EXECUTIVE BOARD
144th session

EB144/PSR/13
23 April 2019

PROVISIONAL SUMMARY RECORD OF THE THIRTEENTH MEETING

WHO headquarters, Geneva
Wednesday, 30 January 2019, scheduled at 18:00

Chairman: Dr P. SILLANAUKEE (Finland)
Later: Ms M.N. FARANI AZEVÊDO (Brazil)
Later: Dr S.M. ZWANE (Eswatini)

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THIRTEENTH MEETING

Wednesday, 30 January 2019, at 18:05

Chairman: Dr P. Sillanaukee (Finland)
Later: Ms M.N. Farani Azevêdo (Brazil)
Later: Dr S.M. Zwane (Eswatini)

OTHER TECHNICAL MATTERS: Item 6 of the agenda (continued)

Accelerating cervical cancer elimination: Item 6.5 of the agenda (document EB144/28) (continued)

The CHAIRMAN recalled that a draft decision on accelerating cervical cancer elimination had been introduced at the previous meeting.

The representative of MEXICO welcomed the support provided by WHO for interventions to tackle cervical cancer and noted the importance of political will and adequate resources to achieve elimination. He welcomed the draft decision on accelerating the elimination of cervical cancer as a global public health problem. The Secretariat should take into account regional experience when developing a draft global strategy to accelerate cervical cancer elimination, considering progress indicators and taking into account the budget feasibility of that initiative and alignment with the draft proposed programme budget 2020–2021 and the Thirteenth General Programme of Work, 2019–2023.

The representative of ZAMBIA expressed concern at the statistics on the coverage of cervical cancer interventions provided in the report. All stakeholders should offer support as regards vaccine supplies. The Secretariat should assist Member States in introducing indicators and interim targets as early as possible, and should also develop indicators to track the accelerators outlined in the report.

The representative of the UNITED STATES OF AMERICA called for additional research to improve cervical cancer interventions and urged WHO to set feasible targets for cervical cancer control in order to achieve elimination. Governments and non-State actors should work together to adopt a primary prevention approach. There should be greater emphasis on educating populations that onset of sexual activity and number of sexual partners were risk factors for human papillomavirus acquisition. All Member States should improve access to high-quality primary health care services for women and girls across the care continuum.

The representative of GERMANY said that her Government would participate in the development of a draft global strategy to accelerate cervical cancer elimination.

The representative of VIET NAM said that she strongly supported the development of a draft global strategy to accelerate cervical cancer elimination. She called for campaigns to raise women’s awareness of cervical cancer and for further achievements with respect to treatment.

The representative of TURKEY said that WHO should facilitate market research and price negotiations for new human papillomavirus vaccines. He outlined the progress made in his country with regard to cervical cancer screening.

The representative of INDONESIA said that Member States should step up efforts to raise awareness of cervical cancer, including with the help of religious leaders and public figures. They should improve the availability of facilities, tools, funds and human resources and share lessons learned. He outlined some of actions taken to accelerate elimination in Indonesia and called on WHO and non-State actors to support initiatives to accelerate cervical cancer elimination and further promote women's health.

The representative of GABON said that cervical cancer was a priority health concern in his country. Mobilization of resources to support interventions was required, including by ensuring supplies of the vaccine.

The representative of COLOMBIA said that mass communication strategies should be developed to inform people about the prevention of and risk factors for cervical cancer and early access to health services. Governments should purchase human papillomavirus-DNA screening tests centrally so that the technology could be introduced affordably into screening programmes. Progress should be made in using rapid human papillomavirus detection tests and in capacity-building on cervical cancer control for the health workforce.

The representative of BHUTAN outlined measures taken in her country to address cervical cancer. She fully supported global efforts to accelerate cervical cancer elimination as a public health problem and welcomed the draft decision.

The representative of CHILE said that her Government was committed to using all means to accelerate cervical cancer elimination. She highlighted some of the measures taken in her country with respect to cervical cancer prevention and control.

The representative of CHINA emphasized that access to human papillomavirus vaccines was a challenge in China and other middle-income countries. His Government supported the draft decision and was committed to engaging in international cooperation to improve cervical cancer prevention and control.

The representative of ROMANIA said that the European Union and its Member States were pleased to sponsor the draft decision.

The representative of ESWATINI reiterated that access to human papillomavirus vaccines must be improved, particularly in developing countries. Eswatini wished to be added to the list of sponsors of the draft decision.

The representative of THAILAND[1] welcomed the draft decision and noted that the capacity of health systems to provide quality cervical cancer screening, treatment and palliative care was a challenge. He expressed concern at the shortage of human papillomavirus vaccines and their current market price, which made the vaccine unaffordable for many developing countries. The availability of a generic vaccine produced in developing countries would increase affordability, and WHO should accelerate the approval of prequalified vaccines.

The representative of the DOMINICAN REPUBLIC[1] said that constraints with respect to human papillomavirus vaccine supply and access, screening tests and diagnostic services had to be overcome. Political will was required to implement national plans and ensure appropriate budgeting, monitoring

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

and accountability. Monitoring and surveillance systems should be strengthened to improve detection and quality of care, close gaps and reduce inequalities. She supported the draft decision.

The representative of INDIA[1] outlined some of the actions taken in his country to address cervical cancer. His Government stood ready to share its experience in the prevention, control and screening of common cancers, including cervical cancer.

The representative of ARGENTINA[1] said that the implementation of national and local programmes, particularly in low- and middle-income countries with weak and fragmented health systems was a key challenge for elimination. Strategies had to be implemented on an appropriate scale and with sufficient coverage to be effective. To that end, local health services should provide screening and self-testing should be used to increase coverage in the most disadvantaged areas. She highlighted her country's efforts within the framework of PAHO to promote cervical cancer elimination.

The representative of PANAMA[1] said that her Government wished to be added to the list of sponsors of the draft decision. Member States must implement updated standards and protocols for prevention, early diagnosis, treatment and palliative care for invasive cervical cancer. Effective and innovative measures to increase screening were required; more active involvement of women and their families would contribute directly to resolving the problem.

The representative of CANADA[1] said that she was encouraged by the advances made in addressing cervical cancer, including through the widespread introduction of human papillomavirus vaccines in many countries. Cervical cancer prevention and control efforts must also focus on gender equality, health equity and access to health services. She requested information on WHO's modelling work to define elimination and related thresholds, which would help Member States set meaningful goals.

