

PROVISIONAL SUMMARY RECORD OF THE NINTH MEETING

**WHO headquarters, Geneva
Tuesday, 29 January 2019, scheduled at 09:30**

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

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NINTH MEETING

Tuesday, 29 January 2019, at 09:45

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

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

Health, environment and climate change: Item 5.6 of the agenda (documents EB144/15 and EB144/16)

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, asked that the draft WHO global strategy on health, environment and climate change be submitted to the Seventy-second World Health Assembly. Although the strategic objectives it set out were commendable, greater emphasis should be placed on health care waste management; the health sector should lead by example. Monitoring and evaluation were also important, and WHO should develop a strong global monitoring scheme to assess countries' progress in reducing environmental hazards.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries of Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and Georgia aligned themselves with his statement. He welcomed the draft global strategy and the draft global plan of action on climate change and health in small island developing States. The draft global strategy had to be fully aligned with the 2030 Agenda for Sustainable Development; achievement of the Sustainable Development Goals required work across agendas and the promotion of mutually reinforcing actions that supported co-benefits. A One United Nations approach was therefore required; in particular, WHO should contribute to the draft implementation plan entitled "Towards a Pollution-free Planet" due to be adopted at the United Nations Environment Assembly in March 2019. The One Health approach was also important, notably in areas such as antimicrobial resistance. Building health system resilience to mitigate the health impact of climate change and environmental degradation would save lives and money; other steps taken should include application of the circular economy, and education and prevention measures.

Given the importance of cross-sectoral cooperation, the draft global strategy should be predicated on a Health in All Policies approach. He commended the Secretariat's work in the area of health, environment and climate change, notably on the WHO Global Conference on Air Pollution and Health, the WHO Global Chemicals and Health Network, and the WHO Chemicals Road Map, which was important for reducing the mortality rate attributed to unintentional poisoning under indicator 3.9.3 of the Sustainable Development Goals. He hoped that the Secretariat would allocate sufficient resources to implementation of the Road Map, which would significantly contribute to achieving WHO's strategic priority of saving 3.8 million lives by promoting healthier populations through a healthier environment.

The representative of INDONESIA, underscoring the relevance of the draft global strategy, drew attention to the acute impact that climate change was having on human health in Indonesia and other archipelagic countries in the South-East Asia Region. He suggested that Figure 2 in document EB144/15 should refer specifically to food safety, and urged WHO to collaborate more closely with relevant international organizations, as climate change was a multisectoral issue.

The representative of AUSTRALIA expressed support for both the draft global strategy and the draft global plan of action. Given the importance of developing a cross-sectoral approach, she encouraged the Secretariat to ensure that they complemented existing work in other international climate change and health forums, and asked what efforts it had made to garner support from other stakeholders. She also expressed support for the focus on vulnerable populations in small island developing States and least developed countries, and detailed several national programmes to tackle health challenges arising from environmental pressures and mainstream climate and disaster resilience into aid investments.

The representative of GERMANY commended the draft global plan of action and the draft global strategy, expressing confidence that the latter's broad scope would initiate the transformational changes needed to achieve healthy lives and environments for all, and stressing the need for strong cross-sectoral cooperation and for mitigation strategies and adaptation plans, an area in which his Government could share best practices. Attention should also be paid to the impact of chemicals on human health; Member States should support WHO's outstanding work and leadership in that regard. The strategic objectives set out in the draft global strategy should be monitored using existing data, and efforts to address adverse environmental effects on health should cover pollution as well as traditional noncommunicable disease topics.

The representative of BAHRAIN expressed support for the draft global strategy, which was aligned with various national programmes on the same issue and would strengthen health sector leadership and the Health in All Policies approach, as part of efforts to achieve the Sustainable Development Goals. The strategy's implementation would entail a "one WHO" approach that prioritized funding diversification, strengthened national capacities and promoted connections with national research institutions. Efforts should also be made to raise awareness about environmental health, for instance through a text messaging system.

