

PROVISIONAL SUMMARY RECORD OF THE SEVENTEENTH MEETING

**WHO headquarters, Geneva
Friday, 1 February 2019, scheduled at 09:00**

Chairman: Ms M.N. FARANI AZEVÊDO (Brazil)

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SEVENTEENTH MEETING

Friday, 1 February 2019, at 09:25

Chairman: Ms M.N. FARANI AZEVÊDO (Brazil)

1. **MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS:** Item 7 of the agenda (continued)

Future meetings of the governing bodies: Item 7.8 of the agenda

- **Provisional agenda of the Seventy-second World Health Assembly** (document EB144/41 Rev.1)

The CHAIRMAN drew the Board's attention to a proposal by the Permanent Representative of Israel to amend the provisional agenda of the Seventy-second World Health Assembly by deleting provisional agenda item 14, and moving the report entitled Health conditions in the occupied Palestinian territory, including East Jerusalem, and in the occupied Syrian Golan to provisional agenda item 11.2, Public health emergency preparedness and response, specifically under the second bullet point on WHO's work in health emergencies.

She recalled that the proposal had been set out in a letter addressed to the Director-General and circulated by the Secretariat to all mission focal points in Geneva. After undertaking extensive consultations with the three directly concerned parties and the Director-General, it was her informed conviction that the decision on that amendment could only be resolved by a vote, and she proposed that a roll-call vote on the proposal should be held directly. If the Board voted to amend the agenda of the Seventy-second World Health Assembly as proposed, a reference to the report would appear under the second bullet point of item 11.2 and the matter would be discussed under item 11.2, but not as a separate agenda item. Before the vote, the representatives of the directly concerned parties – Israel, the Syrian Arab Republic, and Palestine – would take the floor, observing a three-minute time limit. After the results of the vote, the Board would proceed directly to consideration of the next item without explanations of vote. It should be understood that proceeding in such a manner would not create a precedent for future meetings.

The representative of ALGERIA, supported by the representative of IRAQ and rising to a point of order, asked the Chairman to clarify on what basis she proposed restricting the right to speak to only three delegations. He was unsure of the intended definition of "concerned parties", as the proposal surely concerned all Board members. He asked why the Chairman was proposing a vote rather than a discussion.

The CHAIRMAN said that, while the issue was of concern for all Board members, it concerned only three parties directly, all of which supported the proposed course of action. As the informal consultations on the proposal had not led to consensus, a vote would be necessary, whether or not there was a discussion first. By proposing that the Board should proceed to the vote directly, she hoped to avoid the politicization of the Organization and spare the Board a difficult and time-consuming debate.

The LEGAL COUNSEL said that it was in line with the Rules of Procedure of the Executive Board for the Chairman to suggest ways of handling a debate. The default position was that Executive Board decisions were taken by vote, even though, in practice, they were nearly always taken by consensus.

The CHAIRMAN said that, if there were no other objections, she would take it that the Board was in favour of following the procedure that she had proposed.

It was so agreed.

The representative of ISRAEL said that her Government viewed WHO's assistance programme to the Palestinians favourably and did not object to any professional discussions on ways to improve the health conditions of Palestinians. She had requested, in the letter circulated, that there should no longer be a stand-alone item on the health conditions of the Palestinians or the people in the Golan, since such an item was superfluous and motivated by political considerations. Instead, she had asked the Director-General to report on the issues concerned under provisional agenda item 11.2 on health emergencies. WHO programmes assisted millions of people around the world facing health crises, and there was no separate item on any other geographical area or situation. She supported the extensive work under way to increase efficiency and reduce the agenda of the World Health Assembly, and shared the belief that the Organization should focus its limited resources on meeting the growing health needs of populations around the world.

