



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

146TH SESSION

GENEVA, 3–8 FEBRUARY 2020

SUMMARY RECORDS

GENEVA
2020

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ASEAN	– Association of Southeast Asian Nations	UNAIDS	– Joint United Nations Programme on HIV/AIDS
FAO	– Food and Agriculture Organization of the United Nations	UNCTAD	– United Nations Conference on Trade and Development
IAEA	– International Atomic Energy Agency	UNDP	– United Nations Development Programme
IARC	– International Agency for Research on Cancer	UNEP	– United Nations Environment Programme
ICAO	– International Civil Aviation Organization	UNESCO	– United Nations Educational, Scientific and Cultural Organization
IFAD	– International Fund for Agricultural Development	UNFPA	– United Nations Population Fund
ILO	– International Labour Organization (Office)	UNHCR	– Office of the United Nations High Commissioner for Refugees
IMF	– International Monetary Fund	UNICEF	– United Nations Children’s Fund
IMO	– International Maritime Organization	UNIDO	– United Nations Industrial Development Organization
INCB	– International Narcotics Control Board	UNODC	– United Nations Office on Drugs and Crime
IOM	– International Organization for Migration	UNRWA	– United Nations Relief and Works Agency for Palestine Refugees in the Near East
ITU	– International Telecommunication Union	WFP	– World Food Programme
OECD	– Organisation for Economic Co-operation and Development	WIPO	– World Intellectual Property Organization
OIE	– World Organisation for Animal Health	WMO	– World Meteorological Organization
PAHO	– Pan American Health Organization	WTO	– World Trade Organization

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PREFACE

The 146th session of the Executive Board was held at WHO headquarters, Geneva, from 3 to 8 February 2020. The proceedings are issued in two volumes. The present volume contains the summary records of the Board's discussions and details regarding membership of committees. The resolutions and decisions, and relevant annexes, are issued in document EB146/2020/REC/1. The list of participants and officers is contained in document EB146/DIV./1 Rev.1

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¹ As adopted by the Board at its first meeting (3 February 2020).

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EB146/10	Ending tuberculosis Progress in implementing the global strategy and targets for tuberculosis prevention, care and control after 2015 (the End TB Strategy)

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EB146/11	Ending tuberculosis Draft global strategy for tuberculosis research and innovation
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EB146/DIV./2	Preliminary daily timetable
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COMMITTEES AND SELECTION PANELS¹

1. Programme, Budget and Administration Committee²

Ms Glenys Beauchamp (Australia), Mr Zahid Maleque (Bangladesh), Mr Nilo Dytz Filho (Brazil), Mr Patricio Herrera (Chile), Ms Zhang Yang (China), Mr Martin Essono Ndoutoumou (Gabon), Mr Björn Kümmel (Germany), Professor Dr Nila Farid Moeloek (Indonesia), Professor Itamar Grotto (Israel), Dr Hiroki Nakatani (Japan, member ex officio), Dr Rajitha Senaratne (Sri Lanka, member ex officio), Dr Sara Mohammed Osman (Sudan), Dr Sonia Ben Cheikh (Tunisia) and Dr Kennedy Malama (Zambia).

Thirty-first meeting, 29–31 January 2020:³ Mr Björn Kümmel (Germany, Chair), Ms E. Wood (Australia, alternate to Ms Glenys Beauchamp), Mr M. S. Ahsan (Bangladesh, alternate to Mr Zahid Maleque), Mr Nilo Dytz Filho (Brazil, Vice-Chair), Mr Patricio Herrera Carazo (Chile), Mr Li Song (China, alternate to Ms Zhang Yang), Mr Martin Essono Ndoutoumou (Gabon), Professor Dr Nila Farid Moeloek (Indonesia), Ms J. Galilee-Metzer (Israel, alternate to Professor Itamar Grotto), Dr Hiroki Nakatani (Japan, member ex officio), Dr Hiba Musa (Sudan, alternate to Dr Sara Mohammed Osman), Mr S. Nagga (Tunisia, alternate to Dr Sonia Ben Cheikh) and Dr Kennedy Malama (Zambia).

2. Sasakawa Health Prize Selection Panel

The Chair of the Executive Board (member ex officio), a member of the Executive Board from a Member State of the WHO Western Pacific Region and a representative of the founder.

Meeting of 3 February 2020: Dr Hiroko Nakatani (Japan, Chair), Dr Lam Pin Min (Singapore), Professor Etsuko Kita (representative of the founder).

3. United Arab Emirates Health Foundation Selection Panel

The Chair of the Executive Board (member ex officio), a member of the Executive Board from a Member State of the WHO Eastern Mediterranean Region and a representative of the founder.

Meeting of 3 February 2020: Dr Hiroko Nakatani (Japan, Chair), Mr Mohamed Hedi Loueslati (alternate member of the Executive Board for Tunisia), Dr Mohammad Salim Al Olama (representative of the founder).

4. State of Kuwait Health Promotion Foundation Selection Panel

The Chair of the Executive Board (member ex officio), a member of the Executive Board from a Member State of the WHO Eastern Mediterranean Region and a representative of the founder.

Meeting of 4 February 2020: Dr Hiroko Nakatani (Japan, Chair), Dr Akram Ali Altom (Sudan), Dr Fawaz Alrefae (representative of the founder).

¹ Showing current membership and the names of those who attended the meetings to which reference is made.

² Showing the membership as determined by the Executive Board in decision EB145(2) (2019).

³ See document EBPBAC31/DIV./1.

5. Dr LEE Jong-wook Memorial Prize Selection Panel

The Chair of the Executive Board (member ex officio), a member of the Executive Board from a Member State of the WHO Western Pacific Region and a representative of the founder.

Meeting of 4 February 2020: Dr Hiroko Nakatani (Japan, Chair), Dr Amelia Latu Afuha'amango Tu'ipulotu (Tonga), Mr Choi Wonil (representative of the founder).

FIRST MEETING

Monday, 3 February 2020, at 09:10

Chair: Dr H. NAKATANI (Japan)

1. OPENING OF THE SESSION: Item 1 of the provisional agenda

Opening of the session

The CHAIR declared open the 146th session of the Executive Board.

Election of officers

The CHAIR drew attention to a proposal by the Member States of the South-East Asia Region to elect Dr Jasinghe (Sri Lanka) as Vice-Chair of the Executive Board, replacing Dr Senaratne (Sri Lanka), who was no longer able to serve in the role. He also noted a proposal made by the Member States of the Region of the Americas to elect Ms Lamourelle (United States of America) as Rapporteur, replacing Mr Schmeissner (United States of America), who was likewise unable to continue in the role. He took it that those proposals were acceptable to the Board.

It was so agreed.

Condolences

The Board stood in silence for one minute to remember health care workers who had died since the previous session of the Executive Board.

Representatives of the WHO regions and numerous Member States expressed their deepest condolences to the family, friends and colleagues of the late Dr Peter Salama, the Executive Director of WHO's Division for Universal Health Coverage across the Life Course. Highlighting his extensive and wide-ranging career, notably his previous role as the Executive Director of WHO's Health Emergencies programme, they paid tribute to him as a visionary leader who had worked tirelessly to improve the health of people throughout the world, particularly the most vulnerable. His legacy would be honoured through the continuation of his work.

Organization of work

The representative of GERMANY, speaking on behalf of the European Union and its Member States, recalled that, as agreed in an exchange of letters in 2000 between WHO and the European Commission on the consolidation and intensification of cooperation, and without prejudice to any future general agreement between WHO and the European Union, the European Union attended sessions of the Board as an observer. He requested that, as at previous sessions, representatives of the European Union should be invited to participate, without vote, in the meetings of the 146th session of the Board and its committees, subcommittees, drafting groups or other subdivisions that addressed matters falling within the competence of the European Union.

The CHAIR took it that the Board wished to accede to the request.

It was so agreed.

2. ADOPTION OF THE AGENDA: Item 2 of the provisional agenda (documents EB146/1 Rev.1 and EB146/1 (annotated))

The CHAIR drew attention to a proposal by the Secretariat to delete provisional agenda item 21.3, Amendments to the Financial Regulations and Financial Rules, as no proposals for amendments had been received. He took it that the Board agreed to those proposals.

It was so agreed.

The agenda, as amended, was adopted.¹

3. REPORT BY THE DIRECTOR-GENERAL: Item 3 of the agenda (document EB146/2)

The DIRECTOR-GENERAL, introducing his report, expressed his condolences on the deaths of Dr Peter Salama and other colleagues over the previous year.

There had been unprecedented challenges, achievements and transformation in 2019. Intensive efforts had been made to finalize the design phase of the WHO transformation agenda, while fighting emergencies, launching new initiatives, investing in its core business, norms and standards to deliver the Thirteenth General Programme of Work, 2019–2023, and striving to achieve the “triple billion” goals.

The previous week, he had declared the outbreak of novel coronavirus infection a public health emergency of international concern. The Government of China was taking serious measures at the epicentre to protect its people and prevent the spread of the virus to other countries. WHO had recommended that all countries should implement evidence-based and consistent decisions and avoid measures that unnecessarily interfered with international travel and trade; support countries with weaker health systems; accelerate the development of vaccines, therapeutics and diagnostics; combat the spread of rumours and misinformation; review preparedness plans, identify gaps and evaluate the resources needed to identify, isolate and care for cases, and prevent transmission; share data, sequences, knowledge and experience with WHO and the world; and work together in a spirit of solidarity and cooperation.

The current outbreaks of Ebola virus disease and novel coronavirus infection underscored the importance of all countries investing in preparedness. They also illustrated that the current binary system for determining a public health emergency of international concern was unsuitable for complex emergencies. Options for signalling an intermediate level of alert, without renegotiating the text of the International Health Regulations (IHR) (2005), were being explored.

WHO was focusing on implementing its transformation agenda through a new strategy, new processes, a new operating model, a new approach to partnerships and a new culture, together with sustainable financing and the development of a fit-for-purpose workforce.

¹ Document EB146/1 Rev.2.

The representative of CHINA said that his Government was taking, and would continue to take, a responsible approach to public health by implementing tough, comprehensive containment measures, thanks to which the majority of confirmed cases of novel coronavirus infection had been confined to Chinese territory. The authorities had been, and would continue to be, open and transparent in sharing information available and had provided WHO, relevant national and regional organizations and the authorities of Hong Kong, Macao and Taiwan¹ with regular, timely updates and data. For example, once the whole genome sequence of the virus had been obtained, it was shared with WHO and the international community almost immediately. Experts, including a team from WHO, had travelled to Wuhan to investigate and the WHO Director-General had visited China for frank exchanges on prevention and control with the President of China and high-level officials. WHO's objective assessment of the Government's prevention and control efforts had been positive.

The temporary recommendations issued by WHO after it had declared the outbreak a public health emergency of international concern had not included restrictions on travel or trade. Indeed, during the 2014 Ebola virus outbreak, a high-level United Nations panel had noted that excessive restrictions could discourage States from voluntary reporting and aggravate the situation. Nevertheless, certain countries had imposed such restrictions, including denying entry, rejecting visa applications and cancelling flights. Such measures were contrary to WHO recommendations. Transparent, objective and effective action based on facts and scientific knowledge, with an emphasis on working in solidarity, was required, rather than panic, fear, rumours and stigmatization, which could only hamper international cooperation.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate country Montenegro, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, aligned themselves with his statement. Like numerous other representatives, he welcomed the response of the Chinese authorities and WHO to the outbreak of novel coronavirus infection. The situation highlighted the importance of international cooperation and information sharing. Information from all countries concerned should be shared, without delay, with WHO Member States and with partners. While the Organization's efforts to respond effectively to public health emergencies and improve the capacities of countries were welcome, urgent action was required to improve preparedness, essential public health functions and health systems at the national level.

Turning to the transformation agenda, the Organization needed to be more efficient and responsive to the needs of Member States, and to strengthen its role within the United Nations system. Given the ambitious goals and funding allocations of the Thirteenth General Programme of Work, 2019–2023, the governing bodies had a major role to play in defining change. Concerns remained about the lack of transparency over the accountability compacts. Given the urgent need to improve accountability through the results framework, he called for collaboration with Member States in developing a stepwise approach to impact assessment.

In view of WHO's strategic leadership role in the evolving global health architecture, challenges such as the allocation of resources to critically important programmes should be brought before the governing bodies. The Organization needed to remain relevant and to continue to develop new approaches; its normative work and the common goods for health were highly important. The Secretariat was urged to develop policies on topical issues such as the health impacts of climate change, digitalization and the challenge of antimicrobial resistance.

Health was a human right and a key aspect of sustainable societal and economic development. As addressing health challenges required interaction and collaboration across policy areas, the Director-General was urged to open a dialogue on the role of health in the economy and in society.

Welcoming the United Nations development system reform, he encouraged the Secretariat to build partnerships and to foster collaboration and synergy between the United Nations agencies, and to continue working on cost savings and efficiency gains. Cooperation with vertical funds, especially in

¹ World Health Organization terminology refers to Taiwan, China; Hong Kong Special Administrative Region (China); and Macao Special Administrative Region (China).

the run-up to the forthcoming Global Fund allocation process, could – with the right input of WHO expertise at the country level – open access to funding for health systems strengthening.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, commended the Director-General's leadership in the response to the outbreak of novel coronavirus infection and his call for a special focus on countries with weak health systems. Although there had been no confirmed cases in his region, Member States were being vigilant in strengthening preparedness measures. Moreover, the Member States of the African Region welcomed the support provided to the Democratic Republic of the Congo and neighbouring countries to contain the Ebola virus outbreak, which had claimed more than 2000 lives since the summer of 2018. Even though the number of new cases of Ebola virus infection was decreasing, the measles death toll in the Democratic Republic of the Congo had peaked at 5000 since January 2019, mostly among children under five years of age. Urgent action was required in that regard. He also condemned all attacks on health workers.

With regard to the transformation agenda, he commended the Director-General's leadership and noted with pride that the Regional Office for Africa had made progress in implementing the agenda. The transformation agenda should allow WHO to be more responsive to prevailing urgent health challenges, particularly at the country-office level. Such a transformation would not come about overnight, and he pledged the support of the Member States of his region.

The representative of KENYA said that his Government was closely monitoring the global and domestic novel coronavirus infection situation and had strengthened its own preparedness. He joined other representatives in expressing sympathy and offering support to the people of China, and urged the Secretariat and Member States to focus investments on health systems strengthening in order to deal with the emerging health challenges over the new decade. Expressing his appreciation for the continued technical support provided to the Kenyan Ministry of Health in implementing its universal health coverage road map, he called on the Secretariat to place countries at the centre of the transformation agenda by ensuring increased financial allocations to WHO regional and country offices. Furthermore, he called on the donor community to increase flexibility in its funding to ensure greater impact at the country level.

The representative of AUSTRALIA expressed the Australian Government's support for WHO's efforts relating to the International Year of the Nurse and the Midwife and to the challenge of e-cigarettes, on which the Government had taken a strong stand.

Speaking also on behalf of Argentina, Canada, Czech Republic, Denmark, Finland, France, Germany, Indonesia, Ireland, Japan, Luxembourg, Monaco, Montenegro, the Netherlands, New Zealand, Norway, Sweden, Switzerland, Turkey, the United Kingdom of Great Britain and Northern Ireland and the United States of America, she stressed the need to continue to engage Member States in the transformation agenda. Given the ambitious aims of the agenda and its central role in the work of WHO, its strategic visibility was essential to maintaining Member States' confidence in its ability to deliver on the transformation agenda. She welcomed the efforts already under way, as described in document A72/48, but noted that, while it was clear that change required time, there were areas of the transformation agenda where activities and progress were less clear. As indicated in document A72/48, it was time to take a longer term view of the capacities needed at each level of WHO in the context of the Thirteenth General Programme of Work, the health-related Sustainable Development Goals and the United Nations reform. Member States needed a clear picture of the reforms at the different levels of the Organization, including those relating to full alignment and engagement with the United Nations reform. The expected outcomes and time frame must be clear to ensure coherence and unity of action and to gauge success. She supported the recommendation of the Programme, Budget and Administration Committee of the Executive Board that the Board request a full update on matters addressed in documents A72/48 and A72/49, with reforms mapped to timelines, to be provided to the Seventy-fourth World Health Assembly in 2021, preceded by an interim report to the regional committees later in 2020.

The representative of ISRAEL, speaking also on behalf of Albania, Australia, Austria, Barbados, Botswana, Brazil, Bulgaria, Canada, Colombia, Cyprus, Czech Republic, Ecuador, Estonia, Eswatini, Ethiopia, Finland, France, Georgia, Germany, Greece, Guatemala, Guyana, Haiti, Hungary, Iceland, Ireland, Italy, Kenya, Latvia, Mexico, Monaco, Montenegro, the Netherlands, New Zealand, Norway, Peru, Poland, Romania, Sierra Leone, Slovakia, Slovenia, Thailand, Uganda, the United Kingdom of Great Britain and Northern Ireland, the United States of America and Uruguay, said that the United Nations Disability Inclusion Strategy, launched in June 2019, enabled the United Nations system to mainstream disability inclusion. By ensuring that no one was left behind, the strategy formed a core part of the 2030 Agenda for Sustainable Development. He welcomed and supported the new strategy, which was closely linked to the WHO transformation agenda. The successful implementation of the strategy was a necessary step to enhance efforts to promote inclusion at all levels of the Organization and an opportunity to lead by example, which would only be possible if cross-cutting action was taken with the full support and commitment of the Organization as a whole. He also stressed the importance of keeping Member States informed on the progress made in its implementation.

The representative of the UNITED STATES OF AMERICA said that updates on two critical outbreaks of international concern, novel coronavirus infection, which had been detected in over two dozen countries and was affecting the global community, and Ebola virus disease in the Democratic Republic of the Congo, were extremely important and required focused attention. His Government was collecting information on the outbreak of novel coronavirus infection and implementing appropriate public health measures, in line with WHO recommendations, to minimize its spread. It was committed to working with all partners to address the outbreak, and would also continue to support efforts to respond to the Ebola virus disease outbreak in the Democratic Republic of the Congo. Recent events had shown that the Secretariat's efforts, in partnership with Member States and the global health community, were essential to prevent, detect and respond to public health emergencies. The collective ability to address public health threats depended on timely and accurate information, which facilitated a coordinated and inclusive response across all areas affected and by public health authorities.

The representative of BRAZIL said that her Government was taking steps to prevent the spread of novel coronavirus infection within Brazil and to closely monitor suspected cases. Although the response to the outbreak showed that the WHO Health Emergencies Programme had made considerable progress, it was imperative to do more to improve preparedness and to build strong and accessible health systems. There was a need to adopt a more inclusive approach and to respond to the specific needs of the membership. More action was also required on cross-cutting issues. While antimicrobial resistance remained an important concern, issues such as access to medicines and the social determinants of health required the same level of attention and budgetary funding. There was more that WHO could do, including through the prequalification of biosimilar medicines. While news of the Ebola virus vaccine was welcome, having stronger health systems could have led to a better outcome. Maintaining the status quo would not help to promote and protect health for all or, importantly, to prepare for future emergencies.

The representative of JAPAN said that his country currently had 20 confirmed cases of novel coronavirus infection, some of which indicated human-to-human transmission within Japan. The Government was committed to taking all necessary measures to conquer the infection, in close cooperation with China, other Member States and the Secretariat. Strong leadership from WHO was expected, and it was critical for WHO to disseminate quick and accurate information to Member States and to take timely action. The Japanese National Institute of Infectious Diseases had successfully isolated the novel coronavirus and was ready to cooperate with others on research and development using the isolated virus. With regard to the transformation agenda, the development of the Thirteenth General Programme of Work and of new ideas such as the integration of digital health in WHO were welcome. The transformation agenda should be finalized as soon as possible to ensure its success.

The representative of SUDAN said that his Government continued to support WHO's efforts to protect people from the effects of disease, violence, conflicts, oppressive regimes and occupation, poverty, ignorance and marginalization. It was grateful for the support provided by the Secretariat and Member States, and looked forward to the conclusion of the transformation agenda, which would facilitate the development of robust governance mechanisms, as well as improved management within the Organization and in Member States. With Secretariat support, Sudan had made significant progress, including successfully eradicating cholera within its borders. The Government had tripled its health budget, aiming to reduce out-of-pocket expenditure.

The representative of SINGAPORE said that the recent outbreaks of Ebola virus disease and novel coronavirus infection were a sombre reminder of the importance of WHO's work in health emergencies. To increase resilience against global health threats, it was vital to continue to invest in pandemic preparedness, increase health system capacities, forge stronger interpersonal connections and enhance collaboration. Given that cities were major hubs of human activity, focusing efforts on urban health preparedness was particularly important. His country commended the progress made by the Secretariat towards achieving the "triple billion" goals and the transformation agenda.

The representative of ARGENTINA commended the achievements made by WHO over the previous year in its planned actions, its response to emergency situations and its increased efforts to eradicate poliomyelitis and control outbreaks of Ebola virus disease in Africa. Regarding the recent outbreak of novel coronavirus infection, the public health measures implemented by China should have a beneficial impact at the global level. WHO leadership in addressing the outbreak was also vital, focusing on the issuance of swift, robust recommendations that took into account individual country situations and on international collaboration and access to transparent and timely information. WHO actions should include taking steps to ensure the rapid development of vaccines, diagnostic measures and specific treatments and to guarantee their access by low- and middle-income countries.

The representative of CHILE said that the priority areas of work for the Secretariat and Member States should be pillar 1, ensuring one billion more people benefited from universal health coverage, and pillar 3, ensuring one billion more people enjoyed better health and well-being. In that regard, Chile was launching a process to reform its health care system in the hope of increasing health coverage while maintaining the current quality of service, and wished to participate actively in the Decade of Healthy Ageing. Indeed, increased attention needed to be paid to the reality of ageing societies to ensure that older persons were able to enjoy a good quality of life. Further efforts were also needed in relation to food safety and the use of new technologies for the benefit of all, including a draft global strategy for digital health.

The representative of SRI LANKA said that his Government continued to be committed to achieving universal health coverage, strengthening primary health care and combating noncommunicable diseases. It was also placing greater emphasis on health promotion and prevention policies. He welcomed the prequalification of more medicines, which would facilitate procurement by countries. At the national level, issues related to the ageing population and health care human resource shortages needed to be addressed, along with the challenge of chronic renal diseases that were prevalent among the population, the cause of which remained unknown. His Government was keen to collaborate with other Member States facing a similar situation and lacking a prevention strategy. He requested the Secretariat's support in addressing the issue.

The representative of INDONESIA said that her Government supported the WHO's decision to declare the outbreak of novel coronavirus infection a public health emergency of international concern and expressed its gratitude to WHO for its cooperation and guidance, in particular in the evacuation and containment of Indonesian nationals in Wuhan, China. Turning to the transformation agenda, she expressed the hope that its completion would have a positive impact at all levels of the Organization and enable WHO to focus on achieving its ambitions under the Thirteenth General Programme of Work and

United Nations Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Moreover, a broader mandate for WHO country offices would allow them to be more active and responsive to the needs of each country.

The representative of BANGLADESH said that, given the concern that novel coronavirus infection could spread to countries with weaker health systems, the Secretariat and Member States in a position to do so should provide vulnerable countries and regions with increased support for preparation and response. There must also be the rapid development and supply of potential vaccines, medicines and diagnostic measures, especially for low- and middle-income countries. The Secretariat should also implement a comprehensive risk communication strategy, carry out a timely and transparent review of the situation and update its evidence-based recommendations. With the Secretariat's ongoing support, his Government would continue to provide health services to the over one million displaced Rohingya in Bangladesh. Lastly, as part of his Government's efforts towards achieving universal health coverage, it was taking steps to ensure mental health provision, including volunteering Bangladesh as one of the 12 priority countries for the WHO Special Initiative for Mental Health (2019–2023): Universal Health Coverage for Mental Health.

The representative of ESWATINI said that, while his Government commended the actions taken by WHO and the Government of China to contain the outbreak of novel coronavirus infection, it was concerned about the observation in the Director-General's report that the global health landscape was insufficiently prepared for an epidemic, in part due to political conflicts or interference with certain independent States and WHO. For example, the Republic of China (Taiwan)¹ had limited access, if any, to processes under IHR (2005) and its technical experts had been denied participation in recent WHO technical meetings, despite it having cutting-edge expertise that would be of benefit to all. That had left its population vulnerable to epidemics. Indeed, during the recent outbreak of novel coronavirus infection the provision of inaccurate information had led to decisions being made that had had a negative impact on the people of Taiwan.¹ The global health community needed to discourage such tendencies, as they negated the work undertaken to protect people. International solidarity and collaboration were essential to combat diseases and epidemics.

The representative of CHINA, speaking on a point of order, said that a representative had taken advantage of the meeting to spread sensational information in contravention of relevant United Nations and WHO governing bodies resolutions and the rules of the meeting. He requested that the representative in question cease to do so.

The representative of ISRAEL, supporting the statement made by the representative of Australia on behalf of a group of Member States, said that his Government welcomed WHO efforts to bring the transformation agenda to a successful conclusion and valued the increased focus on its impact at the national level and on strengthening country office capacities. The opening of a country office in Israel would enable it to enhance its cooperation and contribute further to WHO programmes regionally and globally. The normative and standard-setting work of WHO remained highly important, and the efforts being made at all levels of WHO to face global health challenges were appreciated.

The representative of PARAGUAY² expressed concern at the low budgetary allocation to the Region of the Americas. He welcomed the information provided on the conclusions and recommendations of the second meeting of the IHR (2005) Emergency Committee regarding the outbreak of novel coronavirus infection; his Government had taken the measures required under the Regulations. Taiwan¹ had confirmed a dozen cases of novel coronavirus infection, and he urged WHO

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.

to ensure that the country received timely notifications of infectious diseases and that the information provided by it was taken into account.

The representative of MEXICO¹ said that the outbreak of novel coronavirus infection highlighted the need for strong health systems and agreed that countries must work together in a spirit of solidarity. Mexico supported the recommendations of the second meeting of the IHR (2005) Emergency Committee regarding the outbreak of novel coronavirus infection and called on all countries to implement them in accordance with the principles set out in Article 3 of the Regulations. Efficient use should be made of budgetary resources for health, prioritizing prevention by strengthening primary health care. There was a need to improve the exchange of information and accountability, in particular with respect to the transformation agenda.

The representative of CÔTE D'IVOIRE¹ welcomed the efforts made to implement the transformation agenda, particularly in the African Region, and encouraged the Secretariat to provide the necessary technical support to Member States to facilitate data collection. The Secretariat should also ensure the fair and adequate distribution of flexible funding across different programmes and the three levels of the Organization.

The representative of SOUTH AFRICA¹ recognized the strategic efforts being made under with the transformation agenda, including the development of a new operating model. She commended the effective global coordination provided by the WHO Health Emergencies Programme in ongoing disease outbreaks, to which her Government had provided support through a reference laboratory. Universal health coverage and health systems strengthening were essential in order to achieve the targets of Sustainable Development Goal 3 and the goals of the Thirteenth General Programme of Work, 2019–2023.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND,¹ endorsing the Secretariat's view that the response to novel coronavirus should be driven by science, welcomed the release of the genotype by the Government of China and noted the need for detailed epidemiological data. Such crises served to highlight the importance of WHO's work on health systems strengthening and emergency preparedness. His Government looked forward to working with other Member States on its renewed ambition to end the preventable deaths of mothers, newborns and children.

The representative of THAILAND¹ said that a priority of the transformation agenda must be to ensure that WHO provided a healthy and happy workplace and served as a role model for health. He expressed concern that real-time information regarding the outbreak of novel coronavirus infection had to be sought from other sources, rather than WHO, and said that situation should be resolved.

The representative of SWITZERLAND¹ noted that current events highlighted the importance of a strong, effective and universal WHO. She expressed the hope that the discussions on infection prevention and control at the Fifth Global Ministerial Summit on Patient Safety in Montreux in February 2020 would support health systems strengthening all over the world.

The representative of the NETHERLANDS¹ highlighted the value of her Government's fruitful cooperation with WHO, including through hosting international conferences. Her Government would continue to focus on combating antimicrobial resistance, addressing mental health in emergency settings, and the fight against the tobacco epidemic.

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

The representative of the REPUBLIC OF KOREA¹ said that 15 confirmed cases of disease due to novel coronavirus infection had been identified in his country. The Government had activated its emergency operations centre in January 2020 to prevent the spread of infection in communities and health care settings, strengthen screening and quarantine at points of entry, and support strong case management and the tracing of contacts. He urged the Secretariat and Member States to share information regarding the outbreak in accordance with the requirements of IHR (2005) and in a timely manner.

The representative of CANADA¹ said that the outbreaks of novel coronavirus infection and Ebola virus disease highlighted the need for stronger emergency preparedness and health systems. Canada looked forward to further progress towards achieving the transformation agenda, and efforts to strengthen global health norms and standards. Continued evidence of results was critical to secure the resources required to implement the Thirteenth General Programme of Work.

The representative of MONTENEGRO¹ said that the outbreak of novel coronavirus infection demonstrated the importance of countries working together to develop a multilateral response. Noting that all three levels of WHO were equally important and emphasizing the importance of international knowledge within the Organization, he trusted that the selection of an international candidate as Head of the WHO Country Office in Montenegro would be finalized without delay. Close coordination between WHO representatives and United Nations Resident Coordinators was required to achieve the Sustainable Development Goals, in particular Goal 3, in line with the United Nations Development Assistance Framework.

The representative of NICARAGUA¹ said that progress had been made towards achieving universal health coverage in his country and called on all authorities to uphold their responsibility to protect their citizens.

The representative of AZERBAIJAN,¹ speaking on behalf of the Non-Aligned Movement, commended the Director-General's efforts to make the Organization more efficient, effective and relevant. She reiterated the Movement's commitment to achieving universal health coverage. She welcomed the United Nations high-level meeting on universal health coverage, which had taken place in September 2019, and the resulting political declaration. She highlighted the need to implement the recommendations of the global strategy and plan of action on public health, innovation and intellectual property, and support the development, control, distribution and appropriate use of new and alternative medicines, diagnostic tools and vaccines, while preserving existing medicines and promoting affordable access. Efforts to integrate evidence-based traditional and complementary medicine into existing health care systems should be supported. She welcomed the draft WHO global strategy on digital health 2020–2024 and requested WHO to host digital partnerships that strengthened the implementation of digital health. She expressed concern regarding the threat of health epidemics, particularly the outbreak of novel coronavirus infection. She encouraged WHO to strengthen its assistance to countries, in particular those in conflict and post-conflict situations, in order to attain universal health coverage and the health-related Sustainable Development Goals. Donors and partners should honour their financial commitments and assist in strengthening national health systems. All Member States should refrain from implementing universal unilateral coercive measures and economic sanctions, which adversely affected the provision of health care services and undermined global efforts to achieve the health-related Sustainable Development Goals.

The representative of the RUSSIAN FEDERATION¹ said that the transformation agenda and WHO's ongoing reform processes needed to be more transparent. He called for further efforts from WHO in monitoring transmission of novel coronavirus, promoting the exchange of information and

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

coordinating national activities. The Russian State Research Centre of Virology and Biotechnology was among the laboratories providing diagnostic assistance in the current outbreak.

The representative of NORWAY¹ said that fears that novel coronavirus might spread to countries with weak health systems served as a reminder that universal health coverage was an element of preparedness. His country supported the Global Action Plan for Healthy Lives and Well-being for All, which all signatory agencies and Member States should implement fully. The rising cost of new medicines was a challenge and all Member States should collaborate to enhance price transparency. His Government, which had launched a strategy on combating noncommunicable diseases as part of its international development assistance in 2019, called on all Member States to invest in the prevention and control of such diseases.

The representative of LIBYA¹ commended the Director-General's dedication to the WHO transformation agenda and his hard work to manage current global health emergencies. WHO's leadership was more essential than ever in the decade of action to deliver the Sustainable Development Goals, particularly for countries in the Eastern Mediterranean Region, many of which were in crisis. She expressed support for the Global Action Plan for Healthy Lives and Well-being for All.

The representative of SWEDEN¹ said that the outbreak of novel coronavirus infection highlighted the importance of investing in health systems, rather than operating on a cycle of panic and neglect. Capacity-building would facilitate the achievement of universal health coverage while equipping countries with the means to manage health emergencies effectively, and to that end, WHO had to be efficient and fit-for-purpose. While several important steps had been taken as part of the transformation agenda at headquarters, the progress made at the regional and country levels was less clear.

The representative of DENMARK¹ recognized the importance of international cooperation and the leadership role of WHO to achieve common solutions to health emergencies. Noting that 2020 had been designated as the Year of the Nurse and the Midwife, he said that WHO should play a central role in any discussions aimed at harnessing the full potential of the valuable health care workforce, whose role was becoming increasingly specialized.

The representative of MYANMAR¹ expressed support for the WHO transformation agenda, which would help Member States to achieve the "triple billion" goals.

The representative of ECUADOR¹ said that the Secretariat should work closely with Member States on initiatives relating to the transformation agenda, such as the possible creation of a WHO Foundation. Furthermore, given the difficulty that certain Member States would face in fulfilling additional information requests, WHO should provide financial and technical support to enable those Member States to strengthen the capacities of their health information systems.

The representative of SPAIN¹ welcomed international efforts to ensure that those affected by novel coronavirus experienced no stigmatization or discrimination. It was important for WHO to be dynamic, generate value, simplify its processes and always take account of national differences. Public health strategies needed to address emerging challenges and focus on primary health care and on providing integrated, continued care through a multisectoral approach.

The representative of EGYPT¹ thanked WHO for its support in tackling hepatitis C in his country and said that his Government was committed to working with WHO in that and other areas.

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

The DIRECTOR-GENERAL said that the Secretariat was committed to keeping Member States regularly updated on the progress made in implementing the transformation agenda and stressed the importance of Member States' participation and guidance throughout the process. Recognizing that WHO needed to step up its efforts in the area of digital health, he welcomed the request for WHO to host digital health partnerships but said that the Secretariat would need to get the digital health and innovation department, proposed as part of the transformation agenda, up and running first. That department could also take responsibility for coordinating Member States' digital health initiatives. He said that WHO was working on implementing the United Nations Disability Inclusion Strategy and agreed that it was important for WHO to serve as a role model in that regard. The Secretariat would continue to provide regular updates on the outbreak of novel coronavirus infection. International and national communications concerning the outbreak should focus on the facts and figures, and measures should be taken to prevent the spread of fear and panic.

The representative of CHINA, speaking in exercise of the right of reply and emphasizing that Taiwan¹ was part of China, outlined the measures taken by his Government to openly and transparently share timely information with China's Taiwan region¹ on the outbreak of the novel coronavirus infection, particularly concerning confirmed cases affecting Taiwanese people. Those positive and effective measures, which had included visits to Wuhan by epidemic prevention experts from the Taiwan region¹ and sharing of the genotype, had ensured the orderly prevention and control of the outbreak in that region. Communication channels between the Taiwan region¹ and WHO were not blocked in any way, and the Taiwan region¹ was able to respond effectively and in a timely manner to both local and international public health emergencies. The region's non-participation in the Health Assembly did not, therefore, represent a gap in the international prevention system. Member States should observe the rules of WHO meetings and cease their interference in such issues.

The meeting rose at 12:55.

