and refugees. It might also be useful to create synergies between work on tuberculosis and noncommunicable diseases, as both issues would be discussed by the United Nations General Assembly in 2018.

The representative of COLOMBIA said that his Government supported the global drive to end tuberculosis through national action and the End TB Strategy. His Government stood ready to participate actively in the preparation of the high-level meeting and looked to WHO for guidance in that regard. The meeting outcome must highlight the importance of multisectoral commitments and approaches to the prevention, control and treatment of tuberculosis. A strong statement by the General Assembly would be a valuable contribution to the shared objective of achieving global tuberculosis targets.

The representative of the DOMINICAN REPUBLIC said that the poor were disproportionately affected by tuberculosis. The global fight against the epidemic had not produced the desired results and more needed to be done. Strong political commitment and sustained financing were crucial to improve access to fast diagnostics and new medicines, address antimicrobial resistance and coinfection of HIV and tuberculosis, and work with the most affected populations. Her Government placed much hope in the high-level meeting, which must culminate in the adoption of a bold political declaration.

The representative of CANADA thanked the Russian Federation for its leadership in the global fight against tuberculosis. Her Government looked forward to continued engagement with its partners, including civil society, before and after the high-level meeting. Collective action must be inspired by the reality facing people most affected by tuberculosis and based on equity and gender equality. She supported the draft resolution.

The representative of THAILAND said that, despite the global rhetoric and subsequent resolutions, tuberculosis had long been neglected and numerous challenges impeded progress. More investment was needed in health infrastructure, information systems and human resources to combat tuberculosis. Efforts to end the epidemic should be integrated with HIV and other public health programmes. At present, barriers to ending tuberculosis were largely management-related and tuberculosis champions were needed at all levels to take the lead in fighting the disease. It was also crucial to tackle stigma and discrimination in health care settings. She supported the adoption of the draft resolution.

The representative of PAKISTAN said that his country had the highest tuberculosis burden in his region. Given the high cost of tuberculosis prevention, treatment and control, and the persistent funding gap, increased investment and broad partnerships were needed. The current shift from business as usual to bold policies and multisectoral approaches facilitated engagement with a wider range of partners.

The representative of SWAZILAND requested additional information about the logistics of the high-level meeting.

The representative of PERU[1] said that the high-level meeting would generate crucial political support for the difficult fight against tuberculosis. The outcome document should highlight the need for: sustained financial support for high-burden countries; additional human resources for prevention and treatment; a community-based approach to detection and treatment; strengthened dialogue with civil society and the private sector to finance research into new vaccines and medicines; and social support for tuberculosis patients, given the stigma attached to the disease. The Moscow Declaration was an important contribution to the high-level meeting.

The representative of PANAMA[1] said that urgent action was needed on multidrug-resistant tuberculosis to drive progress towards ending the epidemic. WHO Member States must be given guidance and technical support to implement the End TB Strategy. The use of innovative approaches and technologies was also crucial. The high-level meeting should draw on existing agreements and the commitments of Member States, which would help to secure support at the highest political level. She requested that Panama be added to the list of sponsors of the draft resolution.

The representative of CHINA[1] said that his Government's firm commitment to global efforts to end tuberculosis was reflected in its participation in the Global Ministerial Conference and in national action to implement the End TB Strategy. His Government stood ready to participate actively in the preparation of the high-level meeting. He supported the adoption of the draft resolution.

The representative of BANGLADESH[1] said that the situation with regard to tuberculosis in his country was marked by numerous challenges, including inadequate detection, limited engagement of private practitioners, inadequate notification and poor management. Multisectoral and community-based approaches were crucial to drive progress. The high-level meeting would provide an invaluable opportunity for Member States to share best practices and identify areas for rapid action, gaps and challenges.

The representative of ECUADOR[1] said that the high-level meeting should build on the path set forth in the Moscow Declaration. Achieving universal health coverage through health systems strengthening and a human rights-based approach to prevention and treatment were crucial. It was also important to focus on serving vulnerable populations, including people living with HIV, detainees, children and people with disabilities. Global efforts to combat antimicrobial resistance and address HIV and tuberculosis coinfection must be intensified. Sharing of responsibility and the involvement of people and communities affected by tuberculosis were critical.

The representative of INDONESIA[1] said that the principles laid down in the Moscow Declaration should be incorporated into the outcome document of the high-level meeting.

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

The representative of the UNITED STATES OF AMERICA[1] said that, as the largest funder of international tuberculosis prevention, detection, treatment and research efforts, her Government stood ready to engage with others to identify avenues for global cooperation. The Global Ministerial Conference and the high-level meeting were both important milestones. Despite the significant progress made in the fight against tuberculosis, it remained the top infectious disease globally; multidrug-resistant tuberculosis in particular was a serious threat to global health security and development. Continued innovation and research, multidisciplinary approaches and effective collaboration were essential. Through increased global commitment and multisectoral engagement, a world free of tuberculosis was possible.

The representative of SOUTH AFRICA[1] said that the high-level meeting would provide a unique opportunity for real political commitment. Unless urgent action was taken, global tuberculosis targets would not be met. Political will was critical in order to build on existing commitments. Tuberculosis targets could only be achieved if universal health coverage became a reality. Research and development were also crucial to identify new tools. Her Government was pleased to be a partner in initiatives such as the Life Prize project, formerly the 3P Project. Tuberculosis action should be given greater priority in the thirteenth general programme of work.