The representative of the SYRIAN ARAB REPUBLIC¹ said that the proposal was a new attempt by the occupying power to evade its legal obligations under international humanitarian law. It was no coincidence that the letter from the Permanent Representative of Israel did not mention the word "occupation" when it referred to the title of the agenda item. Contrary to the allegations put forward, the item and its related decision were of a purely technical nature and did fall within the mandate of WHO, based on its Constitution. In fact, the main source of politicization was the attempt by the delegation of Israel to use that State's recent membership of the Executive Board to advance a political agenda and prolong the annexation of occupied East Jerusalem and the occupied Syrian Golan, in violation of the relevant United Nations Security Council resolutions. That was the context in which the representative of Israel was proposing to move the agenda item from Committee B, which dealt with legal issues, to Committee A, which dealt mainly with emergencies. Furthermore, according to its Rules of Procedure, the Executive Board had no mandate to amend an agenda ordered by the World Health Assembly. He called on the Board to reject the proposal.

The observer of PALESTINE said that the request by the occupying power, Israel, was purely political and had no place in the Executive Board. The Rules of Procedure of the Executive Board made no provision for amending items on the World Health Assembly agenda. The agenda item dealt with technical issues that it fell to WHO to monitor, as it had done for the past 50 years, including communicable diseases, achieving universal health coverage, and complying with the International Health Regulations (2005) among others. More must be done to protect the people living under occupation and put an end to the barriers that prevented them from gaining access to health care services. Accordingly, the health situation in the occupied Palestinian territories merited urgent consideration by the World Health Assembly.

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

At the invitation of the CHAIRMAN, the LEGAL COUNSEL explained the procedure for the roll-call vote.

A vote was taken by roll-call, the names of the members of the Executive Board being called in the French alphabetical order, starting with Jamaica, the letter J having been determined by lot.

The result of the vote was:

In favour: Australia, Burundi, Germany, Israel, Netherlands and United States of America.

Against: Algeria, Bahrain, Bhutan, Chile, China, Djibouti, Indonesia, Iraq, Libya, Mexico, Sri Lanka, Sudan, Turkey and Viet Nam.

Abstaining: Benin, Brazil, Colombia, Fiji, Finland, Gabon, Georgia, Italy, Jamaica, Japan, Romania, United Republic of Tanzania and Zambia.

Absent: Eswatini.

The proposed amendment was therefore rejected by 14 votes to 6, with 13 abstentions.

The DIRECTOR (Governing Bodies) drew the Board's attention to footnote 1 to provisional agenda item 12.1 reflecting the Director-General's proposal to add a new agenda item on "The public health implications of the implementation of the Nagoya Protocol".

The representative of BRAZIL asked the Secretariat to specify when the recommendation to add the new agenda item had been made to the Director-General and to clarify why the additional item had been included in the draft provisional agenda as a footnote to agenda item 12.1 on the Pandemic Influenza Preparedness (PIP) Framework. Given that the Board had approved consultations on the PIP Framework, which may relate to the health implications of implementing the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization, he suggested postponing discussion on the Director-General's proposal until after those consultations had been held.

The representative of GERMANY supported the Director-General's proposal, as recommended by the Chair of the PIP Advisory Group.

The representative of the UNITED STATES OF AMERICA echoed the questions posed by the representative of Brazil. He noted with concern that, prior to the 144th session of the Board, changes had been made to the draft provisional agenda of the Seventy-second World Health Assembly several times without revisions of the document being issued, which had led to confusion. Having said that, he supported the Director-General's proposal and said that WHO should adopt a cross-cutting approach to implementing outcomes under the new agenda item, leveraging existing work and engaging a broad array of stakeholders.

The representative of FINLAND supported the inclusion of an item on the public health implications of the Nagoya Protocol, but emphasized that the issue should be a stand-alone agenda item and not considered in connection with provisional agenda item 12.1.

The representative of INDONESIA supported the statement made by the representative of Brazil and proposed that the new agenda item should be entitled “The final discussion and decision on issues being taken under the agenda item on the Pandemic Influenza Preparedness Framework”.

The representative of CHINA agreed that the agenda items on the Nagoya Protocol and the PIP Framework should be separate. In addition, he said that the PIP Advisory Group, by suggesting the inclusion of the new agenda item, had gone beyond its mandate.

The representative of NORWAY¹ expressed support for the Director-General’s proposal to examine the public health implications of implementation of the Nagoya Protocol under a separate agenda item.