The representative of the UNITED STATES OF AMERICA, acknowledging the link between human health, the environment and climate, expressed support for efforts directly linked to WHO's mandate. Overall, it was commendable that the draft global strategy presented a measurable, practical set of activities in areas in which WHO and the health sector could be most effective. While it was true that health care systems in small island developing States faced unique challenges, many of the issues covered in the strategy were not central to WHO's core function, but should rather be led by the energy, environment or agriculture sectors, or appropriate international bodies. In line with WHO's shift towards delivering impact at the country level, the draft global plan of action should be adjusted to focus on the areas to which WHO was best able to add value, namely providing technical support and capacity-building for Member States' health systems. It should also include more explicit linkages on bolstering health security and emergency response, and encourage international, intersectoral partnerships, which were central to WHO's core functions and the advancement of global health. Additional consultations were therefore needed on both the draft global strategy and the draft global plan of action.

Responding to comments made by the representative of China under item 5.2 of the agenda, she said that she stood by her earlier statement on the WHO Health Emergencies Programme.

The representative of FINLAND, drawing attention to the negative effects of black carbon in the Arctic region, called for enhanced action by WHO to reduce morbidity and premature mortality attributed to indoor and outdoor air pollution. Biodiversity was essential to the health sector and she therefore encouraged WHO to act in line with the decision on health and biodiversity adopted by the fourteenth meeting of the Conference of the Parties to the Convention on Biological Diversity. She called for current challenges to be tackled using a One United Nations approach, notably through collaboration between WHO and UNEP.

The representative of ISRAEL welcomed the draft global strategy and the focus on small island developing States, noting the details provided on the effects of climate change on health and the linkages to other policy areas. Given the scale of the issues, it made sense to focus on a particular group of States. WHO efforts should be aligned with the One United Nations approach, so as to increase efficiency and effectiveness at the country level. A unified approach to mitigating environmental hazards would facilitate efforts to address the impact of climate change on health, and WHO should play a convening and coordinating role in work to strengthen national health systems, promote public health preparedness and response, and implement the 2030 Agenda.

The representative of SRI LANKA said that, despite progress in several areas, the South-East Asia Region continued to face both long-standing and new environmental health challenges. He therefore welcomed the holistic nature of the draft global strategy and the leadership shown by the Director-General in stimulating renewed action on the high disease burden attributable to climate change and other environmental determinants of health. The Secretariat should nonetheless also consider developing regional implementation plans, including timelines, for the draft global strategy, so as to help identify priority areas, and draw up strong plans for monitoring and evaluation, and for resource mobilization. The draft global plan of action was aligned with several regional texts on climate change and health, and further consultations were being undertaken in his Region on the subject.

The representative of MEXICO pointed to the need for decisive action; previous measures had not been sufficiently sustainable to reduce risks and create safe environments that fostered good health. The cross-cutting nature of the 2030 Agenda served to promote development and well-being alongside protection of the environment, but WHO needed to provide leadership; indeed, coordinated action would help meet the challenges more effectively. He recommended that the Seventy-second World Health Assembly should endorse the draft global strategy, which would advance achievement of the Sustainable Development Goals and the strategic objectives identified. Member States needed to reaffirm their commitments in respect of health, the environment and climate change at the highest level in order to bring about sustainable improvements in well-being and living conditions through the creation of healthy environments.

The representative of FIJI, referring to the impact of tropical cyclone Winston in February 2016, welcomed the statements made by the representatives of Australia, Sri Lanka and the United States of America in support of small island developing States. The draft global strategy should place greater emphasis on the importance of enhancing WHO's direct impact in countries, with specific reference to special initiatives for populations in situations of vulnerability, such as in small island developing States and those frequently exposed to environmental disasters. Given the importance of reducing the greenhouse gas effect, owing to its impact on fragile health systems, he welcomed the fact that the draft global strategy aimed to strengthen health system resilience to climate risks, aid adaptation efforts and promote mitigation measures to ensure the long-term future of vulnerable populations.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, expressed support for the draft global strategy and encouraged the Secretariat to work with Member States to mobilize sustainable financial resources to accelerate the achievement of its strategic objectives. Initiatives similar to the third Inter-Ministerial Conference on Health and Environment in Africa and the WHO Global Conference on Air Pollution and Health would help raise awareness and encourage steps to reduce health risks related to climate change. Small island developing States were among those most vulnerable to the effects of climate change, despite their limited contribution to carbon emissions; the draft global plan of action was therefore welcome and should be extended to the greatest possible number of developing countries exposed to such risks.