The representative of MOROCCO[1] drew attention to the progress made in his country in cervical cancer prevention and control. Efforts should be made to promote access to the human papillomavirus vaccines by reducing the price, increase the vaccine's availability by encouraging local production, and support national screening programmes.

The representative of BELGIUM[1] said that, as funding for research in the field of cancer prevention was very limited, it was essential that cancer research addressed the correct priorities. He sought reassurance that the evaluation of the International Agency for Research on Cancer was in line with WHO's evaluation policy.

The representative of TRINIDAD AND TOBAGO,[1] noting that the early detection and elimination of cervical cancer would yield a high return on investment, outlined steps taken in his country to strengthen screening. He highlighted the importance of national surveillance systems, and called for more technical cooperation on the integration of health information systems to ensure the linkage of data from vaccination, screening, cancer and HIV registries.

The representative of SOUTH AFRICA[1] said that her country, which attached high importance to cervical cancer elimination, had been successfully implementing a human papillomavirus vaccination

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

programme since 2014. However, the high cost of the vaccine was a major concern, and she urged the Secretariat to advocate for an affordable price.

The representative of PERU,[1] outlining efforts to address cervical cancer in his country said that efforts should be made to strengthen information campaigns highlighting that cervical cancer was a global public health problem that could be prevented and detected early on. He supported the development of a draft global strategy to accelerate cervical cancer elimination.

The representative of DENMARK[1] said that, although efforts to strengthen vaccination and screening coverage were important, Member States must build strong, resilient and coherent health systems to accelerate elimination. WHO should promote a holistic approach in its work on cervical cancer elimination.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIRMAN, said that her organization had agreed to advocate for national cervical cancer strategies aligned with WHO's call for elimination; build the capacities of its members; support countries in rolling out the human papillomavirus vaccine and cervical cancer screening and treatment; contribute expertise to WHO's efforts on cervical cancer elimination; and harness collaboration and partnerships to promote elimination efforts.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that she welcomed the comprehensive approach towards cervical cancer elimination, including the topic of pain relief. She highlighted the opportunity to build the capacities of the health workforce in prevention, rapid referral, treatment and palliative care. Member States should engage fully in consultations on a global strategy to accelerate cervical cancer elimination, and civil society organizations should be included in discussions. She called for a focus on the social protection of those at highest risk and support for countries with the highest burdens of cervical cancer.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed the recognition of cervical cancer as a global health priority. Efforts to prevent, detect and treat cervical cancer should include the promotion of school health, adolescent immunization and gender equity. Equitable access to reproductive health services was necessary to reduce the burden of noncommunicable diseases among women in low-resource settings.

The ASSISTANT DIRECTOR-GENERAL (Family, Women, Children and Adolescents) thanked participants for supporting the development of a global strategy to accelerate cervical cancer elimination. It was encouraging that so many Member States already had programmes in place. The Secretariat noted the concerns raised, including vaccine supply and communications, and had already started to address some of the challenges raised. It had been collaborating with Gavi, the Vaccine Alliance, on market shaping initiatives. It had also been working with Member States that would shortly be introducing the vaccine to incorporate secondary prevention and comprehensive treatment of advanced lesions. As efforts gained momentum, vaccine pricing and supply issues would be addressed through economies of scale. She was confident that the global strategy to accelerate cervical cancer elimination would help to secure a better future for young women and girls and subsequent generations.

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

The CHAIRMAN took it that the Board wished to adopt the draft decision.

The decision was adopted.[1]

Patient safety: Item 6.6 of the agenda

- **Water, sanitation and hygiene in health care facilities** (document EB144/30)

The CHAIRMAN drew attention to a draft resolution on water, sanitation and hygiene in health care facilities proposed by Australia, Brazil, Eswatini, Ethiopia, Indonesia, Kenya, Nigeria, the United Republic of Tanzania and Zambia, which read:

> The Executive Board,
>
> Having considered the report on patient safety: water, sanitation and hygiene in health care facilities,[2]
>
> RECOMMENDS to the Seventy-second World Health Assembly the adoption of the following resolution:
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>> The Seventy-second World Health Assembly,
>>
>> (PP1) Recalling the Declaration of Astana from the Global Conference on Primary Health Care (Astana, Kazakhstan, 25 and 26 October 2018) which envisions strengthening primary health care (PHC) as the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, and that PHC is a cornerstone of a sustainable health system for effective universal health coverage (UHC) and health-related Sustainable Development Goals;
>>
>> (PP2) Recalling also resolution WHA64.24 (2011) on drinking-water, sanitation and health, which emphasizes the tenets of PHC as per the Declaration of Alma-Ata on Primary Health Care and other resolutions recalled therein (WHA35.17 (1982), WHA39.20 (1986), WHA42.25 (1989), WHA44.28 (1991), WHA45.31 (1992), WHA51.28 (1998) and WHA63.23 (2010)) and resolution WHA70.7 (2017) which stressed the role of improving safe drinking water, sanitation facilities, health care waste management and hygiene practices in primary health care;
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>> (PP3) Recalling further United Nations General Assembly resolution 64/292 on the human right to water and sanitation of July 2010 and resolution 72/178 of December 2017 and the United Nations Human Rights Council resolution 39/8 of September 2018, on the human rights to safe drinking water and sanitation;
>>
>> (PP4) Noting that without sufficient and safe water, sanitation and hygiene (WASH) in health care facilities, countries will not achieve the targets set out in Sustainable development Goal 3 (Ensure healthy lives and promote health and well-being for all at all ages) and Goal 6 (Ensure availability and sustainable management of water and sanitation for all), including reducing maternal and newborn mortality and achieving effective universal health coverage, and also in Sustainable Development Goals 1, 7, 11 and 13;
>>
>> (PP5) Noting also that the provision of safe water, sanitation and hygiene (WASH) services is fundamental for patient safety and has been shown to reduce the risk of infection for patients, caregivers, health workers and surrounding communities and noting that progress towards WASH in health care facilities would also allow for effective and timely

[1] Decision EB144(2).