The representative of the OFFICE OF THE LEGAL COUNSEL clarified that the Nagoya Protocol and the PIP Framework were indeed separate issues; a decision had already been adopted, containing a bracketed draft decision on the PIP Framework for consideration by the Seventy-second World Health Assembly. Open-ended consultations between Member States and the PIP Advisory Group, which comprised 18 independent experts, had been held on 16–18 October 2018. During those consultations, the Nagoya Protocol had been discussed repeatedly, as the PIP Framework and Nagoya Protocol both concerned the sharing of pathogens, although the PIP Framework covered solely pandemic influenza, while the Nagoya Protocol potentially covered a broader range of pathogens. Although the members of the PIP Advisory Group recognized that the Group’s mandate only extended to pandemic influenza, it had made a recommendation to the Director-General that he should invite the Executive Board to consider including an item on the public health implications of implementation of Nagoya Protocol on the provisional agenda of the Seventy-second World Health Assembly. That had been included in the report of the PIP Advisory Group, which had been approved by the Director-General and made available on 30 November 2018. There had then been careful consideration of how to bring that recommendation, which the Director-General supported, before the Board. Based on Rule 4 of the Rules of Procedure of the World Health Assembly, which mandated the Board to prepare the provisional agenda after consideration of proposals submitted by the Director-General, the footnote had been added in an attempt to make the source of the recommendation transparent. While it was unusual to proceed in that way, it was consistent with the Rules of Procedure. It should be noted that the Nagoya Protocol and PIP Framework would be treated as completely separate items.

The DIRECTOR (Governing Bodies), in response to the representative of the United States of America, explained that the first version of the draft provisional agenda had erroneously contained old headings under provisional agenda item 20.3 in Annex 1 of document EB144/41; that had been corrected as an editorial issue without changing the document symbol. The second version was document EB144/41 Rev.1, in which the Secretariat had added bullet points for clarity under provisional agenda item 11.2 to include WHO’s work in health emergencies. The Secretariat would aim to make it clearer in the future when revisions were made.

The representative of BRAZIL, supported by the representatives of GERMANY and FINLAND, said that he did not want to block consensus if other Member States wished to include an item on the public health implications of the Nagoya Protocol. However, the process followed by the Secretariat had not demonstrated good governance practice; the Secretariat had failed to make it clear that the proposed item was not linked to the PIP Framework, which meant that his Government had held consultations based on the assumption that it was. In addition, the PIP Advisory Group could be overstepping its mandate by making a recommendation on the Nagoya Protocol. He hoped that the Director-General’s

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

report on the item would include a comprehensive analysis of the Nagoya Protocol and would not solely focus on its negative aspects. He suggested that if the item on the Nagoya Protocol were to be included, it should be covered separately from the PIP Framework.

The representative of the OFFICE OF THE LEGAL COUNSEL recognized that the Secretariat could have followed a better procedure and said that it would work differently next time.

The CHAIRMAN took it that the Board wished to include an item on the public health implications of implementation of the Nagoya Protocol on the draft provisional agenda of the Seventy-second World Health Assembly.

It was so agreed.

The representative of the RUSSIAN FEDERATION¹ said that it had been reported at the Seventy-first World Health Assembly that epilepsy represented a serious medical, social and economic burden and that the implementation of resolution WHA68.20 (2015) on the global burden of epilepsy had not been sufficient to address the issue. A joint global report by WHO, the International League Against Epilepsy and the International Bureau for Epilepsy that covered the period from 2017 to 2018 had identified significant gaps in the action taken to combat epilepsy, which needed to be addressed urgently. Epilepsy was an issue at the crossroads of a number of important WHO initiatives, including noncommunicable diseases, lack of health services, the personalization of health care and access to medicines. He therefore proposed the inclusion of epilepsy on the provisional agenda for the Seventy-second World Health Assembly, with a view to deciding on the development of a global action plan on epilepsy and the presentation of a new report on the implementation of resolution WHA68.20 to the Seventy-fourth World Health Assembly in 2021.

The representative of JAMAICA expressed support for the proposal made by the representative of the Russian Federation. A 2018 PAHO study had found that approximately five million people in the Americas were living with epilepsy, and that urgent action was needed to address the shortage of facilities, unavailability of medicine at the primary health care level and lack of education on epilepsy. Resolution WHA68.20 had called for countries to integrate epilepsy management into primary health care and introduce actions to prevent the causes of epilepsy. The Board should therefore support the request to include the item at the Seventy-second World Health Assembly.