The representative of the UNITED REPUBLIC OF TANZANIA expressed support for the draft global strategy, notably its link to the Thirteenth General Programme of Work, 2019–2023, its emphasis on the need for cross-sectoral action, and its focus on a transformational approach. The new driving role of the health sector in addressing health challenges related to climate change required capacity-building for, and reorientation of, health structures at the local and national levels. His Government remained committed to tackling those issues, particularly through partnerships aligned with the Paris Agreement under the United Nations Framework Convention on Climate Change and with Agenda 2063: The Africa We Want. The Secretariat should continue to play a leading role in coordinating partners to address issues regarding health, environment and climate change; ensure that global and regional partnerships were translated into implementation at the country level; and help countries to develop a prototype national integrated strategy based on the strategic objectives.

The representative of BRAZIL said that the failure to hold consultations in Geneva on the draft global strategy had deprived Member States of the opportunity to suggest areas of clarification and improvement; the document was therefore not ready for the Executive Board to take action on it. The Secretariat should organize additional discussions in an inclusive, participatory, transparent and efficient manner. It should provide further information on the added value, mandates and comparative advantages of WHO action in terms of the strategy's implementation and monitoring. In the absence of a consensus on the link between natural resource scarcity and conflicts, he was unable to endorse the use of the term "global public goods" in relation to the environment. There was no agreed multilateral definition of the term, which was at variance with the principle of international law – set out in several multilateral agreements on the environment – that States enjoyed the sovereign right to exploit their own resources pursuant to their own environmental development policies.

The representative of JAPAN, referring to the draft global strategy, said that the Secretariat had to prioritize WHO's work in the light of the Organization's mandate and strengths. It should furnish further information on the support Member States would receive following the strategy's adoption. Regarding the draft global plan of action, he hoped that the Secretariat would work together with Member States and report back to the Executive Board on the action that they had taken, to allow for an exchange of experiences.

The representative of VIET NAM said that the draft global plan of action should describe in greater detail the other existing global and regional strategies and plans on climate change and health, with a view to considering whether it should be independent from such strategies or whether it should be integrated into an appropriate existing one. It appeared more feasible for WHO to pursue the process to become an accredited agency for the Green Climate Fund and facilitate support to small island developing States (Action 4.2) than to lead a process to identify new and innovative forms of funding and resource mobilization mechanisms (Action 4.1). That being said, if a special fund for small island developing States on climate and health were to be established, the draft global plan of action should make recommendations on how to mobilize resources for it.

The representative of COLOMBIA said that the draft global strategy should incorporate the findings published by the Intergovernmental Panel on Climate Change in 2018 on the impacts of global warming of 1.5 °C, particularly on natural and human systems. It should place greater emphasis on social participation as a platform for environmental health governance, and on communities as management units for the implementation of sectoral and intersectoral interventions, and as protectors and promoters of health.

The representative of ITALY pointed to the need to protect biodiversity, adapt farming and breeding techniques, and resort to new foods and organisms that had been selected or modified to withstand climate change. Mitigating the health impact of climate change required the participation of

the research community, partnership with the private sector, awareness-raising in civil society, and the provision of assistance to displaced persons and climate migrants.

The representative of CHINA repeated that Executive Board discussions should not be politicized. He endorsed the draft global strategy, noting that it was important to encourage the development of cost-effective national strategies. It was also essential to strengthen international exchanges of experience with respect to public campaigns to promote action on health and the environment, best practices and standards, techniques to assess the health impact of climate change, and capacity-building to respond and adapt to climate-related challenges. When it came to the draft global plan of action, his Government welcomed the interlinked strategic lines of action and was prepared to play an active role, under the United Nations Framework Convention on Climate Change, in addressing climate change, together with small island developing States.

The representative of JAMAICA stressed that each strategic line of action in the draft global plan of action should be tailored to individual country requirements. The opportunity for small island developing States to adopt a leadership role on the issue of climate change would result in a robust Caribbean plan and was a good manifestation of the goal to drive impact at the country level. WHO should continue prioritizing the initiative, which should be submitted to the Seventy-second World Health Assembly, and providing the necessary resources. While mindful of governments' central role, she called on development partners to boost the resilience to climate change of health systems in small island developing States.

