

PROVISIONAL SUMMARY RECORD OF THE EIGHTH MEETING

**WHO headquarters, Geneva
Monday, 28 January 2019, scheduled at 14:30**

**Chairman: Ms M.N. FARANI AZEVÊDO (Brazil)
Later: Ms G. BEAUCHAMP (Australia)**

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EIGHTH MEETING

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

Later: Ms G. BEAUCHAMP (Australia)

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

Public health preparedness and response: Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme: Item 5.2 of the agenda (document EB144/8) (continued)

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme presented the Committee's fifth report to the Board, which was the first from the new membership for 2018–2020. Since June 2018, the Committee had reviewed progress made in the six areas identified for further improvement by the previous members of the Committee. In the light of the two Ebola virus disease outbreaks in the Democratic Republic of the Congo in 2018, the Committee had focused its assessment on the impact of WHO's health emergency reforms on the overall Ebola virus disease response and WHO support for neighbouring countries' preparedness for an Ebola virus disease outbreak. The Committee commended the Organization's response to the recent Ebola virus disease outbreaks, in particular the improved internal communication and coordination, which was in stark contrast to the 2014 outbreak response. It was concerned about the limited quantity of experimental Ebola vaccines and investigational therapeutics available. All parties should support increasing access to those medical countermeasures, and WHO should leverage its experience to fast track approvals for their deployment. Given the increasing demand for WHO to work in unstable settings, the Organization required greater capacity to ensure preparedness and sustain effective security, and should develop its framework of accountability in line with the United Nations Security Management System. Despite progress made in partnership and coordination, the limited number of partners with operational and technical capacity on the ground was a concern. A policy should be developed to permit the release of high-performing staff for the WHO incident management system in the event of a priority emergency. Just under half of planned country office positions remained vacant; recruitment processes should be accelerated at the country level to rectify that situation.

The Committee noted with satisfaction that WHO's performance in the field continued to build donor trust. As at January 2019, US\$ 389 million of the US\$ 554 million provided for the WHO Health Emergencies Programme in the Programme budget 2018–2019 had already been funded. With the emphasis on health emergencies in the Thirteenth General Programme of Work, 2019–2023, the proportion of core flexible funding for the WHO Health Emergencies Programme should be increased in the draft proposed programme budget 2020–2021. In connection with the core capacities required by the International Health Regulations (2005), the Secretariat should streamline the process for the development of national action plans for health security, and support countries in developing simplified and impact-oriented plans. It should also support countries in implementing corrective measures for critical areas of work identified in joint external evaluations and after-action reviews.

She applauded the efforts of WHO in undertaking the wide-ranging reforms of its work in disease outbreaks. WHO should leverage the valuable experience of the WHO Health Emergencies Programme in implementing the transformation agenda and meeting the ambitious "triple billion" goals. She paid tribute to all those working on the front line of emergencies, and urged Member States and partners to continue to provide all necessary support to the WHO Health Emergencies Programme.

The representative of COLOMBIA said that the Ebola virus disease outbreaks had tested the capacity of the global emergency health response system, and there were lessons to be learned. He outlined steps being taken in his country to prevent disease outbreaks and highlighted the need to continue strengthening mechanisms for the exchange of epidemiological information.

The representative of INDONESIA expressed support for the recommendation of the Independent Oversight and Advisory Committee regarding the development of national action plans for health security. Such plans should focus on strengthening the provision of primary health care in the context of universal health coverage, and on developing human resources to respond to public health emergencies. Joint external evaluation recommendations should be implemented on a priority basis. The WHO Health Emergencies Programme should continue to collaborate with partners on the ground to ensure rapid and coherent response.

The representative of GERMANY expressed full support for the Committee's recommendations and called on all Member States to ensure that the WHO Contingency Fund for Emergencies continued to be replenished. The establishment of costed national action plans was challenging, and a more integrated planning process was needed to better align health security with existing national plans. Evidence of the benefits of investing in preparedness was required for the mobilization of national resources. While he agreed with the distribution of emergency staff to the front line of emergency field work, WHO would always need to be supported by technical partners. The report should clarify how WHO worked at the country level with partners outside the United Nations system during emergencies. Future reports should address other relevant health risks, rather than focusing on prominent infectious diseases. The link between universal health coverage and preparedness and response should be used to leverage synergies for health emergencies.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, said that the recent outbreaks of Ebola virus disease had shown the positive impact of WHO's reforms of health emergencies management. He was pleased that staff protection measures would be subject to further review, particularly as WHO continue to operate in fragile settings. The recruitment of planned staff should be accelerated to support activities at the country and subnational levels. The Committee's recommendations on Ebola virus disease should be implemented immediately, and WHO should work with other organizations in the United Nations system and other partners to decide how best to end the outbreak. WHO should also continue to support development of the core capacities required by the International Health Regulations (2005), and the Committee's recommendations in that regard should be implemented immediately.

The representative of the UNITED STATES OF AMERICA welcomed the significant improvements made by WHO to operational capacity during emergencies, which he trusted would continue. He called on the Secretariat to strengthen coordination with health response actors and ensure that the Global Health Cluster was integrated in all response operations. The Secretariat should also coordinate closely with the United Nations Office for the Coordination of Humanitarian Affairs. It was critical that WHO, which led the global response to health emergencies, was able to engage technical expertise and financial resources from all interested parties. The United States was therefore disappointed that WHO had not yet found a way to accept the contribution of US\$ 1 million offered the previous year for Ebola outbreak response by Taiwan¹, whose participation in the Organization's technical work was of benefit to all. He welcomed progress in the monitoring and evaluation of functional core capacity for implementing the International Health Regulations (2005) and supported

¹ World Health Organization terminology refers to Taiwan, China.

the Committee's recommendations in that regard. WHO should pursue further improvements in those areas.

The representative of SRI LANKA said that the development by WHO of a framework of accountability, and enhancement of crisis preparedness and capacity development, as recommended by the Committee, would ensure timely and efficient response. Investment in emergency preparedness was inadequate in many countries in the South-East Asia Region, and funds needed to be mobilized for the training of front-line resource teams.

The representative of JAPAN said that the WHO Contingency Fund for Emergencies was essential to health emergency response, and its donor base must be diversified to ensure sustainability. The Secretariat should intensify efforts to attract new donors by providing more information on the use and efficiency of the Fund. Joint external evaluations and annual reporting in connection with the International Health Regulations (2005) were important in building emergency response capacity. However, differences in evaluation methods could increase the reporting burden on Member States. WHO should therefore create a single evaluation instrument for both tools. He looked forward to hearing the recommendations of the Global Preparedness Monitoring Board launched by WHO and the World Bank, and emphasized that no region should be left out of efforts to improve global health security.