The representative of AUSTRALIA, supported by the representative of the UNITED STATES OF AMERICA, said that the Governments of Croatia and Honduras had proposed including an item on epilepsy – entitled “Further actions to address the global burden of epilepsy and its health and social implications at the country level” – on the agenda of the current Executive Board session. However, the Officers of the Board had decided to defer the discussion to a future Executive Board session, as the subject had recently been discussed in the governing bodies, and the Secretariat had been asked to clarify the placement of the item on the forward-looking planning schedule of expected agenda items. She could not therefore support the proposal, as that would not demonstrate good governance.

The representative of CHINA highlighted the efforts that had been undertaken to adopt resolution WHA68.20, which had greatly contributed to improving the well-being of epilepsy patients. However, epilepsy remained a major global health burden and he therefore supported the proposal made by the representative of the Russian Federation.

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

The representative of INDONESIA agreed with the inclusion of an item on epilepsy on the provisional agenda of the Seventy-second World Health Assembly. Epilepsy was the most common serious neurological disease and the majority of epilepsy patients, particularly those in low- and middle-income countries, did not have access to effective anti-seizure treatment. In addition, they faced barriers to achieving their full potential due to unmet needs in terms of civil rights, education, employment and health care.

The representative of CHILE, highlighting the global and regional burden of epilepsy, welcomed the proposal made by the representative of the Russian Federation.

The representative of the RUSSIAN FEDERATION¹ clarified that his proposal was aimed at initiating action at the country level to implement the resolution on epilepsy, which was important for all countries.

The representative of JAPAN said that, given the number of items already included on the technical part of the agenda, he supported the statement made by the representative of Australia.

The CHAIRMAN proposed that, based on the previous decision by the Officers of the Executive Board, the item should be included on the agenda of the 146th session of the Executive Board in January 2020. In the meantime, the Secretariat would prepare a report in consultation with interested Member States.

It was so agreed.

The representative of ESWATINI proposed including an item on women's, children's and adolescents' health and nutrition issues on the agenda of the Seventy-second World Health Assembly. Those issues continued to present a challenge for his country and region, and were used as indicators for the Sustainable Development Goals. The Director-General's report on implementation of the 2030 Agenda for Sustainable Development, contained in document EB144/11 Rev.1, had highlighted major gaps in addressing reproductive, maternal and child health, and nutrition. He also proposed including an item on emergency and trauma care. Acutely ill and injured people died every day due to a lack of emergency care, and emergency and trauma care was an essential component of universal health coverage.

The representative of ZAMBIA expressed support for the proposal to include the issue of women's, children's and adolescents' health and nutrition issues on the provisional agenda of the upcoming Health Assembly. Without sustained focus and accelerated action to address gaps in reproductive, maternal and child health, and nutrition, the goal of universal health coverage would remain elusive.

The DIRECTOR (Governing Bodies) commented that resolution WHA69.2 (2016) on implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) requested the Director-General to report regularly on progress to the World Health Assembly. The item had been included on the agenda of the Seventy-first Health Assembly in 2018 and the Director-General was due to report again on the issue in 2020.

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

The representative of the UNITED STATES OF AMERICA said that the issues raised by the representatives of Eswatini and Zambia were important and merited further discussion.

The representative of FINLAND agreed that the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) should be discussed at the upcoming Seventy-second World Health Assembly, as it concerned urgent issues.

The representative of FIJI expressed support for the proposal. The issues of reproductive health and emergency and trauma care were of great importance for small island developing States and were a key part of the provision of primary health care towards universal health coverage. WHO and donors should provide relevant support for small island developing States to meet remaining gaps in those areas.

The representatives of JAMAICA and GABON endorsed the proposal to include an agenda item on women's, children's and adolescents' health.

The DIRECTOR (Governing Bodies) noted that there was a strong consensus on the inclusion of the proposed item on women's, children's and adolescents' health on the draft provisional agenda for the Seventy-second World Health Assembly. He suggested that the progress reports on working towards universal coverage of maternal, newborn and child health interventions and on newborn health, specified under provisional agenda item 20.3 of the draft provisional agenda, be rolled into a single report on maternal, infant and young child health for the Seventy-second World Health Assembly.