The representative of PERU¹ said that a multisectoral approach would help reduce social and environmental risk factors and therefore ease the global disease burden. WHO should continue to work in coordination with UNEP and the secretariats of multilateral environmental agreements to create synergies and avoid duplication. To address the health impact of climate change, it was important to adopt an approach that prioritized vulnerable countries, in accordance with the United Nations Framework Convention on Climate Change and the related Paris Agreement.

The representative of MONACO¹ asked the Secretariat to avoid making multiple requests to Member States for the same data, as they were difficult to collect, especially for small countries.

The representative of the PHILIPPINES¹ recommended that the Board expand on the strengthening of governance mechanisms to allow sustainable health-protective action, under strategic objective 4 of the draft global strategy.

The representative of MOROCCO¹ suggested that the draft global strategy should call for regional and national implementation plans to be developed in coordination with WHO, so as to help Member States establish or strengthen environmental and health monitoring systems to measure the health impact of environmental risks and climate change and identify emerging threats. The environmental health-related Sustainable Development Goals, which underpinned the strategic objectives, should be cited just after the vision set out in the report, and the role of health authorities in the regulation and health-related monitoring of environmental services should be specified. The second goal to be achieved by the transformational approach, relating to universal health coverage, should be clarified.

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

The representative of SPAIN¹ said that WHO's work on health, environment and climate change, which was chronically underfunded, was a priority for his Government and was crucial for the achievement of the objectives of the Thirteenth General Programme of Work.

The representative of PANAMA¹ said that collective and sustained efforts were required at all levels of WHO to ensure comprehensive environmental management with a view to preventing, mitigating and addressing the health impact of climate change, particularly on vulnerable populations, and thereby achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Member States and key stakeholders should play an active role in implementing the draft global strategy in order to ensure the protection of environmental health and prevent environmental degradation. Building the capacities of Member States and enhancing scientific knowledge of environmental risks and the effects of climate change on individual and collective human health would allow for more accurate decisions to be made and facilitate an intersectoral approach.

Regarding the draft global plan of action, she said that, while not an island State, her country did have three large archipelagos that were affected by health and environmental issues as a result of climate change. She fully supported the vision of the draft global plan of action that all health systems on small island developing States should be resilient to climate change and variability.

The representative of CANADA¹ proposed that the Arctic should be included as a region vulnerable to climate change, since it was experiencing warming at twice the average rate of the rest of the world. The draft global strategy should demonstrate the link between the environmental determinants of health and noncommunicable diseases and discuss the role of innovation in improving health outcomes more extensively. She asked how the Secretariat would identify priorities and allocate resources for the strategy's implementation, and whether environmental programmes, including chemicals management, would be continued. Such information should be reflected more clearly in the programme budget for 2020–2021.

The representative of NORWAY¹ said that the draft global strategy should refer to the BreatheLife campaign, which provided a useful model for promoting action to combat environmental problems. The strategy urged Member States to develop ambitious national action plans, and that should be reflected in the resolution adopted at the World Health Assembly. Her Government intended to continue providing financial support for WHO work on air pollution and climate change and encouraged other governments to do the same.

The representative of the PLURINATIONAL STATE OF BOLIVIA¹ welcomed the greater involvement of WHO in the fulfilment of obligations set out in multilateral agreements on climate change. The Secretariat's analyses, scientific guidance and support would be vital for effective mitigation of the impact of climate change. In that regard, due consideration must be given to the specific vulnerabilities of developing countries with regions prone to natural disasters and fragile ecosystems.

The representative of SWITZERLAND¹ said that the draft global strategy and draft global plan of action were important steps in the urgently needed international response to the health impacts of climate change, and that multisectoral cooperation was vital. She encouraged the Secretariat to engage in closer collaboration with the other organizations of the United Nations system. Knowledge transfer and coordination between all such organizations were essential to effectively manage issues related to health, environment and climate change.