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

SECOND MEETING

Monday, 3 February 2020, at 14:30

Chair: Dr H. NAKATANI (Japan)

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

1. STAFFING MATTERS: Item 25 of the agenda

Appointment of the Regional Director for Africa: Item 25.1 of the agenda (document EB146/46)

**The meeting was held in private session until 15:20,
when it resumed in public session.**

At the request of the CHAIR, the RAPPORTEUR read out the resolution on the appointment of the Regional Director for Africa adopted by the Board in private session:¹

The Executive Board,

Considering the provisions of Article 52 of the Constitution of the World Health Organization;

Considering also the nomination made by the Regional Committee for Africa at its Sixty-ninth session,

1. REAPPOINTS Dr Matshidiso Moeti as Regional Director for Africa as from 1 February 2020;
2. AUTHORIZES the Director-General to issue a contract to Dr Matshidiso Moeti for a period of five years from 1 February 2020, subject to the provisions of the Staff Regulations and Staff Rules.

The CHAIR congratulated Dr Matshidiso Moeti on her reappointment and conveyed the Board's best wishes for success in her post.

At the invitation of the CHAIR, Dr Moeti signed her contract.

The REGIONAL DIRECTOR FOR AFRICA said that she had been honoured to serve in her role and thanked the Executive Board for electing her for a second term. She expressed her gratitude to Member States, partners and WHO staff at all levels, who had worked together to transform the Regional Office for Africa into an effective, results-driven and accountable organization in the scope of the global WHO transformation agenda. She thanked the governments in her Region for embracing that transformation in their national systems.

In the coming five years, she would seek to accelerate action towards universal health coverage in the African Region by removing barriers to quality health care, and to improve quality of services to

¹ Resolution EB146.R1.

ensure better health outcomes. Governments in her Region had recently taken steps towards universal health coverage, in particular by expressing their commitment to that goal in international forums and updating their health financing strategies, and making efforts to improve human resources for health, access to essential medicines and the functioning of health districts. Under her leadership, the Regional Office would expand private-sector engagement based on the principles of equity and affordability; help Member States to exchange experiences to improve regional health systems, which were underperforming compared with global systems; align its transformation agenda with that of the Organization as a whole, inspired by the Director-General's leadership in that field; and demonstrate the added value of WHO's presence in the Member States of the Region with the help of empowered, engaged staff.

The ongoing restructuring process at the Regional Office would enable it to deliver the Thirteenth General Programme of Work, 2019–2023, in an integrated, people-centred manner. Regional teams were working to build resilient health systems and emergency preparedness and response by encouraging the incorporation of core capacities into national health strategies and strengthening the delivery of essential health services, especially in countries facing protracted humanitarian crises. By addressing the social determinants of health and engaging in multisectoral work, the Regional Office would seek to safeguard access to life-saving public health interventions to prevent, control and eliminate diseases, including poliomyelitis (polio) eradication initiatives.

The Regional Office would also continue to strengthen its collaboration with regional economic partners to facilitate cross-border and regional collaboration, in particular to improve epidemic preparedness and response and to capitalize on the public health benefits of globalization; harness and build on high-impact tools such as digital health to strengthen capacities and foster sustainable innovation in health care; accelerate the integration of new tools and technologies into national health services to develop and expand national and regional policies, strategies and regulatory functions; and work with partners to implement the outcomes of the functional reviews of country offices to ensure that their teams were fit for purpose. Efforts to achieve the objectives of the Global Action Plan for Healthy Lives and Well-being for All would be harmonized among all stakeholders at the country and regional levels.

The DIRECTOR-GENERAL congratulated Dr Moeti on her reappointment, a demonstration of the well-deserved confidence placed in her by Member States and reaffirmed the full support of the Organization at all levels. Under her leadership, many countries in the African Region were making tangible progress towards universal health coverage. Several Member States had improved their emergency preparedness and disease detection and containment times, the African Region was on track to achieve polio-free certification in 2020 and success had been achieved in the management and reduction of several communicable and noncommunicable diseases. Furthermore, several countries had strengthened tobacco control and developed multisectoral action plans, and many initiatives developed by the Regional Office for Africa had been incorporated into the global WHO transformation agenda. As the first woman to be elected Regional Director for Africa, Dr Moeti had prioritized gender equality and improved the gender balance among international staff. The challenges faced in the Region, including out-of-pocket expenditure, weak infrastructure and human resources for health, the fight against malaria and antimicrobial resistance, demanded the courageous political leadership demonstrated by the Regional Director, as well as intelligent investment and creativity.

The representative of KENYA, speaking on behalf of the Member States of the African Region, congratulated Dr Moeti on her reappointment, who could be assured of the unwavering support of the Member States in his Region. The Region had reached significant health milestones during her first term and was on track to attain polio-free certification by the end of that year. The Regional Office for Africa was now better coordinated and more effective in supporting countries to prepare for and respond to emergencies. It was heartening that Dr Moeti's ambitious transformation agenda for the African Region, which focused on, inter alia results and partnerships, had informed the transformation agenda at the global level. He urged the Regional Director to swiftly implement the results of the functional reviews of country offices to ensure that the Regional Office and country offices were fit for purpose. He

applauded her leadership in the cultivation of strong partnerships with the private sector and civil society, which would continue to support progress towards universal health coverage.

The representative of BRAZIL, speaking on behalf of the Member States of the Region of the Americas, congratulated Dr Moeti on her reappointment and acknowledged her efforts to strengthen access to health among all people in the African Region. It was crucial to continue to work with and provide technical support to all countries and to strengthen capacities by sharing best practices to benefit all populations, with health for all as an overarching long-term goal. He reaffirmed the confidence among Member States in the Region of the Americas in the Regional Director for Africa, and their commitment to strengthening cooperation and promoting the health of all people in the African Region.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, congratulated Dr Moeti on her reappointment, which demonstrated the trust placed in her by the Member States of the African Region. In her first term, she had overseen great progress in public health and health governance, secured commitment to health among political leaders and spearheaded the implementation of the transformation agenda by aligning the work of the African Region with the Thirteenth General Programme of Work. Given the geographical proximity and common health and political challenges of the two Regions, the Member States of the Eastern Mediterranean Region would seek to work in even closer cooperation with the Regional Office for Africa to ensure robust leadership, tackle public health issues and improve the lives of their populations.

The representative of BOTSWANA¹ congratulated Dr Moeti on her reappointment, whose work during her first term had encouraged countries in the Region to step up efforts towards universal health coverage. The Africa Health Transformation Programme 2015–2020: A vision for universal health coverage, in particular, had begun to yield positive results. She thanked the Member States of the African Region for placing their confidence in Dr Moeti's leadership, urging them to work with the Regional Office for Africa to achieve even greater success.

Appointment of the Regional Director for Europe: Item 25.2 of the agenda (document EB146/47)

At the invitation of the CHAIR, the RAPPORTEUR read out the resolution on the appointment of the Regional Director for Europe adopted by the Board in private session:²

The Executive Board,
Considering the provisions of Article 52 of the Constitution of the World Health Organization;
Considering the nomination made by the Regional Committee for Europe at its sixty-ninth session,

1. APPOINTS Dr Hans Kluge as Regional Director for Europe as from 1 February 2020;
2. AUTHORIZES the Director-General to issue a contract to Dr Hans Kluge for a period of five years from 1 February 2020, subject to the provisions of the Staff Regulations and Staff Rules.

The CHAIR congratulated Dr Kluge on his appointment and conveyed the Board's best wishes for success in his post.

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

² Resolution EB146.R2.

At the invitation of the CHAIR, Dr Kluge took the oath of office contained in Staff Regulation 1.10 and signed his contract.

The REGIONAL DIRECTOR FOR EUROPE thanked the Executive Board for appointing him as Regional Director for Europe. His appointment by the Member States was a sign of trust and a political responsibility to fulfil his commitments with transparency and accountability. He fully supported the Thirteenth General Programme of Work and would work towards the “triple billion” goals. The Regional Office for Europe would work with all its Member States to improve public health and well-being, taking into account national and subregional contexts. It would be willing to work with the other Regions and to exchange experiences and health system innovations. With the support of the Regional Office staff, he was committed to the development of the Organization, and to operationalizing the United Nations system mental health and well-being strategy, creating a culture of open communication and addressing all kinds of harassment. He presented the programme of work for his Region, which would support the implementation of the Thirteenth General Programme of Work and which aimed for united action for better health, with a view to achieving universal health coverage. Despite the significant challenges faced by the European Region, the solidarity among the governments of the Region’s Member States was impressive.

The DIRECTOR-GENERAL congratulated Dr Kluge on his appointment as Regional Director for Europe and offered his unwavering support. The priorities of his campaign, during which he had engaged personally with international partners, were commendable, including placing health high on political agendas and protecting the health needs of the most vulnerable. He was an idealist who pursued his objectives and whose vision for the European Region was aligned with WHO’s global health priorities, such as achieving universal health coverage and addressing health emergencies.

At the invitation of the CHAIR, the RAPPORTEUR read out a resolution of appreciation adopted by the Board in private session:¹

The Executive Board,

Desiring to express its appreciation to Dr Zsuzsanna Jakab, for her services as Regional Director for Europe of the World Health Organization;

Mindful of Dr Zsuzsanna Jakab’s lifelong, professional devotion to the cause of global health, and recalling especially her 10 years of service as Regional Director for Europe;

Recalling resolution EUR/RC69/R4 (2019), adopted by the Regional Committee for Europe, which designates Dr Zsuzsanna Jakab as Regional Director Emeritus,

1. EXPRESSES its profound gratitude and appreciation to Dr Zsuzsanna Jakab for her invaluable and longstanding contribution to the work of WHO in the European Region;
2. ADDRESSES to her on this occasion its sincere good wishes for many further years of service of WHO.

The DEPUTY DIRECTOR-GENERAL, outgoing Regional Director for Europe, said that she had striven for a results-oriented and country-focused Regional Office for Europe, which worked in partnership with others. While various health outcomes and inequities had improved, the Regional Office should continue to focus on removing inequalities in health. Work towards the achievement of the 2030 Agenda for Sustainable Development and WHO’s new global vision, investing in health for all, had driven the work of the Regional Office during her term. To that end, the Office had engaged in close consultation with partners to define strategies based on common values and scientific evidence. The Office had earned the trust of its partners by ensuring it was relevant to the needs of the Region.

¹ Resolution EB146.R3.

The Director-General's commitment to achieving universal health coverage and responding to contemporary health needs was laudable and she would work with him towards an empowered and effective Organization. She thanked all those who had collaborated and contributed to the work of the Regional Office.

The DIRECTOR-GENERAL thanked the outgoing Regional Director, Dr Jakab, for her counsel and experience, and for taking up the role of Deputy Director-General. He noted the progress made in the European Region under her leadership, such as the introduction of the European policy framework for health and well-being, Health 2020, which had led to the development of national strategies to address health inequalities and to a reduction in infant and maternal mortality. Other advancements included improvements in migrant health, the achievement of malaria-free status in Europe and a speedy decline in cases of tuberculosis. Thanks to her dedication, progress was being made at the global level to ensure the Organization was well-prepared, agile and able to respond to current and future health needs. He looked forward to continuing to work with her. He also thanked the acting Regional Director for Europe, Dr Östlin.

The representative of ISRAEL, speaking on behalf of the Member States of the European Region, said that the Regional Director for Europe had the support of the Region for the achievement of the health-related Sustainable Development Goals. Dr Kluge's vision of people-centred and sustainable public health services that left no one behind and his broad experience in public health, among other things, enabled him to effectively pursue the 2030 Agenda for Sustainable Development. The Regional Office would be instrumental to the Global Policy Group to ensure delivery as one WHO. Dr Jakab's term in office had borne major achievements, including the Health 2020 policy framework and the implementation of the Thirteenth General Programme of Work, which had paved the way for progress towards the health-related Sustainable Development Goals.

The representative of BHUTAN,¹ speaking on behalf of the Member States of the South-East Asia Region, congratulated Dr Kluge on his appointment and said that his many years of experience in public health and expertise in working on issues such as infectious diseases would serve WHO well. His Region always attached great importance to its relations with the European Region and he looked forward to strengthening the collaboration. He thanked Dr Jakab for her work, in particular the progress made on the joint health agenda for the European Region and congratulated her on her appointment as Deputy Director-General. He was confident that she would carry out her portfolios, including antimicrobial resistance, using her vast experience and able leadership.

The representative of MALAYSIA,¹ speaking on behalf of the Member States of the Western Pacific Region and thanking Dr Jakab for her efficient leadership during her term as Regional Director for Europe, said that he supported her new mandate as Deputy Director-General. The results of the implementation of the Health 2020 policy framework had been impressive, enabling Member States of the European Region to place core ideals at the centre of their public health policy-making. He congratulated Dr Kluge on his appointment, who was perfectly equipped to steer the work in the European Region towards its main objectives and looked forward to continuing the cooperation between their Regions.

The representative of BELGIUM¹ said that it was an honour for a national of his country to be appointed Regional Director for Europe. The exceptionally strong mandate with which Dr Kluge had been elected was testament to the widespread recognition of his leadership qualities. He had no doubt that, with the support of all partners, Dr Kluge would excel in his role as Regional Director. He thanked Dr Jakab for her work and devotion.

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

2. COMMITTEES OF THE EXECUTIVE BOARD: Item 24 of the agenda**Nelson Mandela Award for Health Promotion:** Item 24.4 of the agenda (document EB146/45)

The CHAIR drew attention to document EB146/45, which contained a draft decision on adopting the revised draft statutes for the Nelson Mandela Award for Health Promotion, set forth in its annex.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, said that he was pleased to see that Nelson Mandela was being given due recognition for his service to humanity, especially at a time when the Organization was focused on addressing inequality under the 2030 Agenda for Sustainable Development. Future laureates of the Nelson Mandela Award for Health Promotion should serve as role models in continuing Nelson Mandela's legacy. The revised draft statutes of the award had been aligned with the selection criteria for other WHO awards, and the selection process had been clearly defined. He therefore supported the draft decision.

The representative of SOUTH AFRICA¹ agreed that the award would contribute to efforts towards achieving the Sustainable Development Goals. She echoed hopes that laureates would continue to uphold Nelson Mandela's legacy and promote health for all.

The CHAIR took it that the Board agreed to adopt the draft decision contained in document EB146/45.

The decision was adopted.²

(For continuation of the discussion and adoption of six decisions, see the summary records of the fifteenth meeting, section 4.)

3. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 4 of the agenda (document EB146/3)

The CHAIR reminded the Board that the Programme, Budget and Administration Committee of the Executive Board had changed the format of its report from that of previous years. In addition to discussing matters that fell under its mandate, the Committee had also issued concrete guidance on specific items on the agenda for the current session of the Board. The Chair of the Committee would be invited to present the Committee's guidance on each relevant item as it came under discussion by the Board.

The representative of GERMANY, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, said that, given the length and complexity of the agenda for the current session of the Board, the Committee had decided to provide specific guidance on the budget-, finance-, governance- and management-related matters under discussion by the Board. The Committee had discussed some items that it did not usually cover, such as the report of the Ombudsman and the statement by the representative of the WHO staff associations. The Director-General had updated the Committee on the response to the outbreak of novel coronavirus infection.

The WHO transformation agenda had been of major interest to the Committee and had cut across several items on its agenda. He outlined the Committee's guidance on the transformation agenda and

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

² Decision EB 146(1).

accountability at WHO, as contained in its report to the Board, including on equitable distribution of funding, strengthened internal controls, alignment of the results framework with performance indicators, maintaining dialogue with Member States on accountability, harmonization of investigative mechanisms and prevention of sexual harassment.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, endorsed the Committee's guidance that the Board should request a full update on the transformation agenda to be provided to the Seventy-fourth World Health Assembly in 2021, through the Executive Board. He also concurred with the Committee's support for implementing the recommendations of the Independent Expert Oversight Advisory Committee and enhancing WHO's accountability, particularly with regard to the Organization's risk appetite approach to operations and its policies on the prevention of all forms of harassment. He urged the Secretariat to expedite finalization of the results framework, including the harmonization and standardization of data systems and reporting methods.

The representative of AUSTRALIA said that the Committee's new report format was welcome; there was much to be gained from exploring innovative governance models and methods. She fully supported the guidance set forth by the Committee and encouraged the Board to endorse it.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, commended the work of the Independent Expert Oversight Advisory Committee in advancing understanding of the gaps and challenges related to, and the potential for, further collaborative efforts. She took note of that Committee's guidance on undertaking strategic scenario planning as a means of tackling the issue of underfunded programmes. It was critical to work in a flexible yet risk-aware manner, reinforce a partnerships-management approach and inculcate a culture of enterprise risk management that was more risk-aware than it was risk-averse.

She called for further sharing of best practices and lessons learned among WHO offices so that the number of overdue direct financial cooperation reports could be reduced. In that regard, a root-cause analysis of the Organization's use of direct implementation should be undertaken, capacity-building should be extended and all possible interfaces between Member States and WHO's financial systems should be maximized.

The representative of ISRAEL expressed support for the Committee's guidance for adoption by the Board, as well as its guidance to the Secretariat.

The representative of BRAZIL welcomed the strategic approach adopted by the Committee. Its discussions had brought to light the permanent need for information sharing and transparency on all matters.

The CHAIR took it that the Board concurred with the Committee's guidance on the report of the Independent Expert Oversight Advisory Committee and the accountability overview, as well as its guidance that the Board should request the Secretariat to provide a full update on the WHO transformation agenda, with reforms mapped to timelines, to be provided to the Seventy-fourth World Health Assembly in 2021, through the Executive Board at its 148th session, and to be preceded by updates presented to the regional committee meetings in 2020.

It was so agreed.

Dr Sillanaukee took the Chair.

4. REPORT OF THE REGIONAL COMMITTEES TO THE EXECUTIVE BOARD: Item 5 of the agenda (document EB146/4)

The REGIONAL DIRECTOR FOR AFRICA said that the WHO Regional Committee for Africa, during its sixty-ninth session, had discussed the update on the results framework for the Thirteenth General Programme of Work. Participants had noted the need to show how data would be harmonized at the country level and the importance of providing needs-based support to countries, especially in building their capacity to generate, analyse and use good-quality data. The Committee had adopted four regional strategies and frameworks, namely a regional strategy for integrated disease surveillance and response, a strategic plan to reduce the double burden of malnutrition, a framework for essential health services and a framework for implementation of the global vector control response. A technical document had also been adopted on accelerating the response to noncommunicable diseases.

As part of the WHO transformation agenda, the WHO Regional Office for Africa had undertaken functional reviews of all 47 country offices with a view to identifying the human resource capacities needed to achieve the Sustainable Development Goals and mobilizing adequate resources. The Office had introduced a leadership training programme for mid-level and senior staff. There was also a mentoring programme for career development and a team performance programme to enhance collaboration within and across technical areas. Other measures included conducting scoping missions to define priorities and address gaps in the provision of strategic technical support and integrating work on emergencies with universal health coverage. The managerial key performance indicators adopted by the Region had helped to reduce the number of overdue direct financial cooperation reports and overdue donor reports and improve compliance and risk management in the Region. The Region's value-for-money approach to procurement processes had resulted in significant cost savings.

THE REGIONAL DIRECTOR FOR THE AMERICAS said that the Regional Committee for the Americas, during its seventy-first session, had discussed the regional consultation on the results framework. Member States had applauded the focus on measuring impact at the country level and had expressed support for the addition of indicators relating to areas of key importance for public health. Concerns had been raised about the development of a universal health index separate from the Sustainable Development Goal framework. The Committee had also considered the country presence report, emphasizing the need to align the work of WHO at the country level with the strategic priorities of countries.

The Committee had approved the PAHO strategic plan 2020–2025, which sought to reduce health inequities within and between countries and territories, as well as the PAHO programme budget for 2020–2021 and a number of other regional strategies, including the plan of action for the elimination of industrially produced trans-fatty acids 2020–2025, the plan of action for strengthening information systems for health 2019–2023 and the strategy and plan of action on improving quality of care in health service delivery 2020–2030.

Action taken to align work at the regional level with the transformation agenda included the new budget policy, which aimed to ensure a more equitable distribution of resources, the continuous review of staffing at country offices to ensure that human resources were fit for purpose, and the implementation of a cloud-based management information system to optimize business processes. In addition, the PAHO health emergencies programme had evolved to include mitigation, preparedness, response and rehabilitation measures. Member States had ratified the Regional Compact on Primary Health Care for Universal Health: PHC 30-30-30, which aimed to reduce health access barriers by at least 30% and ensure that at least 30% of public health expenditure was allocated to primary health care by 2030.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that, under the transformation agenda, the Region had prioritized country-level actions through eight flagship priority programmes. It had also strengthened the “Regional One Voice” by implementing joint Member State interventions and had introduced green initiatives, for instance by going paperless.

Ministers had adopted the Delhi Declaration on emergency preparedness in the South-East Asia Region at a ministerial round table held during the seventy-second session of the Regional Committee

for South-East Asia. In doing so, they had committed to identifying risks, investing in people, investing in risk management systems, implementing plans and interlinking sectors and networks.

The Regional Committee had adopted five resolutions, including one on the regional programme budget 2020–2021. Over 80% of the regional programme budget had been allocated to support Member States. The Committee had also endorsed a global strategy on tuberculosis research and innovation. Member States had conducted an in-depth review of the results framework and had been actively involved in developing country support plans in line with the priorities of the Thirteenth General Programme of Work. The Committee had reported on regional progress made towards universal health coverage and the indicator profiles of the Sustainable Development Goals. Considerable progress had been made in implementing the South-East Asia Region evaluation workplan for 2018–2019.

The REGIONAL DIRECTOR FOR EUROPE said that it had emerged from the sixty-ninth session of the WHO Regional Committee for Europe that equity remained one of the biggest challenges for the Region. The recently launched European Health Equity Status Report had received strong support as a tool to help Member States to design policies and foster action. A technical briefing had been held on the outcomes of the first WHO Symposium on the Future of Digital Health Systems in the European Region, which would pave the way for the development of a regional road map on digital health. Two resolutions had been adopted: one on promoting health literacy throughout the life course and another on strengthening primary health care.

Discussions had focused on two organizational aspects. First, delegates had highlighted the importance of country-focused work to support Member States in designing and implementing health policy. The contribution of WHO country offices and geographically dispersed offices were essential in that regard. Secondly, delegates had discussed implementation of the transformation agenda in the Region. Examples of measures taken in that regard included increasing awareness of the agenda among staff and boosting their involvement through the development of a culture change action plan and the use of modern Internet-based technologies.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that, during its sixty-sixth session, the WHO Regional Committee for the Eastern Mediterranean had endorsed a number of regional frameworks for action, including an implementation framework on newborn, child and adolescent health, a framework to tackle rheumatic heart disease, a framework aiming to foster a people-centred approach in hospitals with a focus on primary health care and a framework to improve national institutional capacity for the use of evidence in health policy-making. The Committee had also approved an updated version of the regional framework for action on noncommunicable diseases to ensure alignment with the political declaration of the third high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases, such as recognition of the dangers of air pollution and the importance of managing noncommunicable diseases in emergencies.

Other notable developments had included the adoption of a new regional nutrition strategy and a call for action to strengthen the nursing workforce. Innovative ideas had been introduced at the Regional Committee meeting, including on-site interactive evaluation of the Committee.

The REGIONAL DIRECTOR FOR THE WESTERN PACIFIC said that, at the seventieth session of the Regional Committee for the Western Pacific, the Committee had discussed issues such as tobacco control, protecting children from the harmful impact of food marketing, accelerating regional action to fight antimicrobial resistance and digital health. The Committee had also discussed the regional implementation plan for the Thirteenth General Programme of Work. Some Member States had expressed concern regarding the reporting burden associated with the collection of information for the results framework and had sought clarification on how the framework would contribute to health system development at the country level. Member States had welcomed the results framework as a tool for measuring accountability, transparency and impact at the country level. In view of the need to plan for the demographic shift towards a growth in ageing populations, Member States had requested the

Committee to develop a draft regional strategy for implementation of the Global strategy and action plan on ageing and health.

The representative of ISRAEL supported the emphasis on technical support to improve the quality of country-level data and the need to implement country-focused guidance on harmonized data to determine impact, including capacity-building measures. She echoed the concerns raised regarding the development of a universal health index separate from the Sustainable Development Goal framework and requested that the introduction of additional public health indicators should be minimized. She welcomed the focus on promoting gender equity in all areas of WHO's work. An annual overview provided by the Secretariat of planned requests for reporting, consultations and questionnaires would help to ensure timely reporting and effective coordination.

The CHAIR took it that the Board wished to note the report contained in document EB146/4.

The Board noted the report.

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

5. PRIMARY HEALTH CARE: Item 6 of the agenda (document EB146/5)

MANAGEMENT MATTERS: Item 23 of the agenda

Evaluation: update and proposed workplan for 2020–2021: Item 23.1 of the agenda (documents EB146/5 and EB146/38 Add.1)

The CHAIR drew attention to the report on the draft operational framework on primary health care contained in document EB146/5 and the report on the review of 40 years of primary health care implementation at the country level contained in document EB146/38 Add.1.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro and Albania, the country of the Stabilization and Association Process and potential candidate Bosnia and Herzegovina, as well as Ukraine and the Republic of Moldova aligned themselves with his statement.

Although primary health care was the foundation of sustainable health systems for universal health coverage, further investment in secondary, tertiary, curative, rehabilitative and palliative care, as well as the determinants of health, would be required. Primary health care must be at the centre of a functioning referral system. He encouraged the Secretariat to support Member States in scaling up national implementation efforts on primary health care. The commitments set out in the political declaration of the high-level meeting on universal health coverage must be translated into action at all levels. He supported WHO's coordination role within the Global Action Plan for Healthy Lives and Well-being for All in order to support an integrated approach to the primary health care "accelerator".

It was essential to ensure an adequate and motivated health workforce and include financing for primary health care in system-wide national health financing strategies. He looked forward to considering the draft operational framework for primary health care to be submitted to the Seventy-third World Health Assembly and encouraged the Secretariat and Member States to ensure that the framework

would be taken into account in the Thirteenth General Programme of Work and the Programme budget 2020–2021 and effectively implemented at the country level.

The representative of SRI LANKA, welcoming the draft operational framework, said that many countries in the South-East Asia Region had taken innovative steps to improve primary health care. Well-functioning, high-quality primary health care systems were essential to address emerging health issues, improve continuity of services and maintain the improvements already achieved. Adequate and sustainable resources for health must be mobilized and Member States should allocate at least 1% of their gross domestic product to primary health care. The levers outlined in the draft operational framework were key to strengthening primary health care and should be implemented according to each country's context and priorities.

The representative of KENYA, speaking on behalf of the Member States of the African Region, said that primary health care had repeatedly proven to be the foundation for building sustainable health systems. She emphasized the importance of community participation and empowerment in health development and partnerships in translating commitments on primary health care into action. Multisectoral action and coordination between governments, organizations of the United Nations system, health care providers, civil society and the community must be enhanced.

The Member States of the Region welcomed the use of case studies in the draft operational framework. She encouraged Member States to prioritize good governance, multisectoral action, dedicated human resources and the use of evidence and evaluation to strengthen primary health care in all settings. The proposed set of levers outlined in the draft operational framework would be a useful tool in that regard. She called on Member States to increase the allocation of domestic resources to primary health care and work towards establishing public–private partnerships to ensure access to appropriate health technologies. She expressed appreciation for the training manual that had been developed to accompany the draft operational framework. The Secretariat should provide Member States with the necessary support to orient their health systems towards primary health care, and should continue to provide support to enable countries to accelerate progress in strengthening their national health information systems, including the development of assessment tools.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed support for the draft operational framework, which would play an essential role in refocusing efforts on primary health care. The Secretariat and WHO's partners should continue to enhance collaboration and the Secretariat should continue to provide support and promote capacity-building. He called for further sharing of best practices and encouraged Member States to allocate the necessary resources to primary health care.

The representative of SINGAPORE, expressing support for the draft operational framework, said that focusing on primary health care would alleviate the demand on other health care sectors. Member States should determine the appropriate development and allocation of resources to primary health care, including investments in infrastructure and workforce development. Moving towards multidisciplinary teams would ensure that functional, psychological and social needs, in addition to medical needs, were met. Individuals should be empowered to take ownership of their health, which in turn would contribute to the overall sustainability of the health care system. His Government looked forward to learning how Member States would be tailoring implementation of the draft operational framework to their country-specific needs.

The representative of INDONESIA said that political commitment and leadership were essential to support sustainable financing and achieve quality health services. Greater emphasis was needed on the accessibility, affordability and quality of public health care providers, in addition to the comprehensiveness of their programmes. Effective quality management systems and management standards of care, in addition to a sufficiently large and equally distributed qualified health workforce, were key elements of strengthening the quality of primary health care. Digital information technology

would improve the effectiveness and efficiency of health services, evaluate the achievement of primary health services and support policy-making.

The representative of GUYANA said that his Government actively participated in efforts to strengthen primary health care, including at the regional level through cooperation with other members of the Caribbean Community. His country faced persisting key challenges, including a lack of consistent financing for the health sector and limited human resources due in large part to emigration. His Government was keen to develop a joint road map with other countries in his Region towards achieving primary health care objectives.

(For continuation of the discussion, see the summary records of the third meeting, section 3.)

The meeting rose at 18:00.

THIRD MEETING

Tuesday, 4 February 2020, at 09:10

Chair: Dr H. NAKATANI (Japan)

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

1. BUDGET AND FINANCE MATTERS: Item 21 of the agenda

Programme budget 2020–2021: Item 21.1 of the agenda (document EB146/28 Rev.1)

The CHAIR drew attention to the report contained in document EB146/28 Rev.1 and the report of the Programme, Budget and Administration Committee contained in document EB146/3.

The representative of GERMANY, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to paragraphs 38 to 41 of the Committee's report, which included its guidance relating to the Programme budget 2020–2021.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, was pleased with the focus on measuring WHO's impact through the accountability framework and that the responsibility was shared among the Secretariat, Member States, partners and stakeholders. Welcoming the proposed guidance, he emphasized the need to finalize the results framework for the Thirteenth General Programme of Work, 2019–2023 and to align reporting systems across the levels of the Organization. The Secretariat should continue to engage Member States in piloting the measurement of the results framework. It should also help to strengthen national health management information systems to enable the provision of timely, reliable and actionable data to drive impact in line with the aspirations of the Thirteenth General Programme of Work and the health-related Sustainable Development Goals.

The representative of BRAZIL said that a framework for measuring and evaluating indicators and goals was necessary to enhance transparency in WHO's collective work. Thorough and inclusive consultations should be held with Member States and regional offices to ensure that the tool remained viable and truly helpful in the collective effort to promote the right to health worldwide. Comprehensive case studies and pilot measurement initiatives should be used to adapt the framework to national contexts and priorities, particularly those of developing countries. It was hoped that the new results framework would support the measures taken by low- and middle-income countries to strengthen their reporting capacities, integrating and catalysing methodologies in the output scorecard, to promote health.

The representative of SRI LANKA, acknowledging that WHO had mobilized higher quality resources through strategic dialogue with partners, expressed concern regarding the underfunding of the noncommunicable diseases and health emergencies programmes. The Programme budget utilization rate for the current biennium was projected to reach about 90%, with implementation plans aligned with available and projected funding; however, the rate for special programmes was below average. Flexible funds needed to be closely monitored to ensure their deployment to underfunded priority areas. The Regional Office for South-East Asia relied entirely on flexible funding and voluntary contributions for

its base programme financing, with donor interest remaining highly focused on disease-specific areas of work, especially communicable diseases. The Programme budget 2020–2021 had increased by 11% compared to the previous budget, with more funding for the base Programme budget. He called for WHO's top 15 contributors, who had provided more than 70% of the funds, to maintain their financing at the current level, and for further efforts to increase resource mobilization to expand the contributor base.

The representative of CHILE, speaking also on behalf of Argentina, Australia, Belgium, Canada, Colombia, Denmark, Ecuador, Finland, France, Germany, Guatemala, Iceland, Ireland, Israel, Japan, Luxembourg, Mexico, Monaco, Mozambique, the Netherlands, Norway, Panama, Peru, Portugal, Sweden and the United Kingdom of Great Britain and Northern Ireland, welcomed the commitment to integrate human rights, equity and gender equality across the programme areas, as articulated in output 4.2.6. That integration was in line with WHO's commitments under the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women (UN-SWAP), which included several indicators that were relevant to the budget and planning framework. Meeting those commitments required strong and visible senior management leadership, engagement, adequate resourcing, and accountability across all three levels of the Organization. The integration of gender equality, equity and rights as an assessment parameter in the balanced scorecard would require additional human and financial resources. He asked the Secretariat to provide an update on how it would ensure that such resources were available at all three levels of the Organization, and to publish its data on all the indicators under UN-SWAP to ensure full transparency with the Executive Board and Health Assembly. As 2020 marked the 25th anniversary of the Fourth World Conference on Women and the adoption of the Beijing Declaration and Platform for Action, it was an appropriate time for WHO to recommit to the advancement of gender equality and the empowerment of women and girls, and to address the other drivers of inequality to achieve universal health coverage for all.

The representative of TONGA expressed appreciation for the update on the results framework and said that she looked forward to the further strengthening of accountability mechanisms. While the measurement of the country-level impact of the Thirteenth General Programme of Work and regular monitoring of joint efforts were welcome, data collection could prove resource-intensive for many Member States, especially small island developing States. Regarding the results framework, the Secretariat should: focus on supporting comprehensive health system improvement, not just data collection; consider the reporting burden on Member States and avoid duplication; and clarify the methodology of the output scorecard and how to provide qualitative country case studies, as needed. The Secretariat's support in helping Member States to strengthen partnerships with tertiary research institutions to improve health systems, especially health information and research, would reinforce the results framework initiative. Lastly, the leadership of the Director-General and the Secretariat in their commitment to the Year of the Nurse and Midwife, 2020, was highly commended.

The representative of JAPAN underlined the proposed guidance contained in subparagraph 41(c) of the report of the Programme, Budget and Administration Committee, relating to the Programme budget 2020–2021. A feasible monitoring method needed to be implemented without imposing an additional burden on Member States. In that regard, the decision to align the universal health coverage index with the existing indicators of the Sustainable Development Goals was appreciated. He looked forward to participating in further constructive discussions between the Secretariat and Member States regarding the indicators.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the measurement of the Secretariat's performance through the output scorecard system was very promising and should inspire higher expectations from Member States. The Secretariat should continue working with Member States, national statistics offices and other partners to empower countries to analyse, interpret and track progress, thereby making maximum use of their data. It was critical that the Secretariat should continue refining the output scorecard to ensure a balance

between feasibility and credibility. He said that Member States should be consulted before the results framework is finalized and presented to the Health Assembly.

The representative of BANGLADESH, expressing support for the 46 outcome indicators for impact measurement, requested that indicators for global nutrition targets be included, space permitting. Particular attention needed to be paid on the output scorecard for measuring at country level given the challenges of collecting, analysing and interpreting country-level data where there was no interoperability. She fully supported the proposed guidance on the Programme budget 2020–2021 and requested the strengthening of measurement and accountability across the Organization, using an integrated approach.

The representative of FINLAND, speaking also on behalf of Denmark, France, Iceland, Lithuania, Monaco, Norway, the Russian Federation, Sweden, Switzerland and the United Kingdom of Great Britain and Northern Ireland, welcomed the proposed guidance on the Programme budget 2020–2021. In principle, the results framework was a positive approach; however, the health outcome component needed to be developed further with experts from Member States to resolve outstanding methodological challenges. She was concerned that only a limited number of Member States would be able to provide data on all indicators, with estimates being used for the remainder. Work using estimates must be completely transparent. Noting that the report did not mention how the data would be processed, she requested the Secretariat to provide an extensive description of the planned processes, including the role of the Institute for Health Metrics and Evaluation. She asked whether using indicators of the Sustainable Development Goals would produce results that were different from measures at the United Nations level. In the interest of upholding public trust in WHO data and analyses, it would be prudent to clearly distinguish the outcome component of the results framework from WHO's epidemiology-based measurements. If successful, the output scorecard would set a valuable example within the United Nations system. However, how the objectives were reflected in the work of country offices, and the relevance of outputs to countries with no country office, required clarification. She strongly supported the proposed guidance on taking a stepwise approach to rolling out the results framework, including piloting the framework in different countries.