It was so agreed.

The CHAIRMAN took it that the Board wished to include the item on emergency and trauma care, proposed by the representative of Eswatini, on the draft provisional agenda for the Seventy-second World Health Assembly.

It was so agreed.

The representative of AUSTRALIA requested that agenda item 12.5 on accelerating cervical cancer elimination be removed from the draft provisional agenda for the Seventy-second World Health Assembly, since the Board had already decided, under item 6.5 of the agenda for its current session, to prepare a draft global strategy on the matter for consideration by the Seventy-third World Health Assembly.

The representative of JAPAN expressed concern regarding the number of items on the draft provisional agenda for the Seventy-second World Health Assembly. Thus, he agreed with the proposal made by the representative of Australia to delete item 12.5.

It was so agreed.

The CHAIRMAN invited the Board to adopt the draft decision on the provisional agenda of the Seventy-second World Health Assembly, contained in paragraph 4 of document EB144/41 Rev.1, taking into account the agreed amendments.

The decision, as amended, was adopted.¹

The representative of ISRAEL said that her delegation did not support the inclusion of item 14 on health conditions in the occupied Palestinian territory, including East Jerusalem, and in the occupied Syrian Golan on the provisional agenda for the Seventy-second World Health Assembly, but would not call for a second vote.

The representative of the SYRIAN ARAB REPUBLIC² thanked the Executive Board members who voted to pursue discussions on health conditions in the occupied Palestinian territory, including East Jerusalem, and in the occupied Syrian Golan, where people continued to face barriers to the enjoyment of health rights.

The observer of PALESTINE thanked the members of the Executive Board and stressed that the right to health was a human right.

• Date and place of the 145th session of the Executive Board (document EB144/42)

The CHAIRMAN invited the Board to adopt the draft decision on the date and place of the 145th session of the Executive Board contained in paragraph 4 of document EB144/42.

The decision was adopted.³**Reports of committees of the Executive Board:** Item 7.7 of the agenda**• Foundations and awards** (documents EB144/40 and EB144/40 Add.1)**Dr A.T. Shousha Foundation Prize**

Decision: The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Committee, awarded the Dr A.T. Shousha Foundation Prize for 2019 to Dr Radi Hammad, Director-General of the Viral Hepatitis Control Department at the Ministry of Health and Population of Egypt, for his significant contribution to public health in Egypt. The laureate will receive the equivalent of 2500 Swiss francs in United States dollars.⁴

Dr A.T. Shousha Foundation Fellowship

Decision: The Executive Board, awarded the Dr A.T. Shousha Fellowship for 2019 to Ms Golaleh Asghari to enable her to study for a PhD in nutrition sciences. Ms Asghari has demonstrated a desire to make a significant original contribution to research in nutrition and to find new methods for translating research and evidence into policy, programmes and practice, pursuant to her long-term goal of a career in teaching and research. The laureate will receive US\$ 15 000.⁴

¹ Decision EB144(7).

² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

³ Decision EB144(8).

⁴ Decision EB144(10).

Sasakawa Health Prize

Decision: The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2019 to Professor Judith Ndongo Embola Torimiro, Associate Professor in Molecular Biology, Director of Laboratories, in the Chantal Biya International Reference Centre for Research on the Prevention and Management of HIV/AIDS, Cameroon, and to Mr Eusebio Quispe Rodriguez, mayor of the district of Iguain in Peru. Each laureate, as an individual, will receive US\$ 30 000 for their outstanding work in health development.¹

Professor Torimiro had been nominated for her extensive contribution, since 1992, to health and development in Cameroon.

Mr Rodriguez had been nominated for his key leadership role in reducing the rate of anaemia in children under three years of age from 65% to 12% over the previous three years in Iguain.