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

The representative of BARBADOS¹ agreed that the Executive Board should recommend that the World Health Assembly adopt the draft global strategy. He welcomed the inclusion of input from Member States in the draft global plan of action, as he believed that consultation and collaboration were integral to any successful initiative. He thanked the Secretariat for the direct support that it was providing to over 40 countries, which should be continued, but emphasized that more resources were needed in that regard.

The representative of YEMEN¹ stressed the importance of genuine efforts to tackle climate change and thereby improve living conditions. He thanked WHO and its Regional Office for the Eastern Mediterranean for their continued support.

The representative of ARGENTINA¹ welcomed the inclusion of both environmental and social health determinants in the draft global strategy, but suggested that a reference be included to the Sendai Framework for Disaster Risk Reduction 2015–2030, with a view to improving international coordination on the issue of environmental health. Knowledge gaps were hampering the implementation of health strategies and it was therefore vital to step up efforts to share information, particularly at the local level. Primary health care needed to be strengthened, especially community-based and preventive care. The international community must be ready to mitigate the risk of diseases emerging as a consequence of climate change, biodiversity loss and antimicrobial resistance.

The representative of URUGUAY¹ endorsed the strategic goals set out in the draft global strategy. Her Government had completed a climate change and health country profile and was counting on the Secretariat's support to keep it up to date. WHO, working in coordination with other international organizations, should continue to mobilize resources to help Member States strengthen their capacity to respond to the health challenges of climate change.

The representative of the DOMINICAN REPUBLIC¹ said that any work on environmental health must be based on a holistic approach. The draft global plan of action was a policy instrument that could be used to develop effective national strategic plans with regard to health, the environment and climate change. While she supported the adoption of the plan as proposed, it would nonetheless benefit from further consultation with Member States.

The representative of the RUSSIAN FEDERATION¹ expressed support for the second strategic objective of the draft global strategy, but suggested that outcomes should be indicated for all the strategic objectives. The strategy must take into account economic and financial issues, including subsidies and energy for medical facilities. He agreed with the representative of China that it was important not to politicize debates in WHO governing bodies.

The representative of BANGLADESH¹ said that the draft global strategy needed to focus more on health resilience to climate change, in particular in the vision statement, and, together with the draft global plan of action, should include more action-oriented measures, such as the development of climate change and health profiles for all climate-vulnerable countries. He asked whether the plan of action was international or national in scope, and suggested that the strategy include a more pragmatic and focused approach on how WHO could support national and international efforts, without duplicating work that might be better done by other stakeholders. Both the strategy and the plan of action should contain more information on financing, and more specific and innovative suggestions on how to mobilize health funds

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to mitigate environmental risks and the impact of climate change. He recommended that consultations be held on that issue before the Seventy-second World Health Assembly.

The representative of INDIA¹ said that, although he agreed that a flagship initiative was needed to address the health impact of climate change on small island developing and vulnerable States, there were many vulnerable regions in his country that should also be included in the draft global strategy and draft global plan of action. The Secretariat should help Member States mainstream environmental risk factors into their existing policy frameworks, in order to catalyse multisectoral action and contribute to capacity-building for public health practitioners, so as to reduce health vulnerability to climate change. In a global context of inequality, the draft strategy should focus on funding action on environmental health and climate change.

The representative of SOUTH AFRICA¹ fully supported the strategic objectives set out in the draft global strategy and welcomed the emphasis on the principle that universal health coverage could not be achieved in isolation from environmental health services. Health ministries must follow a Health in All Policies approach when implementing their strategic priorities. She emphasized the need for strong leadership in the health sector to drive multisectoral cooperation.

The observer of PALESTINE thanked the Government of Japan for having set up water desalination plants in occupied Palestinian territory to combat groundwater contamination by saltwater intrusion. He asked WHO to provide technical assistance to mitigate the effects of climate change, pollution and environmental risks to health in occupied Palestinian territory and other places affected by conflict.