The representative of ARGENTINA said that the percentage of assessed contributions to be used to deliver the Thirteenth General Programme of Work was low and that the distribution of funds must be improved. Regarding the four pillars of the resource mobilization strategic framework for 2019–2023, Member States should be consulted on innovative financing mechanisms. The donor base required urgent diversification; however, the participation of contributors, who were often considered “partners who guide WHO's work”, must be subject to the Framework of Engagement with Non-State Actors. With respect to funding from philanthropic bodies, she agreed that further information should be sought regarding the creation of an independent foundation in support of WHO.

The ASSISTANT DIRECTOR-GENERAL (Data, Analytics and Delivery for Impact) welcomed the constructive feedback from Member States on the results framework, in particular impact measurement for the Thirteenth General Programme of Work. The Secretariat would continue to report in a transparent and inclusive manner on its progress regarding impact measurement, which was based on the Sustainable Development Goals, including indicators 3.8.1 and 3.8.2. As significant gaps and weaknesses in data and health information systems gaps persisted, investment and a comprehensive data and health information system were urgently needed. To close such gaps, the Secretariat was prepared to build on innovations developed by Member States and planned to work with national statistics organizations, health ministries and registrar-generals' offices. Regarding estimates, the Secretariat took data protection seriously and did not share or disseminate data from Member States externally. Estimates produced by the Secretariat would be grounded in robust data principles and transparency, and developed in close collaboration with Member States to provide reliable, timely and actionable data. The Secretariat would continue to support and work with Member States, including by piloting the

results framework and impact measurement in 24 countries. The Secretariat would assess the results, address gaps in data and report back to Member States.

The DEPUTY DIRECTOR-GENERAL said that the Secretariat had been mainstreaming gender, equity and human rights into all its policies and strategies. Progress in that area had also been facilitated by the use of balanced scorecards. The Secretariat would ensure that all data relating to the Sustainable Development Goals would be used for the impact framework in order to avoid duplication and minimize the reporting burden on Member States. Furthermore, the Secretariat would use every opportunity to strengthen national health information systems. She encouraged Member States to approve the impact framework during the Seventy-third World Health Assembly so that implementation could begin, noting that some outstanding issues, such as estimates, could be addressed in collaboration with Member States to find the best way forward. Lastly, she assured Member States that the Secretariat would retain careful guardianship of their data.

The Board noted the report contained in document EB146/28 Rev.1 and concurred with the Committee's guidance contained in document EB146/3 in respect of the Programme budget 2020–2021.

Financing and implementation of the Programme budget 2018–2019 and outlook on financing of the Programme budget 2020–2021: Item 21.2 of the agenda (documents EB146/29 and EB146/30)

The CHAIR drew attention to the reports contained in documents EB146/29 and EB146/30, and the report of the Programme, Budget and Administration Committee contained in Document EB146/3.

The representative of GERMANY, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to paragraphs 42 to 51 of the Committee's report, which included its guidance relating to the financing and implementation of the Programme budget 2020–2021 and the WHO resource mobilization strategy.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, welcomed the improved level of financing of all major offices under the Programme budget 2018–2019 and applauded the use of best practices and lessons learned, including strategic resource allocation to fund major offices and programmes and the strategic dialogue with partners to mobilize quality resources. Regarding the Programme budget 2020–2021, he was pleased that the utilization rate was projected to reach about 90% and welcomed the 11% increase in the base component compared to the previous biennium. He applauded the prioritization of polio eradication and tropical disease research, as well as the reintroduction of a budget line for WHO emergency operations and appeals. He welcomed the resource mobilization strategy and urged the Secretariat to strengthen and expand the engagement of donors, stakeholders and Member States. The Secretariat should mobilize more flexible and predictable funding and ensure equitable distribution of those funds across programmes and major offices, particularly at the country level. He called on the Secretariat to implement the guidance of the Programme, Budget and Administration Committee, as set out in its report.

The representative of JAPAN commended the Secretariat's efforts to address the uneven funding referred to in the Committee's report with respect to the Programme budget 2018–2019 and Programme budget 2020–2021. He was also pleased that available funding for the base programmes in 2018–2019 stood at 103%. With regard to resource mobilization, it was essential to expand the pool of donors in order to implement the Thirteenth General Programme of Work. Furthermore, he supported the Committee's guidance on engaging in timely and thorough consultations with Member States on the proposal to establish a WHO foundation, prior to the governing bodies meetings scheduled for May 2020, and providing sufficient information on the foundation, including its nature, its eventual relationship with WHO, and measures to advance the interests of WHO and safeguard the

Organization's reputation. He asked the Secretariat to brief Member States on the matter, including on how new donors would be secured.

The representative of BANGLADESH commended the Secretariat on its implementation of the Thirteenth General Programme of Work. Strategic partnerships between Member States, non-State actors and the Secretariat would be pivotal in obtaining the funding needed for its delivery. She welcomed the steps taken by the Secretariat to increase funding and improve its quality, predictability and flexibility with the view of promoting health, keeping the world safe and serving the vulnerable. The Secretariat was encouraged to monitor implementation of the resource mobilization strategy and regularly report on key milestones. She expressed support for the Committee's guidance, as set out in its report.

The representative of the UNITED STATES OF AMERICA welcomed the Committee's guidance, which was a good starting point for a more comprehensive approach to resource mobilization. Budgetary funding needed to be more flexible, predictable and sustainable. It was hoped that the implementation of the mobilization strategy would help to expand the donor base, including at the country level, and to build more effective partnerships. More information would be helpful on innovative financing and revenue-generating activities, such as the WHO foundation. She noted that the collaboration between donors and staff members regarding voluntary contributions was not always aligned with WHO's overall resource mobilization strategy.

The representative of the CZECH REPUBLIC¹ welcomed the Committee's guidance on strengthening and expanding resource mobilization activities at regional and country levels, providing adequate and targeted resources through collaboration with Member States and in line with country support plans. Her Government stood ready to increase funding to the WHO country office in the Czech Republic to strengthen its capacities.

The representative of THAILAND¹ requested the Secretariat to provide information on the trend of flexible funds over the previous 10 years. He noted that programme support costs would be covered mostly earmarked funds and were therefore not flexible. He also expressed concern about the declining proportion of assessed contributions, and the fact that WHO had grown to depend on a small number of major donors, not all of whom were Member States, in the previous 30 years.

The representative of SWITZERLAND¹ said that since more than 50% of WHO's voluntary contributions came from a small number of major donors, a new, coordinated and centralized approach to resource mobilization was required. She therefore welcomed the four pillars of the resource mobilization strategic framework for 2019–2023.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) said that the Secretariat was working to resolve pockets of poverty by looking at ways to improve the strategic use and equitable distribution of flexible funding. Dialogue with donors would also lead to better quality funding. The Secretariat was actively engaged in the United Nations funding compact, reported back to entities of United Nations system as well as to WHO's Programme, Budget and Administration Committee, Executive Board and Health Assembly, including on flexible funding. It would also begin reporting on efficiency gains. He said that part of WHO's resource mobilization strategy was to ensure uniform implementation throughout the entire Organization.

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

The EXECUTIVE DIRECTOR (External Relations and Governance) said that the Secretariat fully accepted and would act on the proposed guidance. Issues relating to equitable and flexible funding of programmes also applied to staff alignment issues, particularly with respect to staff members working in traditionally underfunded areas. She welcomed the interest in and support for the resource mobilization strategy and the WHO foundation as means of diversifying the donor base. The Secretariat would consult with Member States regarding the proposed foundation, in line with the Committee's guidance.

The Board noted the reports contained in documents EB146/29 and EB146/30 and concurred with the Committee's guidance contained in document EB146/3 in respect of the financing and implementation of the Programme budget 2020–2021 and the WHO resource mobilization strategy.

2. GOVERNANCE MATTERS: Item 22 of the agenda

Engagement with non-State actors: Item 22.2 of the agenda

- **Report on the implementation of the Framework of Engagement with Non-State Actors** (document EB146/34)
- **Non-State actors in official relations with WHO** (document EB146/35 and EB146/35 Add.1)

The CHAIR invited the Board to consider the reports contained in documents EB146/34, EB146/35, EB146/35 Add.1 and EB146/38 Add.2. He also drew attention to a draft decision contained in document EB146/35 on non-State actors in official relations with WHO, the financial and administrative implications of which were set out in document EB146/35 Add.1, and to the report of the Programme, Budget and Administration Committee contained in document EB146/3.

The representative of GERMANY, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to paragraphs 52 to 57 of the Committee's report, which included its guidance in respect of engagement with non-State actors.

The representative of BRAZIL said that health would be promoted through networks for dialogue, cooperation and collaboration. Reliable mechanisms for collaboration with non-State actors should be based on a culture of risk management and were fundamental to improving WHO's initiatives in line with intergovernmental priorities, particularly in view of challenges such as rising prices of medicines, new health emergencies and organizational changes within WHO. He strongly encouraged the Secretariat to increase its efforts to consolidate the Register of non-State actors, highlighting the Committee's guidance on proceeding promptly to implement the recommendations contained in paragraphs 42 to 47 of document EB146/38 Add.2, paying particular attention to recommendations 1, 4 and 6, and on enhancing the range and quality of information available in the WHO Register of non-State actors, and enhance its usability. Following such guidance would help to ensure a coherent approach to due diligence and evaluation of non-State actors interested in working with WHO. The Secretariat should provide a management response to the initial evaluation of the Framework of Engagement with Non-State Actors and report regularly on the implementation of the recommendations from the evaluation.

The representative of TAJIKISTAN thanked the Secretariat for the report contained in document EB146/35, as it was focused on promoting more effective work between WHO and non-State actors in official relations with the Organization.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, said that vital work had been carried out by the African Region's country offices in implementing the Framework. However, a clear and comprehensive strategy and implementation plan for the Framework should be developed and disseminated to Member States and at all levels of WHO. All relevant stakeholders needed to work together to implement and promote the Framework, and the Secretariat should report regularly through the Programme, Budget and Administration Committee and Executive Board. The budgetary implications of implementing the Framework were particularly challenging for certain African countries owing to ongoing emergencies. He noted that the lack of financial and human resources at some country offices was impeding the proper implementation of the simplified procedures for emergency situations. He therefore urged the Secretariat to mobilize resources for regional and country offices.

The representative of ARGENTINA said that her Government recognized the need to interact with nongovernmental organizations, philanthropic foundations and academic institutions, particularly in WHO's strategic areas of activity, and was pleased that regional offices had been implementing the Framework. However, there was a need for a comprehensive, practical and viable strategy to fully implement the Framework and for better communication with Member States with regard to implementation. She underscored the Committee's guidance contained in subparagraphs (a), (c) and (g) relating to engagement with non-State actors.

The representative of SUDAN said that constraints on financial and technical resources in the Eastern Mediterranean Region made it necessary to increase the engagement of non-State actors, which was key to the WHO transformation agenda. Speaking on behalf of the Member States of the Eastern Mediterranean Region, he welcomed the report contained in document EB146/34.

Speaking in his capacity as the representative of Sudan, he said that his Government fully supported the Secretariat's efforts to align the functions of its specialized unit responsible for due diligence and risk assessment with those responsible for compliance, risk management and ethics. He strongly encouraged the Secretariat to take all necessary actions to strengthen implementation of the Framework, establish a coordinated implementation strategy and plan for the Framework that were sponsored at a sufficiently senior level to secure endorsement and buy-in across the three levels of WHO, raise awareness and improve communication about the Framework among WHO staff members and bring strong management and change management knowledge, skills and experience to bear on the Framework's implementation. More robust and flexible approaches to due diligence and risk assessment at all levels of the Organization were also welcome.

The representative of the UNITED STATES OF AMERICA underlined the importance of the Register of non-State actors, which should be a usable tool for WHO staff members, Member States and non-State actors. The Register should contain data on both non-State actors in official relations with WHO and all others with whom WHO engaged. She noted that there were different practices in due diligence across the United Nations system as well as long-standing partnerships between certain agencies and the private sector. Such partnerships were an integral part of advancing in sustainable development, and United Nations agencies including WHO needed to make a proactive effort to establish them, especially since they enjoyed flexibility in choosing partnerships that were best suited for achieving shared objectives.

The representative of THAILAND¹ said that WHO should strongly advocate for transparent collaboration between non-State and State actors on the principle of participatory governance. To ensure the success and sustainability of health programmes, WHO should facilitate the development of platforms through which non-State and State actors could collectively manage such programmes, in particular those related to the “triple billion” goals. It was hoped that the six recommendations from the initial evaluation of the Framework of Engagement with Non-State Actors would lead to tangible outcomes in the Framework’s implementation.

The representative of the RUSSIAN FEDERATION¹ said that her Government welcomed all the recommendations made by the WHO Evaluation Office and guidance proposed by the Programme, Budget and Administration Committee. She called on the Secretariat to report to Member States on the progress made in implementing the Framework, in particular regarding the use of technology.

The representative of NEW ZEALAND¹ said that the Framework was particularly important in the context of the WHO transformation agenda. The Secretariat should focus on finding the best way to mobilize resources and on working with various partners while protecting the integrity and strengthening the credibility of the Organization. Her Government would be paying particular attention to the implementation of Recommendation 6 of the initial evaluation of the Framework, on developing, finalizing and implementing an engagement strategy with non-State actors. Implementing this recommendation would be essential in many areas of work, including efforts to address the risk factors for noncommunicable diseases, which involved diverse stakeholder groups.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR and also on behalf of the Global Diagnostic Imaging, Healthcare IT and Radiation Therapy Trade Association and World Self-Medication Industry, welcomed the Director-General’s positive comments regarding the contribution of the private sector to the development and attainment of global health objectives. Health care industries, in partnership with the public sector and other actors, were looking to make significant strides in achieving the Sustainable Development Goals. The Executive Board should encourage further collaboration with health care industries and ensure that the Framework’s guidelines enabled productive engagement. In that regard, she called for increased clarity on WHO’s approach to policy consultation with non-State actors and on its criteria for selecting experts for advisory and working groups.

The representative of MEDICUS MUNDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that Member States should ensure that the Framework was managed and monitored according to principles of transparency and accountability to avoid conflicts of interest. Although progress had been made in developing the Register of non-State actors, further information was needed on the nature of interactions between those actors and WHO. The Organization’s reporting on due diligence lacked the transparency and detail required to make an informed assessment of the Framework’s implementation. WHO should therefore publish the outcomes of its 1500 due diligence discussions, the content of the simplified assessment procedure for new engagements and the outcomes of its discussions with non-State actors to reinforce the Organization’s normative mandate. She expressed concern about nil-remuneration contracts, which would provide an opportunity to bypass the restrictions placed on secondments for private-sector entities. Lastly, the Secretariat and Member States should revisit the definition of conflicts of interest to distinguish between civil society, for which health was a right and public good, and the private sector, for which health was a commercial good.

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

The EXECUTIVE DIRECTOR (External Relations and Governance) thanked representatives for their contributions. The Secretariat accepted the Committee's guidance in respect of engagement with non-State actors. It had been asked to pay close attention to certain issues, including on resourcing, and she recalled that the Chef de Cabinet had addressed that important matter during the Committee's consideration of the accountability and business integrity function. The Board's discussions had served to illustrate the importance of the Framework.

The Board noted the reports contained in documents EB146/34, EB146/35, EB146/35 Add.1 and EB146/38 Add.2, and concurred with the Committee's guidance contained in document EB146/3 in respect of engagement with non-State actors.

The CHAIR took it that the Executive Board wished to adopt the draft decision in document EB146/35.

The decision was adopted.¹

3. MANAGEMENT MATTERS: Item 23 of the agenda (continued)

Evaluation: update and proposed workplan for 2020–2021: Item 23.1 of the agenda (documents EB146/38 and EB146/38/Add.1) (continued from the second meeting, section 6)

The CHAIR drew attention to the reports contained in documents EB146/38 and EB146/38 Add.1 and to the report of the Programme, Budget and Administration Committee of the Executive Board contained in document EB146/3.

The representative of GERMANY, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to paragraphs 58 to 63 of the Committee's report, which included its proposed guidance in respect of the evaluation update and proposed workplan for 2020–2021.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, commended the valuable work of the Evaluation Office. She noted the key evaluation activities undertaken and expressed satisfaction that the Office was involved in managing evaluations with other United Nations agencies. She was pleased that decentralized evaluations were being conducted by regional or country offices, which was consistent with the spirit of the Thirteenth General Programme of Work and the WHO transformation agenda. The proposed evaluation of the HIV/AIDS framework for action in the African Region, 2016–2020 should be expanded to include targets and interventions of the African Union, and ministers for health should also be involved in the evaluation process. She supported the guidance proposed by the Committee.

The representative of TONGA commended the progress made in implementing the WHO evaluation policy and particularly welcomed the review of 40 years of primary health care implementation at country level. She fully supported the process followed and the proposed evaluation workplan.

¹ Decision EB146(2).

The REPRESENTATIVE OF THE DIRECTOR-GENERAL (Evaluation and Organizational Learning) thanked members of the Programme, Budget and Administration Committee for their guidance and Board members for their support. The suggestion of the Member States of the African Region on including African Union targets and engaging ministers of health in the proposed evaluation of the HIV/AIDS framework for action in the African Region, 2016–2020 would be taken into consideration.

The CHAIR took it that the Board wished to note the reports contained in documents EB146/38 and EB146/38 Add.1, and approve the Organization-wide evaluation workplan for 2020–2021.

It was so agreed.

The Board concurred with the Committee's guidance contained in document EB146/3 in respect of the evaluation update and proposed workplan for 2020–2021.

(For continuation of the discussion, see the summary records of the fourth meeting, section 4.)

Update on the Infrastructure Fund: Item 23.3 of the agenda

- **Information management and technology** (document EB146/40)
- **Geneva buildings renovation strategy** (documents EB146/40, EB146/41 and EB146/41 Add.1)

The CHAIR invited the Board to consider the reports contained in documents EB146/40 and EB146/41, and the draft decision contained in document EB146/41, the financial and administrative implications of which were set out in document EB146/41 Add.1. He drew attention to the report of the Programme, Budget and Administration Committee contained in document EB146/3.

The representative of GERMANY, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to paragraphs 64 to 71 of the Committee's report, which included its guidance in respect of information management and technology and the Geneva buildings renovation strategy.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, welcomed the development of initiatives such as the integrated digital platform, cloud-based applications and the cybersecurity programme, and noted with satisfaction that the revised strategy on information management and technology had been aligned with the Thirteenth General Programme of Work. She supported the establishment of a governance structure and a committee to oversee information and technology integration platforms across regions. Special attention should be given to the African Region, whose digital architecture lagged behind that of other regions, and she trusted that cultural changes would be taken into account to ensure that workers could adjust to the new technologies associated with the digitalization of WHO. Turning to the Geneva buildings renovation strategy, she expressed appreciation to the authorities of the Canton of Geneva for the provision of a vehicular entrance to headquarters, which would increase security, and noted that the adjustments to the building would be completed within the original approved budget. She supported adoption of the draft decision and the Committee's guidance.

The representative of JAPAN noted with satisfaction that the Geneva buildings renovation strategy was progressing well. As the project was expected to be completed within the previously approved budget, he sought clarification of paragraph 3 of the draft decision, which would permit the Secretariat to increase the approved budget for the renovation by up to 10% before seeking the approval of the Health Assembly.

The representative of the UNITED STATES OF AMERICA noted with satisfaction that the Geneva buildings renovation strategy was proceeding on time and within budget. Her Government welcomed WHO's efforts to digitalize, which would bring long-standing benefits to all aspects of the Organization's work and facilitate innovations in health. The United States was pleased that the progress was being made within the limits of the information technology component of the Infrastructure Fund.

The representative of NORWAY,¹ referring to the Committee's guidance, sought clarification of the practical implications of continuing the development of cloud-based technology and ensuring that such technology was fit for purpose at all levels of the Organization.

The representative of ECUADOR¹ welcomed the progress made in the area of information management and technology. Digital technologies had an important role in health systems and data collection and would facilitate resource optimization, access to information, streamlined institutional procedures and improved decision-making. Future programmes and initiatives should focus on such areas as cybersecurity, the global management system, customer relationship management and digitalization of guidelines. Health information systems and emergency management plans should provide for the use of mobile platforms and applications to build capacity to tackle future challenges. Projects for the innovation and development of health information systems should reflect the targets and objectives of the Sustainable Development Goals.

The ASSISTANT DIRECTOR-GENERAL (Business Operations), thanking representatives for their support, said that the Geneva buildings renovation strategy was on time and budget. The figure of 10% in paragraph 3 of the draft decision had been included in the original decision of the Health Assembly to provide for some flexibility during the project's implementation. There was no expectation that the previously approved budget would have to be exceeded. To ensure that cloud-based technology was fit for purpose at all levels of the Organization, efforts would be made to ensure that the platforms were accessible in all contexts, including in low bandwidth locations. Work undertaken in other United Nations agencies was being leveraged to increase WHO's capability in the area of cybersecurity.

The Board noted the reports contained in documents EB146/40 and EB146/41 and concurred with the Committee's guidance contained in document EB146/3 in respect of information management and technology and the Geneva buildings renovation strategy.

The CHAIR took it that the Board wished to adopt the draft decision contained in document EB146/41.

The decision was adopted.²

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

² Decision EB146(3).

4. STAFFING MATTERS: Item 25 of the agenda (continued)

Statement by the representative of the WHO staff associations: Item 25.3 of the agenda (document EB146/INF./1)

The CHAIR drew attention to the report of the Programme, Budget and Administration Committee contained in document EB146/3.

The representative of the WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, PAHO, UNAIDS and IARC, said that, while the matching and mapping of staff members to headquarters positions, as part of the WHO transformation agenda, had been completed transparently and fairly, the process had been rushed at the end, and there remained issues that would need to be addressed in the months ahead. The new structure at headquarters should be monitored in a fair and transparent manner to ensure that any issues that arose could be resolved quickly and in the best interests of both staff members and WHO as a whole.

Although the work being undertaken to revise the policy on sexual harassment and violence was a positive development, there was also an urgent need to revise the policy on harassment and bullying, since tackling all forms of harassment was a priority for WHO.

There were still a number of issues that had to be addressed with regard to the mobility policy, including: management needed to ensure that staff members who were moved were still working in posts where their specific skillsets would best serve WHO's needs; staff members' specific life circumstances should be taken into account when considering exceptions to the mandatory mobility policy; and data should be provided, for review by the Director-General, on the number of staff eligible for mobility, number of staff in hardship duty stations and preferred destinations, and the review should be made public in the spirit of ethics, accountability and transparency.

The representative of GERMANY, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to paragraphs 23 to 27 of the Committee's report, which included its guidance in respect of the statement by the representative of the WHO staff associations.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, welcomed WHO's constructive dialogue with the staff associations and encouraged both staff members and senior management to continue to work together towards WHO's objectives. The Director-General and other members of senior management should continue to pay attention to key issues of concern to staff, particularly global geographical mobility, all forms of harassment, the WHO transformation agenda, the International Civil Service Commission, universal health insurance for all staff members and the implementation of a mental health policy across WHO.

The representative of JAPAN expressed support for the Committee's proposed guidance in respect of the statement by the representative of the WHO staff associations, particularly the guidance contained in subparagraph 27(e) regarding the continued focus on the implementation of the transformation agenda with clear communication and consultation with staff

The DIRECTOR-GENERAL, reiterating his comments from previous Board sessions, said that no distinction should be made between management and staff, since they all contributed to achieving the same goals. In order to promote respect among staff and enhance staff engagement, management was committed to fostering openness within WHO through initiatives such as the open-door policy, monthly meetings with the staff association at headquarters and bi-monthly meetings with regional staff associations. Those initiatives had been worthwhile: the open-door policy helped not only to resolve individual problems and grievances but also to identify and address underlying systemic and structural issues, and agreement had been reached on all but one of the 10 issues raised at the first monthly staff association meeting.

In line with the Board's recommendation to speed up the transformation agenda, a travel ban had been put in place in November and December 2019 to meet the end-of-year deadline for completion of the design phase. Although the process of matching and mapping staff to headquarter positions had been accelerated, the system of checks and balances had remained in place. Staff members had been able to address their concerns to the relevant Ad Hoc Review Committee and to the Transparency and Fairness Committee. That system meant that there had been very few complaints about the process.

Going forward, the Director-General was committed to ensuring transparency and openness in all staff relations and to involving staff in all key discussions and decision-making processes. Furthermore, it was important for WHO to serve as a role model by fostering a healthy work environment. In 2020, the focus would therefore be on minimizing stress, promoting staff well-being and improving staff members' work-life balance, while also increasing productivity.

The Board noted the statement by the representative of the WHO staff associations and concurred with the Committee's guidance contained in document EB146/3 in respect of the statement by the representative of the WHO staff associations.

Report of the Ombudsman: Item 25.4 of the agenda (documents EB146/INF./2 and EB146/INF./3)

The CHAIR drew attention to the reports contained in documents EB146/INF./2 and EB146/INF./3, and to the report of the Programme, Budget and Administration Committee contained in document EB146/3.

The OMBUDSMAN, speaking on behalf of all WHO ombudsmen, drew the Board's attention to two systemic issues that formed the basis for his recommended actions, which had been endorsed by the Programme, Budget and Administration Committee. First, a change in mindset could not be achieved by simply proclaiming the new principles identified in the WHO Values Charter; current practices should be re-evaluated to assess and correct potential negative impacts. Second, the existing mechanisms for the reassignment of staff members in untenable situations were time-consuming and inefficient, partly due to financial considerations; a new mechanism should be established with clear roles and adequate funding. However, those systemic issues should not be viewed in isolation; they required a holistic approach, with particular attention given to the strengthening of managerial skills and career management, and the value of recognition. Although efforts were under way to address those issues, there was ample room for improvement. Without effective action on the previous recommendations, new problems would continue to arise. Lastly, he stressed that the Office of the Ombudsman and Mediation Services at WHO headquarters did not have a supervisory role vis-à-vis regional ombudsmen, who reported to their respective regional directors. However, it did provide the regional ombudsmen with guidance and would seek to improve collaboration within the network and support the ombudsmen in reporting to their respective regional committees.

The representative of GERMANY, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew the Board's attention to paragraphs 28 to 32 of the Committee's report, which included its guidance relating to the report of the Ombudsman.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, welcomed the reports and expressed appreciation for the work of the Ombudsman. Noting the actions recommended to set WHO on the path to a new corporate culture, he agreed that it was particularly important for senior management to set an example by upholding the values of the new corporate culture, and to promote staff members' adherence to those new values. The issue of the reassignment of staff members in untenable situations also needed urgent attention. Although efforts to implement the previous recommendations of the Ombudsman were commendable, the Secretariat needed to address the issues identified in the various management policies. In addition, it was necessary to support the ombudsmen, both at headquarters and in the regions; harmonize the role; and ensure that

it remained independent. Implementing the actions recommended by the Ombudsman would create a good working environment, improve staff performance and accelerate the transformation of the Organization.

The Board noted the report contained in document EB146/INF./2 and concurred with the Committee's guidance contained in document EB146/3 in respect of the report of the Ombudsman.

Human resources: update: Item 25.5 of the agenda (document EB146/48 Rev.1)

The CHAIR drew attention to the report contained in document EB146/48 Rev. 1 and the report of the Programme, Budget and Administration Committee contained in document EB146/3.

The representative of GERMANY, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew the Board's attention to paragraphs 16 to 22 of the Committee's report, which included its guidance related to the human resources update.

The representative of BRAZIL highlighted the importance of a motivated, effective workforce in allowing the Organization to fulfil its role and make progress on the ambitious objectives established by Member States. While acknowledging the quality of WHO's work on recruitment, retaining talent and promoting equality and a safe working environment, he expressed concern regarding the limited increase in the proportion of staff in the professional and higher categories from developing countries and the lack of growth in the percentage of under- or unrepresented Member States. He therefore supported the guidance proposed by the Committee, particularly in relation to achieving equitable geographical representation among staff.

The representative of BENIN, speaking on behalf of the Member States of the African Region, welcomed the efforts made to improve gender balance within the Organization, including initiatives for building the capacities of women, and to create an enabling working environment to protect staff members from all forms of harassment and promote their health and well-being. However, further work was needed to improve the representation of under- or unrepresented Member States, notably by considering the overall organizational design and elements such as staff recruitment, the internship programme and training at country level, which would also support implementation of the new operating model.

The representative of JAPAN commended the improvement in gender balance and the efforts made regarding capacity-building and the promotion of health among staff members. He expressed support for the Committee's guidance, noting the importance of cultural diversity among staff members and stressing the need for greater efforts to secure equitable geographical representation. Following WHO reform, special consideration should be given to candidates from under-represented countries during the internal recruitment phase notably through employment missions and active efforts to hire interns from those countries. While welcoming the move to provide stipends to interns under certain circumstances, he requested further details on how that change was being funded.

The representative of SUDAN highlighted the potential reputational and legal risks to WHO of using consultants and individuals on agreements for performance of work. Certain individuals under investigation or being prosecuted for serious crimes in Sudan had been recruited under such contracts, which was objectionable in terms of both the national impact and the reputational risk for the Organization. It was unlikely that those individuals would have been recruited through the standard WHO recruitment process, which had been strengthened and was now sufficiently rigorous. In order to ensure the strong reputation of WHO, greater due diligence was therefore required for the local or international recruitment of individuals on agreements for performance of work, rather than the simple declaration of interests currently used.

The meeting rose at 12:30.

FOURTH MEETING

Tuesday, 4 February 2020, at 14:30

Chair: Dr H. NAKATANI (Japan)

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

1. STAFFING MATTERS: Item 25 of the agenda (continued)

Human resources: update: Item 25.5 of the agenda (document EB146/48 Rev.1) (continued)

The DIRECTOR (Human Resources Management), referring to issues raised during the earlier discussion of the agenda item, said that the need for additional efforts to improve geographical representation among job applicants and WHO staff had been noted and that steps would be taken to address concerns about the reputational risk to the Organization and the need for greater due diligence when individuals were recruited – locally or internationally – on the basis of agreements for performance of work or as consultants. Turning to the question of interns, who from 2020 onwards would be paid a living allowance, she said that the estimated cost of US\$ 3 million per year (for 600 interns) was borne by the technical divisions as part of their work to implement the Thirteenth General Programme of Work, 2019–2023.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) highlighted the progress made towards gender equality among the heads of country offices, where there had been an increase of 6 percentage points in female representation. He noted the lively discussion in the Programme, Budget and Administration Committee of the Executive Board, where the three regional offices that were struggling to achieve gender parity had expressed their difficulty in overcoming the challenge and had explained the decisions made to tackle the issue. He assured Member States that WHO was closely examining the United Nations strategy on disability inclusion and looking at how to integrate the strategy into human resources policies when it came, for example, to testing candidates. He would report back at the next Programme, Budget and Administration Committee meeting on that issue. Geographical representation had become a key performance indicator as part of the compacts to be signed by senior members of the management team, which would be published. He hoped to report significant improvement in the future.

The DIRECTOR-GENERAL noted that gender parity had already been achieved at senior management level and that efforts would be made to achieve gender parity at all levels. Concerning geographical representation, all regions were represented at the senior management level and representation from the global south had increased by 36.7% at the director level; the Secretariat nevertheless intended to do more to make WHO a truly global organization. Diversity was not being pursued for its own sake but to make WHO better and stronger, as talent would be attracted from all over the world by changing recruitment guidelines.

The Board noted the report contained in document EB146/48 Rev.1 and concurred with the Committee's guidance contained in document EB146/3 in respect of human resources.

Amendments to the Staff Regulations and Staff Rules: Item 25.6 of the agenda (documents EB146/49 Rev.1 and EB146/49 Rev.1 Add.1)

The CHAIR drew attention to the two draft resolutions, on the remuneration of staff in the professional and higher categories, and on the remuneration of staff in ungraded positions and the Director-General, contained in paragraph 10 of document EB146/49 Rev.1, with their financial implications, contained in document EB146/49 Rev.1 Add.1.

The representative of GERMANY, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, said that the proposed amendments reflected changes to common system salaries recently adopted by the United Nations General Assembly. In response to a request from the Committee, the Secretariat had promised to include a more detailed introduction to the changes and an explanation of the implications for WHO in future reports on the subject. It had stressed that WHO was part of the United Nations common system and that the proposed changes in remuneration had been made on a no-loss, no-gain basis. Those relating to the remuneration of staff in ungraded positions and of the Director-General required the approval of the Health Assembly. The Committee had recommended that the Board adopt the two draft resolutions.

The representative of BENIN, speaking on behalf of the Member States of the African Region, expressed support for the two draft resolutions. The proposed amendments aimed to ensure better working conditions for all WHO staff on an equal basis, as they applied to all professional categories. The new unified salary scale for the professional and higher categories would reduce disparities between the categories.

The two resolutions were adopted.¹

Report of the International Civil Service Commission: Item 25.7 of the agenda (document EB146/50)

The representative of GERMANY, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee had drawn attention to United Nations General Assembly resolution 74/255 A–B, which had reiterated a call to all United Nations common system organizations to cooperate with the International Civil Service Commission on matters relating to salaries, allowances and conditions of service. In particular, the General Assembly had noted that not all decisions had been applied consistently. The Committee had expressed overall support for the Commission's work and urged the Secretariat to ensure that WHO policy and practice complied with the Commission's decisions. It had recommended that the Board note the report.

The representative of BENIN, speaking on behalf of the Member States of the African Region, noted that the Commission's recommendations and the resolutions and decisions adopted at the seventy-third session of the United Nations General Assembly were intended to ensure better working conditions for all categories of WHO staff.

The Board noted the report.

¹ Resolutions EB146.R4 and EB146/R5.

2. COMMITTEES OF THE EXECUTIVE BOARD: Item 24 of the agenda (continued)

Membership of the Independent Expert Oversight Advisory Committee: Item 24.1 of the agenda (documents EB146/42 and EB146/42 Add.1)

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, expressed appreciation for the work of the outgoing members of the Independent Expert Oversight Advisory Committee, Dr Jeya Wilson (South Africa and New Zealand) and Mr Leonardo P. Gomes Pereira (Brazil), and endorsed the proposal to appoint Ms Vanessa Huang (Malaysia) and Mr Bert Keuppens (Belgium) in their stead. The many applications received for the two vacancies demonstrated that there was great interest in working for WHO and that its work was valued.

The Board noted the reports.

The CHAIR took it that the Board wished to appoint Ms Vanessa Huang (Malaysia) and Mr Bert Keuppens (Belgium) as members of the Committee for a four-year non-renewable term starting on 1 May 2020.

It was so agreed.¹

Participation in the Programme Budget and Administration Committee: Item 24.2 of the agenda (document EB146/43)

The CHAIR invited the Board to note the report contained in document EB146/43 and drew attention to a draft decision on participation in the Programme, Budget and Administration Committee of the Executive Board, proposed by himself in his capacity as Chair, which read as follows:

The Executive Board, having considered the report on participation in the Programme, Budget and Administration Committee,² decided:

(PP1) to amend the terms of reference of the Programme, Budget and Administration Committee, with effect from the closure of its 146th session, as follows (new text appears in bold character),

1. The Programme, Budget and Administration Committee shall be composed of 14 members, two from each region, selected from among Executive Board members, as well as the Chairman and a Vice-Chairman of the Board, ex officio.