The CHAIRMAN informed the Board that the Sasakawa Health Prize Selection Panel had unanimously decided to propose to the Executive Board that Articles 4 and 9 of the Statutes of the Sasakawa Health Prize be amended, to define the sums of prize money of the order of US\$ 30 000 to be given to a person or persons, and/or of the order of US\$ 40 000 to be given to an institution or institutions, or a nongovernmental organization or organizations, and to remove the requirement to report any revisions to the subsequent session of the World Health Assembly. She took it that the proposal was acceptable to the Board.

It was so agreed.²

United Arab Emirates Health Foundation Prize

Decision: The Executive Board, having considered the report of the United Arab Emirates Health Foundation Selection Panel, awarded the United Arab Emirates Health Foundation Prize for 2019 jointly to the National Center for Global Health and Medicine of Japan for its contribution to the improvement of public health, both in Japan and, through its Bureau of International Health Cooperation, in developing countries and to Dr Askwar Hilonga of the United Republic of Tanzania for his work in using nanomaterials to improve access to safe drinking water and reduce the number of lives lost to waterborne diseases. The laureates will each receive US\$ 20 000.³

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

Decision: The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel, awarded the His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion for 2019 to the Aging and Fragility in the Elderly Group of the Research Institute of La Paz Hospital

¹ Decision EB144(11)

² Decision EB144(12).

³ Decision EB144(13)

of Spain for its outstanding contribution to research in the areas of health care for the elderly and in health promotion. The laureate will receive US\$ 20 000.¹

Dr LEE Jong-wook Memorial Prize for Public Health

Decision: The Executive Board, having considered the report of the Dr LEE Jong-wook Memorial Prize Selection Panel, awarded the Dr LEE Jong-wook Memorial Prize for Public Health for 2019 jointly to Professor Balram Bhargava from India for his impressive career as a cardiologist and biomedical innovator and to the Health Promotion Unit of the Department of Public Health of Myanmar for its contribution to public health, in particular through its Community Health Clinic model, from concept to implementation. Each laureate will receive US\$ 50 000.²

Nelson Mandela Award for Health Promotion

The CHAIRMAN invited the Board to note the proposal to establish the Nelson Mandela Award for Health Promotion, contained in document EB144/40 Add.1, and to consider the corresponding draft decision contained in paragraph 8 of the same document.

The Board adopted the decision.³

2. STRATEGIC PRIORITY MATTERS: Item 5 of the agenda (continued)

Universal health coverage: Item 5.5 of the agenda (continued)

- **Primary health care towards universal health coverage** (document EB144/12) (continued from the seventh meeting, section 1)

The CHAIRMAN drew attention to a draft resolution on primary health care proposed by Indonesia, Kazakhstan, Mexico, the Republic of Moldova, South Africa, Turkey and the United States of America, which read:

The Executive Board,
Having considered the report Primary health care towards universal health coverage,⁴

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

The Seventy-second World Health Assembly,
(PP1) Recalling the 2030 Agenda for Sustainable Development, adopted in 2015, in particular Sustainable Development Goal (SDG) 3 which calls on stakeholders to ensure healthy lives and promote well-being for all individuals at all ages;

¹ Decision EB144(14)

² Decision EB144(15).

³ Decision EB144(9).

⁴ Document EB144/12.

(PP2) Reaffirming the ambitious and visionary Declaration of Alma-Ata of 1978 in pursuit of Health for All;

(PP3) Welcoming the convening of the Global Conference on Primary Health Care: from Alma-Ata towards Universal Health Coverage (UHC) and the SDGs on 25–26 October 2018 in Astana, Kazakhstan, during which Member States renewed their commitment to PHC through a whole-of-society approach around PHC as a cornerstone of a sustainable health system for UHC and health-related SDGs, in particular target 3.8;

(PP4) Recalling the approach regarding PHC and UHC contained in resolution WHA69.11 entitled “Health in the 2030 Agenda for Sustainable Development”;

(OP1) WELCOMES the Declaration of Astana adopted at the Global Conference on PHC on 25th October 2018;

(OP2) URGES Member States¹ to:

(OP2.1) Take measures to implement the vision and commitments of the Declaration of Astana according to national contexts;

(OP3) REQUESTS the Director-General to:

(OP3.1) Support Member States, as appropriate, in strengthening PHC, including on the implementation of the vision and commitments of the Declaration of Astana in coordination with all relevant stakeholders;