[2] Document EB144/30.

prevention of and care for cholera along with diarrhoeal and other diseases, as recognized in resolution WHA71.4 (2018) on cholera prevention and control;

(PP6) Recalling WHA68.7 (2015) on the global action plan on antimicrobial resistance, which underscores the critical importance of safe water, sanitation and hygiene (WASH) services in community and health care settings for better hygiene and infection prevention measures to limit the development and spread of antimicrobial resistant infections and to limit the inappropriate use of antimicrobial medicines, ensuring good stewardship;

(PP7) Noting the findings of the joint WHO and UNICEF report, *Water, sanitation and hygiene in health care facilities: status in low and middle income countries and way forward*,[1] which revealed that close to 40% of all health care facilities globally lack access to even rudimentary water supplies, 19% lack sanitation and 35% do not have water and soap for handwashing,[2] underscoring the implications of not having these basics in these places, including the spread of infections in places that are supposed to promote health and basic hygiene for disease prevention; and stressing the implications for the dignity of patients and other users who seek health care services, particularly women in labour and their newborn babies;

(PP8) Recalling the statement of the United Nations Secretary-General making a global call for action for water, sanitation and hygiene in all health care facilities;

(PP9) Noting that the Director-General's report to the Seventy-first World Health Assembly on health, environment and climate change[3] has identified global driving forces, including population growth, urbanization and climate change, which are expected to significantly affect the availability and quality of, and access to, water and sanitation services and freshwater resources and the urgent need for addressing the links between climate, energy, safe water, sanitation and hygiene (WASH) and health;

OP1. URGES Member States:[4]

(1) to conduct comprehensive assessments according to the national context and, where appropriate, to quantify the availability, quality and needs of safe water, sanitation and hygiene (WASH) in health care facilities and infection prevention and control (IPC) status using existing regional and global protocols or tools[5,6] and in collaboration with the global effort to improve WASH in health care facilities;[7]

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[1] WHO and UNICEF. Water, sanitation and hygiene in health care facilities: status in low and middle income countries and way forward. World Health Organization: Geneva; 2015.

[2] WHO and UNICEF will release Sustainable Development Goal baseline figures for safe water, sanitation and hygiene (WASH) in health care facilities in March/April 2019. These new figures will supersede the figures currently stated in the resolution.

[3] Document A71/11.

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

[5] WHO and UNICEF. Water and sanitation health facility improvement tool (WASH-FIT). Geneva: World Health Organization/UNICEF; 2018 (https://www.who.int/water_sanitation_health/publications/water-and-sanitation-for-health-facility-improvement-tool/en/, accessed 28 January 2019).

[6] National infection prevention and control assessment tool (IPCAT2) and WHO Infection Prevention and Control Assessment Framework (IPCAF) (https://www.who.int/infection-prevention/tools/core-components/en/, accessed 28 January 2019).

[7] WHO and UNICEF are co-coordinating the global efforts to improve safe water, sanitation and hygiene (WASH) in health care facilities. Action is focused on a number of key areas, including national assessments. More information can be found on the knowledge portal: www.washinhcf.org.

(2) to develop and implement a road map according to national context so that every health care facility in every setting has, commensurate with its needs, safely managed and reliable water supplies; sufficient, safely managed and accessible toilets or latrines for patients, caregivers and staff of all sexes, ages and abilities; appropriate core components of infection prevention and control (IPC) programmes including good hand hygiene infrastructure and practices; routine, effective cleaning; and safe waste management systems, including for excreta and medical waste disposal and whenever possible sustainable and clean energy;

(3) to establish and implement, according to national context, minimum standards for safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) in all health care settings and build WASH and IPC standards into accreditation and regulation systems; and establish accountability mechanisms to reinforce standards and practice;

(4) to set targets within health policies and integrate indicators for safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC)[1] into national monitoring mechanisms to establish baselines, track progress and track health system performance on a regular basis;

(5) to integrate safe water, sanitation and hygiene (WASH) into health programming, including into nutrition, maternal, child and newborn health within the context of safe, quality integrated people-centred health services, effective universal health coverage, infection prevention and control (IPC) and antimicrobial resistance;

(6) to identify and to address inequities and interruptions in the availability of adequate safe water, sanitation and hygiene (WASH) services in health facilities, especially in facilities that provide maternity services and in primary health care facilities;

(7) to align their strategies and approaches with the global safe water, sanitation and hygiene (WASH) in health care facilities effort[2] and contribute to the realization of Sustainable Development Goal 3 (Ensure healthy lives and promote health and well-being for all at all ages) and Goal 6 (Ensure availability and sustainable management of water and sanitation for all);

(8) to have procedures and funding in place to operate and maintain safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) services in health facilities and to make continuous upgrades and improvements based on needs so that infrastructure continues to operate and resources are made available to help facilities access other sources of safe water in the event of failures in the normal water supply, so that environmental and other impacts are minimized and in order to maintain hygiene practices;

(9) to educate and raise awareness, in line with regional agreements, on water, sanitation and hygiene, with a particular focus on maternity, hospital facilities, and settings used by mothers and children; and to conduct ongoing education campaigns on the risks of poor sanitation, including open defecation, to discourage this practice, and encourage community support for use of toilets and safe management of faecal waste by health workers;

[1] WHO and UNICEF. Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals (https://www.who.int/water_sanitation_health/publications/core-questions-and-indicators-for-monitoring-wash/en/, accessed 28 January).

[2] WHO/UNICEF global activities on WASH in health care facilities. (https://www.who.int/water_sanitation_health/facilities/en/, accessed 28 January 2019).

(10) to establish strong multisectoral coordination mechanisms with the active involvement of all relevant ministries, particularly those responsible for health, finance, water, and energy, to align and strengthen collaborative efforts and ensure adequate financing to support the delivery of all aspects of safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) across the health system; to invest in a sufficient and well-trained health workforce, including health care workers, cleaners and engineers to manage WASH services, provide ongoing maintenance and operations and perform appropriate WASH and IPC practices including strong pre-service and ongoing in-service education and training programmes for all levels of staff;

(11) to promote a safe and secure working environment for every health worker including working aids and tools, safe water, sanitation and hygiene (WASH) services and cleaning and hygiene supplies, for efficient and safe service delivery;

OP2. INVITES international, regional and local partners:

(1) to raise the profile of safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) in health care facilities, in health strategies and in flexible funding mechanisms, and thereby direct efforts towards strengthening health systems as a whole, rather than focussing on vertical or siloed programming approaches;

(2) to support Government efforts to empower communities to participate in the decision-making concerning the provision of better and more equitable safe water, sanitation and hygiene (WASH) services in health facilities, including their reporting to authorities about insufficient or inadequate WASH services;

OP3. REQUESTS the Director-General:

(1) to continue providing global leadership and the development of technical guidance to achieve the targets set out in this resolution;