The representative of VIET NAM commended WHO's prompt response to the Ebola virus disease outbreak in the Democratic Republic of the Congo. The valuable insights and recommendations of the Independent Oversight and Advisory Committee had contributed greatly to the success of the WHO Health Emergencies Programme, whose activities were helping to reposition WHO in the United Nations system as an organization with operational functions for the management of health emergencies as well as a source of technical expertise. The Secretariat should heed the Committee's advice in order to meet the "triple billion" goals.

The representative of the NETHERLANDS said that the recommendations of the Independent Oversight and Advisory Committee were fundamental to guide the implementation of the WHO Health Emergencies Programme. She commended the Secretariat for its innovative approaches to improving the emergency response system and noted that WHO was now positioned as an operational organization for emergencies, yet was maintaining its reputation as a technical and normative agency. The Netherlands was concerned about the high number of vacancies in country offices and welcomed the recommendations to further develop surge capacity and strengthen security management. Leveraging the strengths of partners remained essential to the success of the Programme. Her Government would continue to provide financial support for the WHO Contingency Fund for Emergencies, and build the capacity of partners in the Global Health Cluster to ensure that the important topics of sexual and reproductive health and rights and psychosocial support were addressed as part of emergency response.

The representative of ISRAEL, welcoming the positive impact of health emergency management reforms, said that the WHO Health Emergencies Programme must continuously support Member States in building their emergency response capacities. His Government was keen to contribute to WHO efforts to enhance crisis preparedness and capacity development for security management through training and knowledge sharing. Better utilization of advanced technologies would contribute to the availability and efficiency of training programmes. His country would support efforts by the Secretariat to assist Member States in developing a strategy to prevent cyberattacks on health systems.

The representative of JAMAICA expressed her support for the recommendations set out in the report and highlighted the steps taken by her Government in the area of emergency preparedness and response. National capabilities needed to be strengthened, and increased partnerships and greater coordination and collaboration across sectors, countries and international agencies would be useful. The report should be tailored to the needs of individual countries, especially small island developing States, and the Secretariat should provide increased support to help Member States implement the recommendations.

The representative of AUSTRALIA, expressing her support for the recommendations set out in the report, said that, in order to avoid unnecessary duplication, existing programmes and processes should be refined and expanded wherever possible. She welcomed more effective cooperation with different technical networks, increased use of the joint external evaluation tool, WHO's commitment to ensuring the safety of staff and partners in the field, and the measures in place to prevent and respond to sexual harassment, exploitation and abuse. She called for closer coordination between the WHO Contingency Fund for Emergencies and the World Bank's Pandemic Emergency Financing Facility, and highlighted the importance of including all countries and technical partners in efforts to achieve the health-related Sustainable Development Goals.

The representative of SUDAN said that, in order to enhance global health security and further the implementation of the International Health Regulations (2005), Member States of the Eastern Mediterranean and African Regions had signed the Khartoum Declaration on Sudan and Bordering Countries: Cross-Border Health Security in November 2018 committing themselves to strengthening preparedness and response to cross-border public health threats and events. He called on WHO and its partners to provide resources and technical support in that connection. Member States must work together to develop mechanisms for sharing useful studies and best practices, and WHO should continue to provide technical and financial assistance to promote cross-border cooperation, build the core capacities required under the Regulations and strengthen health systems.

The representative of ALGERIA said that Member States should allocate the resources necessary to fill gaps in emergency preparedness in accordance with their national action plans for health security and promote the sharing of information. With support from the Secretariat, Member States should strengthen their emergency response capacities and accelerate implementation of their strategic preparedness and response operations for all public health threats. It was regrettable that political issues had been raised in a technical discussion. Resolutions of the United Nations General Assembly and the World Health Assembly should be respected in relation to Taiwan.¹

The representative of BAHRAIN welcomed the progress made by the WHO Health Emergencies Programme, including on partnerships and coordination with other emergency response organizations. WHO must remain committed to emergency reform and maintain its leadership role. The Secretariat should encourage the completion of national action plans for health security and support countries in strengthening their health systems and increasing the core capacities required by the International Health Regulations (2005).

The representative of FIJI, speaking on behalf of the Pacific island nations, endorsed the call for more donors and agencies to support the global effort to address epidemics and disasters, particularly those affecting small island nations.

¹ World Health Organization terminology refers to "Taiwan, China".

The representative of CHINA said that she strongly opposed the statement made by the representative of the United States of America regarding the proposed donation to WHO's Ebola virus disease outbreak response by China's Taiwan¹ region; WHO was a platform for public health, not for attempts to split China in two. Taiwan's¹ donation had a wholly political aim: gaining space and visibility on the international stage.

The Secretariat should develop a comprehensive plan to implement the Committee's recommendations. WHO should support all countries, particularly low-income developing countries, in maintaining and developing the core capacities required by the International Health Regulations (2005) and in building their emergency response capacity. She noted the recent allegations of misconduct within the Organization and would pay attention to the results of the investigation. China would work with all relevant partners to contribute to global public health preparedness and response.

The representative of PANAMA² said that, while she welcomed the progress made at all levels of the Organization, she remained concerned about the response capacities of health systems. Turning to some of the recommendations in the Committee's report, she asked how the Secretariat would promote delegation of authority, when it intended to develop plans to sustain and expand the personnel pipeline, and if indicators had been identified for scaling up the response. She also asked how training would be enhanced to promote deployment of investigational vaccines and therapeutics. She asked what percentage of the Programme budget 2018–2019 and the draft proposed programme budget 2020–2021 allocated for health emergencies would be used to build capacity in security management, when specialized expertise would be expanded, and at which levels of the Organization those efforts would be concentrated. She called for the sharing of WHO's best practices in managing outbreaks and epidemics.

The representative of the RUSSIAN FEDERATION² said that she did not entirely share the Committee's optimistic assessment, especially in the light of the recent outbreak of Ebola virus disease in the Democratic Republic of the Congo, which represented a serious threat to the country and the wider region. A number of health workers had been infected with the virus, indicating that biosafety rules were not being followed and that the preparation, selection and training of staff might be unsatisfactory. She fully supported WHO's health emergency reforms, welcoming improved vertical integration, situation assessment and provision of data. However, WHO could better fulfil its role as global coordinator and engage proactively with other partners. It should use the technical and human resources of Member States in responding to emergencies and serve as a leader and coordinator of response efforts. The joint external evaluation tool was not mandatory under the International Health Regulations (2005); it was not acceptable to attempt to formalize an instrument that not been endorsed by all Member States.