(OP3.2) Develop, in consultation with Member States by the Seventy-third World Health Assembly, an “Operational Framework for Primary health care”, to be taken fully into account in the WHO programme of work and budget to strengthen health systems and support countries in scaling-up national implementation efforts on PHC;

(OP3.3) Report regularly through the Executive Board to the World Health Assembly on progress made in strengthening PHC, including implementation of the vision and commitments of the Declaration of Astana, as part of all reporting on progress towards achieving universal health coverage by 2030;

(OP3.4) Ensure that WHO promotes the vision and commitments in the Declaration of Astana in its work and overall organizational efforts, enhances the institutional capacity and leadership across WHO at all levels of the organization, including regional and country offices, to support Member States in strengthening PHC;

(OP4) CALLS UPON all relevant stakeholders to:

(OP4.1) Align their actions and support to national policies, strategies and plans in the spirit of partnership and effective development cooperation in implementing the vision and commitments of the Declaration of Astana on PHC;

(OP4.2) Support Member States in mobilizing human, technological, financial and information resources to help build strong and sustainable PHC as envisaged in the Declaration of Astana.

¹ And, where applicable, regional economic integration organizations.

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

| | |
|--|--|
| Resolution: Primary health care | |
| 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: 4.2.1. Equitable integrated, people-centred service delivery systems in place in countries and public health approaches strengthened |
| 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: 11 years: one year preparatory phase in 2019 plus 10 years (five bienniums, during the period 2019–2029). |
| B. Resource implications for the Secretariat for implementation of the resolution | |
| 1. | Total resource requirements to implement the resolution, in US\$ millions: US\$ 376.5 million (expansion to regions and countries for 2018–2019 only to be confirmed at a later date). |
| 2.a. | Estimated resource requirements already planned for in the approved Programme budget 2018–2019, in US\$ millions: US\$ 1.8 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\$ 54.0 million. |
| 4. | Estimated resource requirements in future programme budgets, in US\$ millions: US\$ 320.7 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\$ 1.6 million. |

- Remaining financing gap in the current biennium:
US\$ 0.2 million.
- 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 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.2 | 0.2 |
| | Activities | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.6 | 1.6 |
| | Total | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.8 | 1.8 |
| 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 | 10.6 | 3.0 | 2.3 | 2.1 | 4.4 | 2.0 | 2.2 | 26.6 |
| | Activities | 8.0 | 3.0 | 3.0 | 3.0 | 4.0 | 3.2 | 3.2 | 27.4 |
| | Total | 18.6 | 6.0 | 5.3 | 5.1 | 8.4 | 5.2 | 5.4 | 54.0 |
| Future bienniums resources to be planned | Staff | 62.4 | 20.5 | 23.0 | 13.5 | 25.6 | 18.6 | 10.0 | 173.6 |
| | Activities | 40.1 | 16.1 | 20.1 | 16.1 | 20.1 | 20.1 | 14.5 | 147.1 |
| | Total | 102.5 | 36.6 | 43.1 | 29.6 | 45.7 | 38.7 | 24.5 | 320.7 |

The resolution was adopted.¹

- **Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage** (document EB144/14) (continued from the sixteenth meeting, section 3)

The CHAIRMAN recalled that a draft resolution on preparation for the High-level Meeting of the United Nations General Assembly on Universal Health Coverage, and its financial and administrative implications, had been introduced during the previous meeting.

¹ Resolution EB144.R9.

The representative of the UNITED STATES OF AMERICA said that, while his Government was prepared to join consensus in adopting the draft decision, it disagreed with the reference to “sexual and reproductive health” in the sixth preambular paragraph, as the meaning of that terminology had evolved to include abortion and thereby encouraged countries to change their legislation on abortion and presented sexual activity as an expectation for adolescents. His Government remained committed to the principles of the Beijing Declaration and Platform of Action and the Programme of Action of the International Conference on Population and Development. He reiterated that women should have equal access to health care and he supported the principle of free choice regarding maternal and child health and family planning. His Government had never recognized abortion as a method of family planning and did not support the provision of abortion services as part of its global health assistance. It was regrettable that the focus of the draft resolution, which had been on achieving target 3.8 of the Sustainable Development Goals, had been diverted. His Government remained committed to achieving consensus on an approach to promote health for all people across the life course, while respecting national policy space and sovereignty.