The representative of ARGENTINA[1] said that it was crucial to galvanize political commitment to intensify the fight against tuberculosis and accelerate progress; those steps should go hand in hand with advancing universal health coverage. The drive to end tuberculosis must be seen in the context of the global agendas on antimicrobial resistance, health security and sustainable development. National and external funds must be mobilized for a comprehensive response to tuberculosis. Increased investment in research and innovation and a sound, comprehensive accountability framework that enabled appropriate assessment of outcomes were also vital.

The representative of the RUSSIAN FEDERATION[1] said that his Government had taken an integrated approach to ending tuberculosis, while recognizing emerging challenges such as new sources and types of tuberculosis. Given the high mortality burden associated with the disease, it must be addressed at the national, regional and global levels. The Global Ministerial Conference, held in Moscow in 2017, was indicative of his Government's commitment to the global fight against tuberculosis, in which the implementation of the Moscow Declaration would be an important step. The Declaration could serve as an inspiration for the outcome of the high-level meeting.

The representative of INDIA[1] said that increased funding for tuberculosis prevention, treatment and control was crucial. He highlighted the importance of quality care, detection of tuberculosis cases, free diagnosis and treatment, online notification systems, community engagement, communication campaigns and data collection. Since India was a major manufacturer of anti-tuberculosis drugs, his Government remained committed to working with WHO to fight the continuing challenge that the disease presented.

The representative of UNAIDS said that tuberculosis and its multidrug-resistant forms were among the greatest threats to the AIDS response. Greater integration of tuberculosis and HIV programmes was therefore needed, in addition to meaningful engagement with affected communities, strengthened health systems and measures to address the socioeconomic drivers of tuberculosis. UNAIDS and its cosponsors looked forward to engaging with WHO Member States in preparation for the high-level meeting.

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

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that the high-level meeting on tuberculosis and the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases would provide opportunities to highlight the interlinkages between the two issues and showcase integrated approaches. Both required political leadership, health systems strengthening, universal health coverage and measures to tackle the social determinants of health. Member States should capitalize on interventions that could address both issues.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATION, speaking at the invitation of the CHAIRMAN, said that ending tuberculosis could only be achieved by addressing broader global health concerns, including poverty and universal health coverage. It was necessary to fight stigma, focus on community-based interventions and empower people living with tuberculosis. Member States with a high burden of multidrug-resistant tuberculosis should be especially proactive on antimicrobial resistance. More countries should join collaborative research efforts as innovation was crucial. High-risk populations should be involved in the high-level meeting.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that a holistic, multisectoral approach was needed to end tuberculosis. The poor, prisoners, migrants and patients with cancer or receiving organ transplants or immunotherapy were disproportionately at risk. Investment in research and innovation, adequate public health infrastructure and an integrated approach to drug resistance in the context of the broader antimicrobial resistance agenda were critical.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that tuberculosis detection, prevention and treatment must be scaled up, using strong, evidence-based policies. The Organization must engage in robust consultation with civil society in preparation for the high-level meeting and develop a political declaration based on equity and medical science. Tuberculosis and the global antimicrobial resistance crisis were inextricably linked. WHO must do its utmost to help make treatment more accessible and affordable. High-income countries should increase their contributions to end the epidemic.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that particular efforts were needed to reach underserved populations and reduce the stigma, discrimination and isolation affecting tuberculosis patients. A person-centred approach, community-based treatment options and psychosocial and socioeconomic support were crucial. Multidrug-resistant tuberculosis must be tackled in the context of the antimicrobial resistance agenda and strengthening health systems should be a priority. There was also a need for better legislation, regulations and policies to protect the health workforce from tuberculosis.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the high-level meeting would be a useful opportunity to call for rapid acceleration towards the global targets for ending tuberculosis. Countries must commit to time-bound, ambitious and measureable national treatment and prevention targets. Greater support was needed for public health-driven tuberculosis research and development and equitable access to treatment. A transparent research and development framework was needed that promoted needs-driven priority setting, data sharing, collaborative research and intellectual property pooling. The high-level meeting should convene regularly to assess progress.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that ending the tuberculosis epidemic required access to diagnosis and treatment for all, through a comprehensive primary care network in the context of universal health coverage. The social determinants of tuberculosis must be addressed through social assistance, food and employment security. The high-level meeting should propose concrete actions to address key social determinants of tuberculosis and call for increased investment in tuberculosis research.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, said that increased political and financial commitments were needed to strengthen Member States' tuberculosis policies and practices. Closing the research and development funding gap could have a transformative impact. The high-level meeting provided an opportunity to mobilize investment for new tools and programme activities and Member States should ensure the highest level of political participation, giving priority to tuberculosis in children and adolescents.

The ASSISTANT DIRECTOR-GENERAL (Communicable Diseases) said that the WHO Secretariat was engaging actively with the secretariat of the United Nations in preparation for the high-level meeting. The draft resolution, which enjoyed broad support from Member States, requested WHO to draft a multisectoral accountability framework for action on tuberculosis and he invited all Member States to participate in the preparation of that document. Giving an overview of events on tuberculosis scheduled to be held prior to the high-level meeting, he urged Member States to ensure the broadest possible participation in that meeting. The high-level meeting provided a historic opportunity to galvanize political commitment to end tuberculosis. WHO would engage widely with Member States in preparation for the meeting and would continue to support national implementation of the End TB Strategy.

The DIRECTOR-GENERAL said that WHO had placed a strong focus on tuberculosis over the past six months in an effort to seize the opportunity presented by the high-level meeting. Broad stakeholder engagement, strong partnerships and the involvement of civil society over the coming months were crucial to building a united force that would help to make the high-level meeting a success. High-burden countries, in particular, must act as one and drive progress. The link between tuberculosis and HIV must be taken into account, with a focus on prevention. WHO would do its utmost to push for accelerated action and he relied on Member States for their support.