The representative of the REPUBLIC OF KOREA² welcomed the Committee's focus on strengthening countries' core capacities under the International Health Regulations (2005) and on health systems. He appreciated the efforts of the WHO Health Emergencies Programme, which served to build trust among Member States.

The representative of SOLOMON ISLANDS² said that noncommunicable diseases constituted a health crisis in his country and required greater attention from WHO. In a globalized world, public health preparedness and response had to be truly inclusive. Accordingly, Taiwan¹ should be invited to

¹ World Health Organization terminology refers to "Taiwan, China".

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

participate meaningfully in all WHO meetings and programmes in order to share its technical expertise and experience.

The representative of NORWAY¹ said that WHO should follow up on the Committee's recommendations with clear prioritization. Despite the progress made with respect to health emergencies, coordination should be improved further. Although WHO should play a leading role, it should cooperate closely with other actors in the health sector. Strong national health systems were critical to improving health security and should be mainstreamed in United Nations programmes. Donors should recognize the improvements in the WHO Health Emergencies Programme, and the need for long-term investment to strengthen public health preparedness and response.

The representative of SINGAPORE¹ said that further work was necessary to strengthen health systems and core capacities required by the International Health Regulations (2005). Singapore had undertaken a joint external evaluation and encouraged others to do likewise. Further support from the Secretariat for national action plans would be appreciated. WHO should conduct more simulation exercises at the regional and global levels to improve the coordination of surveillance, reporting and response activities.

The representative of SWITZERLAND¹ said that proper management of health emergencies required a firm commitment from Member States, as illustrated by the recent response to the outbreak of Ebola virus disease in the Democratic Republic of the Congo. She called on Member States to join the call to action to deliver on universal health coverage launched by her Government and the Government of Afghanistan.

The representative of NIGERIA,¹ highlighting her country's efforts to strengthen the core capacities required by the International Health Regulations (2005), asked WHO to continue to provide oversight and technical and operational support to Member States in the development and implementation of national action plans for health security.

The representative of INDIA,¹ noting that self-assessment was a useful tool for monitoring implementation of the International Health Regulations (2005), said that the joint external evaluation exercise should be a voluntary undertaking. He asked for more information on the global coordination mechanism for research and development preparedness. WHO must be well equipped to deal effectively with public health emergencies; insufficient funding, inadequate capacities and technical resources should be addressed as a matter of priority. Country and regional offices should be given sufficient resources and flexibility for contingency planning.

The representative of SOUTH AFRICA¹ agreed that the best practices of the WHO Health Emergencies Programme should be leveraged across the Organization, and emphasized the importance of sustained funding for the Programme. She encouraged the Secretariat to implement the Committee's recommendations concerning recruitment at the country level, the accountability framework, crisis preparedness and capacity development for security management in emergencies.

The representative of BANGLADESH¹ outlined his country's progress in public health preparedness and response. He agreed with the Committee's recommendations, in particular on developing national action plans for health security, leveraging best practices across the Organization, completing the recruitment of key staff at the country level, and engaging with other partners. He reiterated the proposal made by the representative of Sri Lanka regarding the need to mobilize adequate

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

funds in the South-East Asia Region, particularly as his country was overburdened with more than one million Rohingya.

The representative of FRANCE¹ requested clarification of inconsistencies with respect to the acceptance of funds for Ebola response. Noting that Member States and donors should consider the importance of preparedness in tackling future outbreaks, she emphasized that preparation, through capacity-building and training, was the most sustainable and effective means of ensuring health security. She was pleased that the WHO Lyon Office would be strengthened, recalling the statement adopted at the end of the WHO High-Level Conference on Preparedness for Public Health Emergencies held in December 2018, which had recognized the determinant role of WHO, in particular of its Lyon Office, in emergency preparedness and capacity-building.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ trusted that the Committee's recommendations would be implemented as soon as possible. She had great confidence in the WHO Health Emergencies Programme and was pleased that incident management teams at all levels were working effectively in response to the outbreak of Ebola virus disease. Her country was continuing to support the response, including through the deployment of expertise. She welcomed the monitoring and evaluation framework for the International Health Regulations (2005) and considered joint external evaluations a crucial and voluntary component. She endorsed the comments made by others on the importance of inclusivity in the procedural and technical activities of WHO. All had a role to play with respect to global public health priorities and outcomes, particularly in areas with a history of pandemics.

The observer of PALESTINE said that the Ministry of Health of Palestine, in collaboration with the WHO Palestine office in East Jerusalem, had developed a medical protocol for Palestinian clinics and hospitals that aligned approaches in emergency situations. He urged WHO to offer training and capacity-building to Palestinian health workers in emergency situations, and to provide security protection to health staff so that they could intervene and act effectively.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that he greatly valued collaboration with a stronger WHO at all levels, which had led to measurable improvements in the speed, scope and quality of global readiness to respond to health emergencies. Cooperation with WHO and other partners in the response to the Ebola virus disease outbreak in the Democratic Republic of the Congo had led to the development of a successful community feedback system to respond more effectively to the needs of affected communities. Protection of health care was a cornerstone of any effort to improve public health preparedness and response, yet violence against patients, health care workers and facilities was common. WHO should act as a catalyst for global change in that connection. Member States should refrain from using terminology with military connotations when describing health care workers in the field.

The observer of GAVI, THE VACCINE ALLIANCE said that there was an urgent need for more coherent approaches to expand universal health coverage in armed conflicts, fragile settings and other emergencies. He welcomed the call to action to deliver on universal health coverage in emergencies launched by the Governments of Afghanistan and Switzerland. Since 2016, Gavi had invested over US\$ 1 billion in outbreak prevention and preparedness, and supported emergency response efforts in a number of countries. It had also made available investigational vaccines, which had played a major role in containing the spread of the Ebola virus disease outbreak. Gavi was also continuing to support the Government of the Democratic Republic of the Congo in health systems strengthening, including by

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

boosting rates of routine immunization. Political leadership, financial support for resilient health systems and action to reduce gaps in immunization coverage and equity would be critical in preventing disease outbreaks in the future.