(2) to report on the global status of access to safe water, sanitation and hygiene (WASH) in health care facilities as part of Sustainable Development Goal 6 (Ensure availability and sustainable management of water and sanitation for all), including through the Joint Monitoring Programme and to include WASH and infection prevention and control (IPC) in health care facilities within effective universal health coverage, primary health care and efforts to monitor the quality of care;

(3) to catalyse the mobilization of domestic and external resources from the public and private sectors, and to support the development of national business cases for investment in safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) in health care facilities;

(4) to continue to raise the profile of safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) in health care facilities within WHO and at high level political forums and to work with other United Nations agencies to respond to the United Nations Secretary General's call to action in a coordinated manner;

(5) to work with Member States and partners to review, update and implement the global action plan and support member states in the development of national road maps and targets for safe water, sanitation and hygiene (WASH) in health care facilities;

(6) to work with partners to adapt existing and, if necessary, develop new reporting mechanisms to capture and monitor progress on the coordination, implementation, financing, access, quality and governance of safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) in health care

facilities according to established indicator reporting methodology for Sustainable Development Goal 6 (Ensure availability and sustainable management of water and sanitation for all);[1]

(7) to report on the progress in the implementation of the present resolution to the Health Assembly in 2021 and 2023, through the Executive Board;

(8) to support coordination and implementation of safe water, sanitation and hygiene (WASH) and basic infection prevention and control (IPC) measures in health care facilities and triage centres in times of crisis and humanitarian emergencies through the Health and WASH clusters, leveraging partnerships to prevent disease outbreaks in these contexts.

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

Resolution: Water, sanitation and hygiene in health care facilities	
A.	**Link to the approved Programme budget 2018–2019**
1.	**Output(s) in the approved Programme budget 2018–2019 to which this draft resolution would contribute if adopted:** 3.5.1. Country capacity enhanced to assess health risks and to develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks 3.1.1. Countries enabled to improve maternal health through further expansion of access to, and improvement in the quality of, effective interventions for ending preventable maternal deaths from pre-pregnancy to postpartum and perinatal deaths (stillbirths and early neonatal deaths) with a particular focus on the 24-hour period around childbirth 4.2.3. Countries enabled to improve patient safety and quality of services, and patient empowerment within the context of universal health coverage
2.	**Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2018–2019:** Not applicable.
3.	**Any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the approved Programme budget 2018–2019:** Not applicable.
4.	**Estimated implementation time frame (in years or months) to achieve the resolution:** Six years in total. Implementation in one country takes about two years; implementation can be carried out in parallel in several countries.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** US$ 9.83 million over six years (up to mid-2025).

[1] Includes protocols, methods and reporting conducted by the WHO/UNICEF Joint Monitoring Programme and the WHO-led UN-Water Global Analysis and Assessment of Sanitation and Water.

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

US$ 2.71 million.

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

Not applicable

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

US$ 3.56 million.

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

US$ 3.56 million.

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

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

US$ 2.71 million.

– Remaining financing gap in the current biennium:

Not applicable.

– Estimated resources, not yet available, if any, 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	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2018–2019 resources already planned	Staff	0.22	0.05	0.20	0.07	0.05	0.19	1.16	1.94
	Activities	0.11	0.01	0.05	0.03	0.01	0.05	0.51	0.77
	Total	0.33	0.06	0.25	0.10	0.06	0.24	1.67	2.71
2018–2019 additional resources	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2020–2021 resources to be planned	Staff	0.63	0.05	0.16	0.07	0.06	0.19	1.20	2.36
	Activities	0.14	0.04	0.08	0.04	0.02	0.10	0.78	1.20
	Total	0.77	0.09	0.24	0.11	0.08	0.29	1.98	3.56
Future bienniums resources to be planned	Staff	0.63	0.05	0.16	0.07	0.06	0.19	1.20	2.36
	Activities	0.14	0.04	0.08	0.04	0.02	0.10	0.78	1.20
	Total	0.77	0.09	0.24	0.11	0.08	0.29	1.98	3.56

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, said that lack of access to water, sanitation and hygiene in health care facilities was threatening progress in a number of key areas. Member States of the African Region had identified access to water and to sanitation as key priorities to be addressed in connection with the Thirteenth General Programme of Work, 2019–2023. High-level political commitment, strategic leadership and a clear road map and goals were needed to ensure collective action and accelerated progress on such a fundamental element of quality health care. He called on Member States to support the draft resolution.

The representative of the UNITED STATES OF AMERICA said that her country wished to be added to the list of sponsors of the draft resolution. She welcomed WHO's leadership in promoting improved water, sanitation and hygiene services in health care facilities, and called for efforts to improve the voluntary collection of local, national and global data on the issue. WHO should work to identify and disseminate achievable solutions to strengthen water, sanitation and hygiene capacity, addressing such issues as disposal of medical waste, management and administration of facilities, and good practices. It should also forge linkages with infection prevention and control programmes and leverage the successful work already undertaken by other stakeholders.

The representative of AUSTRALIA commended the development of indicators and a global workplan to accelerate action on water, sanitation and hygiene in health care facilities. The Secretariat should provide further information on the respective roles and responsibilities of WHO and other development partners, the composition of the proposed advisory group, and on how implementation of the workplan would be funded. She looked forward to the release of the first global baseline report on water, sanitation and hygiene in health care facilities from the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene. Her Government was pleased to be able to contribute to global efforts to promote water, sanitation and hygiene in health care facilities, including through a new AU$ 5 million, five-year partnership with WHO.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, thanked the authors of the draft resolution for bringing the important topic to the attention of the Executive Board. She said that the European Union and its Member States wished to be added to the list of sponsors.

The representative of FINLAND said that the need to strengthen national capacity to manage health risks was an integral part of the 2030 Agenda for Sustainable Development. Water, sanitation and hygiene constituted an essential component of patient safety and health security, and an example of the interlinkage between Sustainable Development Goals. His Government was committed to providing solutions to global water needs and stood ready to share its expertise.

The representative of CHILE, outlining initiatives undertaken in her country, highlighted the need for infection prevention and control programmes in health care facilities in addition to water, sanitation and hygiene services. She expressed support for activities to build the capacity at the country level, identify good practice, develop recommendations on leadership and governance, facilitate technical assistance and training, empower civil society and the workforce, and act on evidence.

Ms Farani Azevêdo took the Chair.