The Board noted the report.

The CHAIRMAN said he took it that the Board wished to adopt the draft resolution.

The resolution was adopted.[1]

[1] Resolution EB142.R3.

2. OTHER TECHNICAL MATTERS: Item 4 of the agenda

Global snakebite burden: Item 4.1 of the agenda (document EB142/17)

The CHAIRMAN drew attention to a draft resolution on addressing the burden of snakebite envenoming proposed by Angola, Australia, Benin, Brazil, Burkina Faso, Colombia, Costa Rica, Ecuador, France, Gabon, Guatemala, Honduras, India, Jamaica, Kenya, Mexico, the Netherlands, Nigeria, Pakistan, Panama, Peru, the Philippines, Senegal, Thailand and Zambia, which read:

> The Executive Board,
>
> Having considered the report on global snakebite burden;[1]
>
> Recommends to the Seventy-first World Health Assembly the adoption of the following resolution:
>
> > The Seventy-first World Health Assembly,
> >
> > (PP1) Deeply concerned that snakebite envenoming[2] kills an estimated 81 000–138 000 men, women and children a year worldwide and causes physical and psychological disability in four or five times that figure;
> >
> > (PP2) Noting that the individuals affected by snakebite are overwhelmingly members of impoverished agricultural and herding communities, the great proportion of whom are 10–40 years of age;
> >
> > (PP3) Concerned that several factors, including poor prevention, health worker training, diagnosis and treatment of cases of snakebite envenoming and inadequacy of available tools for prevention, diagnosis and treatment of the disease, impede further progress in addressing snakebite envenoming;
> >
> > (PP4) Recognizing that snakebite envenoming causes disproportionate suffering, but has to date been largely overlooked by the global health community even though it can induce catastrophic health expenditure and exacerbate poverty;
> >
> > (PP5) Recognizing further that snakebite envenoming by WHO as a high priority neglected tropical disease,[3] following the recommendation of WHO's Strategic and Technical Advisory Group for Neglected Tropical Diseases at its 10th meeting (Geneva, 29 and 30 March 2017),[4] in response to the urgent need to implement effective control strategies, tools and interventions;
> >
> > (PP6) Recognizing the lack of statistics and accurate information and the need to further improve data on the epidemiology of snakebite envenoming for a better understanding of the disease and its control;
> >
> > (PP7) Aware that early diagnosis and treatment are essential for reducing the morbidity, disability and mortality that snakebite envenoming can cause;
> >
> > (PP8) Noting with satisfaction the progress made by some Member States with regard to research into snakebite envenoming and improved case management;
> >
> > (PP9) Acknowledging the urgent need to improve access to safe, effective and affordable treatments in all regions of the world where snakebite envenoming is endemic;

[1] Document EB142/17.

[2] Snakebite envenoming is the disease resulting from the pathological and pathophysiological alterations induced by the deleterious action of venom injected in the body as a consequence of snakebite.

[3] See http://www.who.int/snakebites/resources/s40409-017-0127-6/en/ (accessed 8 December 2017).

[4] See http://www.who.int/neglected_diseases/NTD_STAG_report_2017.pdf?ua=1.

(PP10) Recognizing the work of WHO towards developing guidelines for the diagnosis and management of snakebite envenoming and for the production, control and regulation of antivenoms and the need to make these available to all regions of the world;

(PP11) Mindful that achievement of the Sustainable Development Goals of the 2030 Agenda for Sustainable Development, particularly those concerning poverty, hunger, health and education, may be hampered by the negative impact of neglected diseases of the poor, including snakebite envenoming,

OP1. URGES Member States:[1]

(1) to assess the burden of snakebite and, where necessary, establish and/or strengthen surveillance, prevention, treatment and rehabilitation programmes;

(2) to improve the availability, accessibility and affordability of antivenoms to populations at risk, and develop mechanisms to ensure that additional costs related to the treatment and rehabilitation after snakebite envenoming are affordable for all;

(3) to promote the transfer of knowledge and technology between Member States in order to improve the global availability of antivenoms and the effective management of cases;

(4) to integrate, where possible and appropriate, efforts to control snakebite envenoming with other relevant disease-control activities;

(5) to improve access to specific treatment and rehabilitation services for the individuals affected by snakebite envenoming, by mobilizing national resources;

(6) to provide training to relevant health workers on the diagnosis and management of snakebite envenoming, with particular emphasis in regions of high incidence;

(7) to intensify and support research on snakebite envenoming, particularly in order to develop new tools to diagnose, treat, prevent and measure the burden of the disease;

(8) to promote community awareness of snakebite envenoming, through culturally contextualized public campaigns, in support of early treatment and prevention, and intensify community participation in awareness and prevention efforts;

(9) to foster cooperation and collaboration among Member States, the international community and relevant stakeholders in order to strengthen national capacities to control, prevent and treat snakebite envenoming;

OP2. REQUESTS the Director-General:

(1) to accelerate global efforts and provide coordination to the control of snakebite envenoming, ensuring the quality and safety of antivenoms and other treatments and prioritization of high impact interventions;

(2) to continue to offer technical support to institutions working on research into snakebite envenoming, including WHO collaborating centres, in support of improved, evidence-based disease control efforts;

(3) to foster international efforts aimed at improving the availability, accessibility and affordability of safe and effective antivenoms for all;

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

(4) to provide support to Member States for strengthening their capacities for improving awareness, prevention and access to treatment and for reducing and controlling snakebite envenoming;
(5) to foster technical cooperation among Member States as a means of strengthening surveillance, treatment and rehabilitation services;
(6) to cooperate, as appropriate and in accordance with their respective mandates, with international agencies, nongovernmental organizations, foundations and research institutions, directly to provide support to Member States in which snakebite envenoming is prevalent, upon request, in order to strengthen snakebite management activities;
(7) to report on progress in implementing this resolution to the Seventy-third World Health Assembly.