1 bis. The following observers may attend meetings of the Programme, Budget and Administration Committee without the right to vote, subject to the conditions set out in paragraph 1 ter below;

the set of Observers mentioned in paragraph 3 of Document EB 146/43, namely, the Holy See, Palestine, Gavi, Order of Malta, International Committee of the Red Cross, International Federation of Red Cross and Red Crescent Societies, Inter-Parliamentary Union, Global Fund to Fight AIDS, Tuberculosis and Malaria; the United Nations and other intergovernmental organizations with which WHO has established effective relations under article 70 of the Constitution; and the European Union.

¹ Decision EB146(4).

² Document EB146/43.

1 ter. The Chair, subject to any relevant decision of the Board, may, if circumstances require, close the meeting of the Committee, or parts thereof, to observers. Regarding speaking by observers, observers are requested to make interventions at the Board and not to do so at the Committee for the purpose of efficient and effective conduct of Committee business. In an exceptional case where the Chair determines that the efficient and effective conduct of Committee business will not be affected in any way, the Chair may, as appropriate, invite observers to make interventions with respect to items on the agenda that are of particular concern to them or relevant to their mandate.

(PP2) that additional observers may be added to the list provided in paragraph 1 bis of the Terms of reference of the PBAC, as amended, if so decided by the Board;

(PP3) to request that the Director-General report to Executive Board at its 150th session on the implementation of this decision.

Both the representative of TUNISIA and the representative of SUDAN, the latter speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed support for the draft decision.

The Board noted the report and adopted the decision.¹

The CHAIR informed the Board that the decision would apply from the end of the current session.

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

- 3. PRIMARY HEALTH CARE:** Item 6 of the agenda (document EB146/5) (continued from the second meeting, section 5)

MANAGEMENT MATTERS: Item 23 of the agenda (continued)

Evaluation: update and proposed workplan for 2020–2021: Item 23.1 of the agenda (document EB146/38 Add 1) (continued from the third meeting, section 3)

The CHAIR drew attention to a draft decision on the draft operational framework on primary health care, proposed by Botswana and Tajikistan, which read:

The Executive Board, recalling resolution WHA72.2 (2019) on primary health care, which welcomed the Declaration of Astana and requested the Director-General, inter alia, to develop, in consultation with Member States, an operational framework for primary health care for consideration by the Seventy-third World Health Assembly; and recalling the United Nations General Assembly resolutions 74/2 (2019) and 74/20 (2019), and taking note of the report by the Director-General,² decided:

¹ Decision EB146(5).

² Document EB146/5.

- (1) to emphasize the importance of strengthening health systems in the provision of primary health care to ensure the availability of comprehensive, quality, accessible and affordable first-level health services, which are fundamental to achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) in particular, target 3.8 on achieving universal health coverage, and other health-related Sustainable Development Goals;
- (2) to support the Secretariat's efforts to expand capacity to support Member States globally in improving primary health care through dedicated programmes and offices, as appropriate;
- (3) to request the Director-General to finalize, in consultation with Member States, for consideration by the Seventy-third World Health Assembly, an operational framework on strengthening primary health care, taking into account WHO's health system model and its six building blocks, and taking into account, as appropriate, the WHO–UNICEF document, *A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals*.¹

The representative of TUNISIA, outlining the steps taken to strengthen primary health care in his country, stressed that effective and high-quality primary health care services led to fewer complications from serious illness and therefore better management of available resources within health systems.

The representative of TONGA said that all frameworks endorsed by the Board must be practical and relevant at the country level, and that the needs and challenges of small island developing States should be taken into account. It was important to ensure that primary health care systems were equipped not only to respond to communicable diseases but also to prevent and treat noncommunicable diseases. In her country and the rest of the Pacific, nurses formed the backbone of any strong primary health care system, often serving as the only health care providers for the most vulnerable people and those living in remote communities. Their role should not be forgotten in 2020, the Year of the Nurse and the Midwife.

The representative of TAJIKISTAN said that present-day health care challenges required stronger primary health care systems. The strength of the draft operational framework lay in its core strategic and operational levers, which were relevant and timely, but the specific features of certain countries would still have to be taken into consideration. It might be appropriate to add to the strategic and operational levers listed in the draft framework a further lever on interaction with international organizations, development partners and donors, as such interaction was particularly important for countries with lower levels of economic development. The narrative descriptions of the levers should be expanded to contain real-life examples that illustrated how the use of a specific lever had helped a particular country.

The representative of ESWATINI said that universal health coverage based on strong primary health care could not be achieved until economic, regional and political inequities in health were addressed. He expressed support for the draft operational framework and called upon all Member States to promote strong, cross-boundary partnerships and collaboration at all levels to accelerate its implementation.

The representative of DJIBOUTI outlined his country's primary health care policy and expressed support for the draft operational framework, which should guide the Member States' actions as they worked to ensure health for all.

¹ WHO and UNICEF. *A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals*. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/328065>, accessed 3 February 2020).

The representative of CHINA expressed support for the draft operational framework and said that her country was willing to share its experience and best practice in terms of primary health care. When mobilizing resources and strengthening their health systems, governments should place greater emphasis on promoting primary health care and strengthening the primary-level health workforce; improving health insurance coverage to provide more effective protection from financial hardship; focusing more intensely on preventive care; and improving public health services and management so that people became ill less often and later in life.

The representative of the UNITED STATES OF AMERICA expressed support for the draft operational framework, as it would help countries to uphold the Declaration of Alma-Ata. Investment in primary health care systems was key to building health care that was accountable, affordable, accessible and reliable. Strong, sustainable primary health care services also helped to safeguard national and global security. She supported all forms of high-performing health institutions, be they public, private or non-profit; there was no single optimal path forward, and governments, civil society and the private sector in each country had to choose their own solutions.

The representative of ISRAEL, pointing out that it would have been helpful if the draft operational framework had been distributed earlier, particularly welcomed the inclusion of the “Monitoring and evaluation” operational lever, which, in addition to information systems and reliable data, should also emphasize concrete and measurable indicators with which to assess progress. While technological advances such as digital health tools had benefited health systems in recent years, their integration should be well planned and take into account local health system capacity; a rushed or improper roll-out could lead to ineffective or even negative results. He looked forward to publication of the monitoring and evaluation framework.

The representative of JAPAN said that unwavering political commitment would be needed to advance the primary health care agenda, including building on the momentum of the high-level meeting of the United Nations General Assembly on universal health coverage and its translation into concrete action. The draft operational framework should serve as a guide for promoting a whole-of-government, whole-of-society approach to universal health coverage. The Secretariat, in collaboration with other United Nations organizations, should help Member States with its application.

The representative of AUSTRALIA agreed that primary health care was the foundation for universal health coverage. Practical action should be guided by the Declaration of Astana on primary health care, the Political Declaration of the high-level meeting on universal health coverage and the 2030 Agenda for Sustainable Development. It was particularly important to expand access to sexual and reproductive health services, and all efforts to strengthen primary health care must be adapted to countries’ individual contexts and be aligned with, and integrated into, existing country-led initiatives. The draft operational framework was welcome, and she looked forward to considering it in further detail ahead of the Seventy-third World Health Assembly.

The representative of AUSTRIA expressed full support for the draft operational framework. Outlining reforms introduced in his country, he stressed that high-income economies did not necessarily have well-developed primary health care systems, citing Austria’s ageing health workforce as one challenge that his Government was working to overcome. Austria’s plans were considered best practice within the European Union, and his delegation would happily exchange knowledge with other Member States.

The representative of BANGLADESH welcomed the draft operational framework. Indeed, even though it was broadly agreed that strengthening primary health care was a sustainable approach to achieving universal health coverage, countries were facing challenges in translating that vision into action. It would be difficult to measure progress, however, without good indicators, which would need to be provided in the forthcoming monitoring and evaluation framework. In addition, the draft

framework should be supplemented with concrete guidance on integrating nutrition into primary health care. She commended the Secretariat for supporting Member State efforts to achieve universal health coverage.

The representative of BRAZIL agreed that strong, sustainable and people-centred primary health care was essential to achieving universal health coverage and safeguarding health and national security. He expressed support for the draft operational framework, especially its core strategic levers, and for the draft decision, to which he stood ready to contribute with a view to building consensus on it.

The representative of ARGENTINA expressed support for the draft operational framework, adding that most health care systems, including hospitals, overemphasized biology to the detriment of the sociocultural determinants of health. Only by placing health care in the social domain would it be possible to eliminate health inequities and reach the most vulnerable populations. Health care systems should be locally based and community-centred, with services provided by interdisciplinary teams and a sense of solidarity being felt at all levels. Strengthening primary health care must also be a priority.

The representative of CHILE expressed support for the draft operational framework and outlined some of the health system reforms adopted by his Government.

The representative of SUDAN called for stronger integration and harmonization between the Thirteenth General Programme of Work, 2019–2023, the Global Action Plan for Healthy Lives and Well-being for All, the WHO Framework on integrated people-centred health services and the WHO framework for action for strengthening health systems to improve health outcomes.

His Government welcomed the draft operational framework and supported its implementation. The Secretariat should further clarify the actions and interventions to be undertaken in respect of each lever at country level. It should engage in further capacity-building efforts and dialogue with national authorities and civil society, to ensure that the levers were properly integrated into national health policies and strategies. Social accountability and community engagement were also important.

The representative of INDIA¹ said that his Government's strategy for primary health care was based on a number of factors, such as expanding the service delivery package, ensuring a continuum of care and extending community outreach. WHO should create regional and global mechanisms to enable governments to exchange experiences on models of primary health care.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ said that the levers outlined in the draft operational framework captured critical elements of primary health care that must be addressed urgently. For example, the draft framework would help WHO to prioritize actions and allocate resources. However, it was disappointing that there was not a stronger focus on nutrition. She urged the Secretariat to focus efforts on implementing the framework without delay. Primary health care must be joined up with wider efforts to strengthen the whole of the health system. It should not become another vertical initiative.

The representative of GHANA¹ welcomed the fact that the draft operational framework centred on national action and that it would be reflected in WHO general programmes of work and programme budgets.

Effective primary health care service delivery reduced the pressure on higher-level facilities and hence the financial pressure on governments. It also helped to reduce health care inequalities that affected deprived and vulnerable populations in particular. Most primary health facilities in Ghana faced

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

challenges such as inadequate resources and infrastructure. It was against that background that Ghana welcomed the draft operational framework.

The representative of KAZAKHSTAN¹ said that the draft operational framework would serve to implement declarations on primary health care in accordance with the needs and priorities of Member States. She proposed that consultations should be held during the present session of the Executive Board to finalize the draft decision, as a number of minor issues remained to be resolved.

The CHAIR said that a proposal to reopen discussion of the draft decision would have to be endorsed by a member of the Executive Board.

The representative of TAJIKISTAN endorsed the proposal to hold further consultations on the draft decision.

The representative of BOSTWANA¹ expressed support for the draft operational framework, which would enable governments to strengthen their health systems and respond to people's needs along the continuum of care. The Secretariat should nevertheless continue to provide technical and financial support to countries in respect of primary health care.

The representative of THAILAND¹ said that the four main strategies deployed by her Government in respect of primary health care – intersectoral collaboration, community engagement, appropriate technologies, and strong and equitable basic health care systems – should be embedded in the draft operational framework.

WHO country offices should work with policy entrepreneurs to drive the primary health care agenda. Evidence showed that policy entrepreneurs were the primary movers of health sector reform in low- and middle-income countries.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ expressed support for the draft operational framework and noted that, despite significant advances in health outcomes, unequal access to primary health care remained a problem, especially in developing countries. Challenges affecting primary health care coverage in his country included noncommunicable diseases, road traffic injuries, ageing and urbanization.

The representative of the RUSSIAN FEDERATION¹ commended the draft operational framework as a science-based and practical tool for advancing primary health care. The Secretariat should provide more specific recommendations regarding the indicators for monitoring primary health care, and the draft framework itself should contain a clearer definition of primary health care, understanding of which was currently too broad.

The representative of ECUADOR¹ expressed support for the draft operational framework, implementation of which must go hand in hand with work on universal health coverage and on the social, environmental and economic determinants of health.

The representative of NICARAGUA¹ said that community engagement was key to any effective health care system and indeed lay at the centre of the health care system in his country.

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

The representative of FRANCE¹ said that her Government had prioritized the strengthening of primary health care during its presidency of the G7. It was important to share experience of and knowledge on primary health care, with a view to improving political decision-making.

The representative of the PLURINATIONAL STATE OF BOLIVIA¹ said that, despite challenges to the implementation of universal health coverage over the past 14 years, his country had made great progress and introduced significant changes in that regard.

The representative of MONTENEGRO¹ said that it was crucial to place primary health care at the centre of efforts to achieve healthy lives. She endorsed the Secretariat's coordination role, including in respect of the Global Action Plan on Healthy Lives and Well-being for All. Implementation of the 2030 Agenda for Sustainable Development would require bold action – incremental changes would not suffice.

The representative of SPAIN¹ said that health system excellence was predicated on the delivery of primary health care services that were effective, safe, efficient, sustainable and based on the best scientific evidence available. Without strong primary health care, which was the driver for achieving universal health coverage, no health system was sustainable in the long term.

The representative of MYANMAR¹ assumed that the levers set out in the draft operational framework, which should be implemented in the light of each country's national circumstances, would transform the commitments in the Declaration of Astana into action. As a developing country, Myanmar continued to require technical and financial support to improve primary health care with a view to achieving universal health coverage. She encouraged the Secretariat to help design options for developing strategies to implement the framework and meeting the commitments of the Declaration of Astana and the Political Declaration of the high-level meeting on universal health coverage.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA¹ described the health services provided in her country despite the constraints under which the health system was currently operating. She thanked partners, including PAHO, for their assistance in reinforcing HIV, malaria and tuberculosis treatment and in conducting a measles immunization campaign.

The representative of TURKEY¹ expressed support for the draft operational framework, the core strategic and operational levers of which would assist Member States with implementation, but said that it could be enhanced by a stronger emphasis on vulnerable populations. She looked forward to receiving the monitoring and evaluation framework, and requested the Secretariat to provide detailed information, before the Seventy-third World Health Assembly, on the selection criteria for indicators and on how the Member States' selection of levers and indicators would be harmonized and implemented during the monitoring process.

The representative of CANADA¹ underscored the role of primary health care in achieving universal health coverage, which must be complemented with effective intersectoral and multisectoral collaboration. She also underscored the importance of taking into account gender and other drivers of inequality, including by effectively integrating sexual and reproductive health services and rights into essential primary health care and universal health coverage service packages. Both were key enablers of good health, reducing extreme poverty, advancing gender equality and empowering women. She welcomed the draft operational framework and looked forward to receiving more information on the support WHO would lend countries under its special programme on primary health care.

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

The representative of MEXICO¹ said that accountability mechanisms, multisectoral action and coordination should exist at all levels of government, so as to ensure that direct action was taken for those most in need and that funds intended for health care were not diverted elsewhere. To that end, the draft operational framework should include a core strategic lever on transparency and accountability, in order to help interested States establish robust mechanisms for ensuring transparency and preventing misappropriation. It was also crucial to strengthen data collection systems with a view to obtaining clear and sufficient data.

The representative of SENEGAL¹ said that the draft operational framework would be a major factor in achievement of the commitments set out in the Declaration of Alma-Ata, the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa, the Declaration of Astana and the health-related Sustainable Development Goals. Improved primary health care delivery required the participation and empowerment of people and communities, and called for concerted partnerships, in particular with civil society, the private sector and development partners. He encouraged the Secretariat to continue supporting Member State efforts to deliver primary health care, notably by strengthening their national health systems and developing evaluation tools.

The representative of PERU¹ expressed support for the draft operational framework. Primary health care was the most effective means of guaranteeing universal health coverage, and health promotion and primary health care had to be seen as complimentary strategies for reinforcing health care systems, with a view to obtaining equitable results for all. The health sector had to ensure more relevant and concrete health promotion; it had to work with communities to create healthy living conditions based on primary health care. Health for all would only be achieved if the social determinants of health were addressed using intersectoral measures that encompassed social, political and technical action.

The representative of GUATEMALA¹ said that his country was relying on cooperation with WHO/PAHO, development cooperation agencies and donor countries to improve the population's health. He thanked Taiwan,² in particular, for its invaluable support for three major projects.

The representative of LIBYA¹ said that her Government, while committed to strengthening the country's health care system, was experiencing difficulties in that regard compounded by the ongoing conflict. She welcomed the draft operational framework, but hoped that categorizing Member States into economic groups would not have a negative impact on vulnerable countries that might miss opportunities as a result, particularly in the Eastern Mediterranean Region, where economic status had become fluid. She also hoped that accountability measures would go hand in hand with implementation strategies. She emphasized the importance of the Global Action Plan for Healthy Lives and Well-being for All – countries with fragmented health systems unfortunately tended to attract fragmented assistance from international organizations – and commended the Secretariat for its leadership in that regard.

The representative of ETHIOPIA¹ expressed support for the draft operational framework. He underlined the importance of community engagement, political will and commitment, and regional and global collaboration to advance primary health care. He encouraged the Secretariat to work closely with Member States and relevant stakeholders to establish and strengthen regional centres of excellence that could help Member States apply the draft framework.

The representative of ZIMBABWE¹ said that the Declaration of Astana had the potential to extend efforts relating to primary health care. She expressed support for the draft operational framework, in

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

² World Health Organization terminology refers to "Taiwan, China".

particular its core strategic levers, and welcomed the accompanying training manual, which would further enhance the skills of health care workers.

The representative of JAMAICA¹ welcomed the draft operational framework and its four core strategic levers, and noted with appreciation that the report acknowledged that many countries would continue to need technical and financial support to improve primary health care. Primary health care could only be strengthened through partnerships, and his Government looked forward to working with its regional and international partners to that end.

The representative of BARBADOS¹ encouraged WHO to continue taking action on primary health care, which, because it emphasized promotion and prevention, the determinants of health and a people-centred approach, had proven to be highly effective and efficient at addressing the main health risk factors.

The observer of GAVI, THE VACCINE ALLIANCE said that children who were not receiving vaccines were being left behind, unable to access the benefits of primary health care and universal health coverage. Primary health care should be strengthened through routine immunization services. His organization looked forward to working with partners to mobilize adequate and sustainable resources for health.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIR, called on Member States to deliver quality primary health care encompassing comprehensive and integrated service delivery. Interventions must address the burden of co-morbidities and empower individuals, families and communities through a people-centred approach.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, highlighted the commitment to action on primary health care made by pharmacy leaders at a conference held for the European Region and urged Member States to implement the vision and commitments of the Declaration of Astana.

The representative of the WORLD MEDICAL ASSOCIATION INC., speaking at the invitation of the CHAIR, welcomed the draft operational framework, in particular the focus on supporting the health workforce. Primary health care should be delivered by physician-led, multidisciplinary teams employing a comprehensive, integrated approach to health promotion, disease prevention, specialized care and rehabilitation. He supported WHO's advocacy for greater investment in human resources for health and called on Member States to ensure decent working conditions to attract and retain health professionals, especially in rural areas.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, said that primary health care was the most equitable, efficient and effective approach to improving health, with pharmacists playing a key role that should receive greater recognition. She called for intersectoral engagement in health system strengthening, good governance and health reforms in support of primary health care; the active integration of community pharmacists; and the inclusion of young people in primary health care activities.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that nurses were often the first or only health care professionals in communities and were therefore central to high-quality, people-centred primary health care models. She supported the implementation of the special programme on primary health care in accordance with country needs;

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

called on governments to prioritize investment in nursing education and long-term workforce planning; and encouraged Member States to actively involve nurses in the integration of primary health care into national activities.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIR, highlighted the need to improve global access to palliative care and medicines in the scope of health system strengthening and to support the translation of the primary health care vision into action. The Secretariat was already helping several Member States to conduct research and pilot programmes on the integration of palliative care into primary health care; indicators should be developed to monitor those efforts, starting with an assessment of the implementation of mechanisms identifying patients requiring palliative care.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that strengthening primary health care in all health systems in order to achieve universal health coverage would require political will, sustainable investments, the creation of a multidisciplinary working environment and initiatives for the future health workforce. He congratulated the global health community on the Declaration of Astana but lamented the omission of a reference to young people in the draft operational framework, given their role as future health leaders.

The representative of MEDICUS MUNDI INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed WHO's renewed commitment to primary health care and urged Member States to support the draft operational framework. She called on Member States to integrate community empowerment into the operational levers to ensure that communities, in particular the most vulnerable groups, would be involved in planning, review and monitoring systems. Partnerships with private-sector providers should not jeopardize equity in health; they should therefore be well-regulated and the Secretariat should strengthen Member State capacities to create appropriate accountability and patient rights protection mechanisms, to avoid prioritizing commercial interests over health needs.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, congratulated the Secretariat on the draft operational framework and called on Member States to include sufficient, affordable and tailored promotive, preventive, curative, rehabilitative and palliative health services; link primary health care to strong secondary and tertiary health care; ensure the meaningful engagement of people living with noncommunicable diseases and carers in primary health care strengthening; and integrate the expertise of those interacting most closely with health systems in monitoring and evaluation frameworks, employing independent accountability mechanisms to track progress.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the draft operational framework should set clear parameters regulating private profit-seeking interests in and action on the commercial determinants of health; take an anti-austerity approach to funding and resource allocation; emphasize equity in models of care; explicitly define engagement with private providers to avoid downplaying the primacy of governments as duty-bearers; and ensure the inclusion of all relevant stakeholders in monitoring and evaluation activities. He welcomed the commitment to ensuring that primary health care workers were well remunerated and adequate in number and stressed that improved working conditions and social dialogue were inherent to the concept of decent work.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the integrated approach of the draft operational framework. Taxation of health-harmful products had been proven to reduce the overall health burden, raise resources and promote healthy environments; it should therefore be better reflected in the "Funding and resource allocation" lever. Health workers often lacked the capacities to identify cross-cutting health risk factors such as alcohol

abuse and to address related co-morbidities; harnessing the potential of the primary health care system to identify such conditions could improve the health of the individuals affected and their communities.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, welcomed the draft operational framework. The “Engagement of communities and other stakeholders” lever should envisage opportunities for communities to hold their governments to account and enhance the delivery of quality, culturally appropriate primary health care services; a gender-sensitive and responsive approach to the work of community leaders would be crucial to that end. He applauded the focus on country leadership when it came to aligning interventions with partners in primary health care and urged WHO to include that concept in its reform agenda while ensuring the meaningful involvement of non-State actors in governance at the country and regional levels.

The DEPUTY DIRECTOR-GENERAL said that the unprecedented political commitment to primary health care demonstrated in the Declaration of Astana and at the high-level meeting on universal health coverage should now be translated into meaningful interventions and accelerated progress based on all 14 operational levers outlined in the draft operational framework, which countries should incorporate into their national policies and strategies. The draft operational framework incorporated points raised by Member States and echoed in the Declaration of Astana, such as multisectoral action and community and stakeholder involvement.

Primary health care should be integrated into the six building blocks of health systems and be positioned as the first level of entry into the health network. It should integrate public health functions, such as immunization surveillance, prevention, promotion and protection, address all health determinants and be relevant to each country’s specific disease burden. The Secretariat would provide increased support for implementation through the special programme for primary health care, a truly three-level and cross-divisional programme, in accordance with country contexts and needs, prioritizing those with the most fragile health systems; however, Member States should also redouble their efforts to develop primary health care capacities. A coordination mechanism had been implemented to bring together stakeholders within and outside the United Nations system, as envisaged in the Global Action Plan for Healthy Lives and Well-being for All, which included primary health care as an accelerator. The Secretariat had also compiled a compendium of case studies for the information of Member States, and was in the process of reviewing the indicators in the forthcoming monitoring and evaluation framework to avoid overburdening Member States.

The DIRECTOR-GENERAL said that country-led primary health care interventions adapted to national realities would be pivotal to the achievement of universal health coverage; he therefore called on governments to reaffirm and maintain their commitment to primary health care, which was often neglected in favour of grander and more visible interventions such as hospital-building.

The CHAIR took it that the Board wished to note the reports contained in documents EB146/5 and EB146/38 Add.1.

The Board noted the reports.

The CHAIR took it that the Board wished to defer adoption of the draft decision proposed by Botswana and Tajikistan pending consultations during its current session.

It was so agreed.

(For continuation of the discussion and adoption of a decision, see the summary records of the fourteenth meeting, section 1.)

The representative of CHINA, speaking in exercise of the right of reply, reiterated that there was broad consensus in the international community that the Taiwan region¹ was part of China and asked the Chair to remind countries to refrain from discussing the internal affairs of Member States.

The CHAIR urged all speakers to ensure that their statements focused on the topic at hand.

The representative of GUATEMALA,² speaking in exercise of the right of reply, said that his earlier statement had been relevant to the discussion as it had concerned an issue of international health. In addition, the administration of Taiwan¹ was an important health partner of his Government.

The meeting rose at 17:15.

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.

FIFTH MEETING

Wednesday, 5 February 2020, at 09:10

Chair: Dr H. NAKATANI (Japan)

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

FOLLOW-UP TO THE HIGH-LEVEL MEETINGS OF THE UNITED NATIONS GENERAL ASSEMBLY ON HEALTH-RELATED ISSUES: (Item 7 of the agenda)

Universal health coverage: moving together to build a healthier world: Item 7.1 of the agenda (document EB146/6)

The CHAIR invited the Board to consider the report contained in document EB146/6.

The representative of GERMANY said that his Government supported the WHO's crucial role in coordinating and implementing the Global Action Plan for Healthy Lives and Well-being for All, and the importance of ensuring that no one was left behind in promoting universal health coverage and taking into account the needs of vulnerable groups. To be truly universal, health coverage had to embrace all health services, including sexual and reproductive health services. WHO's leadership in promoting the integration of those services into national health systems was important. He highlighted the need to address rising catastrophic health expenditure; prioritize primary health care as an integral part of efficient health systems; include primary health care financing in system-wide national health financing strategies; and invest in secondary, tertiary, curative, rehabilitative and palliative care, in an adequate workforce to deliver services, and in the determinants of health. There should also be more focus on addressing malnutrition and nutrition-related diseases. He urged the Secretariat to work more closely with the 12 agencies that were signatories of the Global Action Plan to advance convergence planning for coherent health systems strengthening approaches at national level.

The representative of GEORGIA said that her Government had made progress towards achieving universal health coverage, with health care services affordable for over 90% of the population and a notable decrease in out-of-pocket health expenditure. Nevertheless, significant challenges remained, and efforts were focused on establishing a well-functioning comprehensive primary health care package and decentralizing and integrating essential health care services into that package. It had also launched an integrated service delivery model for specific diseases in 2019 and made essential medicines available for chronic conditions to improve the management of noncommunicable diseases by primary care providers. Digital platforms were increasingly used to encourage reporting against performance indicators and create opportunities for e-learning and professional networking, and civil society partners had become engaged in shared advocacy and preventive service delivery. She requested the Secretariat to provide guidance and technical advice on developing a people-centred and results-oriented system.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that their governments had made a political commitment to achieving universal health coverage. With the support of the Secretariat, they were prioritizing the effective implementation of primary health care models and innovative programmes, as well as gender-specific

approaches, and further improving cooperation in the Region. He encouraged the Secretariat to continue to provide support to Member States in efforts towards achieving universal health coverage and the Sustainable Development Goals, especially in the Region, which faced continued to face emergency and disaster situations.

The representative of KENYA said that her country's universal health coverage agenda enjoyed the highest level of political commitment, aiming to achieve affordable health care by 2022. Lessons learned from a recent successful pilot scheme to provide free comprehensive public health services had informed plans to roll out the initiative, which would focus on providing basic primary health care services and involve increasing human resources and ensuring the availability of essential medical commodities and equipment for diagnostic, maternal and child health services. An essential health services package was also under development. The success of primary health care depended on a full understanding of epidemiological and demographic trends, and of the social and cultural contexts that affected health. He requested the Secretariat to take those factors into account in the future.

The representative of AUSTRALIA welcomed the emphasis in the report on providing support to countries and adopting a pragmatic, differentiated approach. Universal health coverage was central to achieving the Sustainable Development Goals, and WHO's role was critical in realizing universal health coverage. Health systems faced increasing pressure; they must respond to demographic shifts and adapt to ensure the continued delivery of high-quality services across the life course. Universal health coverage should leave no one behind and be comprehensive – including in palliative care, with access to controlled medicines for all patients who needed them. She welcomed the strengthened focus on gender and rights-based programming and looked forward to more information on how they would be implemented at the country level. Universal access to sexual and reproductive health and rights was a core pillar of universal health coverage and essential to achieving gender equality and women's economic empowerment. Stronger action was needed to attain the 2030 Agenda for Sustainable Development goals to end malnutrition, reduce maternal and child mortality and foster child development. She welcomed plans to improve coordination with partners to improve the efficiency and effectiveness of health development efforts at the country level, in the context of the Global Action Plan for Healthy Lives and Well-being for All.

The representative of INDONESIA, speaking also on behalf of the member countries of the Foreign Policy and Global Health Initiative – Brazil, France, Norway, Senegal, South Africa and Thailand – said that, while global collective achievements such as the political declaration of the United Nations high-level meeting on universal health coverage adopted in October 2019 were welcome, complacency should be avoided. Although the universal health service coverage index was increasing, the pace of progress had slowed, and the incidence of catastrophic health spending had increased. More people had been driven into poverty because of high out-of-pocket expenditure for health services and care. Access to health care should not involve financial hardship; health was a human right, not a privilege for the wealthy few.

Political commitment to increasing government health budgets was essential to provide quality, people-centred primary health care that was affordable and accessible by all and financially protected. He urged Member States to mobilize resources through sustainable health budgets, prioritizing primary health care, and to implement measures to ensure financial risk protection and eliminate poverty due to health-related expenditure, including catastrophic out-of-pocket health expenditure. Primary health care should be strengthened by promoting equitable distribution and a sufficient and competent health care workforce; improving availability and access to essential, affordable quality medicines, vaccines and health products; ensuring resilient health systems able to withstand disasters, public health emergencies and conflicts; and fostering partnerships and cooperation between States, national health institutions, civil society, the private sector and other stakeholders. Effective multisectoral action was essential to address the social and commercial determinants of health, and cooperation between health and financial sectors should also be strengthened. The goal of universal health coverage could only be achieved through partnership, solidarity and a whole-of-government and whole-of-society approach.

The representative of TONGA said that Pacific island States faced special challenges in meeting everyone's health care needs. The road to universal health coverage required a robust financial structure, strong partnerships and innovative approaches to health care delivery. As strong primary health care systems were the driving force behind the achievement of universal health coverage, in remote areas, where specialist care was limited to larger hubs, prevention and promotion measures were the most cost-effective way to ensure access to health care. It was also imperative to complete the continuum of care for all, including curative, rehabilitative and palliative care services. Innovative approaches would help ensure the availability of high-quality, efficient, equitable, accountable and sustainable services and strengthen resilience to emergency situations such as natural disasters and pandemic challenges, as part of preparedness efforts. The focus must be on communities; achieving universal health coverage involved ensuring that no one was left behind, even in the remotest areas.

The representative of BRAZIL said that the expansion and strengthening of universal health coverage should not focus merely on providing minimum or essential services; the main focus should be on promoting access to quality, integrated and timely health care services for all citizens and communities. The Secretariat should also support Member States in developing financial protection mechanisms and moving towards the elimination of direct payments to reduce poverty caused by out-of-pocket health expenditure. His Government favoured a people-centred system, based on universal access to health care and prioritizing prevention and protection measures and primary health care, created in cooperation with relevant stakeholders, including academic institutions and the private sector. It was also vital to develop the methodology and tools to measure progress towards achieving universal health coverage.

The representative of TAJIKISTAN stressed the importance of establishing clearly defined indicators to measure universal health coverage and of allocating sufficient budgetary resources to health care. It was also vital to provide adequate training for medical specialists. He welcomed the further steps proposed in the report and called on Member States to work together. Stressing the need for an operational framework for primary health care, he said that WHO programmes should be tailored to meet the needs and demographic contexts of Member States. Achieving universal health coverage and strengthening primary health care systems would require WHO to work with other international organizations and the public and private sectors at the country level.

The representative of SINGAPORE said that Member States had a responsibility to ensure equitable access to health care through the judicious allocation of public expenditure to deliver affordable, timely and quality health care services. Evidence-driven approaches could improve health outcomes and mitigate financial hardship, while primary health care reforms would help to ensure long-term sustainability in universal health coverage. Strong primary health care systems with robust health promotion measures facilitated prevention, early detection and early treatment. The appropriate allocation of resources, including in infrastructure and human resources, would improve the quality, accessibility and affordability of primary health care. At the same time, patients must be encouraged and empowered to take ownership of their health to ensure sustainability of the overall system. Robust data collection and analysis would help to identify at-risk patients and areas with inadequate access.

The representative of JAPAN, welcoming the success of the United Nations high-level meeting on universal health coverage, said that his Government had contributed to the global discussion on universal health coverage by hosting and co-hosting international conferences to provide opportunities to exchange knowledge and maintain political momentum. It would continue in those efforts. He urged the Secretariat to promote a whole-of-government and whole-of-society approach; to provide technical support for the sustainable monitoring of progress towards universal health coverage by using the existing information system, including civil registration and vital statistics; and to increase funding for activities to promote universal health coverage.

The representative of CHINA said that the Chinese authorities had established a health system that provided basic health care services to the entire population, including by strengthening public health care services, improving access to medicines and equitable and accessible medical services, and implementing risk protection measures. Recent efforts had focused on health poverty alleviation and measures targeting specific groups, in order to ensure all peoples' right to health. The Government welcomed the report, acknowledging the key role of primary health care in achieving universal health coverage, and supported the next steps proposed by the Secretariat. Member States should strengthen information sharing and cooperation to promote universal health coverage and ensure access to health services for all people.

The representative of the UNITED STATES OF AMERICA said that, to operate more effectively, public health systems should partner with the private sector and civil society providers. The October 2019 political declaration and Member States' commitments on universal health coverage must be understood within the context of the cultural, economic, religious, political and structural frameworks and the values and priorities of each Member State. The availability of medical workers was critical to achieving universal health coverage. The difficult situations, violence, fatal attacks and abuse suffered by medical professionals in recent years were alarming. There had also been serious allegations of exploitation or trafficking of staff. She encouraged WHO to increase efforts to investigate and address all cases of exploitation, abuse, violence and trafficking of staff. Although the WHO Global Code of Practice on the International Recruitment of Health Personnel provided an effective tool in that regard, its implementation to date had failed to address many of the challenges faced by medical workers. It was important to work together to address those issues.

The representative of SRI LANKA, speaking also on behalf of Burkina Faso, Croatia, Denmark, Finland, France, Greece, Hungary, Israel, Japan, Latvia, Malta, the Netherlands, Portugal, Romania, Slovakia, Sweden and Tonga, welcomed the inclusion of oral health in the 2019 political declaration of the high-level meeting on universal health coverage. Most oral conditions were preventable yet remained among the most prevalent noncommunicable diseases. Apart from poor oral hygiene, they shared the same risk factors as other noncommunicable diseases, notably high sugar intake, tobacco use and alcohol consumption. They were also a marker of social and health inequalities and a significant economic burden. Oral health care must be accessible and part of early health education, and the environmental impact of dental care must also be addressed, including the use of plastic and other non-recyclable materials. There was an urgent need for further international political commitment to oral health and its integration into primary health care and universal health coverage agendas.