The representative of the WFP recalled that her organization had agreed to work with WHO to lead efforts to advance innovative programmes in fragile and vulnerable States and disease outbreak responses, thereby deepening the cooperation between the two organizations. She described WFP's collaboration with WHO in response to the outbreak of Ebola virus disease in the Democratic Republic of the Congo and the crisis in Yemen. It was important for such collaboration to be enhanced to build on the successes of the partnership, and she looked forward to the conclusion of a memorandum of understanding between the two organizations in 2019.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme thanked participants for their support. Responding to points raised, she said that work would continue to focus on the important area of capacity-building with respect to the International Health Regulations (2005) in order to create resilient health systems. The prioritization of universal health systems and of primary health care in national action plans, along with the suggestion of a simplified tool for joint external evaluations would be reviewed. Security and staff protection would continue be monitored, as would partnerships, in order to improve response, preparedness and capacity. She appreciated the recommendations on seeking further donors, and noted the critical importance of the WHO Contingency Fund for Emergencies in enabling the WHO Health Emergencies Programme to respond rapidly. The Committee would continue to monitor supply chain management, as well as the implementation of the delegation of authority; although the standard operating procedures had been updated, it was important to ensure that all staff involved had a good understanding of the process. Although the Committee shared the concerns about the infection of health care workers in regard to the Ebola outbreak, and would monitor the situation carefully, it had confidence in WHO and in the support of Member States. The Committee received a biannual report from the WHO Health Emergencies Programme on progress made in the implementation of the recommendations and would aim to make a summary of that available for the Seventy-second World Health Assembly.

The ASSISTANT DIRECTOR-GENERAL (WHO Health Emergencies Programme) thanked the Committee for its valuable oversight, and noted that a monitoring framework existed, under the aegis of which the Programme reported to the Committee against key performance indicators and on each recommendation. High levels of accountability were in place at all levels to ensure that the Programme delivered the expected results. He noted that the Programme was still in its infancy and was in the process of integrating many functions. The goals of delivering highly operational output to serve the most vulnerable and maintaining a high level of scientific and technical capacity were challenging, and he thanked the governing bodies and the Committee for their guidance.

The WHO Health Emergencies Programme aimed to ensure inclusivity, solidarity, cooperation and recognition of a shared threat and investment in the collective response. It was important to recognize the role that neighbouring countries often played during health emergencies, despite challenges and stresses on their own systems. WHO had a great need for operational partnerships in the field, and the Programme continued to cooperate with a variety of partners without which it could not do its work. He drew particular attention to the input being provided by WFP, which was critical to the effort in the Democratic Republic of the Congo. He also thanked the Red Cross, which recognized that the greatest barrier to controlling outbreaks was often a reluctance to accept intervention, and understood the importance of community participation and ownership in preventing epidemics.

Responding to one epidemic after another was not WHO's long-term objective; its intention was to operate as a mechanism to coordinate national capacities. Many Member States were encountering obstacles in strengthening their national capacities and further capacity-building was required. Large sums were being invested in the safety of staff members, but the management of biosecurity threats was

also important. While the WHO Research and Development Blueprint was a useful mechanism for continued innovation and collaboration in the field, strong national regulatory and research authorities were also required. The role of WHO was to bring together global innovation and tailor it to national priorities.

He thanked all those that had contributed to the WHO Contingency Fund for Emergencies and encouraged other donors to provide support.

The DIRECTOR-GENERAL thanked the Committee for its invaluable work, which was making WHO stronger and the world safer. He welcomed the Committee's findings and the significant progress made. The Secretariat was fully committed to improving its efforts to align with the priorities outlined in the Committee's report. The WHO Health Emergencies Programme had provided valuable lessons for the transformation agenda.

The Secretariat was taking the misconduct allegations very seriously and following established investigation procedures. Following completion of a preliminary review by the Office of Internal Oversight Services, some allegations were being further investigated while others had been closed. The Secretariat had asked the external auditor to consider conducting a compliance audit into general issues, in particular recruitment, travel, logistics, procurement and contracting, since some allegations had referred to those underlying processes, rather than to individual cases of misconduct. The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme had agreed to advise the Secretariat on whether an internally circulated email containing details of the case had revealed any systemic issues requiring action in the Programme. While the Independent Expert Oversight Advisory Committee had reviewed the work done thus far and had been satisfied with the steps taken, and would continue to oversee the response to the allegations.

The Secretariat was mobilizing all necessary resources to ensure that all dimensions were being thoroughly examined and that the processes followed were effective and comprehensive. The Secretariat had spoken to all staff about the case, in accordance with the Organization's culture of openness. However, to maintain the integrity and confidentiality of the process, details of any ongoing investigations would not be disclosed. He understood the distress of those concerned at the disclosure of the email; however, in accordance with the principles of due process, the Secretariat would presume innocence unless proven otherwise. He asked all parties not to allow interference in the process or to speculate on individual cases.

Health security would continue to be the Organization's priority. The Secretariat was building on the reform launched by the previous Director-General on the basis of lessons learned from the outbreak of Ebola virus disease in West Africa. A WHO health security council met every two weeks and received a stream of near real-time information, since failure to address the issue of health security would have serious political, social and economic consequences.

WHO had recently engaged in positive discussions with vaccine producers about increasing vaccine supplies to promote geographical vaccination rather than ring vaccination; however he recognized that producers faced obstacles to increasing production.

Member States were free to decide whether or not they wanted to use the joint external evaluation tool, which was a voluntary mechanism, or another, similar instrument. The Secretariat would seek to address any gaps in external evaluation, which would also be useful to developing a global health emergency workforce. The aim was to train high numbers of health workers at the country level to an international standard for deployment to other countries. The strategy would help to increase national capacities, fill gaps at the national level and create a highly trained global health workforce ready for deployment, thereby strengthening collective international capacities and national and international preparedness.

Investment in preparedness to ensure readiness and prevent outbreaks and epidemics was paramount. WHO had established a global preparedness monitoring board and developed initiatives such as an emergency readiness accelerator and a health emergency prediction model. It was working in close cooperation with several partners to raise funds for emergency preparedness and had formed a

strong bond of trust with them. He highlighted the importance of partnership in the response to the Ebola virus outbreak, and commended the development partners doing essential work on the ground on the basis of their comparative advantage.

The Board noted the report.

Ms Beauchamp took the Chair.