The representative of WMO welcomed the draft global strategy and draft global plan of action and encouraged the Secretariat to continue to seek opportunities to use available climate, weather and environmental science to enhance decision-making in the health sector.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES highlighted three core actions that must be prioritized as the draft global strategy was refined and implemented: funds must be invested in water, sanitation and hygiene infrastructure, in particular in cholera-prone areas and those affected by climate change; local capacities and community health workers must be fully utilized to ensure that marginalized and hard-to-reach communities were not left behind; and all States should adopt the Health in All Policies approach to ensure that health was included in climate adaptation plans and disaster risk reduction strategies.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, welcomed the draft global strategy, particularly strategic objectives 2 and 3, but suggested that greater emphasis should be placed on trade and economic policies, and on changes in agriculture and food systems. He expressed concern at WHO's proposal to rebalance health sector expenditure in favour of primary prevention over the long term, as primary prevention could not replace curative care, rehabilitation and palliative care.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that focusing on the health impacts of climate change was a good way to garner political and public support for action. Her association would like to see more resources allocated to research and activities based on the emerging scientific evidence about the health impacts of climate change. WHO should show leadership by

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ensuring that its meetings and events were environmentally sustainable with respect to food, materials and waste management.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIRMAN, applauded WHO for recognizing that minimizing environmental threats to human health and reproduction was essential to reducing illnesses and deaths from hazardous chemicals, pollution and the consequences of climate change. She recommended that the next version of the draft global strategy should explicitly refer to the link between toxic exposure and prematurity and low birth weight, and to toxic exposure affecting transgenerational changes.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, commended the draft global strategy and called on Ministries of Health to engage productively with WHO for its implementation. Many people were unaware that air pollution was as big a risk factor for cardiovascular disease as tobacco. Her federation would continue to promote the need for further research on heart health and air quality.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, noted that children were uniquely vulnerable to the threats of climate change. She called on WHO and Member States to seek ways to reduce the carbon and environmental footprints of health facilities; fund the surveillance, reporting and tracking of climate-associated effects; help raise public awareness about the threats of climate change for children's health; address the specific needs of children in disaster preparedness and response; and promote urban planning designs that incorporated walkability, open space, green building design, reduced dependence on automobile transit, and climate change resilience.

The representative of the INTERNATIONAL FEDERATION OF HOSPITAL ENGINEERING, speaking at the invitation of the CHAIRMAN, said that work around the world had shown that health care buildings could be designed, built and operated in a carbon-neutral fashion. He recommended that WHO should seek to make its own operations carbon neutral, make a focused effort to help the health sector achieve carbon-neutral health delivery, and participate in the policy process to encourage countries to achieve carbon neutrality by 2050, with significant reductions by 2030.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that understanding of the draft global strategy would be enriched by referencing the 2018 findings of the Intergovernmental Panel on Climate Change on global warming. The strategy must promote the harnessing of cultures, particularly those of indigenous peoples, which reflected humankind's ability to achieve a sustainable balance with nature.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN, noted that the Lancet Commission on Obesity had recently published a report indicating that obesity, undernutrition and climate change were driven by dysfunctions in the same systems – food, transport, urban design and land use. She advocated improving transport infrastructure and introducing a framework convention on food systems, and urged Member States to strengthen governance to control irresponsible marketing.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, expressed concern that neither the draft global strategy nor the draft global plan of action advocated urgent action. The objectives outlined in the strategy shifted the current focus from adaptation

to mitigation planning, and ignored the need for short-term objectives for Member States. In addition, the absence of formal definitions of “chemical, biological, physical and work-related” risks complicated and confused the strategy. He urged the Board to incorporate the need for urgent adaptation measures into the draft global plan of action and called on WHO to produce contextual guidelines for the relevant Member States.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that much more should be done to protect, promote and support breastfeeding, as breast-milk substitutes required energy to manufacture, materials for packaging, fuel for distribution, and water, fuel and cleaning agents for daily preparation. Breastfeeding contributed to the draft global strategy’s goal of focusing on disease prevention measures and was a lifeline in emergencies. Goal 12 of the strategy’s transformational approach, on governance, should also require national and local governments to establish proper safeguards against conflicts of interest and commercial influence when facilitating cross-sectoral cooperation.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, urged WHO to reject the tactics of the fossil fuel industries, such as lobbying and manipulation of scientific literature. Governments should draw on the lessons learned from the WHO Framework Convention on Tobacco Control to effectively regulate fossil fuel industries and better protect health. They should also implement fiscal policies to reduce the burden of health-harming pollution. Revenue from increased taxation and the removal of subsidies could deliver a double dividend if reinvested in universal health coverage or renewable energy.