The representative of BAHRAIN welcomed the efforts of the WHO/UNICEF Joint Monitoring Programme and highlighted the need for special plans and strategies for developing water, sanitation and hygiene services in health care facilities in countries with scarce water resources. Collaboration between the private and public sectors was important in developing such services. A body should be established to regulate water quality and hygiene in health care facilities.

The representative of GERMANY said that coordinated global action, partnerships and strong leadership were required to develop policies to address water, sanitation and hygiene services in health care facilities. The importance of hygiene practices should be further emphasized, and close cooperation between the health care sector, educational institutions and service providers was essential. Additional emphasis should be placed in the report on the implementation of domestic financing mechanisms for the construction of sustainable water, sanitation and hygiene services; national policies and standards to increase access and improve services; and intermediate infrastructure solutions that could improve conditions in health care facilities. Safe water, sanitation and hygiene should be recognized as a part of health care, disease control and pandemic prevention. Noting the need for an intersectoral approach to achieve the targets of Sustainable Development Goals 3 (Ensure healthy lives and promote well-being for all at all ages) and 6 (Ensure availability and sustainable management of water and sanitation for all), he commended WHO and UNICEF on their collaboration, which he hoped would be deepened further.

The representative of FIJI called on WHO and its donor partners to help small island developing States determine gaps in water, sanitation and hygiene services, identify recommendations and ways forward, provide such services in health care facilities, and develop best practices for health care professionals.

The representative of MEXICO expressed concern at the risks of sepsis in low-resource settings, and at the increased use of antibiotics that contributed to antimicrobial resistance. Clean and hygienic health care facilities helped to build trust and reduce maternal and neonatal mortality. It was challenging that many national health budgets were organized according to priority diseases, instead of addressing the overall environment for health care delivery. He commended the collaboration between WHO and UNICEF on water, sanitation and hygiene services, including in developing harmonized indicators to facilitate the comparison of country data. He welcomed the draft resolution.

The representative of CHINA said that water, sanitation and hygiene services in health care facilities were important for patient safety. WHO should strengthen its technical guidance on the issue for developing countries. His Government supported the draft resolution and would collaborate with other countries to improve such services.

The representative of COLOMBIA said that access to water, sanitation and hygiene services in health care facilities, which would contribute to achieving universal health coverage and Sustainable Development Goals 3 and 6, was a high priority for his country. He supported the draft resolution, which was consistent with his Government’s ten-year public health plan, and called for cooperation from the international community in overcoming the challenges associated with the provision of such services in health care facilities.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, encouraged the development of comprehensive guidance that integrated an environmental code for health care facilities. Having welcomed the United Nations Secretary-General’s call to action on water, sanitation and hygiene in health care facilities in March 2018, he said that greater attention should be paid to the issue to avoid the spread of disease, prevent and manage outbreaks, and ensure patient safety, particularly in crisis and emergency situations. He highlighted the importance of financing and policies to scale up the implementation of relevant standards, and the crucial role of community engagement and intersectoral collaboration to reinforce water, sanitation and hygiene in health care facilities in the Region.

The representative of THAILAND[1] expressed support for the draft resolution and the development of a global workplan. He encouraged all Member States to commit to improving water, sanitation and hygiene in health facilities and called on WHO and other organizations in the United Nations system to provide support to the different ministries involved. WHO should work closely with other United Nations organizations to avoid any duplication in activities and funding under Sustainable Development Goals 3 and 6.

The representative of INDIA[1] said that health care facilities in many parts of his country faced particular challenges in ensuring access to water, sanitation and hygiene services. He outlined national initiatives that had accelerated rural sanitation coverage and were encouraging public health facilities to work towards standards of excellence.

The observer of PALESTINE said that, in the Gaza Strip, the unsustainable water, sanitation and hygiene situation was exacerbated by the longstanding blockade by the occupying power, Israel, and inadequate power and drinking water supplies had seriously affected the provision of such services in health care facilities. Technical support from the Secretariat and humanitarian cooperation between the Palestinian authorities and the occupying power was vital.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that she supported the draft resolution and looked forward to further discussion of the issue at the Seventy-second World Health Assembly.

The representative of GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed the leadership shown by WHO and UNICEF on water, sanitation and hygiene in health facilities. While progress had been made, challenges persisted, including poor coordination among health sectors, lack of political will and finance, and inadequate infrastructure and training. Additional country support, prioritization and commitment were needed to achieve change at the scale needed to attain the Sustainable Development Goals. She called on Member States to support the draft resolution.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that access to water, sanitation and hygiene in health facilities did not only have implications for patient safety, but also for the health and well-being of the workforce. Governments should allocate resources to promote the development and implementation of relevant standards and provide ongoing training to health care providers.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, urged Member States to support the draft resolution. He called on the Secretariat and Member States to allocate adequate financing to deliver on national plans for water, sanitation and hygiene services in health care facilities; address inequalities in access to such programmes; and develop standards and monitoring mechanisms to consider advanced levels of water, sanitation and hygiene in facilities providing secondary and tertiary care.

The DIRECTOR (Department of Public Health, Environmental and Social Determinants) thanked participants for their support and useful suggestions. She acknowledged the longstanding support from Australia; its new contribution would help activities greatly. Noting the call for education campaigns on hygiene and for greater emphasis on domestic financing policy, she said that the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water report on financing universal water,

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

sanitation and hygiene and a related information tool on domestic financing were available to help guide countries. The work by WHO and UNICEF was seeking to promote a clear definition of roles and responsibilities. New baseline data would be produced, and figures for water, sanitation and hygiene in health care facilities would be released in March 2019. She recognized the need to ensure that access to such services in health care facilities was linked to programmes to control infection, prevent antimicrobial resistance and reduce maternal and neonatal mortality. She was hopeful that, with the Secretary-General's call to action, the capacity being created and the commitment of Member States, rapid progress would be made in improving access to water, sanitation and hygiene in health care facilities.

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

The resolution was adopted.[1]

Promoting the health of refugees and migrants: Item 6.4 of the agenda (document EB144/27)

The representative of MEXICO said that it was regrettable that some valuable elements of the original draft global action plan, 2019–2023 had been lost during the consultation process and asked why the link between the plan and the 2030 Agenda for Sustainable Development had been removed. Discussions on the existence of a definition of migrants served no purpose when numerous United Nations documents referred to the subject. The guiding principles for implementation of the draft global action plan should be given greater visibility in the document. Cooperation with stakeholders should include ILO, whose work on occupational health was particularly relevant under priority 2. He trusted that the final version would constitute a robust guide based on the recognition of the right to health for all to assist States in designing their national plans. It was vital not to politicize the debate on migrants and refugees and to ensure impartiality.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, said that WHO should promote universal health coverage for all persons, including migrants and refugees, within the framework of the 2030 Agenda. WHO should act within its mandate to implement the measures under the priorities set out in the draft global action plan. He called on the Secretariat to provide technical and financial support where needed to help countries design their national action plans to ensure health care for migrants and refugees.