The representative of ISRAEL said that universal health coverage could not be effective when health systems were fragile, inaccessible or fragmented. WHO had a vital part to play in efforts to achieve universal health coverage by developing stronger and more resilient health systems, as well as sustainable financial frameworks.

The representative of GUYANA highlighted the need for innovative approaches to financing health insurance, taking into account national differences in population size and vulnerability to disasters. At the national level, the outmigration of skilled health care workers was having a negative impact on achieving universal health coverage and primary health care. Moving forward, there should be greater alignment between the health and education sectors to ensure that health care workers received further training on preventing and managing priority health issues, focusing on primary health care as the core of health systems.

The representative of AUSTRIA said that it was important to focus on the Secretariat's guiding role in supporting Member States to facilitate and accelerate progress towards achieving universal health coverage, on efforts to take country-specific needs into account, and strengthen multistakeholder engagement, partnerships and cooperation across different sectors and organizations. The focus should also be on implementing and innovating primary health care services, which were the cornerstone of

sustainable universal health coverage and the achievement of the health-related Sustainable Development Goals.

The representative of BANGLADESH said that WHO should work with national experts when developing the proposed special programme on primary health care, which must consider national needs and priorities, empower individuals and strengthen primary health care systems through integrated health care delivery mechanisms. Innovation should be promoted and social and political accountability should be strengthened to leverage national efforts to achieve universal health coverage. Public spending on health care must be increased, and a global partnership to formulate health care financing strategies would be useful, as many countries struggled to mobilize resources.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, said that the countries in his Region had the largest share of populations without access to essential health services and faced the consequences of catastrophic and impoverishing out-of-pocket health expenditure. He requested the Secretariat to provide Member States with more information on the proposed special programme on primary health care, which should be integrated into existing systems to ensure synergy and the optimal leveraging of resources. He welcomed the call for Member States to increase domestic funding for primary health care and invest in comprehensive care packages to achieve universal health coverage. However, they would require support from all relevant stakeholders in ensuring sufficient investment in the key pillars of health systems, including human capital, in prioritizing areas for intervention, and in acquiring high-quality, disaggregated data.

The representative of ECUADOR¹ said that guaranteeing access for all to primary health care was the best way to achieve universal health coverage. Strategies should therefore be focused on the implementation of sustainable financing to ensure the availability, quality and efficiency of health services and continuous access to medicines. Secretariat support to Member States in achieving their national targets would be welcome.

The representative of PERU¹ said that his Government had established integrated health care networks to address the fragmentation of its health systems and improve access to quality health care. As part of its commitment to achieving universal health care, it had introduced free comprehensive health insurance for persons living in poverty and extreme poverty. Moreover, in 2019, the Government had adopted legislative measures to ensure that all persons resident in Peru had public health insurance coverage, irrespective of their socioeconomic classification, thereby guaranteeing everyone's right to health.

The representative of the ISLAMIC REPUBLIC OF IRAN,¹ outlining steps taken by his Government to achieve universal health coverage at the national level, said that its experiences had highlighted the need for further fundamental reforms, including: improving health information systems and establishing electronic health profiles for all inhabitants; ensuring sustainable financing for health systems strengthening; improving health care system quality; integrating prevention and control measures for noncommunicable diseases into primary health care; enhancing community participation; establishing accurate, performance-based payment systems and monitoring and verification systems; developing and using clinical guidelines and standard national treatment protocols at the primary health care level; and regulating the accreditation, licensing and monitoring of health care facilities.

The representative of the NETHERLANDS¹ welcomed the commitment to helping Member States to achieve universal health coverage, including by promoting gender and rights-based programmes. Many people still faced difficulties in accessing health services and their rights, especially relating to mental health and reproductive health, despite research showing significant benefits for

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

women who had control over their health and family planning. WHO and its country offices should work closely with all stakeholders to achieve universal health coverage.

The representative of THAILAND¹ said that the Secretariat should continue to encourage political commitment to achieving universal health coverage and support capacity-building at the country level. Given the key importance of having qualified and committed health professionals, WHO could foster motivation by introducing special recognition at the country and regional levels, and promote measures for the retention of health professionals in rural areas. Member States should be encouraged to reallocate financial resources towards primary health care and make progressive increases in government health spending.

The representative of MALI¹ said that his Government's policy on universal health coverage included measures to provide all residents with health coverage, giving them access to a package of health care services that responded to all the country's health needs, and to minimize the financial burden on households using essential care services. The policy was being implemented progressively while the health care system was being further developed to increase the availability of services and improve their quality.

The representative of TURKEY¹ said that maintaining momentum at the highest level following the political declaration of the high-level meeting on universal health coverage was important. A dialogue with national ministries of finance to raise awareness of the impact of universal health coverage on health systems and economies, supported by evidence-based data, would bring impetus to WHO efforts to achieve universal health coverage by 2030. WHO should take global leadership of such a dialogue. It should also strengthen its partnerships with international and regional organizations in order to collect data on the economic impact of universal health coverage.

The representative of the PLURINATIONAL STATE OF BOLIVIA¹ said that discussions on universal health coverage should focus on the financial aspects, especially with respect to low-income countries, limited access to medicines and poor doctor-patient relationships. Governments were responsible for ensuring universal health coverage, yet many continued to invest little in their health systems, with a resultant impact on the incidence of noncommunicable and communicable diseases. Medical costs, in particular the cost of medicines, should be standardized, as differing price structures were unfair and a barrier to achieving universal health coverage. The doctor-patient relationship could be improved though increased public recognition of the importance of health care.

The representative of NIGERIA¹ said that failure to invest in developing human capital would restrict economic growth and sustainable development, and that higher public health expenditure would lead to better protection for populations. His country was investing in strengthening primary health care, with a focus on vulnerable and rural populations, and providing funding for common endemic diseases, nutrition and reproductive, maternal, neonatal, child and adolescent health. WHO should advocate for more sustainable and consistent public funding for primary health care to support developing countries.

The representative of INDIA¹ said that his Government was working to ensure equitable access to health care and reduce out-of-pocket health expenditure by taking measures to provide comprehensive primary health care and protect against catastrophic health expenditure among socially and economically weaker households. It was also committed to expanding health infrastructure, ensuring the availability of a skilled health workforce and increasing affordable access to medicine through more investment in

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

public health systems and partnerships with the private sector, focusing on districts with poor health indicators and large vulnerable populations.

The representative of NEW ZEALAND¹ said that her Government had adopted a definition of equity that recognized that different people with different levels of advantage required different approaches to achieve equitable health outcomes. She highlighted the importance of sexual and reproductive health and rights for universal health coverage and noted that relevant services must be of a high quality, readily available, accessible to all women and girls and free of stigma, discrimination, coercion and violence. Disability inclusion should be considered in efforts to improve health coverage for all.

The representative of HUNGARY¹ said that the health and well-being of citizens was key to national economic and social development. While her Government welcomed the Secretariat's efforts to help Member States to improve their health care systems, it considered that they had the right to determine the structure, governance and financing of their respective health care systems and had disassociated itself from paragraphs 70 and 71 of the political declaration. The Secretariat should take Hungary's position into account in its envisaged further actions on universal health coverage.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ said that more explicit reference should be made in the report to linkages with the other pillars of the Thirteenth General Programme of Work, 2019–2023, notably integrated nutrition action, health security and healthy lives. Further information was required on how WHO would integrate its work on infectious diseases, antimicrobial resistance and climate change into its programming on primary health care to achieve universal health coverage. Her Government looked forward to the forthcoming United Nations high-level dialogue on antimicrobial resistance and to further efforts by Member States to address antimicrobial resistance through their work on universal health coverage. A clearer process should be established to develop an accountability framework for universal health coverage; lessons in that regard could be learned from the United Nations Secretary-General's Independent Accountability Panel for Every Woman, Every Child.

The representative of EGYPT¹ said that his Government, which was committed to implementing the political declaration of the high-level meeting on universal health coverage, had adopted an ambitious new health insurance charter in 2019. Under the charter, which would eventually be rolled out in the whole country, the Government would cover the health costs of all Egyptian citizens.

The representative of NORWAY¹ said that some countries would require international support to be able to cover the large investment gap for universal health coverage; he would appreciate more clarity on how such support could be made the most effective. Countries should engage with the partner agencies of the Global Action Plan for Healthy Lives and Well-being for All to accelerate achievement of the ambitious goals to expand coverage and protect against financial hardship. Norway looked forward to a discussion on how to enhance the impact of the WHO Global Code of Practice on the International Recruitment of Health Personnel.

The representative of SWEDEN¹ called on all stakeholders to collaborate in order to achieve universal health coverage. He highlighted the importance of interventions safeguarding women's and girls' sexual and reproductive health and rights to achieve universal health coverage and the Sustainable Development Goals. If one billion more people were to benefit from universal health coverage,

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governments must prioritize health in their national budgets and strive for the fair financing of sustainable health systems, with a strong focus on primary health care.

The representative of the RUSSIAN FEDERATION¹ said that, although investment, notably in primary health care, was proving effective, progress towards universal health coverage had slowed because of inadequate State funding and the need for direct public expenditure. Noting that her country provided medical assistance free of charge to all citizens, she called on the Secretariat to support Member States' efforts to provide a package of basic primary health care services and select an appropriate model for such provision.

The representative of SENEGAL¹ welcomed the political declaration of the high-level meeting on universal health coverage and the commitments adopted by Member States. His Government recognized the importance of primary health care in attaining universal health coverage and the Sustainable Development Goals and he outlined some of the actions taken to facilitate achievement of universal health coverage in his country. Issues remained, and his country welcomed the call for an increase in national funding for primary health care and for further investment in health care.

The representative of SPAIN¹ said that her Government attached importance to upholding international commitments aimed at achieving universal health coverage based on high-quality, efficient and equitable primary health care. She outlined the Spanish model for providing universal health coverage for all persons throughout the life course and expressed her Government's willingness to share its experiences with Member States.

The representative of the REPUBLIC OF MOLDOVA¹ said that the political declaration of the high-level meeting on universal health coverage had huge potential to mobilize investment in health; the participatory drafting process, including the organization of Geneva-based consultations, should be followed in future. She commended the Director-General for successfully mobilizing increased political support for health, and welcomed the collaboration with the Inter-Parliamentary Union, which had resulted in the resolution recently adopted by Inter-Parliamentary Union Assembly on achieving universal coverage by 2030 and the role of parliaments in ensuring the right to health.

The representative of SWITZERLAND¹ said that her Government considered the sustainable financing of health systems, quality of services and patient safety, and universal health coverage in emergencies as priority issues. It welcomed the emphasis given to primary health care and encouraged continued efforts towards further exploiting synergies in the discussions in Geneva and New York on achieving universal health coverage, while respecting the mandates of the organizations involved.

The representative of BELGIUM¹ welcomed WHO's strategic approach to universal health coverage, noting initiatives on primary health care and the 2019 monitoring report on primary health care on the road to universal health coverage. She called for further coordination with other global health actors, such as Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria, which would continue to play an important role in mobilizing sufficient and sustainable funds.

The representative of SLOVAKIA¹ agreed that further work was required to help Member States implement universal health coverage in ways that best suited the needs of those with least access to effective health interventions. She outlined steps taken in her country to improve the general health of the population, including marginalized population groups such as Roma, and encouraged the Secretariat to continue to support countries in scaling up their national efforts.

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

The representative of JAMAICA¹ welcomed the highlights of the 2019 monitoring report and the emphasis on the most vulnerable groups. Jamaica continued to support initiatives aimed at strengthening adherence to and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel and welcomed WHO's special programme on primary health care. His country took its commitment to attaining universal health coverage by 2030 seriously and continued to emphasize the importance of promoting strong, multisectoral collaboration, better integration between levels of care and greater access to quality care.

The representative of BARBADOS¹ said that his Government was committed to delivering universal health coverage and ensuring access to high-quality health services that did not expose individuals to financial hardship. However, the burden of noncommunicable diseases and inadequate funding was jeopardizing the sustainability of health care systems. Barbados therefore supported the engagement of WHO and the wider United Nations system in supporting States in developing their health financing systems to achieve and sustain universal health coverage.

The observer of PALESTINE said that all individuals living in the occupied Palestinian territory were guaranteed the right to health services, without discrimination. He expressed the hope that the WHO office in East Jerusalem, which could play an important role in providing advice and support to the Ministry of Health, would receive greater support.

The observer of the INTER-PARLIAMENTARY UNION noted with satisfaction that the political declaration of the high-level meeting on universal health coverage placed strong emphasis on the importance of legislative and regulatory frameworks. The landmark resolution recently adopted by the Inter-Parliamentary Union Assembly called for priority to be given to vulnerable groups and strengthened emphasis on the needs of women and girls, and underlined the need for a systematic approach to issues of gender, equity and human rights. Robust national indicators, disaggregated data and action were necessary to build effective, accountable institutions enabling parliamentarians to be agents for change.

The representative of UNAIDS, noting that universal health coverage was essential to the HIV/AIDS response, said that better health outcomes would be produced by addressing inequities. The political declaration had looked to civil society to provide input for the development, implementation and evaluation of health and social policies and programmes, echoing lessons learned on the importance of civil society engagement in the global response to HIV/AIDS. UNAIDS was committed to using its experience to contribute to improving accountability for universal health coverage; the National Commitments and Policy Instrument could prove a useful tool in that regard.

The representative of the INTERNATIONAL ORGANIZATION FOR MIGRATION said that the landmark political declaration, which recognized key issues such as complex emergencies, migration of health personnel and climate change, would join other instruments in creating mutually reinforcing cooperation frameworks. Her organization was committed to leveraging the full potential of multisectoral cooperation to enhance the health of migrants and mobile populations with a view to achieving universal health coverage.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIR, urged Member States to uphold their commitment to leaving no one behind and called on WHO to support universal health coverage plans that: integrated kidney disease by providing sustainable access to effective and affordable prevention, early detection and access to medicines; strived to deliver people-centred, integrated, multisectoral and comprehensive services

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

covering all noncommunicable diseases and their risk factors; and secured sustained human and financial resources to ensure a comprehensive and holistic response to noncommunicable diseases.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, stressed the need to increase investment in the health workforce and to strengthen health systems, especially at the primary level, as primary health care was essential to achieving the Sustainable Development Goals. He urged Member States to develop sustainable financing systems to ensure that access was based on clinical need and not affordability, and donors to increase official development assistance for health systems.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, emphasized the importance of raising awareness of the positive impact that healthy and supportive environments could have on the recruitment and retention of health workers, and invited WHO to engage in the dialogue that would take place at the upcoming World Health Professions Regulation Conference.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that clear processes must be in place to ensure the structured and meaningful engagement of all stakeholders. His organization was committed to supporting Member States in achieving universal health coverage and looked forward to a constructive and inclusive dialogue.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIR, urged the Board to form a group of friends of palliative care within WHO to address the normative and technical issues of integrating palliative care into primary health care and universal health coverage initiatives. The group could apply for funding from the World Bank to provide workforce training on service delivery and improving access to internationally controlled essential medicines such as morphine. Palliative care services should be expanded in the context of both primary health care and emergency situations.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, urged the Secretariat to work with Member States to develop robust international accountability mechanisms to monitor progress towards universal health coverage and to ensure meaningful civil society engagement. She called on Member States to increase domestic public health expenditure, invest in implementation of the operational framework on primary health care and allocate more resources to primary health care system strengthening, with a clear focus on equity and frontline health workers. Children's health should also remain a priority.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that national health care must be available, accessible and affordable for all; health was a fundamental human right. Universal health care packages should be tailored to the social, political and cultural contexts of each region, and different components of universal health coverage should be tackled simultaneously.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, urged Member States to take a human rights-based approach to health care, ensure that their national health care legislation complied with human rights standards, and strengthen public health care systems by introducing single-payer mechanisms and ensuring the public provision of health services. He called on the Secretariat to support Member States in implementing progressive tax-based financing for health care, to produce a full analysis of the costs and benefits of mixed-service delivery and to provide expert advice on the regulatory requirements and management capacities needed to strengthen health systems and safeguard equity, efficiency and quality.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, said that universal health coverage packages should be determined by the needs of the people most affected, including those with noncommunicable diseases. Universal health coverage policies should address the increasing burden of co- and multi-morbidity and the need for integrated care throughout the life course. All seven accelerator themes set out in the Global Action Plan for Healthy Lives and Well-being for All should be implemented simultaneously and in an integrated manner. Finally, stronger accountability mechanisms were fundamental to achieving universal health coverage.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that public health care systems and adequate government resource allocations were critical to achieving universal health coverage and addressing inequities. Recruiting and training 18 million health workers globally before 2030 would require a political commitment from Member States. Furthermore, it was likely that the five-year action plan for health employment and inclusive economic growth (2017–2021) would need to be extended.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR, welcomed the recommendations made by the representative of Sri Lanka on including oral health in universal health coverage, as oral health was a basic human right and access to oral health care needed to be improved. She called for the political declaration to be translated into concrete, sustainable action at the national level.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR, expressed support for the special programme on primary health care, the emphasis on promoting innovation and equity-, gender- and rights-based programming approaches, and the focus on facilitating integration, efficiency and effectiveness by working with partners. However, the specifics of universal health coverage would require Member States to engage in meaningful discussions with civil society. Achieving comprehensive metrics remained a challenge, and further work needed to be done on tracking.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, said that fiscal measures and taxes on tobacco, sugary drinks and alcohol should be used to achieve public health goals and raise financial resources for universal health coverage and primary health care programmes. She called on health ministries to engage more productively with finance ministries; her organization stood ready to support health ministries in promoting such fiscal policies and health expenditure as a necessary investment.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIR, and underscoring WHO's responsibility in preventing violence against children, called on WHO to conduct an in-depth evaluation of the progress made towards implementing the global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children; the results of that evaluation should then be reviewed at the Seventy-third World Health Assembly. The Secretariat should also provide Member States with guidance on reviewing their implementation progress and hold an event to review the upcoming global status report.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, welcomed the inclusion of palliative care in the political declaration, but expressed concern that pain guidelines had been withdrawn. He recognized that WHO was taking steps to rectify the situation. The inclusion of palliative care in the political declaration was a good first step; however, palliative care should also be included in universal health coverage packages, health worker training and national budgets to prevent millions of people from being left behind.

The DEPUTY DIRECTOR-GENERAL, noting the issues raised during the Board's discussions and reiterating the critical role that universal health coverage played in achieving the "triple billion" goals and United Nations Sustainable Development Goal 3, said that the Global Action Plan for Healthy Lives and Well-being for All would be crucial to ensuring progress towards universal health coverage. She agreed that global commitments must be translated into high-level political commitments, action and funding at the national level, particularly given the need for 18 million additional health workers globally and the rise in catastrophic health spending. Following Member States' commitment to increasing spending on primary health care by at least 1% of their gross domestic product, it was hoped that most of the necessary funding would come from domestic resources. However, it was also important to work with partners to secure additional funding, especially in countries lacking the necessary financial resources.

The WHO Global Code of Practice on the International Recruitment of Health Personnel played a key role in meeting the need to increase the health workforce, and the results of the second review of the Code's effectiveness would be discussed at the Seventy-third World Health Assembly.

WHO would redouble its efforts to achieve universal health coverage, in cooperation with Member States and other partners. Those efforts would focus on: getting the new special programme on primary health care up and running; mobilizing additional resources; promoting innovation, equity-, gender- and rights-based programming approaches and integration across sectors and with partners; strengthening accountability among key stakeholders; and monitoring progress towards the commitments set out in the political declaration of the high-level meeting on universal health coverage.

The DIRECTOR-GENERAL, thanking Member States for their guidance, said that, with the Declaration of Astana on primary health care, the political declaration of the high-level meeting on universal health coverage, the Inter-Parliamentary Union Assembly's resolution on universal health coverage, and the Global Action Plan for Healthy Lives and Well-being for All, the political work was complete. It was henceforth time for action at country level. In addition, the recent appointment of a director for the special programme on primary health care would give impetus to the new programme. The Secretariat was therefore ready to support Member States in delivering results based on their commitments.

The Board noted the report.

Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases: Item 7.2 of the agenda (documents EB146/7 and EB146/7 Add.1)

The representative of INDONESIA said that noncommunicable diseases remained a significant challenge in his country. Community-based interventions could only be effective with government policy support, and plans were under way to further integrate public health into primary health care, including through private health care providers. He asked the Secretariat for support with that process, notably to improve the alignment between the operational framework and implementation at country level, to reduce the prevalence of noncommunicable diseases. He supported the draft decision to develop an action plan to implement the WHO global strategy to reduce the harmful use of alcohol.

The representative of the UNITED STATES OF AMERICA said that, to avoid duplicating efforts, WHO should work closely with UNEP, WMO and other environmental experts on the in-depth analysis of policy options and cost-effective interventions to reduce the number of premature deaths from noncommunicable diseases attributed to air pollution. In that respect, she welcomed the Organization's work to promote active surveillance for the early detection of noncommunicable diseases and their risk factors. However, although her Government supported the development of a draft menu of policy options and cost-effective interventions to promote mental health and well-being, she expressed concern regarding the inclusion of regulatory bans on the use of highly hazardous pesticides in order to prevent suicide, as such a measure would be highly dependent on specific national regulatory schemes; she

requested further information about the scientific basis for including it in the draft menu. She commended efforts to broaden the discussion of noncommunicable diseases to include a more diverse range of stakeholders and welcomed the final report of the WHO Independent High-Level Commission on Noncommunicable Diseases, which recommended using public–private partnerships to promote effective, evidence-based interventions to improve health outcomes.

The representative of TONGA highlighted the continued prevalence of risk factors for noncommunicable diseases in the Pacific island States. She acknowledged efforts to implement the global action plan for the prevention and control of noncommunicable diseases 2013–2020 and hoped that collaboration in that area between WHO and the Pacific island States would continue. The work of the WHO Independent High-Level Commission on Noncommunicable Diseases was also valuable.

The representative of SINGAPORE said that action to address mental health issues should include early intervention and prevention measures targeting children and young people at all levels of the education system, with a focus on improving mental health literacy, reducing stigmatization and establishing peer support groups. A whole-of-society, multisectoral approach was also needed to address the social determinants of mental health. Air pollution was another grave concern that required national, regional and international cooperation. His Government urged the Secretariat to commission a comprehensive regional study to assess the impact of air pollution and guide the development of strategies to minimize the health and climate impacts of local and transboundary sources of air pollution.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, welcomed the report, stressing the relevance of the challenges outlined to the Member States in the Region; those challenges had to be overcome to strengthen interventions to combat noncommunicable diseases. It was important to base interventions on partnerships and multisectoral action, while taking into account potential interference from commercial interests. He encouraged the Secretariat and WHO partners to increase their capacity-building support to Member States in relation to early diagnosis, screening and treatment, particularly for cancer.

The representative of SUDAN commended the work undertaken to promote access to affordable diagnostics, screening and early diagnosis as part of a comprehensive approach to the prevention and control of noncommunicable diseases. Detailing the specific challenges faced in her country, she stressed the need for effective strategic guidance and adequate funding for the prevention of noncommunicable diseases; institutional, community-based and public health measures had to be incorporated into a long-term perspective across the life course. International donors, which represented the main source of funding for preventive health interventions in Sudan, often showed more interest in addressing communicable diseases, regardless of the burden of noncommunicable diseases. She therefore urged the Secretariat and donors to remember the importance of preventing and controlling noncommunicable diseases. Further steps should also be taken to reduce the need for hospitalization and costly high-technology interventions and reduce premature deaths.

The representative of ARGENTINA said that, to promote mental health and well-being, the gap between the number of people who needed mental health services and those who could effectively access them must be closed. Efforts were still required in the Region of the Americas to attain the goal set in the 2010 Panama Consensus to eradicate the entire insane asylum system in the Americas by 2020; that required a cross-cutting approach that integrated mental health into the wider health system. Air pollution was another concern for her Government; she therefore welcomed the Secretariat's proposal to provide tools for Member States to select interventions that were effective in reducing source emissions, had co-benefits and were likely to be cost-effective.

The representative of FINLAND commended the “best buys” identified to address mental health problems and air pollution and encouraged the Secretariat to work with countries to enhance their implementation and update them where necessary. Stressing the importance of sustainable development

and climate change mitigation, she welcomed the recognition of air pollution as a public health risk. Mental health also required greater attention, given the alarming rise in mental health problems among young people and workers. She called on the Secretariat to work with Member States to implement the recommendations of the WHO Independent High-Level Commission on Noncommunicable Diseases. Her Government remained committed to collaborating on implementation of the political declaration.

The representative of KENYA said that, despite a robust policy and legal framework, his Government was struggling to tackle the challenge of air pollution. He therefore asked the Secretariat to support Member States in developing air pollution control plans and coordination mechanisms; establishing a platform to share best practices, and an air pollution and health observatory; carrying out research into the health and environmental effects of pollution, including the return on investment of reducing associated deaths; and raising public awareness on the issue.

The representative of CHINA expressed support for the proposed policy options and interventions to promote mental health and well-being. When updating the comprehensive mental health action plan 2013–2020, the Secretariat should encourage Member States to improve the holistic management of mental health; her Government could provide support in that regard. She welcomed the proposed in-depth analysis of existing interventions, notably relating to source emissions and household air pollution; guidance should be compiled on those subjects. Her Government commended the proposal to develop technical packages and service delivery models to support the scaling up of early diagnosis and screening of noncommunicable diseases and stood ready to share its experiences in that area.

The representative of ISRAEL said that the effective prevention, detection and treatment of mental health problems required a multisectoral approach. The addition of a draft menu of three population-based interventions was therefore welcome. School programmes held the promise of early prevention and detection of mental health problems, as well as of appropriate referral for further treatment. The list should be kept as a live document that could be regularly updated and revised to maintain its relevance and should include interventions applicable to all countries. Efforts to deal with unhealthy lifestyles and environmental hazards required national and international multisectoral collaboration. The Secretariat and Member States must work together to develop and prioritize cost-effective, realistic and timely interventions.

The representative of BRAZIL said that it was important to analyse cost-effectiveness when strengthening health systems. Results from research into implementation were key to addressing gaps and refining existing knowledge to inform future interventions, particularly for low- and middle-income countries. Health education, information and literacy were also important for individuals to have positive health outcomes and greater control over their own health and other determinants. Brazil remained committed to reducing the risk factors associated with noncommunicable diseases, including through the promotion of physical activity and healthy lifestyles and reducing tobacco consumption and harmful alcohol use.

The representative of AUSTRALIA said that the school-based mental health interventions were a valuable focus. Universal health coverage for mental health was an essential component of ensuring healthy lives and promoting well-being for all, at all ages. The multisectoral approach to developing policy options on air pollution was welcome. The human, physical and environmental impact of the unprecedented bushfire crisis in Australia was a challenge, and her Government was grateful for the international community's support and high level of concern. WHO's work on air pollution had been useful in shaping her country's response. The Government was investing 5 million Australian dollars in research into the long-term effects of prolonged exposure to bushfire smoke, and the results would be shared with the international community. She recognized the importance of early diagnosis and screening in addressing noncommunicable diseases at the population and individual levels, as well as WHO's continued efforts to improve early detection.

The representative of AUSTRIA welcomed the extension of the implementation period of the comprehensive mental health action plan to 2030. However, the slow progress in mental health and well-being was regrettable. The proposed list of population- and individual-level interventions was a good starting point. Important diagnoses, such as anxiety or post-traumatic stress disorders, and the restriction of the means for committing suicide, should also be highlighted. The focus on reducing air pollution as a major determinant of several noncommunicable diseases was strongly welcomed. In that regard, comprehensive air pollution monitoring systems were of paramount importance. National, regional and transboundary air quality programmes should also be encouraged.

The representative of BANGLADESH requested the Secretariat to provide technical support to Member States in the adoption and implementation of the policy options and cost-effective interventions proposed in Annexes 1 and 2 of the report. Regarding the implementation of the WHO global strategy to reduce the harmful use of alcohol, she requested the Secretariat to take specific actions to at least stabilize the currently increasing trends in alcohol consumption in several WHO regions, including preventing children and adolescents from starting to drink alcohol and reducing alcohol consumption levels. A collaborative effort was needed to address the challenges to strengthening the health system to improve the prevention, early detection and management of noncommunicable diseases and their risk factors.

The representative of MONACO¹ recognized the significant impact of mental health issues, especially among young people and older persons, and air pollution. Her Government had always supported resolutions on noncommunicable diseases and ongoing efforts on air pollution, climate change and health, including providing funding for those areas. The list of proposed interventions was useful and should evolve with the results of research and the sharing of different experiences by Member States.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that the threats that noncommunicable diseases posed to human development went far beyond their impact on the health system. Considering the serious impact of health on development, Member States needed stronger and targeted political action, including the mobilization of domestic and external resources and sustainable funds, with a people-centred, multisectoral, multistakeholder approach.

The representative of THAILAND¹ expressed concern that many WHO staff suffered from mental health problems; WHO should be a role model for tackling noncommunicable diseases and mental health problems by ensuring a healthy and happy working environment throughout the Organization. The inclusion of mental health and air pollution to create the “5 by 5 framework” was welcome. Cross-sectoral policy infrastructure at the country level needed to be updated. It was of concern that the proposed mental health interventions were based on a biomedical model with little or no social and cultural dimension, especially with respect to early prevention.

The representative of PERU¹ said that improving mental health remained a particular challenge for developing countries. Mental health was crucial for social inclusion and full participation in the community. He thanked the Secretariat for its strong support in developing and promoting the commitments on air quality improvement that were presented by Peru and Spain at the United Nations 2019 Climate Action Summit. Climate change should be tackled in parallel with the risk factors associated with noncommunicable diseases, such as air pollution.

The representative of SENEGAL¹ recognized that noncommunicable diseases could compromise progress towards achieving the Sustainable Development Goals by 2030 if efficient measures were not

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

taken. He called on the Secretariat and WHO's partners to continue supporting Member States in the early diagnosis, screening and treatment of noncommunicable diseases.

The representative of the RUSSIAN FEDERATION¹ said that his Government supported the draft menu of policy options and cost-effective interventions to promote mental health and well-being. They should be analysed regularly and revised as appropriate, in line with Member States' requests. His Government also supported the Secretariat's efforts to develop guidance on policy options and cost-effective interventions to reduce the number of premature deaths from noncommunicable diseases attributed to air pollution. It stood ready to participate in further work in that area.

The representative of PORTUGAL¹ underlined the importance of training health workers in human rights and mental health using the WHO QualityRights Tool Kit. He noted that many of the draft menu of policy options and cost-effective interventions to promote mental health and well-being were based on clinical interventions and medicalization. It was therefore time for a paradigm shift from an excessively biomedical approach to mental health problems, with an over-reliance on medication, to a people-centred, recovery-oriented approach based on human rights and treatment in the community.

The representative of NIGERIA¹ said that the focus on air pollution as a major risk factor for noncommunicable diseases was encouraging, given that it was a top cause of mortality attributed to them. Controlling air pollution would help to reduce the burden of noncommunicable diseases, be that directly or indirectly through climate change mitigation. Given the importance of primary health care and a strong health workforce, he called on the Secretariat to support countries in addressing gaps in human resources at primary health care level to ensure that services could be provided and no one was left behind.

The representative of SPAIN¹ outlined the action that her Government had taken to prevent, diagnose and treat noncommunicable diseases and improve the quality of life of the sick, including health promotion to address the main risk factors; new cancer screening methods; better early detection of cardiovascular diseases, chronic lung diseases and diabetes; a mental health strategy; and a plan for tackling diseases linked to air pollution.

The representative of TURKEY¹ welcomed the draft menus of policy options and cost-effective interventions for both mental health and air pollution and the emphasis in the document on the importance of community-based mental health and social care services. Turkey supported the inclusion of air pollution and mental health to create the "5 by 5 framework". As policy-making guidance, the document needed a stronger emphasis on human rights in mental health and noncommunicable diseases. A human-rights approach would help to avoid the stigmatization of those suffering from noncommunicable diseases or mental health disorders.

The representative of INDIA¹ said that his Government recognized the major challenge that the increasing burden of noncommunicable diseases posed to the health system and had implemented various preventive and promotive health care measures in India, including a national programme for the prevention and control of cancer, diabetes, cardiovascular diseases and strokes, and measures to mitigate air pollution and address the increasing burden of mental, neurological and substance use disorders. Global efforts to address the challenge must be driven by strong strategic leadership, cost-effective interventions and a multisectoral approach.

The representative of NORWAY¹ noted that the United Nations high-level political declarations had called for increased private sector commitment to working towards the Sustainable Development Goals related to noncommunicable diseases. According to the Framework of Engagement with

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

Non-State Actors, any such engagement must “demonstrate a clear benefit to public health” and “particular caution” should be exercised when engaging with private-sector entities, especially in the area of noncommunicable diseases. Transparency was therefore vital, particularly when engaging with the private sector. The Secretariat must declare with which organizations and entities it engaged and the frequency of meetings, publish the actions it requested industry to implement and how results would be measured, and provide regular reports to the governing bodies. The limited resources available for work on noncommunicable diseases must be spent with a view to maximizing effect.

The meeting rose at 12:30

SIXTH MEETING

Wednesday, 5 February 2020, at 14:35

Chair: Dr H. NAKATANI (Japan)
later: Dr P. SILLANAUKKEE (Finland)
later: Dr H. NAKATANI (Japan)

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

- 1. FOLLOW-UP TO THE HIGH-LEVEL MEETINGS OF THE UNITED NATIONS GENERAL ASSEMBLY ON HEALTH-RELATED ISSUES:** Item 7 of the agenda (continued)

Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases: Item 7.2 of the agenda (documents EB146/7 and EB146/7 Add.1) (continued)

The CHAIR invited the Board to continue its discussion of Annexes 1, 2 and 4 to document EB146/7.

The representative of DENMARK¹ expressed appreciation for the extended implementation period for the comprehensive mental health action plan 2013–2020 and the inclusion of mental health interventions on the list of “best buys”. As the global action plan for the prevention and control of noncommunicable diseases 2013–2020 entered a new decade, he called for the failure to thrive among young people to be made a priority issue. Many factors were known to have an impact on young people’s mental well-being, but WHO should take the lead in promoting research into the potential causes of the emerging trend.

The representative of MOROCCO¹ said that her Government remained committed to implementing the political declaration of the third high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases and the global strategy to reduce the harmful use of alcohol. Member States should work with the Secretariat to identify low-cost interventions for reducing the risk factors of noncommunicable diseases, including air pollution and the harmful use of alcohol.

The representative of BARBADOS¹ said that noncommunicable disease prevention and control was a high priority for his Government, and he looked forward to engaging with WHO and other partners on the issue.

The representative of CANADA¹ commended the renewed emphasis on a strong public health approach that addressed the known determinants of mental health. The results of the mental health cost–effectiveness analysis contained in Annex 1 should be organized such in a way that allowed policy-makers to more easily understand and interpret the findings. Noting that Annex 2 on air pollution

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

contained a reference to an analysis of the effectiveness of existing policy interventions, rather than their cost-effectiveness, she sought clarification as to the type of analysis that would be undertaken and the time frame for such work. She welcomed the progress described in Annex 4 on the screening and early detection of noncommunicable diseases. Guidance was a core public health function, and she noted that many Member States' national-level bodies had developed useful guidelines.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ said that her Government was committed to preventing and controlling noncommunicable diseases worldwide and achieving target 3.4 of the Sustainable Development Goals on reducing premature mortality from noncommunicable diseases, of which mental health was a central element. She welcomed the expansion of the menu of policy options to include interventions for preventing suicide and reducing access to suicide methods. In addition to the highly hazardous pesticides flagged in the report, her Government was also concerned about the use of inert gases as a suicide method, which should be considered when exploring further areas for preventive action.