The representative of JAPAN, speaking on behalf of the sponsors of the draft resolution, said that the draft resolution was the result of informal consultations led by representatives of his Government and that of Thailand, and thanked Member States for their constructive contributions to those consultations. Given that universal health coverage was such a broad topic, drafting the resolution had been a challenging task. It was clear that more needed to be done to achieve universal health coverage by 2030, which would require enhanced political commitment. The draft resolution would provide a valuable starting point for the intergovernmental negotiations on the political declaration of the forthcoming High-level Meeting. He called upon the Member States to support the draft resolution.

The representative of THAILAND¹ said that sustained commitment, not economic development, was required to achieve universal health coverage. Extending universal health coverage to the poor, vulnerable and marginalized must be a priority. Such coverage required adequate and equitable health delivery systems with qualified, committed and motivated health workers. Thus, primary health care must be strengthened as the foundation of universal health coverage. She considered that the implementation of universal health coverage should involve all government departments and sectors of society; it was therefore important to ensure the participation of senior officials from all Member States in the High-level Meeting.

The representatives of BRAZIL, the NETHERLANDS, FRANCE¹, KENYA¹, BENIN, NORWAY¹, PORTUGAL¹, PANAMA¹, BELGIUM¹, the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹, IRELAND¹, SPAIN¹, INDIA¹ and the REPUBLIC OF MOLDOVA¹ requested that their Governments be added to the list of sponsors of the draft resolution.

The representative of BANGLADESH¹ said that the High-level Meeting would present a unique opportunity to take stock of the progress made towards universal health coverage. It would also enable the international community to identify gaps in implementation and determine how those gaps might be addressed. He called upon all Member States to encourage their parliamentarians to actively participate in the High-level Meeting to ensure that they were engaged in the development and implementation of its political declaration.

The Board adopted the resolution.²

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

² Resolution EB144.R10.

Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: Item 5.8 on the agenda (continued)

- **Antimicrobial resistance** (document EB144/19) (continued from the sixteenth meeting, section 1)

The CHAIRMAN recalled that a draft resolution on antimicrobial resistance, and its financial and administrative implications, had been introduced during the previous meeting.

The representative of the UNITED STATES OF AMERICA, speaking on behalf of the sponsors of the draft resolution, thanked all Member States for their active and constructive participation in drafting the resolution. He expressed appreciation for WHO's focus on the One Health approach and its collaboration with FAO and OIE, which would serve to direct the international conversation on antimicrobial resistance. He hoped that the draft resolution would provide a strong basis for WHO's work on antimicrobial resistance.

The representatives of JAPAN, JAMAICA, FIJI, and the REPUBLIC OF MOLDOVA¹ requested that their Governments be added to the list of sponsors of the draft resolution.

The resolution was adopted.²

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

Patient safety: Item 6.6 of the agenda (continued)

- **Global action on patient safety** (document EB144/29) (continued from the sixteenth meeting, section 2)

The CHAIRMAN recalled that a draft resolution on patient safety, and its financial and administrative implications, had been introduced during the previous meeting.

The representatives of BENIN, COLOMBIA and JAMAICA requested that their Governments be added to the list of sponsors of the draft resolution.

The representative of POLAND,¹ outlining measures taken in his country to improve patient safety, expressed strong support for the draft resolution.

The resolution was adopted.³

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

² Resolution EB144.R11.

³ Resolution EB144.R12.

4. CLOSURE OF THE SESSION: Item 11 of the agenda

The DIRECTOR-GENERAL said that, in the lead up to the Seventy-second World Health Assembly, the Secretariat would fulfil the commitments it had made during the current session of the Executive Board. It would also engage in dialogue and consultations in order to effectively prepare for the Health Assembly. He thanked all Member States who had participated in the meeting and welcomed the progress that had been made. He hoped that dialogue would translate into concrete action.

After the customary exchange of courtesies, the CHAIRMAN declared the 144th session of the Executive Board closed.

The meeting rose at 12:20.

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