The representative of VIET NAM said that the increasing displacement of persons across international borders had a significant impact on the health sector in Viet Nam her country, which was carrying out a situation analysis of migrant health. She expressed support for the draft global action plan and looked forward to receiving further financial and technical support from WHO for implementation.

The representative of CHILE said that available resources must be used more efficiently if health systems were to deal with the pressure of increasing migratory flows, and recalled that States had exclusive competence over their migration policies. She strongly supported the principle of equality and non-discrimination, including with respect to health care, and agreed that migrants and refugees should be integrated into formal health systems. Efforts should be made to improve coordination with countries of origin for the purposes of prevention and sharing of information, and to pay greater attention to migrants' living conditions to reduce the risk of disease. The draft global action plan should also focus on older persons, given the additional burden that they placed on health services.

[1] Resolution EB144.R5.

The representative of SRI LANKA said that, although migrants were considered to be a vulnerable population, they contributed significantly to national economies and needed to be able to access primary health care systems. The Secretariat should provide support to Member States to map vulnerable populations under priority 6 of the draft global action plan before the plan was adapted to specific regional contexts. The responsibilities of other United Nations agencies in connection with the draft global action plan should be identified.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that national and regional differences should be taken into account in the draft global action plan. The Secretariat should provide technical and financial support to enable Member States to develop, finance and implement national plans. A discussion should be initiated to coordinate international efforts linking health care for refugees and migrants with humanitarian programmes.

The representative of COLOMBIA said that support from WHO and international cooperation was essential to facilitate equitable access to health services for migrants. He supported the adoption of a realistic global action plan that created opportunities to strengthen health systems in countries of origin, transit and destination to meet the needs of migrants, and was adequately resourced. The global action plan should: place greater emphasis on strengthening epidemiological monitoring and health information systems; call for compliance with the International Health Regulations (2005); cover financial and technical cooperation for the prevention and treatment of communicable diseases in the context of migration; and promote the timely provision of vaccines to the most affected countries.

The representative of IRAQ welcomed the draft global action plan. She recommended: monitoring progress by setting targets to be achieved by 2030; strengthening coordination at borders to improve planning, implementation and monitoring; including internally displaced persons; and enhancing primary mental health care to respond to the needs of refugees, including through the adoption of evidence-based guidelines.

The representative of the NETHERLANDS said that migrants and refugees were at increased risk of mental health challenges. However, mental health and psychosocial support was not well integrated into humanitarian support, and a multisectoral approach was required. Her country would be hosting a ministerial conference focused on mental health and psychosocial support in crisis settings later in 2019, aimed at mobilizing commitment to improve the quality of support and ensure sustainable funding, and at sharing evidence-based interventions that could be integrated into humanitarian programmes.

The representative of ZAMBIA said that countries had to improve their health care systems and establish mechanisms to respond appropriately to health emergencies in order to ensure the right to health of refugees and migrants. He asked whether it would be preferable for Member States, rather than the Secretariat, to conduct advocacy, mass media and public education efforts within the health sector, as listed under priority 5 of the draft global action plan. He also asked how certain parameters of the draft plan would be monitored over time.

The representative of the UNITED STATES OF AMERICA said that it was regrettable that the current version of the draft global action plan had been published without sufficient time for adequate consultations among Member States. The draft plan did not clearly distinguish between refugees and migrants; it should not extend WHO’s mandate but should focus specifically on the value of WHO’s expertise in promoting the health of those groups. Financial implications had to be considered so that strategies could realistically be implemented. Her country did not support the current version of the draft plan but was committed to finding a way forward through consultations.

The representative of DJIBOUTI said that he fully supported the draft plan of action. It was vital to adopt a comprehensive approach centred on integrated cross-border and interregional policies. His country had become an important transit corridor and he outlined the measures taken to provide assistance to migrants and facilitate their access to health services. He called on the Secretariat to support capacity-building in his country to make actions even more effective.

The representative of TURKEY said that a successful global action plan should set out well-defined roles and responsibilities for all stakeholders and meet with strong commitment from all, including Member States. During consultations on the draft, many essential components had been removed, thereby jeopardizing the establishment of a global action plan that met all the health-related needs of refugees and migrants.

The representative of JAMAICA said that the draft global action plan should remain a living document and be updated in the light of lessons learned from implementation of the relevant global compacts. As a lack of financing was a major threat, WHO and international partners should advocate for a more organized humanitarian emergency response lead to take clear and timely decisions and streamline activities. The Secretariat should provide increased support to countries with respect to the priorities and options for action set out in the draft plan. It was also important to strengthen capacities, increase partnerships and enhance intersectoral collaboration to adequately handle influxes of refugees and migrants.

The representative of AUSTRALIA said that she broadly supported the draft global action plan but regretted the removal of the recommended actions for Member States, which previous versions had included for consideration, in accordance with country contexts and circumstances.

The representative of INDONESIA said that further clarification of the definition of “migrant” was needed to prevent misunderstandings among stakeholders. The use of the definition of “refugee” as contained in the 1951 Convention relating to the Status of Refugees should be assessed, given that not all Member States were party to that Convention.

The representative of GERMANY supported the draft decision. Efforts should be made to improve the availability of information for refugees and migrants on health care services in the relevant country; improve the processes for continuous exchange of information on health care services for refugees and migrants among States and other relevant actors; strengthen the close cooperation of WHO with other relevant international organizations; and ensure WHO’s support for implementation of the provisions on health of the Global Compact on Refugees and the Global Compact for Safe, Orderly and Regular Migration.

The representative of ITALY said that her Government had financed the WHO Public Health Aspects of Migration in Europe project, which provided an overview of refugee management. WHO should focus on data reporting and monitoring processes, including by taking into account the use of different methodologies and indicators in various countries.

The representative of BRAZIL expressed his thanks to WHO for convening informal consultations with Member States regarding the draft global action plan; further consultations would be necessary.