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

Resolution:	Addressing the burden of snakebite envenoming
A.	**Link to the programme budget**
1.	**Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted** **Programme areas:** 1.4. Neglected tropical diseases 4.3. Access to medicines and other health technologies and strengthening regulatory capacity **Outcomes:** 1.4. Increased and sustained access to neglected tropical disease control interventions 4.3. Improved access to and rational use of safe, efficacious and affordable quality medicines and other health technologies **Outputs:** 1.4.2. Implementation and monitoring of neglected tropical disease control interventions facilitated by evidence-based technical guidelines and technical support 4.3.1. Access to and use of essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools 4.3.3. Improved quality and safety of medicines and other health technologies through norms, standards and guidelines, strengthening of regulatory systems, and prequalification
2.	**Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:** Not applicable.
3.	**Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:** Although they were not specified during the process of preparing the Programme budget 2018–2019, the deliverables planned will contribute to the outputs detailed above. They are set out below. • Accelerate global efforts and coordination for the control of snakebite envenoming, ensuring the quality, efficacy and safety of antivenoms and other treatments, and the prioritization of high impact interventions; • Continue to offer technical support to institutions working on research into snakebite envenoming, including WHO collaborating centres, in support of improved, evidence-based disease control efforts;

- Foster international efforts aimed at strengthening the production, regulation and control of quality, safety and efficacy of snake antivenom immunoglobulins and improving the availability, accessibility and affordability of safe and effective antivenoms for all;
- Support Member States to strengthen capacities for improving awareness and prevention and access to treatment, and for reducing and controlling snakebite envenoming;
- Foster technical cooperation among countries as a means of strengthening surveillance, treatment and rehabilitation services;
- Cooperate, as appropriate and in accordance with their respective mandates, with international agencies, nongovernmental organizations, foundations and research institutions, to directly support countries in which the disease is prevalent, upon the request of such countries, in order to strengthen snakebite management activities.

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

No end-date is presently foreseen for this resolution, with implementation efforts forming part of the ongoing work concerned with the control and elimination of neglected tropical diseases. The financial information presented here concerns the six-year period July 2018 to−2023.

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

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

US$ 29.66 million for the first six years.

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

Zero.

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

US$ 6.33 million.

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

US$ 10.63 million.

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

US$ 12.70 million per biennium, plus cost of indexation against inflation.

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

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

Zero.

– Remaining financing gap in the current biennium:

US$ 6.33 million.

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

None at present. Mobilization of funds will be linked to the primary outcome of the deliverables in the biennium 2018−2019. The development of the snakebite environment road map and the organization of the associated stakeholder meeting are expected to mobilize donor voluntary contributions amounting to at least 50% of the biennium budget.

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

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2018–2019 additional resources	Staff	1.32	0.15	0.13	0.12	0.07	0.12	0.14	2.05
	Activities	2.53	0.55	0.23	0.31	0.16	0.24	0.26	4.28
	Total	3.85	0.70	0.36	0.43	0.23	0.36	0.40	6.33
2020–2021 resources to be planned	Staff	1.98	1.04	0.69	0.83	0.33	0.63	0.70	6.20
	Activities	2.85	0.47	0.21	0.28	0.16	0.22	0.24	4.43
	Total	4.83	1.51	0.90	1.11	0.49	0.85	0.94	10.63
Future bienniums resources to be planned	Staff	3.26	1.08	0.96	0.86	0.50	0.87	0.98	8.51
	Activities	2.55	0.49	0.22	0.29	0.16	0.23	0.25	4.19
	Total	5.81	1.57	1.18	1.15	0.66	1.10	1.23	12.70

The representative of VIET NAM said that his country wished to be added to the list of sponsors of the draft resolution.

The representative of BENIN, speaking on behalf of the Member States of the African Region, asked the Director-General to support efforts to address the global morbidity, disability and mortality burden of snakebite envenoming. Scorpion envenoming was also a serious health threat in the Region and it would be useful to include scorpion stings in the draft resolution. The inclusion of snakebite envenoming in the WHO neglected tropical diseases portfolio as a Category A neglected tropical disease was a commendable step. An epidemiological surveillance system should be developed to facilitate the collection of reliable data and thus a realistic assessment of the problem. Although treatment options existed, the high cost of antivenoms and supply shortages in rural areas presented significant barriers. As a result, affected populations, especially in remote settings, continued to rely on traditional treatment methods. He welcomed the measures proposed to address the global snakebite burden and called for accelerated action towards the development of a strategic plan for the disease. Particular emphasis should be placed on research and development, capacity-building for the health workforce and broad antivenom coverage. The Member States of the African Region supported the adoption of the draft resolution.

The representative of ZAMBIA said that, although snakebites in Zambia were notified under an integrated disease surveillance response system, obtaining accurate data was difficult and not all cases were reported. Snakebite envenoming had a disproportionate impact on the poor and he was pleased that it had been included in the neglected tropical diseases portfolio. The agenda could be further expanded to include bites from other medically important venomous animals, such as scorpions or spiders. He urged WHO and other stakeholders to support capacity-building for health care workers and communities on prevention, first-aid and clinical management of snakebites, as it was not uncommon for inappropriate treatment to result in death or morbidity.