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

- **Community health workers delivering primary health care: opportunities and challenges**
(document EB144/13)

The CHAIRMAN drew attention to a draft resolution proposed by the delegations of Algeria, Botswana, Brazil, Canada, Ecuador, Ethiopia, Georgia, Kenya, Liberia, Luxembourg, the Netherlands, Panama, South Africa, Switzerland, the United States of America, Zambia and Zimbabwe, which read:

The Executive Board,

Having considered the report on community health workers delivering primary health care: opportunities and challenges, and the associated WHO guideline on health policy and system support to optimize community health worker programmes:

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

The Seventy-second World Health Assembly,

(PP1) Inspired by the ambition of the 2030 Agenda for Sustainable Development, with its vision to leave no one behind, its 17 indivisible goals and its 169 targets;

(PP2) Recognizing that universal health coverage is central to the Sustainable Development Goals, and that a strong primary health care sector is one of the cornerstones of a sustainable health system;

(PP3) Emphasizing that health workers are integral to building strong resilient and safe health systems that contribute to the achievement of the Sustainable Development Goals and targets related to nutrition, education, health, gender, employment and the reduction of inequalities;

(PP4) Noting in particular that Sustainable Development Goal 3 (“Ensure healthy lives and promote well-being for all at all ages”) and its targets will be advanced through substantive and strategic investments in the global health workforce, as well as a substantial shift in health workforce-related planning, education, deployment, retention, management and remuneration, supported by strong systems that enable and empower the health workforce to deliver safe and high-quality care for all;

(PP5) Recognizing the need for more coherent and inclusive approaches to safeguard and expand primary health care as a pillar of universal health coverage in emergencies, ensuring the continuum and provision of essential health services and public health functions, in line with humanitarian principles;

(PP6) Concerned by the threats against humanitarian personnel and health workers, hospitals and ambulances, which severely restrict the provision of life-saving assistance and hinder the protection of populations at risk;

(PP7) Expressing deep concern at the significant security risks faced by humanitarian and health personnel, United Nations and associated personnel, as they operate in increasingly high-risk environments;

(PP8) Noting further the importance of health workers to the realization of the three interconnected strategic priorities in WHO's Thirteenth General Programme of Work, 2019–2023, namely: achieving universal health coverage, addressing health emergencies and promoting healthier populations;

(PP9) Reaffirming resolution WHA69.19 (2016) on the global strategy on human resources for health: workforce 2030, in which the Health Assembly adopted WHO's Global Strategy on Human Resources for Health: Workforce 2030, with the Global Strategy identifying the opportunity to optimize the performance, quality and impact of community health workers for the achievement of universal health coverage and the Sustainable Development Goals;

(PP10) Reaffirming also resolution WHA70.6 (2017) on human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth, including its call to "stimulate investments in creating decent health and social jobs with the right skills, in the right numbers and in the right places, particularly in countries facing the greatest challenges in attaining universal health coverage" and to strengthen the progressive development and implementation of national health workforce accounts;

(PP11) Recalling the Declaration of Alma-Ata and the Declaration of Astana from the Global Conference on Primary Health Care (Astana, Kazakhstan, 25 and 26 October 2018) through which participating governments reaffirmed people-centred health care services, recognized human resources for health as a key component of successful primary health care, and committed to "create decent work and appropriate compensation for health professionals and other health personnel working at the primary health care level to respond effectively to people's health needs in a multidisciplinary context";

(PP12) Emphasizing further that investment in universal health coverage, including investments in the education, employment and retention of the health workforce, is a major driver of economic growth;

(PP13) Acknowledging that human resource and community health workforce gaps within health systems have to be addressed, notably through a multisectoral and community-centred approach, in order to assure that universal health coverage and comprehensive health services reach difficult-to-access areas and vulnerable populations;

(PP14) Recognizing that globally 7 out of every 10 jobs in the health and social sectors are held by women and that accelerating investments in job creation and decent work in primary health care will positively impact women and youth, which thus supports achievement of Sustainable Development Goal 5 (Achieve gender equality and empower all women and girls) and Goal 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all);

(PP15) Noting the launch in 2018 of the World Bank Group's Human Capital Project, which calls for more and better investment in the education, health and skills of people to accelerate progress on the Sustainable Development Goals, and its potential to leverage new investments in the health workers who provide primary health care services;

(PP16) Recognizing the published evidence and existing WHO guidelines, as consolidated in the WHO guideline on health policy and system support to optimize community health worker programmes, on the role, effectiveness and cost-effectiveness of community health workers;

(PP17) Highlighting the role of community health workers in advancing equitable access to safe, comprehensive health services in urban and rural areas and the reduction of inequities, including with respect to residence, gender, education and socioeconomic

position, as well as their role in gaining the trust and engagement of the communities served;

(PP18) Noting with concern the uneven integration of community health workers into health systems, as well the limited use of evidence-informed policies, international labour standards and best practices to inform the education, deployment, retention, management and remuneration of community health workers, and noting the impact this may have on access to services, quality of health services and patient safety;

(PP19) Reaffirming the WHO Global Code of Practice on the International Recruitment of Health Personnel, which calls upon Member States to provide equal rights, terms of employment, and conditions of work for domestic and migrant health workers;

(PP20) Noting that community health workers are an integral part of all phases of an emergency health response (prevention, detection and response) in their own communities and are indispensable to contribute to ongoing primary health care services during emergencies,

OP1. TAKES NOTE OF the WHO guideline on health policy and system support to optimize community health worker programmes;

OP2. URGES all Member States, as appropriate to local and national contexts and with the objective of the success of primary health care and the achievement of universal health coverage:

- (1) to align the design, implementation, performance and evaluation of community health worker programmes, including through greater use of digital technology, with the consolidated evidence presented in the WHO guideline on health policy and system support to optimize community health worker programmes, with specific emphasis on implementing these programmes to enable community health workers to deliver safe and high-quality care;
- (2) to adapt as appropriate and support implementation of the WHO guideline on health policy and system support to optimize community health worker programmes at national level as part of national health workforce and broader health sector, employment and economic development strategies, in line with national priorities, resources, and specificities;
- (3) to strengthen the relevance, effectiveness and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, including cooperation with health ministries, civil service commissions, and employers to deliver fair terms for health workers and a positive practice environment to enable their effective deployment, retention and adequate motivation to deliver high-quality care and build a positive relationship with patients;
- (4) to allocate, as part of broader health workforce strategies and financing, adequate resources from domestic budgets and from a variety of sources, as appropriate, to the capital and recurrent costs required for the successful implementation of community health worker programmes and integration of community health workers into the health workforce in the context of investments in primary health care, health systems and job creation strategies, as appropriate;
- (5) to improve and maintain the quality of health services provided by community health workers in line with the consolidated evidence presented in the WHO guideline on health policy and system support to optimize community health worker programmes, including appropriate pre-service selection and training, competency-based certification, and supportive supervision;
- (6) to strengthen voluntary collection and sharing of data, based on national legislation, on community health workers and community health worker

programmes, through the use of national health workforce accounts, as appropriate, thus enabling national reporting on Sustainable Development Goal indicator 3.c.1 on the density and distribution of their health workforce;

(7) to ensure the respect and protection of all medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities;

OP3. INVITES international, regional, national and local partners to support implementation of the WHO guideline on health policy and system support to optimize community health worker programmes, taking into account national context, and to contribute to monitoring and evaluation of implementation;