The representative of the WORLD FEDERATION FOR MENTAL HEALTH, speaking at the invitation of the CHAIRMAN, stressed the severe negative impact of climate change on physical and psychological health and asked the Board to consider all aspects of mental health when discussing plans to address the health implications of climate change.

The CHAIRMAN, while emphasizing the importance of hearing the voices of non-State actors at WHO, said that they should consider, for the sake of their own legitimacy, linking their causes more persuasively with the subject under discussion and grouping statements into one or two interventions to make their arguments more relevant.

The ASSISTANT DIRECTOR-GENERAL (Climate and Other Determinants of Health), noting the call for monitoring and evaluation to ensure goals were achieved, said that provision had been made for that aspect in the draft global strategy and would be made in the draft global plan of action. The Secretariat was indeed endeavouring to be more environmentally friendly, as evidenced by the paperless Board meeting, the returnable food containers and the wooden cutlery.

The REGIONAL DIRECTOR-ELECT FOR THE WESTERN PACIFIC emphasized the significant threat to health in his Region posed by environmental pollution and climate change. Drawing on the example of Fiji receiving people from Kiribati and Tuvalu whose homes were threatened by rising sea levels, he stressed the need for WHO to improve the situation for the countries most affected by the impact of climate change.

He confirmed that the new Asia-Pacific Centre for Environment and Health in the Western Pacific Region, a geographically-dispersed specialized office established in Seoul to help the Region’s Member States achieve environmental goals associated with the Thirteenth General Programme of Work and the Sustainable Development Goals, would be fully operational by March 2019.

The DIRECTOR (Department of Public Health, Environment and Social Determinants of Health), responding to Member States' comments, referred concerns about health care waste management to documents EB144/15 and EB144/19. Food safety was mentioned in the draft global strategy, under access to safe water and sanitation, but she would ensure it was mentioned explicitly. In addition, the Secretariat would work with the regions to ensure that the draft global strategy also covered specific climate-vulnerable areas, such as the Arctic, and countries, such as Bangladesh, in the ongoing climate change and health projects. On chemical safety, she invited Member States that had not yet done so to join the WHO Global Chemicals and Health Network, which was the best way to support chemicals management to protect people's health. WHO was also a member of the Climate and Clean Air Coalition, and addressed the issue of black carbon within that framework. In addition, all the environmental conventions, agreements and treaties with which WHO was involved were listed in an annex to the draft global strategy. During further consultations on the draft global strategy, which would be concluded before the Seventy-second session of the World Health Assembly, there would be an opportunity for Member States to reconsider the term "global public goods", a term that she considered to be in line with international law.

The DIRECTOR-GENERAL said that WHO had already signed agreements with UNEP, the United Nations Framework Convention on Climate Change and WMO on the draft global plan of action. Small island developing States had played a leading role in designing the plan – the Secretariat had acted as a facilitator – and would also play a leading role in its implementation, but required resources to do so; Member States could support them in that regard by helping them to access the Green Climate Fund for adaptation and mitigation. A separate initiative for small island developing States was justified, given the disproportionate effect of climate change on those States.

The Board noted the reports.

Medicines, vaccines and health products: Item 5.7 of the agenda

- **Access to medicines and vaccines** (document EB144/17)

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA, introducing the document, said that the revised draft road map for access to medicines, vaccines and other health products, 2019–2023, set out in the Annex thereto, was aligned with the Thirteenth General Programme of Work, 2019–2023. Its comprehensive approach to improving access comprised two strategic areas that were broken down into eight activities set out in the text.

She described a number of initiatives taken in the South-East Asia Region, which was a major producer of essential medicines and vaccines and comprised both Member States with large populations and manufacturing capacity and others with very small populations and fewer opportunities to take advantage of economies of scale when purchasing medicines – a problem that was common to all small countries. The Region had done considerable work to improve access to quality medicines, which was a priority for universal health coverage. The relevant resolutions and documents adopted by it and other bodies were listed in Appendix 1 to the revised draft road map.

The meeting rose at 12:30.

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