The representative of COLOMBIA, speaking on behalf of the Member States of the Region of the Americas, said that a comprehensive global strategy was needed to address the burden of snakebite envenoming around the world. It was difficult to quantify the global burden, which affected vulnerable populations in rural settings disproportionately and had serious socioeconomic consequences. Given the extent of the problem in the Americas, countries in the region had been working for years to

improve surveillance, step up regional and local production to guarantee availability of antivenoms in public health care settings, train the health workforce and conduct research. They stood ready to share their experience and to contribute to the development of a multisectoral, comprehensive strategy to tackle the disease.

The representative of BRAZIL said that the global snakebite envenoming burden was distributed unevenly within and across countries and regions. WHO's initiative to improve the quality, safety and regulation of antivenom production was commendable and special emphasis should be placed on addressing shortages, stock outs and improving access. Like others, she recognized the importance of tackling the morbidity and mortality associated with scorpion stings.

The representative of THAILAND said that, in the context of universal health coverage, antivenoms were provided free of charge in Thailand. With the increasing popularity of raising snakes as pets or on farms, there was a risk that foreign snake species could be introduced for which no antivenom was available locally. In order to address that emerging challenge, WHO should act as a link between Member States to facilitate the timely procurement and exchange of antivenom.

The representative of the NETHERLANDS welcomed WHO's efforts to address the medical and social impact of snakebites. The availability of safe, affordable, effective and quality-assured antivenom, while crucial, was not the only solution to such a complex problem. A comprehensive approach was needed to prevent snakebites and treat and rehabilitate victims in endemic rural areas. Exchange of scientific knowledge was crucial to developing innovative practical solutions and raise public awareness of the problem. A strong resolution adopted by the Seventy-first World Health Assembly would give WHO the necessary authority to lead the way towards the development of a comprehensive strategy to tackle the global snakebite burden.

The representative of the PHILIPPINES welcomed the inclusion of snakebite envenoming in the list of neglected tropical diseases. She appreciated WHO's support with regard to the production and improvement of antivenoms; health systems strengthening; upgrading facilities for breeding and testing procedures to ensure quality production and good manufacturing practices; continued capacity-building and knowledge transfer.

The representative of JAMAICA deplored the lack of statistics and accurate information on snakebite envenoming. WHO should launch and support regional networks in order to enable access to quality information, improve case and inventory management and generate a better understanding of the situation. Doing so would improve Member States' capacity to respond to chemical emergencies, as required under the International Health Regulations (2005).

The representative of JAPAN said that he supported the report and the draft resolution. He would appreciate additional information on the technical process applied when adding a new disease to the neglected tropical diseases portfolio. He also wished to know whether adding snakebite envenoming – which was classified as a noncommunicable disease – changed the scope of the list, and whether its addition might overstretch the scarce resources available for work on neglected tropical diseases.

The representative of MEXICO said that it would be useful to develop a WHO strategy for the prevention and control of snakebite envenoming in areas where resources were limited. It was crucial to train the health workforce in diagnosis and treatment, and to review and regulate the production and effects of antivenoms. In doing so, WHO should draw on the experience of experts and stakeholders already working on neglected tropical diseases, both in academic institutions and the private sector.

The representative of JORDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, supported the draft resolution, but suggested that it should include scorpion stings, which were among the most common causes of envenoming in his region and affected the same group of impoverished agricultural and herding communities as snakebite envenoming. Similarly to snakebites, scorpion stings required urgent medical treatment and specific antivenoms that were currently in short supply.

The representative of the DOMINICAN REPUBLIC said that, although his country was not at risk of snakebite envenoming, he shared the concerns of others. Factors impeding the reduction of the global snakebite burden included inadequate training of health care professionals and lack of adequate tools for prevention, diagnosis and treatment. He requested that the Dominican Republic be added to the list of sponsors of the draft resolution.

The representative of IRAQ said that, in the light of the statement by the representative of Jordan and given the dearth of studies on snakebite and scorpion envenoming, WHO should support a country-level study of the types of snakes and scorpions concerned. Cooperation within and between regions would be needed to that end, while capacity-building was required to address shortages of antivenoms. Intersectoral collaboration and community participation were crucial to preventing snakebites and scorpion stings. As an escalating public health issue, envenoming should be addressed through the thirteenth general programme of work, efforts to achieve the Sustainable Development Goals and work on emergency preparedness and response.

The representative of ALGERIA expressed support for the proposal by the representative of Jordan on behalf of the Member States of the Eastern Mediterranean region to include scorpion stings in the draft resolution. His country was among those affected by scorpion sting envenoming. He requested that Algeria should be added to the list of sponsors of the draft resolution.

The representative of BAHRAIN reiterated the importance of addressing both snakebite envenoming and scorpion stings.

The representative of MOROCCO said that thousands of scorpion stings, resulting in many deaths, occurred in his region each year, due to the large areas of desert and the number of different types of scorpions in the region. WHO should take action on scorpion stings.

The representative of COSTA RICA[1] welcomed the progress made in combating snakebite envenoming and fully endorsed the report. The draft resolution reflected years of collaborative work within and across regions and sectors, with WHO support. To reduce the global snakebite burden, scientific research, health workforce capacity-building and community-based interventions were crucial. Regional cooperation was a useful tool that created synergies; her Government would be glad to share its experiences with others to help alleviate human suffering, especially among vulnerable populations in rural settings.