OP4. ALSO INVITES global health initiatives, bilateral and multilateral financing agencies and development banks to support the national community health worker programmes in line with the approach of the WHO guideline on health policy and system support to optimize community health worker programmes with programme development and financing decisions to support human capital and health workforce development, as appropriate to national context and national resources;

OP5. REQUESTS the Director General:

(1) to continue to collect and evaluate data on community health worker performance and impacts, to ensure a strong evidence base for their promotion, especially in the low and middle-income country context;

(2) to integrate and monitor the implementation of the WHO guideline on health policy and system support to optimize community health worker programmes in its normative and technical cooperation activities in support of universal health coverage, primary health care, health systems, and disease and population health priorities, including patient safety, as relevant to the Thirteenth General Programme of Work, 2019–2023;

(3) to provide support to Member States, upon request, with respect to implementation of the WHO guideline on health policy and system support to optimize community health worker programmes in alignment with national health labour markets and health care priorities;

(4) to support both information exchange and technical cooperation and implementation research between Member States and relevant stakeholders – including South-South cooperation – in respect of community health workers, primary health care teams and supportive supervision, including supervision performed by, inter alia, senior community health workers and other health professionals (e.g. clinical officers, midwives, nurses, pharmacists and physicians);

(5) to recognize the role of community health workers in an emergency, and support Member States on how to integrate them within emergency response, as appropriate to local and national context and national resources;

(6) to strengthen WHO's capacity and leadership on human resources for health at all levels of the Organization through engagement with all relevant stakeholders and provision of high-quality and timely technical assistance from global, regional and country levels to accelerate implementation of resolutions WHA69.19 (2016) on the global strategy on human resources for health, WHA70.6 (2017) on "Working for Health": the ILO, OECD, WHO five-year action plan for health employment and inclusive economic growth (2017–2021) and future work on community health worker programmes; and

(7) to submit a report every three years to the Health Assembly on progress made in implementing this resolution, integrated with the regular progress reporting on resolution WHA69.19 (2016) on the global strategy on human resources for health: workforce 2030.

The financial and administrative implications for the Secretariat were:

Resolution: Community health workers delivering primary health care: opportunities and challenges	
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:	4.2.2. Health workforce strategies oriented towards universal health coverage implemented in countries
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:	60 months.
B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	US\$ 11.62 million, as part of the delivery of integrated human resources for health programming
2.a. Estimated resource requirements already planned for in the approved Programme budget 2018–2019, in US\$ millions:	US\$ 2.28 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\$ 4.58 million.
4. Estimated resource requirements in future programme budgets, in US\$ millions:	US\$ 4.76 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\$ 2.28 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	0.20	0.10	0.11	0.03	0.12	0.13	0.24	0.93
	Activities	0.39	0.14	0.17	0.05	0.11	0.21	0.28	1.35
	Total	0.59	0.24	0.28	0.08	0.23	0.34	0.52	2.28
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	0.39	0.21	0.22	0.06	0.25	0.26	0.47	1.86
	Activities	0.78	0.29	0.34	0.10	0.23	0.43	0.55	2.72
	Total	1.17	0.50	0.56	0.16	0.48	0.69	1.02	4.58
Future bienniums resources to be planned	Staff	0.41	0.22	0.23	0.06	0.26	0.27	0.49	1.94
	Activities	0.81	0.30	0.36	0.10	0.24	0.44	0.57	2.82
	Total	1.22	0.52	0.59	0.16	0.50	0.71	1.06	4.76

The representative of the UNITED STATES OF AMERICA said that he took exception to the references to sexual and reproductive health in some of the supporting documents referred to in the WHO guideline on health policy and system support to optimize community health worker programmes because the meaning had evolved to include abortion. Community health workers should not provide, make referrals for or advocate abortion services; they should, instead, promote evidence-based health and education programmes that empowered adolescents to avoid sexual risks and prevent early pregnancy and sexually transmitted infections.

The representative of FIJI said that community health workers were the backbone of primary health care systems in Pacific island States and provided emergency health services in the midst and immediate aftermath of natural disasters, often in a context of reduced accessibility and communications. They were an integral part of disaster risk reduction strategies and tackling public health emergencies and climate change-induced health concerns and sometimes lost their lives providing services during emergencies. It was therefore timely that the report sought recognition of their key role in the implementation of universal health coverage and life-saving health care.

The representative of the NETHERLANDS said that the effective outreach work carried out by community health workers was important in meeting the needs of marginalized and vulnerable groups whose sexual and reproductive health and rights were often neglected, and noted that community health

workers would be instrumental in attaining target 3.7 of the Sustainable Development Goals. They had also proven effective in providing psychosocial, and culturally sensitive, support particularly in emergencies and fragile settings, and their role should be taken more seriously. She welcomed WHO's efforts to cooperate with governments and stakeholders to develop training and innovative strategies to integrate community health workers into the regular health workforce and policies. Decision-making processes for universal health coverage should not be confined to the national level but should include dialogue at the subnational and community levels with young people and community health workers.

The representative of AUSTRALIA acknowledged the important contribution made by community health workers in the delivery of primary health care and their role in attaining universal health coverage, preparing for health emergencies and promoting healthier populations. Community health worker programmes should be integrated into broader health workforce programmes. She supported the range of policy options to improve the design, performance and evaluation of community health worker programmes, which could be adapted and implemented by Member States in accordance with their country contexts. She noted the critical role of community health workers in rural and remote areas in Australia and expressed support for the draft resolution.

The representative of INDONESIA took note of the recommendations in the document. Improving the quality and accessibility of health services was vital to the sustainability of health systems; to that end, his Government had strengthened primary health care in his country by deploying young health workers to remote areas and training community health workers. He requested further clarification from the Secretariat on the definition of community health workers. Noting that some Member States had already established a system for community health workers, he said that the recommendations and key actions should take into account national situations.

The representative of BAHRAIN welcomed the WHO guideline on health policy and system support to optimize community health worker programmes and noted the decisive role of community health workers in improving the equitable expansion of a range of health services. It was important to systematically evaluate current data on the effectiveness of community health workers, build strong health systems, ensure adequate funding and training, and increase linkages with other health services. Multisectoral coordination and partnerships must be improved and greater attention paid to factors such as education, management and supervision. Community health workers should be factored into health workforce planning.

The representative of GERMANY said that a stronger emphasis on primary health care, although critical, was not sufficient to achieve universal health coverage and the health-related Sustainable Development Goals. Community health workers could contribute to improved access, responsiveness, satisfaction and outcomes if appropriately recruited, compensated, trained and integrated into national health systems. The Secretariat should consider the conclusions and recommendations of the WHO/UNICEF Primary health care: transforming vision into action operational framework in determining the way forward. He expressed support for the draft resolution.