The observer of PALESTINE said that residents of the occupied Palestinian territory, including East Jerusalem, suffered from a higher rate of mortality from noncommunicable diseases than other diseases. Mental health was also of concern in the context of the ongoing occupation. He thanked the Secretariat for its support, which he hoped would continue.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases), responding to the discussion of Annex 1 on mental health and well-being, said that the menu of policy options and cost-effective interventions had been developed using the same methodology as the menu for the prevention and control of noncommunicable diseases. Both lists had been compiled in a transparent manner, based on data available on the WHO website. The technical guidance on the use of highly hazardous pesticides as a suicide method, entitled *Preventing suicide: a resource for pesticide registrars and regulators*, had been published in September 2019 and could be found on both the WHO and FAO websites; the Secretariat was able to provide further information to Member States as required. He underscored that the list was neither exhaustive nor prescriptive and would continue to be updated and expanded.

Regarding Annex 4 on early detection of noncommunicable diseases and risk factors, he was pleased to hear that Member States were focusing on such activities in primary health care settings. Many Member States had requested the Secretariat support to integrate noncommunicable diseases and mental health into primary health care, and the Secretariat was scaling up many of its initiatives in response. He noted the request for a progress report on engagement with the private sector and private-sector contributions to achieving Sustainable Development Goal target 3.4; that information would be included when updating the report for the Seventy-third World Health Assembly in May.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations), responding to the discussion of Annex 2 on air pollution, said that integrating air pollution mitigation into governments' overall public health care delivery strategies was fundamental. The Secretariat would analyse the effectiveness of existing interventions and prepare guidance on population-level policy through the selection of options and interventions that reduced the number of premature deaths from noncommunicable diseases attributable to air pollution. She noted the call for greater emphasis on data, monitoring and research.

The CHAIR opened discussion of Annex 3 of the report contained in document EB146/7 on the implementation of the global strategy to reduce the harmful use of alcohol during the first decade since its endorsement, and the way forward.

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

The representative of TAJIKISTAN said that, despite the development of national policies to reduce the harmful use of alcohol, consumption was still increasing. Thus, the possibility of adopting an international convention on alcohol control similar to the WHO Framework Convention on Tobacco Control should be investigated. It was important to bear in mind that in many countries, the private sector had a greater influence on alcohol consumption than did individuals or the government. More work should therefore be done to restrict alcohol sales, especially to minors, raise awareness and develop multisectoral approaches at the national level.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, called on the Secretariat to support them in increasing their capacity to combat the risks posed by the harmful use of alcohol and to put in place national strategic plans that were focused on primary health care and social factors and addressed young people in conflict situations. A regional network of experts may be useful in developing such strategic plans. Governments should share best practice in that regard.

The representative of JAPAN said that, when implementing the global strategy to reduce the harmful use of alcohol, the focus should be on factors such as inappropriate drinking habits and the situations that encouraged them. He called for the continued implementation of the global strategy to reduce the harmful use of alcohol, with active participation from the private sector in line with WHO reports and the political declaration of the United Nations high-level meeting on noncommunicable diseases.

The representative of the UNITED STATES OF AMERICA expressed support for a number of the specific actions proposed in the report and for strengthened efforts to reduce the harmful use of alcohol in general. However, she did not agree with the call for a new international instrument or instruments. Instead, she urged delegations to reaffirm instead the global strategy and focus on its areas for action. Member States should concentrate on scaling up practical, evidence-based interventions with engagement from multiple sectors and stakeholders. The health impacts of alcohol extended beyond noncommunicable diseases, and approaches that were limited to the health sector would not be effective.

The representative of AUSTRALIA expressed concern at the incidence of diseases and injuries attributable to alcohol, which was a particular burden in the Western Pacific Region. She agreed that effective action to reduce the harmful use of alcohol would require a multisectoral approach. Implementation of the global strategy, which her Government would support, could be strengthened through: public health advocacy, partnership and dialogue; technical support and capacity-building; production and dissemination of knowledge; and resource mobilization. Australia had recently introduced a ten-year national alcohol strategy which reiterated its commitment to the global action plan. The domestic strategy provided a guide for focusing and coordinating population-wide and locally appropriate responses to alcohol-related harm by governments, communities and service providers. Australia remained committed to achieving the fundamental aims of the global strategy.

The representative of BRAZIL said that, while his Government was deeply committed to implementing the global strategy, greater engagement and more time for Member States to provide input would have been appreciated. He stressed the multidimensional nature of the issue, which was not limited to health but also had important economic and cultural aspects. Member States should therefore engage all relevant stakeholders in their discussions. All recommended actions for reducing the harmful use of alcohol should be evidence-based.

The representative of ARGENTINA suggested creating integrated networks composed of civil society actors and health care services and mechanisms. Such networks should take local context and culture into account. Policies should have measurable objectives and include a gender perspective; specific strategies should be implemented to reduce harmful alcohol use among women. Moreover, she

highlighted the impact of the weakening social fabric in her Region on vulnerable population groups. A comprehensive, integrated, cross-cutting approach would be essential.

The representative of SWEDEN¹ said that addressing the social, medical and economic burden of alcohol would require a Health in All Policies approach in line with the global action plan for the prevention and control of noncommunicable diseases 2013–2020, the global strategy to reduce the harmful use of alcohol and the 2030 Agenda for Sustainable Development. From an economic standpoint, investing public funds in alcohol control would lower the cost to society as a whole. Alcohol-related public health challenges had a cross-sectoral and cross-border dimension, and therefore required further international collaboration.

The representative of NEW ZEALAND¹ said that the Thirteenth General Programme of Work provided a framework for considering which global public goods would be most useful when building a global response to the harmful use of alcohol, given the considerable differences between health systems. The issue of digital marketing was one that clearly must be tackled at the global level. The SAFER initiative was a helpful basis for action in that regard. Guidance from the Secretariat on the role of the private sector would also be useful, in line with the Framework of Engagement with Non-State Actors.

The representative of the RUSSIAN FEDERATION¹ said that the harmful use of alcohol could only be reduced by fostering political will, ensuring international cooperation and strengthening national control measures. He supported the future work of the Secretariat and Member States in that regard.

The representative of CANADA¹ agreed that the global strategy had not been effectively implemented over the previous 10 years. Implementation of the WHO “best buys” had also been lacking. Increased international collaboration and commitment were needed to address the harmful use of alcohol in a more meaningful way.

The representative of ECUADOR¹ recalled that a regional meeting had taken place to discuss the challenges facing the implementation of the global strategy and possible measures that could be developed to make further progress. Her Government was drawing up a national strategy in that regard. She noted with interest the possibility of strengthening the international legal framework on tackling alcohol abuse. It was necessary to foster international cooperation.

The representative of the REPUBLIC OF KOREA¹ said that a multidimensional and multisectoral approach was required to improve drinking culture and to update the relevant legal framework. WHO should share best practices and provide technical support. Discussions should take place at all levels to promote the development and implementation of alcohol control policies.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that he would forward his statement to the Secretariat for placement on the appropriate website.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION, speaking at the invitation of the CHAIR, said that pharmacists were well placed to contribute to the prevention, early detection, treatment and management of noncommunicable diseases, including mental health issues. That role required investment in order to speed up actions to screen and map the patterns, prevalence and incidence of risk factors and illnesses. She called for the intentional use of pharmacists to control noncommunicable diseases, particularly in light of population ageing.

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

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIR, urged WHO to ensure that the discourse on noncommunicable diseases went beyond the five main disease groups currently identified, since multi-morbidities, shared disease clusters and social determinants were creating significant challenges for health systems. Health systems should deliver people-centred, integrated, multisectoral and comprehensive services aimed at the prevention, early detection and treatment of all noncommunicable diseases, which required sustained human and financial resources. WHO should ensure the meaningful involvement of relevant non-State actors in all consultations on noncommunicable diseases.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that nurses delivered strategies to combat noncommunicable diseases, thereby reducing health expenditure and premature deaths. She expressed support for the menu of policy options and cost-effective interventions to promote mental health and well-being. However, the menu should be expanded to include a wider range of conditions and comorbidities and the social determinants of mental health. She supported the transfer of mental health services to community-based care. Nurses were experts in using mental health interventions to achieve broad therapeutic outcomes and promote resilience in individuals, families and communities.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, commended WHO's leadership role in the global climate agenda, placing health at the heart of all discussions. Air pollution required a multisectoral response. Thus, she called on ministries of health to work with the Secretariat and other national ministries to implement existing policy responses on air pollution and bring national air pollution standards in line with WHO guidelines. Further research should also be taken to investigate links between heart health and air pollution.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, said that health systems without palliative care caused avoidable suffering for people with noncommunicable diseases. Palliative care was cost-effective and provided a model for people-centred care, and should be available in all settings.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR and on behalf of the World Heart Foundation and World Cancer Research Fund International, called on the Secretariat to develop a global action plan on alcohol 2022–2032, for endorsement by the Health Assembly in 2022. An increase in financial resources for the Secretariat and the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases would be required to provide the technical support requested by Member States.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the menu of population-based policy options should include workforce-focused learning programmes to promote mental health and well-being. Guidance on population-level policy options to reduce the impact of air pollution should promote public transport and energy democracy. The current climate crisis should be considered to be a public health emergency of international concern. He expressed support for the SAFER initiative, but said that dialogue should continue with alcohol production and trade corporations.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that he would forward his statement to the Secretariat for placement on the appropriate website.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIR, said that the alcohol industry had not contributed responsibly to reducing alcohol harm. WHO should end its dialogue with the alcohol industry and pave the way for a global binding treaty on alcohol control. There was a need to assign more resources to alcohol control and ensure that alcohol policies were a priority.

The Secretariat should provide Member States with technical support and protect them against industry interference. A global action plan and the creation of a corresponding group of experts would allow the creation of a sustainable global and regional infrastructure, best practice exchange, country missions and high-level events.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that efforts to reduce the harmful use of alcohol still faced considerable challenges, but there were also many opportunities to address them. The Secretariat would take into account potential conflicts of interest when dealing with private sector entities engaged in alcohol production and trade, and would continue providing technical support under the guidance of Member States.

The Board took note of the reports contained in documents EB146/7 and EB146/7 Add.1.

The CHAIR took it that the Board wished to suspend the discussion on the agenda item in light of ongoing discussions to prepare a draft decision.

It was so agreed.

(For continuation of the discussion and adoption of a decision, see the summary records of the twelfth meeting, section 3.)

2. GLOBAL VACCINE ACTION PLAN: Item 8 of the agenda (document EB146/8)

The CHAIR drew attention to a draft decision on meningitis prevention and control proposed by Benin, Botswana, Burkina Faso, Mozambique, Nigeria, Saudi Arabia and Tonga, which read:

The Executive Board, having considered the progress report on the global vaccine action plan,¹ including the section on defeating meningitis by 2030;

And noting that the global fight against meningitis is a powerful lever to drive progress to achieve universal health coverage through the strengthening of immunization programmes and primary health care services and systems, and the improvement of infectious disease control, global health security and access to disability support, decided:

(PP1) to request the Director-General to finalize, in consultation with Member States and other relevant stakeholders, the development of a draft global strategy to defeat meningitis by 2030² to be submitted for consideration by the Seventy-third World Health Assembly;

(PP2) to take note of ongoing discussions on the draft resolution, contained in the annex to this decision, and encourages Member States to finalize this work, in order for the draft resolution to be duly considered by the Seventy-third World Health Assembly.

¹ Document EB146/8.

² <https://www.who.int/immunization/research/development/DefeatingMeningitisRoadmap.pdf?ua=1>, (accessed 3 June 2020).

ANNEX

MENINGITIS PREVENTION AND CONTROL**DRAFT RESOLUTION**

The Executive Board,

Having considered the report on the global vaccine action plan,¹

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

The Seventy-third World Health Assembly,

(PP1) Recalling resolutions: WHA70.7 (2017) on improving the prevention, diagnosis and clinical management of sepsis; WHA70.13 (2017) on prevention of deafness and hearing loss, which urges Member States to ensure the highest possible vaccination coverage against several diseases, including meningitis; WHA70.14 (2017) on strengthening immunization to achieve the goals of the global vaccine action plan; and WHA71.1 (2018) on WHO's Thirteenth General Programme of Work, 2019–2023; and in accordance with national priorities;

(PP2) Recognizing the reports by the Director-General on WHO's Thirteenth General Programme of Work,² and the global vaccine action plan;² and recognizing the draft strategy on defeating meningitis by 2030;³

(PP3) Recalling that meningitis is a threat in all countries of the world that presents a major challenge for health systems, which that can be dramatically disrupted in case of epidemics, and for the economy and society;⁴

(PP4) Recognizing that beyond the burden of the disease, and the severe sequelae and mortality for which it can be responsible, meningitis has a heavy social and economic cost, especially due to the loss of productivity it causes among affected individuals and their families, and the very high costs of providing care and support to those who are living with life-lasting sequelae, both within and outside the health sector;

(PP5) Acknowledging that the prevention and control of meningitis require a coordinated and multidisciplinary approach that includes: enhanced access to affordable vaccines, effective prophylactic measures and timely detection and response to epidemics; access to appropriate health care, early diagnosis and effective case management; strengthened surveillance and laboratory capacity for all main causes of bacterial meningitis and their sequelae; effective systems for timely identification and management of sequelae; access to appropriate support and care services for affected people and families; increased public and political awareness with regard to the impact of the disease and its potential to result in disability; improved health-seeking and access to control measures; and strengthened community involvement, including action on the social determinants of health;

(PP6) Acknowledging also that efforts to further prevent meningitis will also help in reducing the burden of other diseases due to meningitis-causing pathogens, such as sepsis and pneumonia;

¹ Document EB146/8.

² Document A71/4.

³ Defeating meningitis by 2030: a global roadmap (available at <https://www.who.int/immunization/research/development/DefeatingMeningitisRoadmap.pdf?ua=1>, accessed 3 June 2020).

⁴ Defeating Meningitis by 2030: baseline situation analysis (https://www.who.int/immunization/research/BSA_20feb2019.pdf?ua=1, accessed 3 June 2019).

(PP7) Further acknowledging that meningitis control is both a matter of emergency response in the case of outbreaks, and a matter of global development where the disease is endemic;

(PP8) Affirming that progress towards the 2030 Agenda for Sustainable Development – including commitment to Goal 3 (Ensure healthy lives and promote well-being for all at all ages) – would reduce the prevalence and spread of meningitis;

(PP9) Recalling that all States Parties must comply with the International Health Regulations (2005);

(PP10) Acknowledging that meningitis, as a disease of epidemic potential, has to be recognized in itself and reported, within national surveillance systems, as not doing so hampers effective control measures,

(OP)1. URGES Member States:¹

(1) to foster the identification of meningitis as a State priority through its inclusion in national policies and plans, either as a stand-alone plan or embedded within broader control initiatives, or within national health, health security, development and Sustainable Development Goal implementation plans, where relevant, and national immunization, emergency and rehabilitation programmes;

(2) to develop and implement a multidisciplinary package of selected effective prevention and control measures, including access to vaccines, prophylactic measures, targeted control interventions, appropriate health care and sustainable financing models adapted to the local transmission pattern for long-term control and elimination of epidemics;

(3) to develop and strengthen services aiming to reduce the burden of sequelae for individuals who have experienced meningitis and are living with disability, in partnership with other groups involved in care for the disabled;

(4) to ensure that national policies and plans regarding the prevention and management of meningitis cover all areas with high-risk of meningitis transmission;

(5) to establish national multidisciplinary meningitis prevention and surveillance mechanisms to coordinate the implementation of the control plan, ensuring representation of the different ministries, agencies, partners, civil society organizations and communities involved in meningitis control efforts and rehabilitation services;

(6) in order to reduce the public health, social and economic impact, to strengthen capacity for: preparedness, in compliance with the International Health Regulations (2005); early detection and treatment, laboratory confirmation; case management; and immediate and effective response to epidemics of meningitis;

(7) to strengthen surveillance and early reporting of meningitis in line with the International Health Regulations (2005), and build capacity for data collection and analysis, including in respect of information on critical determinants and sequelae;

(8) to strengthen community engagement and social mobilization in meningitis prevention, early detection, health-seeking behaviour, rehabilitation, and other related activities;

(9) to support, including through international cooperation, research in support of better prevention and control, including research for improved vaccines and vaccination strategies, and for better early diagnostics and treatment, and identification and management of sequelae; and for monitoring antimicrobial resistance;

(10) to refrain from implementing health measures that are more restrictive of international traffic, which would not improve, or would limit, access to medicines and other medical products used for treating meningitis in people of different ages, and that are more invasive or intrusive to persons than reasonably available alternatives that would

¹ And, where applicable, regional economic integration organizations.

achieve the appropriate level of health protection, in line with the International Health Regulations (2005);

(11) to establish national targets, when applicable, and make financial and political commitments to meningitis control with national implementation plans for the Sustainable Development Goals;

(12) to consider the implementation of the points above in the light of the overall context and the objective of health system strengthening, in particular in respect of primary health care services and access to health for all;

(OP)2. REQUESTS the Director-General:

(1) to strengthen surveillance and reporting of meningitis in line with the International Health Regulations (2005) and to further reinforce advocacy, strategic leadership and coordination with partners at all levels via the Defeating Meningitis by 2030 Technical Task Force and the WHO Strategy Support Group, secretariat and working groups, including by providing technical support and operational guidance to countries for meningitis prevention and control;

(2) to increase capacity to support countries to scale up their ability to implement and monitor multidisciplinary, integrated interventions: for long-term meningitis prevention and control, including elimination of epidemics and provision of access to appropriate support and care services for affected people and families; for preparedness and response to meningitis epidemics, in accordance with the global initiative “Defeating Meningitis by 2030: A Global Roadmap” and aligned with national plans to encourage reporting and monitor progress and disease burden in order to inform country and global strategies; and for control or elimination of epidemics;

(3) to support countries, upon request, in the assessment of meningitis risk factors and capacity for multidisciplinary engagement within existing technical resources;

(4) to continue leading the management of the vaccine stockpile, developing strategies to ensure sufficient vaccine stockpile at the optimal level (global, regional, national or subnational), including providing support to gradually transition from polysaccharide to affordable multivalent meningococcal conjugate vaccines to respond to outbreaks, and where appropriate supporting vaccination campaigns, in cooperation with relevant organizations and partners, including the International Federation of Red Cross and Red Crescent Societies, Médecins Sans Frontières International, UNICEF and the Gavi Alliance;

(5) to monitor and support long-term meningitis prevention and control programmes at country and regional levels;

(6) to develop and promote an outcome-oriented research and evaluation agenda for meningitis, targeted at: closing important knowledge gaps; improving implementation of existing interventions, including best prevention practices and rehabilitation, and developing improved vaccines and vaccination strategies for better and more durable prevention and outbreak control, covering all aspects of meningitis control;

(7) to raise the profile of meningitis at the highest levels on the global public health agenda, and to strengthen the coordination and engagement of multiple sectors;

(8) to submit a report to the Executive Board at its 148th session, and to the Seventy-fifth World Health Assembly, through the Executive Board at its 150th session, reviewing the global meningitis situation and evaluating efforts made in meningitis prevention and control.

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

Decision:	Meningitis prevention and control
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:	<p>Output 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages</p> <p>Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p> <p>Output 1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems</p> <p>Output 3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multisectoral action</p> <p>Output 2.2.2. Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale</p> <p>Output 4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform</p>
2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	It should be noted that the costing does not include the cost of implementing or operationalizing the decision (that is, beyond the development of a draft global strategy to defeat meningitis by 2030). This will be developed for subsequent submission to the governing bodies.
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:	Not applicable.
4. Estimated time frame (in years or months) to implement the decision:	Five months.
B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 1.6 million, in order to submit a draft global strategy to defeat meningitis by 2030 for consideration by the Seventy-third World Health Assembly.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 1.6 million.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:	Not applicable.
3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:	Not applicable.

<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>Not applicable.</p>
<p>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</p> <p>– Resources available to fund the decision in the current biennium:</p> <p>US\$ 1.6 million.</p> <p>– Remaining financing gap in the current biennium:</p> <p>Not applicable.</p> <p>– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</p> <p>Not applicable.</p>

GPW 13: Thirteenth General Programme of Work, 2019–2023.

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		
2020–2021 resources already planned	Staff	0.10	0.10	0.10	0.10	0.10	0.10	0.50	1.10
	Activities	0.10	0.05	0.05	0.05	0.10	0.05	0.10	0.50
	Total	0.20	0.15	0.15	0.15	0.20	0.15	0.60	1.60
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned (till 2030)	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The CHAIR drew attention to a second draft decision on strengthening global immunization efforts to leave no one behind proposed by Argentina, Australia, Canada, Colombia, Eswatini, Ethiopia, Kenya, Mozambique, United Kingdom of Great Britain and Northern Ireland, United States of America and the Member States of the European Union, which read:

The Executive Board,
 (EB) having considered the progress report on the Global Vaccine Action Plan (GVAP);¹
 (PP1) Recognizing the contributions of the Global Vaccine Action Plan 2011–2020 (GVAP) towards efforts to achieve a world in which all individuals and communities enjoy lives free from vaccine-preventable diseases;
 (PP2) Noting with concern that many of the GVAP targets will not be met by the end of 2020 and underscoring the need and urgency to develop a new global vision and strategy for

¹ Document EB146/8.

vaccines and immunization to accelerate progress and to ensure a smooth transition from GVAP, building on its success and lessons-learned, decided:

(OP1) to request the Director-General:

- (a) to finalize, in consultation with Member States and relevant stakeholders, a draft immunization vision and strategy (“Immunization Agenda 2030”) for consideration by the Seventy-third World Health Assembly, in order to maintain the momentum and sustain gains in vaccines and immunization;
- (b) to take note of ongoing discussions on the draft resolution, contained in the Annex to this decision; and

(OP2) to encourage Member States to finalize this work, in order for the draft resolution to be duly considered by the Seventy-third World Health Assembly.

ANNEX

DRAFT RESOLUTION PROPOSED BY ESWATINI, ETHIOPIA AND UNITED STATES OF AMERICA

STRENGTHENING GLOBAL IMMUNIZATION EFFORTS TO LEAVE NO ONE BEHIND

The Seventy-third World Health Assembly,

Having considered the progress report on the Global Vaccine Action Plan (GVAP),¹

(PP1) Recalling resolutions WHA65.17 (2012) and WHA68.6 (2015) on the Global Vaccine Action Plan (GVAP) 2011-2020; resolution WHA67.23 (2015) on health intervention and technology assessment and WHA70.14 (2017) on strengthening immunization; and the global vision to “defeat meningitis by 2030” (2017);

(PP2) Recognizing the important contribution of vaccines and immunization to achieve the Sustainable Development Goals (SDGs) and that immunization directly or indirectly contributes to 14 of the 17 SDGs;

(PP3) Recalling the Political Declaration of the High-level Meeting on Universal Health Coverage “Universal health coverage: moving together to build a healthier world,” and its commitment to improve routine immunization and vaccination capacities as a fundamental contribution to universal health coverage;

(PP4) Recalling the Global Vaccination Summit jointly organized by the European Commission and the WHO (2019), which identified 10 Actions Towards Vaccination for All, and set out priority areas for future collaboration;

(PP5) Appreciating the contribution of the GVAP to galvanize global immunization efforts allowing individuals to live free from vaccine-preventable diseases;

(PP6) Noting with concern that despite the progress made during the past decade, 8 of the 9 GVAP goals will not be achieved by 2020, which underscores the need and urgency to set a new global vision and strategy for vaccines and immunization for the next decade, to accelerate progress and to ensure a smooth transition from GVAP, reflecting lessons learned;

(PP7) Recognizing that the introduction of new vaccines has contributed to reducing morbidity and/or mortality from vaccine-preventable diseases, significant barriers to timely and equitable access to vaccines remain, with significant variations of vaccine coverage and equity both between countries

¹ Document EB146/8.

and within countries, including at the subnational level, and the unacceptably slow pace of progress toward increasing equitable access to life-saving vaccines, ending cholera, and the elimination of measles, rubella, and maternal and neonatal tetanus;

(PP8) Recognizing also the increase in vaccine-preventable disease outbreaks occurring globally, which are stark reminders of backsliding in progress to reduce vaccine preventable disease burden and impact;

(PP9) Recognizing the role that misinformation and uncertainty play in reducing public trust and confidence in vaccines, despite their proven safety and effectiveness in promoting individual, family and community health;

(PP10) Noting with particular concern that, although Member States in all six WHO regions have measles elimination goals, and that four regions have rubella elimination goals, measles is undergoing an alarming resurgence with significant outbreaks in all six regions, making additional efforts urgently needed to reach measles and rubella elimination, through the primary strategy of strengthening routine immunization but also considering control measures based on the local/regional epidemiology;

(PP11) Recognizing the significant progress achieved towards polio eradication but also noting continuing concerns with the persistence of wild-type polio, the rising number of vaccine-derived polio outbreaks, and reiterating the need for strong cross-border cooperation and implementation of necessary requirements concerning vaccination for travellers in accordance with the International Health Regulations (2005), and the need to integrate core polio functions, human resources, and infrastructure into national immunization programmes and health systems as polio eradication goals are met;

(PP12) Recognizing that community engagement and integrated, people-centred essential immunization programmes, as a part of a strong health system, are the cornerstones of primary health care and core to achieving immunization goals and targets;

(PP13) Recognizing the need for increased investment in research and development (R&D) and innovation, including to improve timely and expanded access to vaccines of assured quality and diversification of manufacturing sources, including for vaccines such as against malaria that affect specific areas or communities of the world, and new forms of delivery and service approaches to enhance coverage, equity and efficiency of immunization programmes while meeting the global demand;

(PP14) Welcoming efforts to promote national and global forecasting, planning and procurement capacities, including through pooled procurement, and recognizing the importance of more accurate vaccine demand and supply forecasting, regular monitoring of vaccine stock levels, measures to assure and maintain supply security, and timely decisions on procurement to address recurrent vaccine shortages and stockouts in the short term.

1. WELCOMES the new global vision and strategy for vaccines and immunization “Immunization Agenda 2030” (IA2030), recognizing the critical role of vaccines and immunization as a part of PHC, to achieve UHC and SDGs, and notes that IA2030 provides the policy and technical framework for vaccines and immunization at the global, regional, and country level, and looks forward to the operational elements of IA2030, including its Monitoring and Evaluation Framework, governance mechanism, and operational plans at the regional level;

2. CALLS FOR enhanced cooperation at the global, regional and country level to strengthen the capacities of countries to integrate their immunization programmes into PHC and to achieve and sustain the goals of the IA2030 including efforts to expand equitable access to quality, safe, effective and affordable vaccines and to increase community demand and acceptance for vaccines, and to combat misinformation and promote vaccine confidence;

3. URGES Member States:¹

- (1) to demonstrate stronger leadership and governance of national immunization programmes as a component of strong health systems and towards achieving universal health coverage;
- (2) to identify the root causes of low coverage and address inequities, and pockets of

¹ And, where applicable, regional economic integration organizations.

susceptible individuals by strengthening routine immunization programmes, vaccine preventable disease surveillance, data systems, and capacity to prepare for, swiftly detect, and respond to outbreaks, while building on the linkages between strong routine immunization programmes and outbreak preparedness and response capacities to decrease the risk of disease outbreaks and strengthen routine immunization recovery post-outbreak as a part of PHC;

(3) to invest in national and international public awareness efforts to communicate accurate information on the safety, effectiveness, and public health benefits of vaccines, to work with media, including social media, individuals, parents, families and communities to combat misinformation regarding vaccines and vaccine preventable diseases, and by training health workers as part of a comprehensive communications strategy regarding community questions or concerns and engaging individuals, parents, families, communities to build and sustain trust in life-saving vaccines;

(4) to improve community immunization rates thereby protecting vulnerable populations such as children and immunocompromised individuals at high risk for communicable diseases;

(5) to sustain and redouble efforts to achieve or maintain national measles and rubella elimination targets with the aim of supporting regional elimination goals through strengthening routine immunization systems and a range of tailored supplementary immunization activities that will reach the unreached and that also help to strengthen the overall routine immunization system;

(6) to strengthen comprehensive vaccine-preventable disease surveillance, including case-based surveillance and laboratory confirmation capacities, by prioritizing disease detection and notification systems, data analysis and reporting systems to strengthen immunization policies and programs;

(7) to collect, monitor and use timely and accurate data on immunization coverage and outbreaks to guide strategic and programmatic decisions that protect at-risk populations and reduce disease burden;

(8) to mobilize adequate financing of immunization programmes, including allocation of adequate financial and human resources where appropriate and to sustain the immunization gains achieved, including through technical partners and funding agencies, such as the Global Polio Eradication Initiative, Gavi, the Vaccine Alliance, WHO and UNICEF, the World Bank, academia, nongovernmental partners, and in the Americas through the PAHO Revolving Fund, as appropriate;

(9) to strengthen national processes and advisory bodies for independent, evidence-based, transparent advice and decision-making both during and outside times of national, regional or global outbreaks, including on vaccine safety and effectiveness, such as health interventions and technology assessments and/or National Immunization Technical Advisory Groups working in collaboration with national regulatory authorities;

(10) to expand, where appropriate, immunization services beyond infancy to include the whole life course guided by evidence on the burden of disease, the value of vaccines, vaccines' impact on reducing morbidity and mortality throughout the life course, and system capacities, using the most appropriate and effective means of reaching all age groups and high-risk populations with immunization and integrated health services with special emphasis on "zero-dose" children in order to reduce the burden of disease as much as possible with available resources;

(11) to promote incentives and to create an enabling environment to increase investment in public and private R&D collaborations aimed at diversifying and strengthening the pipeline, improving and increasing vaccine production capacity, and developing new products, services and practices, including for emerging infectious diseases;

(12) to continue to strengthen international cooperation and vaccine supply including by enhancing and expanding sustainable national and regional manufacturing capacity for affordable vaccines and technologies;

4. INVITES global, regional, and national partners, and other relevant stakeholders:

(1) to continue to support Member States to achieve regional and global vaccination goals and in the development and implementation of national immunization plans, including through

- contributions to Gavi, the Vaccine Alliance, and other health and development partners;
- (2) to increase efforts for multistakeholder and cross-sector coordination toward improved vaccine and immunization programme impact aiming to avoid duplication and gaps, while leveraging resources more effectively;
 - (3) to increase efforts and enhance multistakeholder collaboration to develop and apply tools to strengthen immunization including through coordinated, responsible, sustainable and innovative approaches to research and development, including but not limited to quality, safe, effective and affordable vaccines, and to accelerate innovation to address key programmatic challenges on immunization delivery and services to optimize impact, recognizing the important contribution of the Coalition for Epidemic Preparedness Innovations (CEPI) in this regard;
 - (4) to consider immunization priorities in funding and programmatic decisions, including innovative ways to mainstream immunization-relevant activities into existing international development financing;
 - (5) to ensure robust response plans are in place to tackle misinformation and build community trust as well as to support social media platforms and actors in addressing incorrect information about vaccination risks that may increase vaccination hesitancy;

5. REQUESTS the Director-General:

- (1) to support countries to achieve the goals and strategic priorities outlined in the Immunization Agenda 2030, taking stock of lessons learned from GVAP;
- (2) to advocate in national, regional and international fora for the need to implement the Immunization Agenda 2030 at regional and country levels, to achieve its goals to accelerate progress on and impact of the global immunization programme;
- (3) to support Member States in their efforts to rebuild and sustain trust and confidence in vaccines and immunization services through national communication and education strategies, campaigns to combat misinformation about vaccines, training health workers on communication, providing high quality integrated services, enhancing education on vaccines and vaccine-preventable diseases to individuals, parents, families, communities, and community influencers to galvanize the public and build trust regarding the value of vaccines including vaccine safety;
- (4) to promote and technically support improved surveillance and disease detection notification systems and fully implement accountability mechanisms to monitor global and regional vaccine action plans;
- (5) to support Member States to sustain and redouble efforts to achieve national targets on measles and rubella elimination and to work to ensure that global and regional strategies on these diseases are updated to enable the most effective response at country level while strengthening routine immunization systems and educating individuals, parents, families and communities on disease detection, notification and reporting;
- (6) to strengthen collaboration with all key health and development partners, including civil society organizations and the private sector to enhance how their work complements national essential immunization and emergency preparedness, detection and response efforts;
- (7) to support Member States, where appropriate, in strengthening and promoting innovation through the research and development of vaccines against new and re-emerging pathogens, facilitating linkages with other key R&D stakeholders, as well as continuing to provide technical assistance including for outbreak response, and to address key programmatic challenges, and to continue to promote and facilitate the development of new vaccines delivery and service formats that will make vaccines safer and more accessible;
- (8) to continue working with R&D stakeholders to support, especially in developing countries, supply chain innovations and vaccine-administration technologies, to increase the efficiency of vaccine delivery, as appropriate;
- (9) to continue to strengthen the WHO prequalification programme and to provide technical assistance to developing countries, working closely with national regulatory authorities, in capacity building for R&D, expanding capacity to produce quality-assured vaccines, and other upstream to downstream vaccine and diagnostic development and manufacturing strategies that

foster competition for a healthy, secure vaccine market;

(10) to cooperate with international organizations, in accordance with their respective mandates, health and development partners, vaccine manufacturers and national governments to overcome barriers to timely and equitable access to affordable vaccines of assured quality for all, and to implement effective preventive measures for the protection of health workers including in public health emergencies and in the context of humanitarian crises;

(11) to report to the Seventy-fourth World Health Assembly, through the Executive Board, on implementation of the IA2030, including the development of regional operational plans, an IA2030 governance mechanism and the M&E framework;

(12) to continue to monitor progress annually and to report, through the Executive Board, as a substantive agenda item to the Seventy-fifth World Health Assembly on the achievements made towards the global goals of the Immunization Agenda 2030.

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

Decision:	Strengthening global immunization efforts to leave no one behind
A.	Link to the approved Programme budget 2020–2021
1.	Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted: Output 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results Output 1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems Output 4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform
2.	Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021: It should be noted that the costing does not include the cost of implementing or operationalizing the decision (that is, beyond the development of a draft immunization vision and strategy (“Immunization Agenda 2030”). This will be developed for subsequent submission to the governing bodies.
3.	Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021: Not applicable.
4.	Estimated time frame (in years or months) to implement the decision: Five months.
B.	Resource implications for the Secretariat for implementation of the decision
1.	Total resource requirements to implement the decision, in US\$ millions: US\$ 1.4 million, in order to finalize a draft immunization vision and strategy (“Immunization Agenda 2030”) for consideration by the Seventy-third World Health Assembly.
2.a.	Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions: US \$ 1.4 million.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:
Not applicable.
3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:
The total resource requirements to implement the new vision and strategy will have to be developed once the governance and operational aspects are developed for subsequent submission to the governing bodies.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:
As above (B.3).
5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions
– Resources available to fund the decision in the current biennium:
US \$ 1.4 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.

GPW 13: Thirteenth General Programme of Work, 2019–2023.

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		
2020–2021 resources already planned	Staff	0.20	0.00	0.00	0.00	0.10	0.00	0.70	1.00
	Activities	0.05	0.05	0.05	0.05	0.05	0.05	0.10	0.40
	Total	0.25	0.05	0.05	0.05	0.15	0.05	0.80	1.40
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned (till 2030)	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The representative of BENIN, speaking on behalf of the Member States of the African Region, said that progress towards achieving the goals set out in the global vaccine action plan had stagnated and many goals would not be met. Recalling the roadmap for implementing the Addis Declaration on Immunization, he said that the Regional Committee for Africa had identified several factors for its poor implementation, including competing priorities, lack of human and financial resources, low community participation and insecurity. He noted with satisfaction the proposals of the Strategic Advisory Group of Experts on immunization regarding a post-2020 immunization strategy, which should address how to

deliver vaccinations in situations of conflict, instability and insecurity; the unavailability of certain antigens and the growing cost of new vaccines; growing misinformation about the effectiveness of vaccines; and a lack of national funding. He expressed concern regarding outbreaks of circulating vaccine-derived poliovirus type 2 in some countries in his Region. The Director-General should develop a comprehensive strategic plan to defeat meningitis by 2030. He supported the two draft decisions.