The representative of PERU[1] said that treatment for snakebites was provided free of charge in his country. Notification of snakebite cases was mandatory and specific, effective serums from native snakes were produced locally. It was important to address the shortage of specific antivenoms, including through cooperation. WHO could prepare a common format for reporting cases of snakebite envenoming to improve the quality of information. Programmes to tackle the disease should provide

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

for the rehabilitation of affected persons. School curricula in endemic areas should include information on accidents involving venomous animals and on relevant prevention and treatment measures.

The representative of AUSTRALIA[1] said that, while snakebite was difficult to prevent, the devastating impact of envenoming was preventable. Rapid access to treatment was critical. Commercial antivenom production was currently not viable: production techniques were complex and the market was small. A focus on emerging technologies and research and development was thus crucial. He welcomed the establishment of the working group on snakebite envenoming and encouraged WHO to support the development of practical treatment protocols, designed in consultation with local experts. It was also important to assess the real impact of snakebite envenoming, as current assessments were likely to underestimate the true burden. He commended Costa Rica and Colombia for their leadership on the draft resolution and said that his Government was pleased to act as one of the sponsors of the document.

The representative of the UNITED STATES OF AMERICA[1] said that successful treatment of snakebite envenoming depended on the strength of the local community health system. The availability of good quality antivenom was crucial and Member States with high burdens of snakebite envenoming should develop, finalize and implement national action plans to increase access. WHO could harness its technical capacity to assist new and historic manufacturers in their efforts to increase capacity and close the gap in access to good quality antivenom, including through private-public partnerships.

The representative of PANAMA[1] said that her Government was committed to efforts to reduce the snakebite burden. An initiative should be launched to ensure that the approach taken to tackling snakebite envenoming involved multiple interventions on surveillance, prevention and risk control, and the availability of antivenoms. Cooperation to produce the antivenoms required for different species was essential.

The representative of TOGO[1] said that, in order to prevent the further impoverishment of vulnerable populations in rural communities as a result of costly snakebite envenoming treatments, his Government subsidised antivenoms. Nonetheless, the availability and proper use of antivenoms remained problematic. He welcomed WHO's efforts to improve the quality, safety and regulation of antivenoms and called for the development of a public health strategy to prevent and manage snakebite envenoming correctly. In order to reduce its impact, health workers and communities must be trained in snakebite prevention and case management. He requested that Togo should be added to the list of sponsors of the draft resolution.

The representative of BURKINA FASO[1] said that snakebite envenoming was a public health concern in his country and welcomed the increased attention WHO was devoting to the issue. The focus on improved access to safe, effective, affordable and quality antivenoms produced by verified manufacturers was commendable.

The representative of BANGLADESH[1] said that major challenges to tackling snakebite envenoming included appropriate and timely treatment and procurement, production and equitable distribution of antivenoms. More research and evidence-based data were needed to address the impact of snakebite envenoming effectively. He encouraged WHO to provide technical assistance to high-burden Member States and expressed support for the draft resolution.

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

The representative of NIGERIA[1] drew attention to the work conducted by the EchiTAb Study Group, in cooperation with the Nigerian Government, which had facilitated the development of effective, safe and affordable antivenoms. She called on WHO to support local production of those antivenoms, as a major contribution to addressing snakebite envenoming.

The representative of INDONESIA[1] highlighted the need for an accurate database on the nature, magnitude and distribution of snakebite envenoming cases at the global, regional and national levels, to inform appropriate strategies. In many developing countries, antivenoms were only available at hospitals and even there they were in short supply. In order to close that gap, WHO should support local manufacturing of affordable antivenoms. In addition, emphasis should be placed on snakebite envenoming management at the primary care level, as most incidents occurred in rural settings. Primary health care facilities, especially in endemic areas, must have ready access to antivenoms.

The representative of ARGENTINA[1] welcomed the recent inclusion of snakebite envenoming on the WHO list of neglected tropical diseases. In Argentina, snakebite notification was mandatory. WHO response to the global snakebite burden should include: improved notification procedures to enable better distribution of resources and evidence-based mitigation; development of online courses on up-to-date diagnosis and treatment methods and identification of the species that were most common in a given area; and the promotion of research and development for safe, quality and affordable antivenoms.

The representative of ECUADOR[1] said that work on a global response to snakebite envenoming was the result of years of consultation and research. Given the serious impact of snakebite envenoming for many people around the world, she was pleased that the issue had finally received the attention it deserved.

The representative of MEXICO said that she supported the comments by the representatives of Panama and Jordan. As a survivor of a scorpion sting she recognized the importance of addressing envenoming. It was a significant problem in her country that mostly affected children. She supported the proposal by the representative of Jordan on behalf of the Member States of the Eastern Mediterranean region to refer to scorpion stings in the draft resolution.

The representative of BRAZIL expressed support for the initiative proposed by Panama. Scorpion envenoming was a significant issue in her country. It might be useful to embark on a process similar to that leading to the incorporation of snakebite envenoming in the list of neglected tropical diseases, in order to create a sound evidence base relating to scorpion stings for future action. WHO might also wish to explore options for developing a comprehensive strategy on the disease burden associated with venomous animals in general.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the draft resolution. The Secretariat and Member States should: intensify work on access to safe, quality-assured antivenoms; establish a global financing mechanism to support the supply of antivenom free of charge; prioritize the research and development agenda; train the health workforce in the appropriate management of snakebite envenoming; build community awareness and capacities; and conduct epidemiological surveillance to assess the true burden and distribution of snakebite envenoming.