The representative of VIET NAM, noting that community health workers were vital actors in grassroots health care, said that her country had a wide network of such workers. WHO should provide guidance to Member States on the development of key performance indicators for monitoring and evaluating the performance of community health workers to inform the development of community health worker programmes.

The representative of BRAZIL said that community health workers were a high priority for his country, which had participated actively in the development of the Declaration of Astana on primary

health care. They played a vital role in ensuring that all citizens in a country as vast as Brazil had access to health services, and had a unique understanding of local needs.

The representative of JAMAICA said that her Government had integrated its community health programme into primary care island-wide. Although the programme had yielded positive results, including with respect to immunization coverage, it continued to be threatened by a lack of funding. WHO should provide increased support to countries in standardizing national programmes and integrating them into primary care policies and operations. It was also important for community health workers to be formally integrated into the overall health care team with a clear career path and exit strategy. She endorsed the actions recommended and requested that Jamaica be added to the list of sponsors of the draft resolution.

The representative of ISRAEL commended the Secretariat's work on the WHO guideline on health policy and system support to optimize community health worker programmes. He emphasized the importance of capacity-building to ensure that community health workers had the professional skills and capacities necessary to play their important role in delivering health services, including primary health care. Accordingly, he supported the policy recommendations set out in the report, in particular concerning pre-service education and training and competency-based formal certification. Such training should cover preventive medicine, primary health care, maternal and child health care and mental health. The integration of community health worker programmes in broader health-related national policies would promote health systems strengthening. He supported the draft resolution.

The representative of MEXICO said that community health workers played a key role in delivering primary health care and universal health coverage. An interdisciplinary team, accessible to populations in urban, suburban and rural areas would help to reduce inequities in access to care. Noting some of the challenges with respect to the health workforce, he welcomed the policy options and recommendations contained in the report, including in the context of health systems strengthening and development. His Government remained committed to improving the design, implementation, performance and review of programmes on the health workforce.

The representative of CHINA expressed support for the recommendations set out in the document and for the draft resolution. It was imperative to enhance the quality of human resources for health and improve the way workers were treated to encourage them to work in primary health care. Community health worker programmes should be integrated into broader policies on the health workforce and health system development. During national planning and resource allocation processes, due consideration should be given to the governance, management and financing of community health worker programmes. The Chinese experience showed that community health workers played an indispensable role in achieving primary health care and universal health coverage.

The representative of SUDAN said that it was important to strengthen the role of community health workers in the delivery of primary health care. Member States of the Eastern Mediterranean Region had been using community health workers to make up for the shortage of health care professionals, particularly in remote areas. However, although community health workers delivered vital services, they were not a substitute for health care professionals. Countries should plan for their health workforce as a whole, rather than segmenting planning, which could lead to a lack of consistency. He agreed that there was a need to improve training for community health workers and expressed support for the draft resolution.

The representative of COLOMBIA said that it was important to develop, strengthen and manage human resources for health to improve health outcomes and the delivery of primary health care. Due consideration should be given to the diversity and complexity of a country in planning and allocating

resources, including concerning the establishment of multidisciplinary teams. His Government attached particular importance to the development of the health workforce and was developing a strategy in that regard for the regions based on three levels: health authorities, public hospital leadership and support services. Given the particular challenges it was currently facing, it had allocated resources for the care of migrants and was identifying mechanisms to integrate suitably qualified migrant health professionals into the health care system. A committed health workforce was essential for health promotion, and he trusted that the draft resolution would result in specific action, particularly in remote areas of Colombia where community health workers could have an even greater impact.

The representative of BHUTAN said that health service delivery mechanisms must be resilient, adaptive and relevant to the changing world. A competent health workforce, including committed community health workers, was integral to achieving universal health coverage and delivering primary health care. He recalled the WHO Global Strategy on Human Resources for Health: Workforce 2030 that called for optimizing and investing in the health workforce, and welcomed proposals to improve the quality and quantity of human resources for health. The Secretariat must strengthen its partnerships with Member States to promote health workforce development. Investment in community health workers would foster achievement of the “triple billion” goals. He expressed support for the draft resolution.

The representative of SRI LANKA said that, with the rise in noncommunicable diseases, new categories of health workers should be brought in to work in primary care settings and the capacity of primary care workers should be improved. Sri Lanka had begun to restructure primary care: In his country community health workers were providing care for the elderly, and health promotion officers were also working with communities. The benefits of such strategies would be assessed.

The representative of ETHIOPIA¹ said that community health workers were effective in delivering basic and essential life-saving health services and were first-line responders to outbreaks, particularly in remote areas. Experience in his country had shown what could be achieved when community health workers delivered primary health care in a formal setting with a conducive and enabling environment. However, insufficient attention was given to the significant role of those workers, and community health worker programmes were characterized by a lack of integration, inadequate and unpredictable financing, and a lack of clarity on recruitment, training and deployment processes. He welcomed the WHO guideline on health policy and system support to optimize community health worker programmes and called on all stakeholders to implement its recommendations.

The representative of PANAMA¹ said that universal health coverage based on primary health care was not both a priority and a duty and would only be achieved with the contribution of community health workers, intersectoral participation and the development of appropriate programmes. Community health workers were key in delivering a model of care based on the individual, family, community and environment. The provision of services through a community network would strengthen the involvement of various actors. The report set out key principles to guide the design of community health worker programmes and policy recommendations, many of which were already being applied in her country.

The representative of ECUADOR¹ said that the need for an interdisciplinary health workforce responsive to needs of populations remained strong. In the face of economic, environmental and social challenges, collective efforts were needed to implement policies and programmes that strengthened primary health care with a view to ensuring access to health services. Her Government was developing a primary health care policy that aimed to ensure that communities had access to a general practitioner

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

or doctor specializing in family and community medicine. The initiative would help the health sector to establish a link with communities, particularly the most vulnerable people. She urged Member States to adopt the draft resolution.

The representative of TOGO¹ said that challenges, such as ensuring an appropriate skill set and addressing lack of funding and motivation, had to be overcome if community health workers were to make an effective and sustained contribution to primary health care. To that end, he called for good governance of community health worker programmes, strong political commitment, the establishment of budget lines for such programmes, and coordinated financial support from partners. He supported the draft resolution.

The representative of the PHILIPPINES¹ said that training and empowering community health workers would improve provision of equitable, quality, people-centred health care services, particularly in underserved communities. Culturally-sensitive and appropriate delivery of services was key. Community health worker programmes should be formally integrated into health, education, labour and economic development policies. He supported the draft resolution.