The representative of AUSTRALIA acknowledged the lessons learned from the global vaccine action plan and supported the recommendations of the Strategic Advisory Group of Experts on immunization concerning a post-2020 immunization strategy, which must place countries at the centre and should be adaptable in specific contexts. The Secretariat should be cautious when setting a target date for measles and rubella eradication. Member States should reaffirm their commitment to a post-2020 immunization agenda that recognized the need for the improved delivery of primary health care and universal health coverage and engagement with key partners, such as Gavi, the Vaccine Alliance.

The representative of CHINA said that the implementation of the global vaccine action plan had faced challenges and provided opportunities, and if the goals outlined in the action plan were to be achieved, all targets should be regularly reviewed in light of arising challenges. The Secretariat must examine the local vaccine manufacturing capacity and social development levels of Member States that were likely to fall short of the objectives, and then the international community should provide support as appropriate. The deadline for measles and rubella elimination may have to be postponed.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, noted that, despite some progress in the implementation of the global vaccine action plan, there had been some gaps, with particular regard to the immunization of newborn children. As the Region was the only one in which poliomyelitis had not been eradicated, governments of its Member States requested additional support from the Secretariat in that regard over the following decade. Governments and other partners had to work with WHO if the global eradication of preventable diseases such as measles and rubella was to be achieved. Ensuring the rights of children in low- and middle-income countries was the responsibility of all, including international partners, and the latest advances in vaccines should be made available to those that needed them.

In his national capacity, he said that any post-2020 strategy must take into consideration the needs of vulnerable populations and the ability to deliver immunizations in areas of conflict or political unrest, and should be based on the lessons learned from the global vaccine action plan. Despite its achievements, the plan had been insufficient to address the complex challenges of vaccine hesitancy, income levels and displacement. WHO should develop a global vision for defeating meningitis by 2030. He reiterated the need for vaccine access at fair prices and recalled the efforts of international partners in that regard.

The representative of SINGAPORE said that vaccine hesitancy could hinder the use of effective vaccines and derail immunization strategies. Strategies were required to combat mistrust, misinformation on social media, and cultural myths or political fears. Member States should involve parents, community leaders and religious groups in the development of any vaccine.

The representative of the UNITED REPUBLIC OF TANZANIA expressed concern regarding the challenges still facing the implementation of the global vaccine action plan, particularly in light of the planned reduction of funding for some programmes by Gavi, the Vaccine Alliance. Targets for the eradication of measles and rubella should be established across all regions, and relevant support should be provided to Member States towards their attainment. Any post-2020 immunization strategy should provide mechanisms to improve vaccine access, thereby combating global vaccine shortages.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic

of Moldova, Armenia and Georgia aligned themselves with her statement. She expressed concern that immunization progress had plateaued in recent years. In light of the global resurgence of measles, she urged the Secretariat and regional offices to improve surveillance of vaccine-preventable diseases and data on immunization coverage, and to reduce vaccine hesitancy.

She welcomed the work of the Secretariat to develop the immunization agenda 2030, which would lead to a country-focused and country-led post-2020 immunization strategy incorporating the work of diverse stakeholders, and she encouraged WHO headquarters and regional offices to ensure that the global and regional strategies were in place prior to the end date of the global vaccine action plan at the end of 2020. Immunization must be fully integrated into primary health care systems and other settings across the life course.

It was important to ensure support for vaccine research and innovation. Moreover, she urged the vaccine industry to ensure sustained access to affordable vaccines for all. All relevant stakeholders should collaborate with WHO as the lead technical body for immunization, seeking to coordinate efforts, reduce duplication and identify gaps. She encouraged Member States to support the upcoming replenishment conference for Gavi, the Vaccine Alliance, to ensure that resources were available to expand immunization access to systemically under-vaccinated populations. She encouraged Member States to implement the “ten actions towards vaccination for all”¹ from the Global Vaccination Summit co-hosted by WHO and the European Commission in 2019.

The representative of ISRAEL said that, given the high rate of international travel, vaccines were a key component of measles eradication. Member States should ensure the collection of national and subnational data on vaccine coverage and the surveillance of vaccine-preventable diseases. His Government would be willing to share details of the technologies it used to map vaccine-preventable diseases in real time. Alongside universal immunization for children, the immunization of measles for foreign travellers and migrants should be a cornerstone of the Secretariat’s global strategy to eradicate measles. He called for international cooperation to implement education programmes across all types of media in order to combat vaccine hesitancy.

The representative of GUYANA recognized the contribution of PAHO’s Revolving Fund to improve vaccine coverage in the Region of the Americas. The post-2020 immunization strategy must guarantee universal access to vaccines, respond to anti-vaccine campaigns and ensure that immunization remained a high political priority. Particular focus should be given to the vaccine needs of migrants or people in post-disaster situations.

The representative of INDONESIA said that the challenges facing immunization programmes were related to vaccine hesitancy based on sociocultural norms, a lack of stakeholder support and public communication strategies and geographical obstacles. He called on the Secretariat and other partners to provide guidelines to address those and other challenges, with a particular focus on ensuring access to affordable vaccines.

The representative of JAPAN said that the immunization agenda 2030 should be launched without delay to further accelerate the progress resulting from the global vaccine action plan. That agenda should have greater emphasis on cooperation with relevant partners, in particular, Gavi, the Vaccine Alliance and the Coalition for Epidemic Preparedness Innovations. He therefore supported the draft decision on strengthening global immunization efforts. The Secretariat should support Member States in speeding up the control of vaccine-preventable diseases, in particular the measles epidemic in the Western Pacific Region.

The representative of ROMANIA emphasized the fundamental role of WHO in mobilizing and coordinating global immunization efforts, which included creating new partnerships. The cross-border

¹ https://ec.europa.eu/health/sites/health/files/vaccination/docs/10actions_en.pdf.

nature of vaccine-preventable diseases could only be tackled through better coordinated actions and approaches. Vaccines and immunization services should be more accessible, in particular to the most vulnerable population groups. Furthermore, action must be taken to address vaccine hesitancy and misinformation. A legislative framework was also required to ensure the implementation of immunization programmes for core vaccines. Finally, the inclusion of meningitis in national immunization programmes would require a coordinated and multidisciplinary approach, prioritizing access to affordable vaccines and partnerships with manufacturers.

The representative of CHILE said that national immunization programmes should be strengthened, with particular regard to keeping immunization records to ensure immunization coverage could be accurately assessed. His Government would be willing to share its experience in that regard. The goal to defeat meningitis by 2030 was very ambitious, and it would require multidisciplinary efforts that combined immunization, strengthened epidemiological surveillance, improved laboratory diagnostic capacity and a resilient health care system. More focus should be given to the early detection and treatment of meningitis.

The representative of ARGENTINA shared the concerns expressed by others regarding the slow progress towards timely and equitable access to vaccines and the eradication of certain vaccine-preventable diseases. The lessons learned from the global vaccine action plan should serve as a basis for a post-2020 strategy, which should address the challenges of globalization, migration and conflict, vaccine supply and misinformation. She emphasized the need for new strategies to eradicate measles and rubella, and she supported the development of a global goal to defeat meningitis by 2030, which should be a priority.

The representative of TUNISIA said that recent measles outbreaks highlighted the need for definitive efforts to eliminate measles and rubella. Steps should also be taken to improve access to affordable vaccines at the global level. Member States should collaborate with WHO to manufacture prequalified vaccines, which would improve affordable access to those vaccines.

The representative of the UNITED STATES OF AMERICA said that, although efforts to introduce new vaccines had been successful, the lack of progress in certain initiatives and the fact that efforts to increase global immunization coverage had plateaued were concerning. The global increase in the number of outbreaks of vaccine-preventable diseases highlighted the need to redouble efforts to target unvaccinated and under-vaccinated populations and to build on the linkages between strong immunization programmes and outbreak preparedness and response capacities. Her Government would continue to work with partners to strengthen immunization programmes, support access to high-quality vaccines and promote the use of vaccines to prevent and eliminate vaccine-preventable diseases. The protection of populations from such diseases would be contingent on the reinforcement and maintenance of public trust in vaccines.

The representative of BRAZIL said that serious challenges to the implementation of the global vaccine action plan, including vaccine hesitancy, shortages and misinformation, should be countered through interventions aiming at improving immunization coverage, such as the development of new vaccines, the promotion of local vaccine production and the diversification of vaccine producers. He noted the Secretariat's efforts to develop the immunization agenda 2030 in line with the Sustainable Development Goals and reiterated the need for bold and clear targets to eradicate certain diseases.

The representative of BANGLADESH, expressing concern that the Global vaccine action plan goals for 2020 were unlikely to be met, said that the post-2020 immunization strategy should provide sufficient guidance to Member States to ensure that its goals could be achieved as soon as possible. He described the situation in his country, paying particular attention to his Government's efforts to integrate immunization into primary health care and to roll out WHO-supported vaccination campaigns among

forcibly displaced Myanmar nationals in his country. In light of the novel coronavirus outbreak, the time had come to develop a universal coronavirus vaccine.

The representative of TURKEY¹ called for the urgent scaling up of efforts to implement the global vaccine action plan, which had achieved limited success in some parts of the world. She asked the Secretariat to prepare a detailed report analysing the root causes of those limitations in order to guide the development of the post-2020 immunization strategy, which should contain ambitious but achievable targets. The elimination and eradication of diseases was WHO's most concrete achievement; the Organization should now add measles, rubella and meningitis eradication to the global health agenda.

The representative of THAILAND,¹ while acknowledging the important role played by vaccines, expressed serious concern at the focus on the eradication of certain diseases that were currently at manageable levels of incidence. Eradication initiatives required the long-term allocation of resources with diminishing returns and at the expense of other pressing health problems. As several global targets in the global vaccine action plan would not be achieved by the end of the current mandate, the addition of yet more targets could undermine confidence in WHO. He requested further time to discuss the draft decision on meningitis. Finally, he suggested that the post-2020 immunization strategy should examine the social dimension of immunization in addition to the medical dimension.

The representative of NIGERIA¹ supported the proposals of the Strategic Advisory Group of Experts on immunization concerning the development of a post-2020 immunization strategy and the pursuit of measles, rubella and meningitis elimination, and noted the challenges that had been identified.

The representative of INDIA¹ described steps taken by his Government to protect the population against vaccine-preventable diseases. The post-2020 immunization strategy should envisage measures to ensure the accessibility and affordability of vaccines.

Dr Sillanaukee took the Chair.

The representative of NORWAY¹ said that it would be important to learn from and build on the lessons learned from the implementation of the global vaccine action plan, such as the need to ensure the sufficient capacity of local immunization systems. She supported the proposed vision and strategic framework for the post-2020 immunization efforts on the basis of universal health coverage and primary health care for all. However, she proposed postponing the decision to set a time-bound measles and rubella eradication goal until access to equitable primary health care, including strong immunization systems, was more widespread. The defeat of meningitis should not be considered in isolation but rather in the context of universal health coverage.

The representative of the RUSSIAN FEDERATION¹ supported the measures outlined by the Strategic Advisory Group of Experts on immunization regarding the post-2020 immunization strategy. The eradication of measles and rubella was timely and would be achievable in the coming decade and he supported the principles upon which regional and national eradication programmes would be based. Meningitis control efforts should be stepped up, and he supported the strategies proposed in the draft global road map to defeat meningitis by 2030, in particular the focus on expanding access to vaccines.

The representative of MEXICO¹ said that national and international media outlets should counteract misinformation on the safety and efficacy of vaccines. Experiences and lessons learned should be shared at the regional and subregional levels, including through working groups. Turning to poliomyelitis, measles and rubella eradication, which were achievable, she called on governments to set national coverage targets and launch surveillance programmes, through which developed Member States

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

in each region or subregion could support others with laboratory capacity and training. Meningococcus vaccines should be identified and a mechanism should be developed to support regions affected by the disease. Regional working groups should contribute to the efforts to defeat meningitis by 2030.

Dr Nakatani resumed the Chair.

The representative of NICARAGUA¹ expressed his Government's continued commitment to high immunization coverage levels and efforts to eliminate measles, rubella and congenital rubella syndrome, highlighting measures to improve surveillance and immunization in his country. He urged WHO to work towards measles and rubella eradication to achieve a safer world with greater equity in health coverage.

The representative of MONACO¹ expressed concern at recent outbreaks of vaccine-preventable diseases such as measles and poliomyelitis. She noted the draft decision on strengthening global immunization efforts and confirmed that her Government would participate in the planned intersessional work.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ said that immunization remained a key component of cross-border efforts to prevent new and resurgent infectious diseases. To that end, her Government was working to regain its measles-free certification status and would host a replenishment conference in support of Gavi, the Vaccine Alliance, in June 2020, to ensure that Gavi would be able to expand equitable immunization coverage. She supported the draft decisions on strengthening global immunization efforts and meningitis.

The representative of SLOVAKIA¹ described recent amendments to legislation on mandatory childhood immunizations in her country. She called for strengthened international cooperation to combat vaccine-preventable diseases, in particular to coordinate immunization schemes, share information and provide a rapid response to threats.

The representative of the REPUBLIC OF KOREA¹ supported the proposals for the post-2020 immunization strategy. He urged WHO and relevant stakeholders to redouble their efforts to achieve immunization goals in the light of emerging and resurgent vaccine-preventable diseases. Given the increase in international travel, governments could not defeat diseases alone, and close cooperation among all countries would be needed to achieve strong immunization systems.

The representative of FRANCE¹ said that the governments of Brazil, Cabo Verde, Luxembourg, Madagascar, Monaco, Portugal, Switzerland and Tunisia aligned themselves with his statement. He welcomed the two draft decisions, expressing particular support for the draft decision on meningitis. He was grateful that the Government of Burkina Faso had systematically provided English and French versions of their texts during informal discussions, in line with the United Nations principle of multilingualism and ensuring that discussions were inclusive. The recent decline of multilingualism in the multilateral system had often been ascribed to budgetary constraints; however, multilingualism should not be seen as a cost but as a guarantee of effectiveness, transparency and access to information.

The representative of ECUADOR¹ welcomed the proposal to develop a post-2020 immunization strategy, which should: strengthen national immunization programmes and responses to emerging and global challenges; promote capacity-building at the country level; increase flexibility within governance structures by improving cooperation among stakeholders; and incorporate data into decision-making and strategy development. The implementation of measles and rubella elimination and prevention initiatives would contribute to global health security and equitable health coverage. It would be essential to ensure the sustainability of meningitis vaccines, taking into account the epidemiological profile and

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

serotype identified in each country. Governments should assess the affordability and availability of such vaccines when deciding whether to include them on national immunization schedules.

The representative of CANADA¹ said that all stakeholders shared the responsibility for the eradication, elimination and control of vaccine-preventable diseases. She supported the call to work with partners, including social media organizations, to combat misinformation and promote the safety, effectiveness and public health benefits of vaccines. Since there was no one-size-fits-all solution, the root causes of low vaccination coverage needed to be identified and inequities addressed, especially gender-related barriers to vaccination. A well-trained health workforce was viewed as a trusted source of information and therefore had a direct impact on public confidence.

The representative of COLOMBIA¹ expressed concern that progress in implementing the global vaccine action plan had been uneven and global targets had not been met. The post-2020 immunization strategy should have an effective impact on national immunization programmes and measures. It would be vital to have sufficient health care workers to deliver immunization programmes in the context of humanitarian emergencies, migration and conflicts, and the shortages, high costs and growing scepticism of vaccines. She welcomed the Secretariat's recommendations on the feasibility of eradicating measles and rubella and reaffirmed her Government's commitment to maintaining its measles, rubella and congenital rubella syndrome elimination certification status, which had been granted in 2019. Her Government was committed to eliminating meningitis by 2030.

The representative of NEW ZEALAND¹ said that in light of recent measles outbreaks, her Government was expanding access to the relevant vaccines. Disease outbreaks were a stark reminder that strong immunization programmes and effective disease surveillance were needed to sustain high levels of coverage and eliminate and eradicate diseases. She welcomed the ambitious new global vision and strategy for immunization.

The observer of PALESTINE commended the ongoing work to ensure that quality vaccines were affordable for all. Despite the conflict, the occupied Palestinian territory had one of the best vaccinated populations in the Eastern Mediterranean Region. However, in 2019, affordable vaccines being imported from India had been subject to a blockade. Negotiations would be reopened in April 2020 to ensure the continued entry of such vaccines into the occupied Palestinian territory, and he expressed the hope that true cooperation would bring an end to interruptions in vaccine supply.

The observer of GAVI, THE VACCINE ALLIANCE, welcomed the development of the post-2020 immunization strategy, which should have a special emphasis on unvaccinated children. She called upon Member States to endorse that strategy, ensuring that its implementation was data-driven and differentiated at the national and subnational levels, and addressed gender-related barriers to immunization.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES called on the Board to endorse the immunization agenda 2030 and prioritize the universal access to immunization. The post-2020 strategy should be data-driven and provide subnational, context-driven approaches that took into account socioeconomic and cultural factors and gender-related barriers to immunization services. She supported targeted efforts to reach children living in fragile contexts, children affected by humanitarian emergencies, and unvaccinated populations. Extending immunization was a most cost-effective contribution to universal health coverage and improved global health security.

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

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, noted that despite some progress, access to vaccines was still far from optimal. She urged WHO to promote and expand the role of pharmacists in vaccine administration, which would ultimately lead to a reduction in health costs for patients and authorities alike. She called on Member States to update their legal and regulatory requirements and develop appropriate remuneration systems.

The representative of INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that he would forward his statement to the Secretariat for placement on the appropriate website.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, called on Member States to do more to protect health workers and ensure health access for all, with particular regard to immunization activities. She expressed disappointment that immunization coverage had plateaued, leaving the most vulnerable children vulnerable to vaccine-preventable diseases. The post-2020 immunization strategy should have an increased focus on country leadership, domestic resource mobilization, and the procurement of affordable vaccines. She urged Member States to support the replenishment conference for Gavi, the Vaccine Alliance, in June 2020.

The representative of PATH, speaking at the invitation of the CHAIR, called for a focus on immunization as a key component of primary health care across the life course and an increase in domestic funding levels for immunization as part of efforts to achieve universal health coverage. The Secretariat should provide support to Member States for considering immunization in their strategic planning. Continued investment in vaccine research and development was crucial, but donors should also invest in the development of delivery technologies and novel approaches to service delivery in order to implement the post-2020 immunization strategy.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR, noted that 20 million children went unvaccinated every year, poliomyelitis had not been eradicated, and the resurgence of measles threatened to undo decades of progress. Any post-2020 immunization strategy must prioritize unvaccinated and under-vaccinated populations and ensure access to essential vaccines in conflict settings, among displaced persons and during disease outbreaks. Improved immunization programmes would also help to counter antimicrobial resistance. Member States must invest in research and development for new vaccines and associated development and manufacturing technologies. Global targets should be set for the coverage of certain core vaccines, and national and regional disease surveillance data should inform recommendations on the inclusion of other vaccines in immunization programmes. WHO should improve efforts to address vaccine hesitancy by developing better communication tools.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that he would forward his statement to the Secretariat for placement on the appropriate website.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIR, highlighted the importance of water and sanitation, alongside immunization services, as critical tools to prevent and control disease. The lack of sanitation and the poor management of waste from immunization activities could have a negative impact on the health of communities and health care workers. She called on WHO and its partners to develop dedicated guidance, tools and strategies to facilitate multisectoral collaboration for immunization, taking into account water, sanitation and hygiene needs.

The DIRECTOR (Immunization, Vaccines and Biologicals), responding to comments from Member States, recognized that elements of the global vaccine action plan would not be completed.

Despite WHO's immunization programme having the greatest equity of all of the Organization's global public health programmes, serious inequities persisted, leaving millions of children un- or under-immunized – a matter for concern. She noted that the lessons learned from the global vaccine action plan had been fully documented in document EB146/8.

She thanked Member States for highlighting the new challenges facing immunization programmes: vaccine hesitancy and misinformation; urbanization, migration, and the increase in vulnerable populations; climate change, vaccine shortages and poor access and the threat to immunization workers. She welcomed the fact that Governments recognized the importance of the Expanded Programme on Immunization to achieve and sustain poliomyelitis eradication, and recognized the concerns expressed regarding the establishments of targets for the inclusion of other vaccines in immunization programmes.

The Secretariat would continue to incorporate all contributions into the ongoing development of a vision and strategy for the next decade, which would be available prior to the Seventy-third World Health Assembly. The vision and strategy would be country-led and provide for tailored approaches to immunization, and they would focus on immunization in primary health care, vaccine coverage and equitable access to vaccines, and the need for novel partnerships to supplement existing critical partnerships. The strategy would seek to ensure that decision-making and programme development were data-driven, and in that regard she agreed with the importance attached to the surveillance of vaccine-preventable diseases. She agreed with the importance of innovation of vaccines, devices and delivery strategies.

Finally, she noted that the development of a strategy for the defeat of meningitis was ongoing.

The Board noted the report contained in document EB146/8.

The CHAIR invited the Board to consider the draft decision on meningitis prevention and control.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that meningitis was an important global public health matter. Efforts should focus on enhancing access to vaccines that could prevent bacterial meningitis and promoting research on the problems that were currently without solutions. However, she wished to raise a principle of governance. As the issues relating to meningitis went well beyond those related to immunization, she said that she would have preferred the Board to have discussed meningitis under a separate agenda item, recognizing the existing procedures for determining which items should be included on the Board's agenda.

The representative of BURKINA FASO said that he agreed with the representative of Germany that the issues related to meningitis went beyond vaccination. Once vaccines were available, even at an acceptable price, there was still substantive work that needed to be done before they could be accepted, and the entire population covered. Meningitis was of particular concern in the African Region, but he expressed the belief that it could still be eliminated by 2030. The governance concerns expressed by the representative of Germany should be addressed, but he encouraged the Board to remain focused on the adoption of the draft decision, which was of great importance.

The representative of SUDAN fully supported the draft decision. He said that efforts to develop a meningitis vaccine would require the governments of Member States in the Eastern Mediterranean Region to increase domestic financing and improve their governance of the Expanded Programme on Immunization. WHO, with the support of partners such as Gavi, the Vaccine Alliance, were responsible for promoting the development of vaccines, but governments had to be ready to fund their roll-out. Meningitis should be a part of the Expanded Programme on Immunization in every country, and immunization against meningitis and other vaccine-preventable diseases should be fully integrated into health care systems at the primary health care and community levels.

The representative of TONGA supported the draft decision and the global fight against meningitis.

The CHAIR took it that the Board was able to support the draft decision. He suggested that the concerns expressed by the representative of Germany should be taken into account by the Secretariat, allowing for the discussion of governance and the wider aspects of meningitis control and elimination at a later date.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, agreed with the Chair's proposal.

The decision was adopted.¹

The CHAIR invited the Board to consider the draft decision on strengthening global immunization efforts to leave no one behind.

The decision was adopted.²

The meeting rose at 17:30.

¹ Decision EB146(6).

² Decision EB146(7).

SEVENTH MEETING

Wednesday, 5 February 2020, at 18:05

Chair: Dr H.A.R. AL RAND (United Arab Emirates)

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

1. ACCELERATING THE ELIMINATION OF CERVICAL CANCER AS A GLOBAL PUBLIC HEALTH PROBLEM: Item 9 of the agenda (document EB146/9)

The CHAIR drew attention to a draft resolution on accelerating the elimination of cervical cancer as a public health problem proposed by Australia, Bhutan, Brazil, Canada, Colombia, Costa Rica, Ecuador, Eswatini, Israel, Kenya, Malaysia, Monaco, Mozambique, Peru, the Republic of Moldova, Rwanda, South Africa, the United Kingdom of Great Britain and Northern Ireland, Uruguay, Zambia and the Member States of the European Union, which read:

The Executive Board,

Having considered the report on accelerating the elimination of cervical cancer as a global public health problem,¹

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

The Seventy-third World Health Assembly,

(PP1) Having considered the report on accelerating the elimination of cervical cancer as a global public health problem;

(PP2) Reaffirming resolution WHA66.10 (2013) which endorsed the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020, and decision WHA72(11) (2019) in which the Health Assembly requested the Director-General to propose updates to the appendices of the global action plan, resolution WHA70.12 (2017) on cancer prevention and control in the context of an integrated approach, resolution WHA69.2 (2016) on committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health, and resolution WHA69.22 (2016) in which the Health Assembly adopted the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021;

(PP3) Recalling the political declaration of the high-level meeting on universal health coverage entitled "Universal health coverage: moving together to build a healthier world"² (2019), including the commitment to further strengthen efforts to address noncommunicable diseases as part of universal health coverage, and the recognition that people's engagement, particularly of women and girls, families and communities, and the inclusion of all relevant

¹ Document EB146/9.

² United Nations General Assembly resolution 74/2.

stakeholders is one of the core components of health system governance, to fully empower all people in improving and protecting their own health;

(PP4) Recalling also the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (2018),¹ including the commitment to promote access to affordable diagnostics, screening, treatment and care, as well as vaccines that lower the risk of cancer, including cervical cancer, as part of the comprehensive approach to its prevention and control;

(PP5) Recalling further decision EB144(2) (2019) in which the Executive Board noted that urgent action is needed to scale up implementation of proven cost-effective measures towards achieving the elimination of cervical cancer as a global public health problem, including vaccination against human papillomavirus, screening and treatment of pre-cancer, early detection and prompt treatment of early invasive cancers, and palliative care, which will require political commitment and greater international cooperation and support for equitable access, including strategies for resource mobilization;

(PP6) Emphasizing that effective interventions for the prevention (including vaccination and screening) early detection, diagnosis, treatment and care of cervical cancer support the realization of the indivisible goals and targets of the 2030 Agenda for Sustainable Development, especially Goal 1 (End poverty in all its forms everywhere), Goal 3 (Ensure healthy lives and promote well-being for all at all ages), Goal 5 (Achieve gender equality and empower all women and girls) and Goal 10 (Reduce inequality within and among countries);

(PP7) Deeply concerned by the significant burden of mortality and morbidity from cervical cancer and the associated suffering and stigma experienced by women, families and communities, particularly in low- and middle-income countries, and concerned by the disproportionate burden in remote and hard-to-reach areas, on marginalized communities or those in vulnerable situations, and on women and girls living with HIV, who are more likely to develop cervical cancer;

(PP8) Recognizing the importance of a holistic health systems approach to cervical cancer prevention and control, with integration between vaccination programmes, screening and treatment programmes, adolescent health services, HIV and sexual and reproductive health services, and communicable disease and noncommunicable disease health services, as well as inclusive and strategic national, regional and global partnerships that extend beyond the health sector;

(PP9) Welcoming the prioritization of vaccination against human papillomavirus in girls as the most effective long-term intervention for reducing the risk of developing cervical cancer, and recognizing the critical importance of strengthening vaccine supply and access, including by improving affordability and reducing prices to facilitate its inclusion into national immunization programmes;

(PP10) Recognizing the urgent need to implement and scale-up cervical cancer screening and treatment programmes to reduce incidence and mortality; and to increase research and collaboration to develop cost-effective and innovative interventions for vaccination, screening, diagnosis, treatment and care in respect of cervical cancer, which could greatly increase the availability, affordability and accessibility of such interventions,

OP1. ADOPTS the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030;

¹ United Nations General Assembly resolution 73/2.

OP2. URGES Member States¹ to implement the interventions recommended in the global strategy to accelerate the elimination of cervical cancer as a public health problem, adapted to national contexts and priorities, and embedded in strong health systems aimed at achieving universal health coverage;

OP3. CALLS UPON relevant international organizations and other relevant stakeholders:

(1) to give priority within their respective roles and activities to supporting implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem, and to coordinate efforts in order to avoid duplication, close gaps and leverage domestic and international resources effectively;

(2) to work collaboratively to avoid shortages and strengthen the supply of quality, safe, effective and affordable vaccines, tests and diagnostics, medicines, radiotherapy and surgery in respect of human papillomavirus in order to meet the growing demand, including by reducing prices and increasing global and local production, and to develop further cost-effective, and innovative interventions for vaccination, screening, diagnosis, treatment and care;

OP4. REQUESTS the Director-General:

(1) to provide support to Member States, upon request, in implementing the global strategy to accelerate the elimination of cervical cancer as a public health problem, including support to: develop integrated national plans and strategies with appropriate country-specific targets; ensure integration of human papillomavirus vaccine into national immunization programmes and engagement with the education sector and community stakeholders, including to address vaccine confidence; improve the availability, affordability, accessibility, utilization and quality of screening, vaccines, diagnostics, medical devices and medicines used in the prevention, treatment and care of pre- and invasive cervical cancer, including radiotherapy, surgery and palliative care; and build health workforce capacity and strengthen systems for monitoring and surveillance;

(2) to prioritize support for high-burden countries to bring evidence-based interventions to scale, mindful of the particular challenges faced by low- and middle-income countries, and cognizant of the burden on vulnerable and marginalized communities, and on women and girls who are living with HIV;

(3) to collaborate closely with relevant international organizations and other partners and strengthen stakeholder engagement, coordination, research, innovation and resource mobilization to support implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and to measure the impact of implementation, and to facilitate exchange of best practices among Member States;

(4) to report on progress in implementation of this resolution in 2022 and 2025 as part of the consolidated report to be submitted to the Health Assembly through the Executive Board under paragraph 3(e) of decision WHA72(11) (2019), and to submit a final report in 2030 with lessons learned, best practices and recommendations for further acceleration towards elimination of cervical cancer as a public health problem.

¹ And, where applicable, regional economic integration organizations.

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

Resolution: Cervical cancer prevention and control: accelerating the elimination of cervical cancer as a global public health problem
A. Link to the approved Programme budget 2020–2021
<p>1. Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:</p> <p>Output 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages</p> <p>Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p> <p>Output 1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems</p> <p>Output 4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform</p>
<p>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:</p> <p>Not applicable.</p>
<p>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</p> <p>Zero.</p>
<p>4. Estimated time frame (in years or months) to implement the resolution:</p> <p>June 2020 to December 2030.</p>
B. Resource implications for the Secretariat for implementation of the resolution
<p>1. Total resource requirements to implement the resolution, in US\$ millions:</p> <p>US\$ 162.1 million.</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>US\$ 19.9 million: US\$ 11.1 million for staff, US\$ 8.8 million for activities.</p>
<p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>Zero.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</p> <p>US\$ 32.5 million: US\$ 15.1 million for staff, US\$ 17.4 million for activities.</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>For future bienniums, until the end of 2030: a total of US\$ 109.7 million (US\$ 48.6 million for staff, US\$ 61.1 million for activities).</p>

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\$ 16.6 million.
– Remaining financing gap in the current biennium:
US\$ 3.3 million.
– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:
Zero.

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		
2020–2021 resources already planned	Staff	3.1	0.5	0.2	0.3	0.3	0.6	6.1	11.1
	Activities	2.0	0.5	0.4	0.4	0.3	0.7	4.5	8.8
	Total	5.1	1.0	0.6	0.7	0.6	1.3	10.6	19.9
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	4.6	0.9	0.5	0.7	0.6	0.9	6.9	15.1
	Activities	5.6	2.2	0.6	0.8	0.5	2.2	5.5	17.4
	Total	10.2	3.1	1.1	1.5	1.1	3.1	12.4	32.5
Future bienniums resources to be planned	Staff	16.1	3.3	2.4	3.1	2.7	3.3	17.7	48.6
	Activities	20.9	7.7	3.0	3.7	3.0	7.8	15.0	61.1
	Total	37.0	11.0	5.4	6.8	5.7	11.1	32.7	109.7

The representative of AUSTRALIA said that the tools for eliminating cervical cancer as a public health concern already existed but their implementation needed to be scaled up. Vaccination against human papillomavirus had dramatically reduced the incidence of human papillomavirus infection and disease in Australia, and the country's cervical cancer screening programme had begun testing for human papillomavirus. Cervical cancer was best managed through a comprehensive and holistic primary health care approach with clear linkages between key programmes and services, including sexual and reproductive health services. With concerted efforts by the Secretariat, Member States, key partners and all stakeholders, the goal of eliminating cervical cancer could be achieved.

The representative of BENIN, speaking on behalf of the Member States of the African Region, said that although cervical cancer was a global and subregional public health problem, it could be eliminated through cost-effective interventions. Operational challenges would need to be addressed, including broadening access to human papillomavirus vaccine at the regional level, fully integrating early detection of pre-cancerous lesions into primary health care, establishing referral systems, providing effective treatment of pre-cancerous lesions and rapid access to treatment of invasive cancers, and improving the quality of data. The Region would develop a framework for the elimination of cervical cancer and would support Member States in adapting the framework to their national context. He requested the Secretariat and all partners to provide the necessary support to enable the effective implementation of national action plans. The draft global strategy to accelerate cervical cancer elimination should prioritize the introduction of human papillomavirus vaccine in national vaccination

programmes in order to meet the target of fully vaccinating 90% of girls by 15 years of age. He expressed support for the draft resolution.

The representative of SRI LANKA, welcoming the draft global strategy, said that his Government was committed to providing vaccination against human papillomavirus, screening for and treatment of pre-cancerous lesions, and diagnosis, treatment and palliative care of invasive cancer. The “90-70-90” targets contained in the draft global strategy could be achieved through those measures, together with the strengthening of specialized clinics in the primary health care system.

The representative of the UNITED STATES OF AMERICA said that she appreciated the draft global strategy’s emphasis on prevention and the critical need to scale up screening, detection, treatment and care for women. Her delegation would provide suggestions for strengthening the draft global strategy in writing and, although it would join the consensus on the draft resolution, it would dissociate itself from the eighth preambular paragraph and its language on sexual and reproductive health services. She urged Member States to work together to reach consensus on critical issues, including cervical cancer. Numerous specialized bodies in the United States continued to make valuable contributions to cervical cancer prevention and control, including among women living with HIV in sub-Saharan Africa. She urged the Secretariat, Member States and stakeholders to support research that would promote accelerated cervical cancer control and elimination and at a lower cost. The Secretariat should support Member States in setting realistic and feasible targets for cervical cancer control and strengthening of health data systems.

The representative of ZAMBIA said that he welcomed the draft global strategy, while noting that its targets could only be meaningfully measured and compared among Member States if health data and other reporting systems were fully harmonized and aligned. He fully supported the call to integrate vaccination against human papillomavirus, screening, treatment, early detection and palliative care into primary health care systems. He welcomed the support provided by Gavi, the Vaccine Alliance in introducing vaccination against human papillomavirus in the country’s routine immunization programme and called on all stakeholders to support countries in ensuring adequate coverage of the target population. His Government pledged to increase domestic funding for cervical cancer screening and treatment, and requested the Secretariat and partners to provide financial, material and technical support to strengthen implementation of the high-impact interventions outlined in the draft global strategy.

The representative of the UNITED REPUBLIC OF TANZANIA, welcoming the draft global strategy, said that the national cervical cancer prevention and control strategy had been revised to ensure alignment with the global agenda to eliminate cervical cancer. However, key obstacles would need to be overcome to ensure implementation of the actions contained in the draft global strategy, such as the shortage of skilled personnel and lack of equipment in primary health care facilities to enable early diagnosis, the high cost and inadequate production of human papillomavirus vaccine, and the need for enhanced community engagement. She expressed support for the draft resolution.