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

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the burden of snakebite envenoming disproportionately affected poor populations. Strengthening primary care structures, including by training health workers in appropriate case management, was thus crucial. WHO should develop guidelines on good antivenom manufacturing practices and Member States must build capacities for the manufacture of safe, good quality and effective antivenoms. It was also important to address the research gap.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the global snakebite burden could be minimized by strengthening health systems, focusing on access to safe, effective, affordable and quality-assured antivenoms, community-based intervention, prevention and first-aid, and affordable innovations and manufacture. The development of a road map to guide the implementation and evaluation of a comprehensive, multi-actor snakebite control programme would be useful. Given the high cost of antivenoms, publicly funded research and development models were important.

The ASSISTANT DIRECTOR-GENERAL (Communicable Diseases) thanked the Board for its strong commitment to action on the global snakebite burden. In response to a request made by the representative of Japan, he described the process that had culminated in the inclusion of snakebite envenoming in the WHO neglected tropical diseases portfolio as a Category A neglected tropical disease in June 2017. With regard to the concern about spreading limited resources too thinly by including snakebite envenoming in the portfolio, he said that strong commitments and a clear vision usually attracted the resources required to implement them. Turning to the proposed inclusion of scorpion stings in the draft resolution, he said that it would be premature to propose any action on the matter. Incidence, mortality and morbidity burdens and the clinical management of scorpion stings differed from that for snakebites and evidence must be studied carefully before recommending any action.

The Board noted the report.

The CHAIRMAN said that he took it that the Board wished to refrain from adding scorpion stings to the draft resolution and adopt the document without amendments.

The Board adopted the draft resolution.[1]

Physical activity for health: Item 4.2 of the agenda (document EB142/18)

The CHAIRMAN drew attention to the report on physical activity for health, contained in document EB142/18, and a draft resolution on the WHO global action plan on physical activity 2018–2030 proposed by Ecuador, France, Indonesia, Israel, Kenya, Luxembourg, Panama, the Philippines, Portugal and Thailand, which read:

> The Executive Board,
> Having considered the report on physical activity for health,[2]

[1] Resolution EB142.R4.

[2] Document EB142/18.

RECOMMENDS to the Seventy-first World Health Assembly the adoption of the following resolution:

The Seventy-first World Health Assembly,

(PP1) Having considered the report on physical activity for health;

(PP2) Concerned by the rapidly growing burden of noncommunicable diseases, mental health disorders and other mental health conditions globally, and its negative impact on health, well-being, quality of life, and socioeconomic development;

(PP3) Acknowledging that increasing physical activity and reducing sedentary behaviour can prevent at least 3.2 million noncommunicable disease-related mortalities globally per year,[1] reduce related disability and morbidity and the financial burden on health systems, and increase the number of healthy life years;

(PP4) Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011),[2] the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (2014),[3] the 2030 Agenda for Sustainable Development,[4] Health Assembly resolutions WHA51.18 (1998) and WHA53.17 (2000) on the prevention and control of noncommunicable diseases, WHA55.23 (2002) on diet, physical activity and health, WHA57.17 (2004) on the global strategy on diet, physical activity and health, WHA66.10 (2013) on follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which endorsed the global action plan for the prevention and control of noncommunicable diseases 2013−2020, and which adopted a voluntary global target to, by 2025, achieve a 10% relative reduction in prevalence of insufficient physical activity;

(PP5) Acknowledging the Secretariat's work in providing Member States with tools, including WHO's global Noncommunicable Diseases Progress Monitor, and guidelines to promote physical activity,[5] and further acknowledging that supplementary tools and guidelines may need to be developed to assist Member States to scale up their actions in increasing physical activity and reducing sedentary behaviour;

(PP6) Recognizing the efforts made by Member States and all relevant stakeholders in recent years to promote physical activity and reduce sedentary behaviour as part of broader efforts to prevent and control noncommunicable diseases and improve mental health;

(PP7) Recognizing also the need to further scale up actions and enable environments to facilitate physical activity and reduce sedentary behaviour throughout the life course, bearing in mind different national contexts, priorities and policy opportunities,

OP1. ENDORSES the global action plan on physical activity 2018−2030;

[1] Global Status Report on Noncommunicable Diseases 2014. Geneva: World Health Organization; 2014, page 33.

[2] United Nations General Assembly resolution 66/2 (2011).

[3] General Assembly resolution 68/300 (2014).

[4] General Assembly resolution 70/1 (2015).

[5] Global recommendations on physical activity for health. Geneva: World Health Organization; 2010 (http://www.who.int/dietphysicalactivity/publications/9789241599979/en/, accessed 22 January 2018).