The representative of HAITI[1] said that conflicting definitions of refugees and migrants should not politicize the debate on access to health care for those groups. He would like WHO to distinguish between its current commitments to Member States and its future actions relating to the draft global action plan. He asked about the financial implications of the plan for the Organization over the five-year period. He encouraged WHO to focus on priority 5, as its scope would reach beyond better access to health care, and to seek the views of migrants and refugees before adopting the plan.

The representative of BELGIUM[1] asked why WHO was not a member of the United Nations Network on Migration's executive committee and what steps it had taken towards becoming one. Its lack of membership was a missed opportunity, since health was a crucial component of the global migration debate.

The representative of BANGLADESH[1] said that the responsibility of securing adequate health services for refugees and migrants could not fall exclusively on the host country; the mobilization of international resources was crucial in that regard. Under priority 1, focus should be placed on creating enabling health conditions for the return of refugees to their countries of origin. The issue of resource mobilization should be raised under all priorities, since without global partnership for enhancing resources, implementing the global action plan would prove challenging.

The representative of the PHILIPPINES[1] expressed support for the Global Compact for Safe, Orderly and Regular Migration. Support for migrants' health was essential to ensure their participation in the development of host countries and return to their countries of origin. He looked forward to the adoption of the draft global action plan; Member States' full commitment to the priorities agreed at the national, regional and interregional levels; and partnership with Member States in efforts to improve migrants' health.

The representative of PAKISTAN[1] said that, despite improvements to the current draft global action plan, certain countries, including his, would face challenges in implementing some of the actions proposed therein as refugee situations differed between countries. A robust plan must be established, with resources and assistance provided to host countries. He expressed concern that WHO intended to issue global reports and country progress reports without clearly identifying financial resources or outlining stakeholders' responsibilities. Action regarding refugee issues should be based on the principle of sharing burdens and responsibilities.

The representative of HUNGARY[1] said that, although amendments had been made to the report, certain concerns had not been taken into consideration. His country firmly dissociated itself from the Global Compact for Safe, Orderly and Regular Migration, its implementation and follow-up. Given that the report contained numerous references to and set out actions in line with the Compact, he could not support it.

The representative of ARGENTINA[1] said that implementation of the draft global action plan would need to be managed and coordinated by the Organization. The issue of migrants' and refugees' health posed a challenge to many Member States and affected sectors other than health; WHO should therefore further strengthen its commitment to all involved, with a view to generating synergies and preventing duplication of efforts. The report should better promote cooperation, and steps should be

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

taken prior to the Seventy-second World Health Assembly to improve the draft plan and seek consensus on issues previously addressed in consultations with the Secretariat.

The representative of SWITZERLAND[1] underscored the importance of cooperation among United Nations agencies with regard to refugees. The emphasis placed by the Secretariat on ensuring universal health coverage for refugees, migrants and host populations was laudable. It was important to identify ways to better incorporate the health needs of refugees and migrants in policy-making. Such a challenge could only be addressed through effective intersectoral collaboration, enhanced international cooperation and the sharing of good practice.

The representative of the ISLAMIC REPUBLIC OF IRAN[1] said that migrants and refugees should be distinguished as separate groups, since their needs were handled by different mechanisms. It was important to strike a balance between norm-setting and burden-sharing for refugee protection, which should not be to the detriment of the rights of host communities. As the 1951 Convention relating to the Status of Refugees did not set out an explicit framework for refugee protection as an international responsibility, many stakeholders had passed their responsibilities on to others. The draft global action plan did not promote burden- and responsibility-sharing, which should be proportionate and attribute greater responsibility to developed countries. However, the development of the draft plan presented an opportunity to address that issue by devising a burden-sharing mechanism to promote the health of refugees and migrants. He looked forward to further deliberations in that regard.

The representative of PANAMA[1] said that it was not correct, as indicated in the report, that refugees and migrants who came from areas where communicable diseases were endemic did not necessarily pose an infectious risk to host and transit countries. In her country alone, there had been many cases of imported infectious diseases that had had an impact on local areas. The Organization should pursue work on the draft global action plan, by prioritizing interagency work and ensuring coordination.

The representative of LEBANON[1] said that, as a main host country, her Government appreciated WHO's efforts to support host countries facing unprecedented pressures. Some of the terminology in the draft global action plan appeared confused: even if health conditions and treatments were the same for everyone, the channels through which migrants and refugees were guaranteed primary health care were not. The practical steps mentioned were insufficient to meet the pressing needs of host countries and overly ambitious in relation to building partnerships. Further clarity was needed about the provision of sufficient resources to ensure programme sustainability and prevent additional burdens on host countries. The draft strategy needed to be studied in greater depth if it was to serve as a basis for research and fulfil its objectives.

The representative of SPAIN[1] expressed support for the commitment to advance towards genuine universal health coverage. New legislation in his country protected the right to health of all, including migrants in an irregular situation.

Dr Zwane took the Chair.

The representative of MOROCCO[1] said that his country had become a permanent place of residence for migrants and asylum seekers owing to its proximity to Europe. He outlined the action taken

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

by his Government as part of the national strategy on migrants and refugees, including an arrangement to take in illegal immigrants and initiatives to guarantee the right of migrants to access health services.

The representative of CANADA,[1] welcoming the emphasis placed on certain vulnerabilities of migrants and refugees, drew attention to the unique mental health challenges they experienced. WHO should strengthen partnerships with IOM and UNHCR for the implementation of the draft global action plan. She expressed continuing concern that the proposed programme of work was ambitious and potentially unfeasible, given budgetary constraints, and sought further clarity with regard to new and ongoing activities. Key areas of work where WHO could have the biggest impact should be prioritized. She requested further details of how WHO planned to operationalize the draft plan.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA[1] said that one of the Organization's major challenges was ensuring access to health care for migrants and refugees and combating discrimination to achieve effective governance of migration in relation to health. A global migration policy on health was needed, based on solidarity, respect and cooperation between people and governments and aimed at guaranteeing the effective protection of migrants' and refugees' rights.

The representative of POLAND[1] noted that the draft global action plan focused on activities by the Secretariat, enabling countries to implement it at their discretion. In order to minimize confusion and facilitate national implementation of the draft plan, it should better reflect the differing legal statuses and eligibility for services of migrants, rather than consider such persons as a single group. Given that some countries, including his own, did not join the consensus and had different approaches with respect to the Global Compact for Safe, Orderly and Regular Migration, references to the Compact should be accompanied by a caveat acknowledging specific national approaches thereto. Terminology from the Sustainable Development Goals should be used throughout the report.