The representative of SOUTH AFRICA,¹ noting the important role of community health workers, expressed support for the recommendations in the report, especially the need to integrate community health worker programmes in broader national policies on the health workforce. South Africa's country-wide community health worker programme contributed to bridging the gap between communities and primary health care facilities and to improving citizens' health status. However, additional resources were required to strengthen the programme, notably to improve recruitment and support the mobility of community health workers.

The representative of ARGENTINA¹ said that community health workers in her country played a vital role in providing primary health care within the framework of universal health coverage; they acted as an interface between the local health system and the community, linked the health sector to other sectors and promoted health as a right of the population and a duty of the State. The use of interdisciplinary teams facilitated access to health care and played an important role in health promotion by providing guidance, support and education.

The representative of SPAIN¹ expressed support for the WHO guideline on health policy and system support to optimize community health worker programmes and trusted that the Secretariat would provide a report on implementation to the Executive Board in the future. Community health workers made an important contribution to the delivery of primary health care and achievement of universal health coverage, and they should be integrated in national health systems. They should be considered as entry-level health staff and included in all aspects of human resources planning, but not viewed as a substitute for health care professionals. If countries allocated additional resources to health, community health workers could become qualified. Ethiopia's Health Extension Programme was an example of a successful strategy in that regard.

The representative of CANADA¹ said that including community health workers in primary health care teams would help to increase the health workforce, reduce inequities in access to care and expand services, including for sexual and reproductive health. Canada supported greater visibility and representation of women in the health sector, including in decision-making and leadership roles, and

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

noted that community health work often provided an opportunity for women to occupy positions of respect and authority in their communities.

The representative of INDIA¹ said that community health workers should be viewed as members of the primary health care team and their role should evolve to encompass the prevention and early detection of noncommunicable diseases. Their work in addressing health inequities and ensuring that communities realized their entitlements deserved more specific mention in the report. The development of specific metrics to measure performance would be useful for monitoring and encouraging the integration of community health workers into existing health systems.

The observer of the INTER-PARLIAMENTARY UNION said that his Organization had signed a memorandum of understanding with WHO aimed at strengthening parliaments' engagement with universal health coverage, global health security and health promotion. It would be developing the first global parliamentary resolution setting out concrete parliamentary actions on the achievement of universal health coverage for discussion at its forthcoming Assembly in April 2019. WHO's assistance in drafting the resolution would be appreciated, and he called on Member States to work with their parliaments on its implementation. The Inter-Parliamentary Union would work with WHO to strengthen parliaments' capacity to make full use of their legislative, budgetary and oversight functions to improve access to health care for all.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES commended the emphasis placed on the contribution of community health workers to primary health care. However, the dialogue on community health workers should not stop at those who received payment but should also include the millions of volunteers making an important contribution to the achievement of universal health coverage, often by helping those living outside or on the margins of the formal health sector. Attention should be paid to the health and well-being of all community health workers and volunteers, and to the unique challenges and vulnerabilities that workers and carers might experience, including through a commitment to gender mainstreaming.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that programmes encouraging patients to visit pharmacies before physicians for minor ailments had reduced the burden on primary health care services in many countries and promoted better use of resources. Pharmacists played an essential part in providing integrated, people-centred services, and often, the community pharmacy was the only primary health care structure available.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, acknowledged the need for additional staffing and noted the advocacy role of unregulated community health workers. Patient safety remained paramount, however, and a multidisciplinary team consisting of regulated health professionals was essential for the delivery of quality health care. Planning and monitoring were crucial to avoid fragmentation, and career progression strategies should be developed for both regulated and unregulated workers. Member States should implement the WHO guideline on health policy and system to optimize community health worker programmes.

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

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, said that community health workers were crucial in providing access to palliative care as part of universal health coverage. They should be trained in palliative care and integrated into primary health care systems, and financing should be provided for their activities.

The representative of AMREF HEALTH AFRICA, speaking at the invitation of the CHAIRMAN, encouraged the Executive Board to support implementation of the recommendations set out in the WHO guideline on health policy and system support to optimize community health worker programmes, particularly recommendations 1, 5 and 7. In order to ensure acceptance, the community should be involved throughout the process of selection for pre-service training; in some cases criteria other than formal qualifications could be taken into consideration. Those who completed pre-service training should be certified. Community health workers should be formally integrated into the health system to ensure proper recognition and remuneration.

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIRMAN, said that family doctors played an essential role in achieving health for all and the health-related Sustainable Development Goals. WHO must take the lead in encouraging the establishment of a family medicine department in all medical schools. It was disappointing that reference to family doctors and other members of primary care teams had been omitted from the Declaration of Astana. To help generate political will for universal health coverage, WHO should specify all members of primary care teams.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage and Health Systems) thanked participants for their supportive comments. Responding to points raised, she said that the definition of community health workers could be found in the ILO's International Standard Classification of Occupations. Due consideration would be given to the development of key performance indicators and metrics for monitoring and evaluating community health worker performance, and the Secretariat would monitor implementation of the WHO guideline on health policy and system support to optimize community health worker programmes.

The DEPUTY DIRECTOR-GENERAL (Programmes) thanked participants for their excellent suggestions and emphasized that the recommendations in the WHO guideline on health policy and system support to optimize community health worker programmes must be tailored to the country context. It was clear that multidisciplinary teams, including community health workers, were needed to deliver primary health care services, and that referral systems and secondary and tertiary level services were required to achieve universal health coverage. The WHO guideline had identified certain gaps in the evidence base for training, retention, supervision and financial and non-financial incentives for community health workers. Any experiences that Member States could share in those areas would be appreciated.

The DIRECTOR-GENERAL thanked participants for their guidance and input. He recounted his experience in developing primary health care in Ethiopia during his tenure as Minister of Health. Having achieved more than 90% coverage in five years, he emphasized that it had been a quick and large return on a comparatively small investment. He remained a strong advocate of primary health care, which should be strengthened in the following order: health promotion, prevention, diagnosis and treatment. Although standardization in primary health care was important, a one-size-fits-all approach was impractical as countries had different needs. The Secretariat would be designing several options for primary health care systems that could be tailored by countries to their own situations. That undertaking would not only provide an opportunity for Member States to receive support but also for the removal of silos and for greater cooperation within WHO to create a seamless and agile Organization. One of the

aims of the memorandum of understanding that WHO had recently signed with the World Organization of Family Doctors was to overcome the shortage of 18 million workers in the global health workforce.

The resolution was adopted.¹

The meeting rose at 18:50.

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¹ Resolution EB144.R4.