OP2. ADOPTS the voluntary global target of a 15% relative reduction, using a baseline of 2016, in the global prevalence of physical inactivity in adolescents[1] and in adults[2] by 2030, as an extension of the existing voluntary global target of a 10% relative reduction in prevalence of insufficient physical activity by 2025;[3]

OP3. URGES Member States[4] to implement the global action plan on physical activity 2018−2030, according to national contexts and priorities, and to monitor and report on progress regularly in order to improve programme performance;

OP4. INVITES relevant national, regional and international partners along with other relevant stakeholders, including the private sector, to implement the global action plan on physical activity 2018−2030 and contribute to the achievement of its strategic objectives, aligned with domestic plans or strategies;

OP5. REQUESTS the Director-General:

(1) to implement the proposed actions for the Secretariat in the global action plan on physical activity 2018−2030, including providing necessary support to Member States for its implementation, in collaboration with other relevant partners;

(2) to finalize, in consultation with Member States and other relevant stakeholders, a monitoring and evaluation framework on the implementation of the global action plan on physical activity 2018−2030, including a recommended set of process and impact indicators, by the end of 2018, taking into account the existing monitoring framework and indicators at the global and regional levels, and to publish it on the WHO website;

(3) to produce, before the end of 2020, the first global status report on physical activity, building on the latest available evidence and international experience, including on sedentary behaviour;

(4) to incorporate reporting on progress made in implementing the global action plan on physical activity 2018−2030 in the reports to be submitted to the Health Assembly in 2021 and 2026 in accordance with the agreed reporting sequence set out in resolution WHA66.10; and to submit a final report on the global action plan on physical activity 2018−2030 to the Health Assembly in 2030.

[1] Insufficient physical activity among adolescents (aged 11−17 years) is defined as less than 60 minutes of moderate to vigorous intensity activity daily.

[2] Insufficient physical activity among adults (aged 18+ years) is defined as less than 150 minutes of moderate-intensity activity per week.

[3] See resolution WHA66.10.

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

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

Resolution:	WHO Global Action Plan on Physical Activity 2018–2030
A.	**Link to the programme budget**
1.	**Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted** **Programme area:** 2.1. Noncommunicable diseases **Outcome:** 2.1. Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors **Outputs:** 2.1.1. Development and implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases accelerated 2.1.2. Countries enabled to implement strategies to reduce modifiable risk factors for noncommunicable diseases (tobacco use, diet, physical inactivity and harmful use of alcohol), including the underlying social determinants 2.1.4. Monitoring framework implemented to report on the progress made on the commitments contained in the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and in the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020
2.	**Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:** Not applicable.
3.	**Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:** None.
4.	**Estimated implementation time frame (in years or months) to achieve the resolution:** Eight years.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** US$ 30.3 million.
2.a.	**Estimated resource requirements already planned for in the Programme budget 2018–2019, in US$ millions:** US$ 9.4 million.
2.b.	**Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US$ millions:** Zero.

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

US$ 8.1 million.

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

2022–2023: US$ 6.4 million.
2024–2025: US$ 6.4 million.

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

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

Zero.

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

US$ 9.4 million.

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

Zero.

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

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	1.2	0.8	0.8	0.6	0.7	0.6	0.7	5.4
	Activities	2.8	0.2	0.2	0.2	0.2	0.2	0.2	4.0
	Total	4.0	1.0	1.0	0.8	0.9	0.8	0.9	9.4
2018–2019 additional resources	Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Activities	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2020–2021 resources to be planned	Staff	1.2	0.8	0.8	0.6	0.7	0.6	0.7	5.4
	Activities	1.5	0.2	0.2	0.2	0.2	0.2	0.2	2.7
	Total	2.7	1.0	1.0	0.8	0.9	0.8	0.9	8.1
Future bienniums resources to be planned	Staff	2.4	1.6	1.6	1.2	1.4	1.2	1.4	10.8
	Activities	0.8	0.2	0.2	0.2	0.2	0.2	0.2	2.0
	Total	3.2	1.8	1.8	1.4	1.6	1.4	1.6	12.8

The representative of BHUTAN said that the draft global action plan on physical activity 2018-2030 would represent value for money by reducing the burden of noncommunicable diseases. To move the proposal forward, it was important to assess the implementation capacity of Member States and the Secretariat's technical capacity to assist them. He noted the report by the Director-General on physical activity for health and supported the adoption of the draft resolution.

The representative of BAHRAIN expressed support for the draft global action plan but noted that economic and social differences among countries presented an obstacle to implementation. In that regard, countries should share experience and best practices and the Secretariat should provide technical assistance for training and establish guidelines on the implementation of national plans. A

detailed action plan was needed to help States address the challenges to implementation, such as the need for funding and capacity-building in research and development.

The representative of BRAZIL said that her Government was in favour of the goal of a 15 per cent relative reduction in physical inactivity by 2030. She supported the promotion of physical activity throughout the life course, since children, adults and the elderly needed to be involved in efforts to achieve target 3.4 of the Sustainable Development Goals, which focused on reducing premature mortality from noncommunicable diseases and promoting mental health and well-being. Access to physical activities must be promoted regardless of socioeconomic status, age, gender, disability and geographic location. References to the principles of proportional universality and equity across the life course in the draft global action plan were welcome. She looked forward to discussions on the monitoring and evaluation frameworks for the draft global action plan and noted the importance of Member States' full engagement in the development of targets and related indicators.

The representative of THAILAND noted the impact of physical activity on life expectancy. Her Government was committed to the implementation of the draft global action plan. She looked forward to the development of the monitoring framework and to receiving the first global status report in 2020.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, noted the positive health, societal and economic effects of an increase in physical activity and the role of physical activity in achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). He supported the four strategic objectives and the 20 policy actions set out in the draft global action plan, and took note of the report. The Secretariat should provide technical advice to help Member States implement the draft global action plan and prepare national action plans for the promotion of physical activity.

The representative of SRI LANKA asked to join the list of sponsors of the draft resolution. Attention should be focused on physical activity among children and adolescents, as habits developed in childhood continued into adulthood. Children should practice a sport regularly; scheduling a daily time slot for physical activity in schools would provide an opportunity for children to participate in sports.

The representative of FIJI endorsed the report. He asked to join the list of sponsors of the draft resolution.

The meeting rose at 21:00.

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