The representative of AUSTRIA[1] said that her country had raised concerns about the current draft of the global action plan during the January 2019 consultations. The plan required substantial revision and her country therefore still did not support it.

The representative of the DOMINICAN REPUBLIC[1] said that her country would refrain from commenting on the report as it had been presented to Member States on 24 December 2018 without sufficient consultation. Since the issue was of the utmost importance and related to various sectors, the report had been submitted for consultation to several levels of Government in her country. In future, WHO should engage in prior consultation with Member States on reports. The Board should not make any decisions on the report being discussed at the current session.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND[1] welcomed the revised draft global action plan, including the recognition of vulnerable migrants and refugees as two separate groups and the sharpened focus on human rights, reducing gender inequalities and access to health services. She reiterated the call by the representative of the Netherlands for greater recognition of the mental health and social care needs of refugees and migrants, and the representative of Germany's question as to how the Secretariat intended to work with and support other United Nations agencies and networks. The draft plan could place greater emphasis on menstrual hygiene and lesbian, gay, bisexual and transgender rights, streamline priorities, set out a clear timeline and include progress indicators.

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

The representative of PORTUGAL[1] welcomed the draft global action plan but expressed disappointment that it did not contain stronger commitments and that the recommendations for Member States had been removed. She encouraged all stakeholders to work with WHO to further promote and protect migrant and refugee health and urged WHO to join the executive committee of the United Nations Network on Migration. Her Government remained committed to protecting and promoting the health of refugees and migrants.

The observer of the HOLY SEE urged all stakeholders, including Member States, civil society and faith-based organizations, to step up efforts to address the health care needs of refugees and migrants. He expressed concern about the inclusion of references to reproductive rights in the draft global action plan and urged WHO to delete references to the minimum initial service package as some kits contained abortifacients.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that the draft global action plan should include specific efforts to overcome the significant barriers to essential health care for many migrants. A clear separation between the roles of migration law enforcement authorities and health service providers was crucial, to ensuring the unimpeded provision of humanitarian assistance. The provision of such assistance should never be criminalized; Health for All should indeed mean health for all.

The representative of IOM said that her organization was committed to working closely with WHO, Member States and all other stakeholders to protect and promote the health of migrants. Continued policy coherence on global migration and health would be imperative in implementing the draft global action plan and achieving the related Sustainable Development Goals.

The representative of UNHCR welcomed Member States' interest in refugee health and excellent collaboration with Member States, WHO, IOM and other partners in that area. Health was an important component of the Global Compact on Refugees, and WHO should harness the momentum to promote the health standards of refugees and migrants. UNHCR would continue working with WHO and IOM to further develop the draft global action plan.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that the draft global action plan should include an explicit reference to the right to health of refugees and migrants regardless of their legal, civil or political status. It should also include condemnation of any practice involving physicians in non-medically justified examination, diagnosis or treatment, such as the administration of sedatives to facilitate deportation or conducting of bone examinations to assess age.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, underscored the need not to politicize the issue of refugee and migrant health, but to recognize migration as a core determinant of health. She called for robust and transparent monitoring frameworks and reporting mechanisms to ensure accountability in fulfilling the health objectives of the global compacts on refugees and on migration and the draft global action plan.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, called for essential oral health care to be included in the essential health care service package set out in the draft global action plan, and encouraged Member States to develop national action

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

plans and policies to protect and promote the health of all workers. Priority 6 of the draft plan should include the monitoring of refugees' and migrants' oral health.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIRMAN, called on WHO to increase its focus on protecting and promote the health care needs of women and child migrants and refugees.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that the draft global action plan should ensure that all child and pregnant refugees and migrants had access to affordable health care, underscoring the need to address language barriers and bring health care services to immigrant communities. In addition, it was important to encourage cooperation between health care providers and other local services providers and to ensure that care systems addressed the needs of children and adolescents with disabilities. She welcomed the focus on the mental health issues of child migrants.

The representative of the THALASSAEMIA INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIRMAN, drew the issue of chronic and hereditary diseases to the attention of all host countries, urging them to identify migrants and refugees with such conditions and to ensure that those patients received the best possible treatment.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the draft global action plan should focus on ensuring that Member States met their international human rights obligations. It should also ensure the safety of health workers and the necessary funding at the national level.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, highlighted the dire health situation of migrants and refugees on the islands of Lesbos, Greece, and Nauru and called for migration control policies aimed at deterring, containing and forcibly returning migrants to be banned, as they had severe adverse effects on the health of migrants and refugees.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the draft global action plan did not indicate clearly how it would be achieved, particularly given WHO's funding situation. Furthermore, it failed to address certain crucial structural causes of migration and to recognize the responsibility of some high-income countries that violate basic human rights by preventing refugees from entering their borders or denying them access to health care. She urged WHO to remind Member States of their duty to ensure that migrants were included in national and local health planning, and expressed concern about the draft plan's undue emphasis on health information systems and data collection, which could be used against the interests of refugees and migrants. Instead, WHO should focus on strengthening health systems and the health workforce.

The ASSISTANT DIRECTOR-GENERAL (Special Initiatives) said that the draft global action plan sought to build on and adapt to existing health science, technical knowledge and public health expertise, ensure global quality standards and a cross-border continuity of care, and prevent and mitigate situations that hindered access to health care and heightened the risk of poor health among refugees and migrants. The focus was on strengthening collaboration with IOM and UNHCR, with which WHO would continue to work closely. Although WHO's participation in the United Nations Network on Migration was currently limited, the Secretariat was working to include the health sector and WHO in its executive committee.

The need to review and improve the draft global action plan had been noted and further consultations would be held prior to the Seventy-second World Health Assembly. Certain regional and country offices had already begun mobilizing resources and holding discussions with stakeholders. The Secretariat had sought to make the draft plan as comprehensive and participatory as possible and to ensure that support could be tailored to Member States' individual needs.

No new indicators had been created to assess achievement of the draft global action plan so as not to overburden Member States in terms of data provision. Instead, disaggregated data would be used to identify risks to and improvements in the health of refugees and migrants.

The DIRECTOR-GENERAL said that it was important to take account of home, transit and host countries when addressing migrant and refugee health, and to focus on the mental health of refugees and migrants. WHO would remain firmly within its mandate when collaborating with IOM and UNHCR. In terms of funding, the Secretariat would have to determine priorities and address the most critical areas. He emphasized that ensuring the health of migrants and refugees should be viewed as a bridge to peace and solidarity.

The Board noted the report.

The meeting rose at 21:05.

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