The representative of TONGA said that he fully supported the draft global strategy’s emphasis on the continuum of care, including prevention through vaccination against human papillomavirus, cervical screening, early treatment, management of invasive cervical cancer and palliative care. The draft global strategy, which was aligned with principles underpinning universal health coverage, would promote innovation and help to strengthen national health systems.

The representative of SINGAPORE outlined the steps taken at the national level to prevent cervical cancer, including vaccination against human papillomavirus. Enhanced subsidies had led to a reduction in the cost of screening and follow-up. It was important to make use of new technologies to increase access to screening services, such as home-based screening kits, that could encourage more

women to be screened. He would welcome further guidance on the relevance and adoption of such technologies in the context of population-wide programmes.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova, Armenia and Georgia aligned themselves with her statement. The draft global strategy and draft resolution were a major step forward in efforts to eliminate cervical cancer and would facilitate the reduction of a major health inequality. Member States and the Secretariat must work together to engage with the most affected countries and align efforts to eliminate cervical cancer more closely with actions to fight against HIV/AIDS. The success of such efforts would depend on the willingness of Member States to adopt and maintain a fully integrated and comprehensive approach to cervical cancer elimination, including through vaccination, testing, screening, treatment and care. Cervical cancer programmes should be an integral part of all health systems, and men and boys must be encouraged to contribute to prevention efforts.

The representative of CHINA, expressing support for the draft global strategy, said that her Government would continue to actively contribute to actions to eliminate cervical cancer. Global progress had so far been unbalanced. She hoped that WHO could take advantage of platforms and networks to promote vaccination against human papillomavirus, cervical cancer screening and other relevant measures to support developing countries.

The representative of AUSTRIA, expressing support for the draft resolution, said that her Government fully supported urgent action to eliminate cervical cancer. The challenges of reducing the burden of cervical cancer could be tackled by ensuring that boys and girls were vaccinated, taking into account vaccine hesitancy; preventing human papillomavirus-associated diseases in men, boys, women and girls; and addressing shortages in the global supply of human papillomavirus vaccine. Boys as well as girls were included in the vaccination programme in Austria. Extending vaccination against human papillomavirus to boys contributed to decreased virus transmission, indirect protection of non-vaccinated women and prevention of other cancers associated with human papillomavirus among boys and men.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the draft global strategy. Based on regional consultations, she suggested setting the overarching target for the draft global strategy in terms of a relative reduction instead of the suggested flat global target of an age-standardized incidence rate of less than four per 100 000 women. That would ensure the engagement of all Member States in implementation efforts, including those with an incidence rate lower than the proposed target. She urged the Secretariat to work with all Member States to ensure access to affordable human papillomavirus vaccines, especially in low- and middle-income countries. There was a need for greater emphasis on communication throughout the draft global strategy; the development of a context-specific and culturally appropriate communication strategy was necessary to ensure adequate demand for and uptake of vaccination against human papillomavirus and screening activities. The Member States of the Eastern Mediterranean Region were committed to actively engaging in efforts to accelerate the elimination of cervical cancer in the Region and globally, and would request support from the Secretariat in specific areas, as needed.

The representative of ROMANIA, welcoming the draft global strategy, said that reintroduction of vaccination against human papillomavirus in his country had been coupled with secondary prevention measures. Raising awareness of cervical cancer among women, health care workers and policy-makers was essential, as was the need to ensure health care workers' support for vaccination programmes, provide ongoing training on specific vaccines and tackle vaccine hesitancy. Improved communication was required, with clear and unambiguous information on vaccination against and prevention of human

papillomavirus. Effective communication was also needed between stakeholders, including ministries of health, medical organizations and patient organizations, to advocate for vaccination. Expanding the indications for vaccination against human papillomavirus and making greater use of cancer screening and human papillomavirus testing programmes could accelerate a decline in the incidence of cervical cancer. Maintaining and improving access to affordable human papillomavirus vaccines was essential to the success of the draft global strategy.

The representative of KENYA said that her country had made significant progress in tackling cervical cancer and enhancing early detection as a result of the prioritization of interventions through a multisectoral approach. She welcomed the draft global strategy and its proposed “90-70-90” targets and recognized that significant investment was needed to bridge gaps in response efforts. She called on the Secretariat to support Member States in strengthening mechanisms for human papillomavirus vaccine delivery and adherence; educating communities and securing appropriate technologies for screening; and strengthening health systems to deliver timely access to diagnostic tools and treatment.

The representative of ISRAEL said that the draft global strategy set clear, evidence-based and measurable goals. Scientific achievements and innovation had led to the development of effective vaccines. In Israel, all boys and girls aged 14 years were vaccinated against human papillomavirus. It was important to continue using screening and treatment measures while waiting for the results of long-term studies on the existing human papillomavirus vaccine. Additional prevention measures should be taken alongside vaccination, such as health education and early detection.

The representative of INDONESIA said that his Government was committed to the timely achievement of the cervical cancer prevention targets contained in the draft global strategy. However, some Member States might face difficulties in meeting those targets owing to factors such as sociocultural barriers, resource limitations or a lack of political commitment. Implementation of the WHO guidelines, which constituted a key global milestone, must be supported by the global community and prioritized by Member States. The deadline for achieving the “90-70-90” targets should be extended in order to take account of the situation of low- and low-middle-income countries.

The representative of GUYANA, welcoming the draft global strategy, said that her Government was scaling up screening coverage to at least 70% of the target population; challenging manufacturers of human papillomavirus vaccine to be operationally and ethically responsive to global vaccine supply needs; encouraging all countries administering vaccines to girls and boys to prioritize vaccination of girls; and implementing school-based vaccination against human papillomavirus and communication plans to accelerate vaccine uptake and maximize impact. She expressed concern regarding the sustainability of vaccination in the Caribbean region, especially in the light of misinformation and the voluntary nature of some vaccination programmes. Her Government supported the draft resolution.

The representative of ESWATINI outlined the action taken at the national level, with support from partners, to tackle cervical cancer. The “90-70-90” targets contained in the draft global strategy would be attainable only if Member States and other stakeholders collaborated transparently to correct inequities in accessing cervical cancer prevention services and care, including the high cost and shortages of vaccines. Urgent action was needed in that regard.

The representative of BRAZIL welcomed the development of the draft global strategy and looked forward to its implementation. There was a need to diversify producers and lower prices of vaccines to increase the scope of immunization efforts. High prices posed a significant challenge for developing countries not eligible for support from Gavi, the Vaccine Alliance. It was important to promote screening, diagnostic services and care, especially palliative care.

The representative of SUDAN said that it was essential to enhance access to human papillomavirus vaccine and introduce it into routine immunization programmes. There was an urgent

need to establish referral pathways and people-centric linkages throughout the continuum of care. Governments should increase investment in improving access to diagnostic services and curative care, expanding capacity for surgical oncology, radiotherapy and chemotherapy, and ensuring good-quality palliative care. Such measures would protect women against catastrophic out-of-pocket expenditure. The Secretariat should provide technical support to Member States in developing national plans based on context-specific social mobilization interventions. It should also work towards eliminating the data gap for surveillance and monitoring so as to facilitate the response, provide a foundation for advocacy and coordinated action, and better inform decision-making.

The representative of ARGENTINA said that a broad approach was required to ensure effective implementation of the draft global strategy, encompassing vaccination, early detection, treatment and palliative care. There was a need to build partnerships at the regional and global levels to ensure sufficient supplies of human papillomavirus vaccine and screening at affordable prices. It was essential to work with local health services to extend vaccination and screening coverage, especially among vulnerable populations. The Secretariat should continue to work closely with Member States, particularly to ensure the availability of adequate resources to implement the draft global strategy.

The representative of BANGLADESH said that the draft global strategy should refer to the importance of ensuring adequate human resources. It was also important to define a clear strategy for integrating cervical cancer prevention and care into existing health services. Adequate, uninterrupted and affordable vaccine supply was also required to reach the 2030 cervical cancer elimination target. The Secretariat should prioritize and support high-burden countries, especially low- and middle-income countries, in their efforts to scale up evidence-based interventions. His Government supported the draft resolution.

The representative of GABON welcomed the draft global strategy and expressed support for the draft resolution. He drew attention to the need for increased engagement and more integrated and innovative approaches to tackling cervical cancer, as well as the need for additional treatment centres in rural areas. It was particularly important to enhance communication, mobilize resources for early detection and ensure vaccine availability among all countries, irrespective of their financial situation.

The representative of FRANCE,¹ speaking also on behalf of Australia, Austria, Belgium, Canada, Denmark, Finland, Georgia, Germany, Iceland, Ireland, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Portugal, Sweden and the United Kingdom of Great Britain and Northern Ireland, endorsed the observations and guidance outlined in the draft global strategy. Vaccination against human papillomavirus should be introduced within the framework of a global strategy targeting not only the prevention of cervical cancer but also other cancers caused by human papillomavirus. It should also highlight the importance of sex education for boys and girls in order to promote awareness of human papillomavirus. Prevention should focus on the dual importance of vaccination and screening, with appropriate treatment in cases of detection. With regard to the eighth preambular paragraph of the draft resolution, he supported the reference to sexual and reproductive health services. It was crucial to promote sexual and reproductive health and rights, including the right for people to express their sexuality without discrimination and to choose the number of children they had. Full recognition of such rights was vital to overcome gender inequality.

The representative of PERU¹ said that awareness-raising campaigns should frame cervical cancer as a public health problem, with a focus on prevention and early detection. He supported the draft global strategy.

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

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that his country had introduced a cervical cancer control programme, including prevention and early detection measures. He suggested that “prevalence of human papillomavirus infection” should be included as an indicator to measure progress towards the elimination of cervical cancer. He supported the draft resolution.

The representative of COLOMBIA¹ welcomed the draft global strategy, particularly its focus on effectiveness. Awareness-raising campaigns were needed to reduce risk factors and build confidence in human papillomavirus vaccine. There was also a need to promote early access to health services, as well as pooled procurement of tests to detect human papillomavirus infection and ensure their cost-effective use in screening programmes.

The representative of THAILAND¹ said that human papillomavirus vaccine was the most effective intervention for long-term outcomes. The draft global strategy should have a greater emphasis on effective social measures to tackle sexually transmitted infections such as human papillomavirus. There was currently too much emphasis on biomedical models. The Secretariat should not recommend the use of human papillomavirus vaccine in boys in view of the risk of aggravating vaccine shortages.

The representative of NORWAY¹ said that her Government wished to be added to the list of sponsors of the draft resolution. The evidence base regarding one-dose schedules for vaccination of younger children must be strengthened. There was an urgent need to secure adequate production and supply of vaccines globally, at affordable prices. Women who underwent screening should have access to appropriate treatment and care. It would be difficult to achieve the goals of the draft global strategy without establishing universal health coverage. She therefore encouraged the Secretariat and Member States to stay focused on health systems strengthening and universal access to essential health services.

The representative of POLAND,¹ outlining the national measures to target cervical cancer, recognized that vaccination against human papillomavirus was the most effective long-term intervention for reducing the risk of developing cervical cancer. Her Government welcomed the draft resolution and wished to be added to the list of sponsors.

The representative of the REPUBLIC OF KOREA¹ said that human papillomavirus affected both men and women. As a result, male adolescents and adults should be included in vaccination and education programmes. He agreed with calls to strengthen measures to eliminate cervical cancer at the primary care level. A comprehensive approach encompassing infectious disease prevention and control, national cancer control, and policies on sexual and reproductive health was required to tackle human papillomavirus.

The representative of INDIA¹ said that an action plan was needed to ensure that the necessary tools to eliminate cervical cancer were accessible, affordable and available. He called for collective action to optimize the price and supply of human papillomavirus vaccine and incentivize more manufacturers to produce new vaccines. Transfer of technology for local production of affordable vaccines was also important, in addition to alternative sources of funding for lower- and middle-income countries.

The representative of BOTSWANA¹ welcomed the draft global strategy. It was particularly encouraging to note that the strategy took a public health approach, focusing on issues such as health promotion and vaccination. Achieving the “90-70-90” targets would require robust primary health care systems and an integrated disease management approach. Member States must receive adequate and timely support to implement the draft global strategy effectively. Particular consideration should be given to procurement and supply chain constraints, capacity-building for human papillomavirus testing

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

and histopathology services in the implementation of the draft global strategy. He supported the draft resolution.

The representative of MEXICO¹ said that cervical cancer prevention, early detection, diagnosis, treatment and rehabilitation should form part of integrated health services, with a focus on improving the quality of services, optimizing resources, strengthening infrastructure, building the capacity of health workers and ensuring access for the most vulnerable populations. Countries should build unified information systems to measure progress. Cervical cancer was a reflection of social inequalities, which could be reduced by promoting access to information and building effective health services. Her Government supported the objectives of the draft global strategy.

The representative of CANADA¹ said that actions to prevent and control cervical cancer should be part of national efforts to achieve universal health coverage. Such actions had the potential to provide additional benefit to health systems, for instance by reinforcing monitoring procedures. Her Government supported the draft global strategy and found its comprehensive nature encouraging. It was critical that the draft global strategy included a full range of actions, including vaccination, health education and palliative care. She supported the emphasis placed on the social determinants of health. Prevention and control measures should focus on gender equality, health equity and access to quality health services.

The representative of MONTENEGRO¹ said that his Government wished to be added to the list of sponsors of the draft resolution. He fully supported the objectives of the draft global strategy. Tackling the challenge of cervical cancer required coordinated, multi-layered action and political commitment. Innovations in service delivery, testing, treatment and data systems, together with new training methods, would be crucial for scaling up interventions and meeting the proposed targets.

The representative of SLOVAKIA¹ said that her Government had put in place a number of measures to combat cervical cancer, including an awareness-raising campaign. Action had also been taken in her country to improve access to sexual and reproductive health care services for women from vulnerable populations, including through community engagement and culturally appropriate measures. She strongly supported evidence-based practice.

The representative of ECUADOR¹ supported the draft global strategy and encouraged Member States to implement it fully. She drew attention to several problems that could affect Member States of the Region in their implementation of the draft global strategy, including the lack of monitoring systems and the ability to ensure adequate vaccination coverage. A holistic, inclusive approach was required to tackle cervical cancer, including through immunization programmes, health services for adolescents, and sexual and reproductive health services.

The representative of MALAYSIA¹ reiterated her support for the global call for action on the elimination of cervical cancer. Her Government would intensify efforts to achieve the “90-70-90” targets of the draft global strategy.

The representative of the RUSSIAN FEDERATION¹ said that it was important to implement a package of measures to eliminate cervical cancer, including vaccination, screening and treatment. Her Government supported the draft resolution and wished to be added to the list of sponsors.

The observer of PALESTINE¹ endorsed the statement made on behalf of the Member States of the Eastern Mediterranean Region. The Palestinian health authority was working on improving its

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

cervical cancer screening, diagnosis and treatment services, including vaccination, but more progress was necessary. He welcomed WHO's technical support.

The observer of GAVI, THE VACCINE ALLIANCE said that scaling up cervical cancer prevention and control strategies, including holistic health system approaches, was the first step towards eliminating cervical cancer. Her organization was deeply concerned by the shortage of human papillomavirus vaccines. She called on Member States to implement the recommendations of the Strategic Advisory Group of Experts on immunization, namely to prioritize and mobilize support for human papillomavirus vaccine availability and the vaccination of girls and young women, particularly in low-income, high-burden countries. In the period 2021–2025, Gavi would accelerate the roll-out of human papillomavirus vaccines to girls and adolescents in such countries.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES expressed concern that the current shortage of human papillomavirus vaccine could impede the introduction and sustainability of human papillomavirus vaccination programmes. She urged stakeholders to implement the recommendations of the Strategic Advisory Group of Experts on immunization. It was particularly important to prioritize the vaccination of young women and girls until equitable access for all could be assured. She urged Gavi, the Vaccine Alliance to accelerate the introduction of human papillomavirus vaccines in high-burden countries. Vaccine manufacturers should prioritize the protection of girls and young women.

The representative of UNAIDS supported the call for action on eliminating cervical cancer. She looked forward to the participation of Member States in the upcoming meeting of the UNAIDS Programme Coordinating Board on the theme of cervical cancer and HIV. Concerted efforts were needed to address gender and socioeconomic inequalities and challenges. It was essential to advance sexual and reproductive health and rights as well as to address HIV- and cervical cancer-related stigmatization and discrimination. There was a need to involve civil society and enhance community-focused efforts in the implementation of the draft global strategy, as well as to adequately resource those efforts. It was particularly important to include women living with HIV, young people and advocacy groups dealing with sexual and reproductive health and rights in the response, which in turn would strengthen advocacy, increase awareness and enhance creation, outreach and accountability.

The representative of IAEA said that her organization had developed several tools and resources to support Member States, particularly low- and middle-income countries, in strengthening their cancer control capacity. She looked forward to continuing and expanding her organization's close collaboration with WHO.

The representative of the COMMONWEALTH SECRETARIAT said that the Commonwealth countries were disproportionately affected by cervical cancer due to issues such as lack of equipped treatment centres, lack of vaccination, screening and early detection and lack of awareness. Collective action was needed to address cervical cancer, including to reduce the cost and shortages of vaccines. She therefore supported the focus on accelerating the elimination of cervical cancer as a global health problem.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, welcomed the draft global strategy. Her organization supported the recommendation to implement evidence-based clinical treatment guidelines which could improve patient outcomes and the efficient use of resources. She called on Member States to fully integrate the draft global strategy into national universal health coverage programmes.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, welcomed the draft global strategy. His organization would continue working to scale up access to quality and comprehensive cervical cancer prevention, screening

and treatment initiatives. He supported advocacy to ensure the availability of human papillomavirus vaccine and screening options. There was a need to address the stigmatization of cancer and improve access for women, girls and marginalized populations, including women living with HIV. WHO should accelerate mobilization and commitment among all stakeholders, including governments, health and education ministries, and manufacturers of vaccines, screening tests and treatment options.

The representative of the INTERNATIONAL FEDERATION OF BIOMEDICAL LABORATORY SCIENCE, speaking at the invitation of the CHAIR, said that the draft global strategy needed to build on existing resources and opportunities as well as on innovations in technology and services, such as more affordable point-of-care test-and-treat technology for cervical lesions. His organization was concerned that the global shortage of biomedical laboratory scientists would impact on those efforts, particularly where testing could be performed outside the laboratory. The Board should keep sight of the need to ensure an adequate supply of appropriately trained biomedical laboratory scientists in addition to other health care workers who relied on their expertise.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that she would forward her statement to the Secretariat for placement on the appropriate website.

The representative of PATH, speaking at the invitation of the CHAIR, said that the draft global strategy was strong but could be further strengthened in several ways. First, an increased focus on political will, technical capacity and financing was needed. The draft global strategy should indicate that all vaccines, including human papillomavirus vaccine, were WHO best buys. He urged Member States to support each other in implementing integrated national immunization, screening and treatment programmes. Secondly, the draft global strategy should place greater emphasis on access to diagnostic tools. It was vital to introduce self-sampling for human papillomavirus testing, accelerated access to lower-cost point-of-care screening tests, and strategic procurement of commodities. The draft global strategy should explore the possibility of pooled or jointly negotiated procurement of cervical pre-cancer diagnostic tools, which was a powerful way to drive down prices and increase access. Lastly, efforts to prevent cervical cancer should be accompanied by efforts to strengthen national health information systems.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR and also on behalf of the International Association for Hospice and Palliative Care Inc., the International Organization for Medical Physics, the International Planned Parenthood Federation, PATH, RAD-AID International and The Worldwide Hospice Palliative Care Alliance, called on Member States to work towards the “90-70-90” targets and mobilize national action. It was especially important to strengthen health systems and the health workforce, in particular by integrating HIV and reproductive health services, with a focus on social protection of those at highest risk. There was also a need to change public perceptions to encourage greater engagement with health systems to prevent disease. Building health services for adolescents and engaging with young people was also important.

The SPECIAL ADVISER ON STRATEGIC PROGRAMMATIC PRIORITIES, thanking Member States for their constructive engagement in the development of the draft global strategy, said that she had taken note of the concerns raised with respect to strengthening the draft global strategy, as well the broader strategic issues highlighted. She agreed that it was important to establish a culturally appropriate, context-specific advocacy and social mobilization strategy informed by communities and Member States themselves. The Secretariat would work closely to integrate the agenda on sexually transmitted infections with interventions on cervical cancer and HIV. Several actions had been taken to address the challenges related to vaccine supply. For example, WHO had been working closely with Gavi, the Vaccine Alliance and other partners and would soon convene a global access forum on human papillomavirus vaccine access and affordability, as recommended by the Strategic Advisory Group of

Experts on immunization. A new human papillomavirus vaccine had been licensed recently and two products were currently in advanced clinical development. Single-dose trials were also being monitored. The Secretariat had been working closely with over 180 Member States on the issue of transparency and had developed a document entitled “Market Information for Access to Vaccines”, which listed vaccine prices. It had also taken steps to ensure the accessibility and affordability of diagnostic tests for screening and treatment. For instance, it had developed a technology landscape with Unitaid that provided information on the diagnostic tests available and had produced guidelines on the technical specifications of those diagnostic tests. Artificial intelligence-based diagnostic tests were another tool that would help in that regard. Work was also under way to address the data gap. The Lancet had recently published a document on WHO’s work to underpin the draft global strategy. answers to many of the questions raised, including those on mortality, could be found in that document. The draft global strategy provided a unique opportunity for the global health community to comprehensively address the persistent challenges posed by cervical cancer.

The Board noted the report.

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

The resolution was adopted.¹

2. ENDING TUBERCULOSIS: Item 10 of the agenda (documents EB146/10 and EB146/11)

The CHAIR drew attention to a draft resolution on the draft global strategy for tuberculosis research and innovation proposed by Eswatini, Ethiopia, France, Indonesia, the Russian Federation, Slovakia, South Africa, Sri Lanka and the United States of America. The draft resolution replaced the draft decision contained in document EB146/11. The draft resolution read as follows:

The Executive Board,

Having considered the report on ending tuberculosis: draft global strategy for tuberculosis research and innovation,²

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

The Seventy-third World Health Assembly,

(PP1) Concerned that tuberculosis remains the leading cause of death from a single infectious agent globally, including for people living with HIV, that the disease was responsible for an estimated 1.5 million deaths in 2018, and that the epidemic, including drug-resistant tuberculosis, poses a serious threat to health security and is a critical priority in the global response to antimicrobial resistance;

(PP2) Reaffirming resolution WHA67.1 (2014) in which the Health Assembly adopted the global strategy and targets for tuberculosis prevention, care and control after 2015, known as the “End TB Strategy”, including its third pillar of intensified research and innovation;

(PP3) Recognizing that the target of ending the tuberculosis epidemic by 2030 as set under the Sustainable Development Goals and the End TB Strategy, including through universal health coverage, will not be met without strengthening linkages between

¹ Resolution EB146.R6.

² Document EB146/11.

elimination of tuberculosis and relevant Sustainable Development Goal targets, as well as intensified research and innovation, including that linked to WHO collaborating centres;

(PP4) Recalling the commitments made in the United Nations General Assembly resolution 73/3 (2018) on the political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis, as well as the Moscow Declaration to End TB,¹ and recalling resolution WHA71.3 (2018) in which the Health Assembly welcomed the Moscow Declaration's commitments and calls to action on, inter alia, pursuing research and innovation efforts;

(PP5) Recalling also the request, in resolution WHA71.3 that the Director-General develop a global strategy for tuberculosis research and innovation, and make further progress in enhancing cooperation and coordination in respect of tuberculosis research and development;

(PP6) Reaffirming commitments made through the political declarations adopted at the high-level meetings of the United Nations General Assembly on ending AIDS² and on universal health coverage,³ which are critical also to ending TB, and advancing related research and innovation;

(PP7) Recognizing that the reduction in illness and death from TB is being challenged by AMR and reaffirming the importance of the political declaration of the high-level meeting of the United Nations General Assembly on AMR and acknowledging that, owing to AMR, many other health achievements are also being gravely challenged;

(PP8) Cognizant that all policies on tuberculosis prevention, diagnosis, treatment and care need to be evidence based;

(PP9) Struck by the overwhelming urgency of the need to make new medicines, diagnostics, and vaccines for tuberculosis available;

(PP10) Acknowledging that the science, research and innovation needed to develop new tools and strategies to mitigate the human, social and economic consequences of the tuberculosis epidemic should consider national contexts and circumstances;

(PP11) Concerned that the pace of local innovation is often impeded by weak links between national tuberculosis programmes and public research institutes, and by a lack of adequate research infrastructure in many countries with a high burden of tuberculosis; noting the need both to create environments conducive to, and to increase investments in, research, development and deployment of new medicines, diagnostics and vaccines for tuberculosis; and recalling the importance of multisectoral and multistakeholder collaboration for research, development and innovation,

(OP)1. ADOPTS the global strategy for tuberculosis research and innovation, with its four strategic objectives:

- (1) Create an enabling environment for high-quality tuberculosis research and innovation;
- (2) Increase financial investments in tuberculosis research and innovation;
- (3) Promote and improve approaches to data sharing; and
- (4) Promote equitable access to the benefits of research and innovation;

(OP)2. URGES all Member States:⁴

- (1) to adapt and implement the global strategy for tuberculosis research and innovation, including the specific actions recommended in it, according to national

¹ Available at http://www.who.int/tb/Moscow_Declaration_MinisterialConference_TB/en/, accessed 3 June 2020.

² United Nations General Assembly resolution 70/266 (2016).

³ United Nations General Assembly resolution 74/2 (2019).

⁴ And, where applicable, regional economic integration organizations.

context, and to provide adequate financial and other resources for implementation, including through international cooperation;

(2) to embed the global strategy for tuberculosis research and innovation within overall actions to implement the End TB Strategy, country-specific tuberculosis research agendas, and national health research strategic plans under the core principles of affordability, effectiveness, efficiency and equity;

(3) to establish and strengthen the transfer and diffusion of knowledge in order to improve equitable access to, and promote use of, reliable, relevant, unbiased, and timely tuberculosis-related health information, and to promote tuberculosis-related sample-sharing;

(4) to establish and strengthen tuberculosis research networks in collaboration with national tuberculosis programmes, relevant international organizations, as well as non-State actors, and aligned with the global strategy for tuberculosis research and innovation;

(5) to promote an enabling environment for effective collaboration with non-State actors;

(6) to strengthen efforts for tuberculosis research and innovation in complement to a broader cooperation to address antimicrobial resistance at all levels, including through national action plans on antimicrobial resistance, taking into account the work and report of the ad hoc inter-agency coordination group on antimicrobial resistance;

(7) to adapt and use the WHO multisectoral accountability framework to monitor and track progress to end tuberculosis;

(8) to increase investments according to national contexts in tuberculosis research and innovation;

(OP)3. CALLS UPON the global scientific community, international partners, non-State actors and other relevant stakeholders, as appropriate:

(1) to provide support for the conduct and use of research and innovation aligned with country needs and focused on achieving the goals and targets of the End TB Strategy, including those contained in the political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis;

(2) to establish and strengthen the transfer and diffusion of knowledge in order to improve equitable access to, and promote use of, reliable, relevant, unbiased, and timely tuberculosis-related health information;

(3) to encourage the establishment of, and engage in, national, regional, and global research and innovation partnerships, including public-private partnerships, to accelerate the development of tuberculosis-related affordable, safe, effective and quality medicines, vaccines, diagnostics and other health technologies, and mechanisms for their equitable delivery;

(OP)4. REQUESTS the Director-General:

(1) to provide technical and strategic support to Member States in implementing the global strategy for tuberculosis research and innovation;

(2) to promote collaboration between WHO, and the United Nations system and other international agencies, as well as public and private organizations, and other relevant actors to help to implement the global strategy for tuberculosis research and innovation; and

(3) to submit a report on progress on the End TB Strategy, including progress on implementation of the strategy for tuberculosis research and innovation, for consideration by the Seventy-fifth World Health Assembly, through the Executive Board at its 150th session, to inform the comprehensive review by Heads of State and Government at a United Nations high-level meeting in 2023, as requested in

United Nations General Assembly resolution 73/3; and then, given the urgent action needed to end this epidemic, to report on progress to the Seventy-seventh World Health Assembly in 2024, through the Executive Board, and every two years thereafter, combined with other existing reporting requirements on tuberculosis, until 2030.

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

Resolution: Global strategy for tuberculosis research and innovation
A. Link to the approved Programme budget 2020–2021
<p>1. Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:</p> <p>Output 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages</p> <p>Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p> <p>Output 1.3.4. Research and development agenda defined and research coordinated in line with public health priorities</p>
<p>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:</p> <p>Not applicable.</p>
<p>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</p> <p>Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the resolution:</p> <p>10 years, consistent with the WHO End TB Strategy and the United Nations Sustainable Development Goals.</p>
B. Resource implications for the Secretariat for implementation of the resolution
<p>1. Total resource requirements to implement the resolution, in US\$ millions:</p> <p>US\$ 12.62 million.</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>US\$ 2.33 million.</p>
<p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>Not applicable.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</p> <p>US\$ 2.42 million.</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>US\$ 7.87 million.</p>

- 5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions**
- **Resources available to fund the resolution in the current biennium:**
US\$ 1.8 million.
 - **Remaining financing gap in the current biennium:**
US\$ 0.53 million.
 - **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**
US\$ 0.53 million, based on current projections.

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	0.07	0.05	0.26	0.03	0.04	0.04	0.18	0.67
	Activities	0.19	0.17	0.79	0.1	0.1	0.09	0.22	1.66
	Total	0.26	0.22	1.05	0.13	0.14	0.13	0.4	2.33
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	0.07	0.05	0.27	0.03	0.04	0.04	0.19	0.69
	Activities	0.20	0.18	0.82	0.10	0.10	0.10	0.23	1.73
	Total	0.27	0.23	1.09	0.13	0.14	0.13	0.42	2.42
Future bienniums resources to be planned	Staff	0.24	0.17	0.88	0.10	0.13	0.14	0.61	2.27
	Activities	0.64	0.57	2.67	0.34	0.34	0.30	0.74	5.60
	Total	0.88	0.74	3.55	0.44	0.47	0.44	1.35	7.87

^a The row and column totals may not always add up, due to rounding.

The representative of JAPAN welcomed the draft global strategy for tuberculosis research and innovation. It was vital to urgently address the rising number of multidrug-resistant patients, many of whom were not being diagnosed or receiving appropriate treatment. Japanese manufacturers had developed medicines for multidrug-resistant tuberculosis, a portable chest X-ray and rapid tuberculosis testing using urine. His Government had also launched the Global Health Innovative Technology fund to support research and development of medicines, vaccines and diagnostic tools for tuberculosis and other diseases. He called on Member States and non-State actors to contribute to ending tuberculosis.

The representative of ROMANIA supported the global targets set out in the political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis to be achieved by 2022. Member States should integrate the global targets and objectives into national plans. She also supported the Stop TB Partnership's *Global Plan to End TB, 2016–2020: the Paradigm Shift*. The United Nations Secretary-General's progress report on tuberculosis, to be issued in September 2020, must include clear indicators assessing progress towards the global targets. Inputs from civil society, tuberculosis communities and other key stakeholders must be included when assessing progress. She endorsed the Stop TB Partnership's TB stigmatization assessment tool to evaluate how tuberculosis acted as a barrier to accessing and providing services.

The representative of the UNITED STATES OF AMERICA supported the draft global strategy. All stakeholders should engage in the fight against tuberculosis to meet treatment targets and mobilize resources. Monitoring the WHO multisectoral accountability framework was critical to achieving the goals of the draft global strategy. Diagnosis of and treatment for tuberculosis, including drug-sensitive and multidrug-resistant tuberculosis, were essential to combating the disease. Scaling up programmes to improve diagnosis of latent tuberculosis infection and tuberculosis preventive treatment were also important. Continued research and innovation were needed to develop point-of-care diagnostic tools and sputum-based testing that would diagnose all forms of tuberculosis. More effective, safe and affordable treatment regimens were urgently needed to shorten treatment for people with drug-sensitive and drug-resistant tuberculosis infections and for people living with HIV. Using safe and effective vaccines was a cost-effective strategy to prevent establishment of initial tuberculosis infection, stop progression to active tuberculosis disease, shorten treatment regimens or reduce recurrent risk. She applauded the commitment to improving data sharing and recognized that a similar high-level focus on specimen sharing must also be promoted.

The representative of INDONESIA said that more than 40% of global tuberculosis cases occurred in the South-East Asia Region. Despite many challenges, notably the increasing number of drug-resistant tuberculosis patients, Indonesia had seen an increase in early detection and treatment of tuberculosis cases between 2015 and 2018 owing to strong political commitment and support from multiple stakeholders, and was on track to achieve the targets and indicators adopted at the high-level meeting. She highlighted the need to ensure access to tuberculosis treatment and called on WHO to help to ensure availability of and access to quality and affordable tuberculosis medicines. The global elimination target could be achieved through multisectoral collaboration, including through intensified research and innovation.

The representative of SRI LANKA said that his country was committed to ending tuberculosis and outlined some of the efforts being made to improve detection of active and passive tuberculosis and treatment of multidrug-resistant tuberculosis, including rapid molecular diagnostic testing, primary health care reform and universal drug sensitivity testing. Multistakeholder engagement for tuberculosis prevention and control was also actively promoted. Noting that tuberculosis incidence would be reduced only by combining treatment of active tuberculosis with treatment of tuberculosis infection, he said that the South-East Asia regional action plan on the programmatic management of latent tuberculosis infection would be rolled out shortly across all countries in the Region. Although ensuring sustainable financing for tuberculosis research and innovation was a challenge, his Government would give due consideration to the recommendations set out in the draft global strategy.

The representative of AUSTRIA welcomed the draft global strategy, including the recommendations on improving approaches to data sharing. She thanked the Secretariat for its operational actions in countries affected by tuberculosis and highlighted the importance of a strengthened health care model with an integrated people-centred approach, training of health and social care professionals and improved infection prevention and control in reducing the burden of tuberculosis, HIV infection and viral hepatitis. She thanked the WHO European Region for its activities based on the updated assessment tool and expressed support for the draft resolution.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, expressed concern about the high level of tuberculosis-related morbidity and mortality. Drug-resistant tuberculosis remained a serious threat to health security and must be a priority in the global efforts to combat antimicrobial resistance. The objective of ending the tuberculosis epidemic by 2030 would be put at risk without intensified research and innovation. He welcomed the progress made in implementing the global strategy and targets for tuberculosis prevention care and control after 2015 (End TB Strategy), as reported in document EB146/10, and noted the efforts that would have to be made to put the Region on track to end tuberculosis by 2030. He also welcomed the objectives and recommendations of the draft global strategy for tuberculosis research and innovation set out in

document EB146/11 and recognized the importance of implementation and monitoring progress. He called for cost surveys and reduction in the burden of costs on patients, increased investment, coordination and mobilization of contributions from the development sector; he also expressed support for the draft resolution.

The representative of CHINA said that tuberculosis, with its high levels of drug resistance and mortality, remained a major public health challenge. His Government, which supported the End TB Strategy, acknowledged that much remained to be done to achieve the goal of ending tuberculosis by 2030. It urged Member States to meet their international commitments by scaling up implementation of the Strategy, promoting the use of molecular diagnostic techniques, strengthening programme management for drug-resistant tuberculosis, and supporting the development of new medicines and diagnostic tools. His country had adopted a people-centred approach to tuberculosis prevention and control, achieving good results within the Regional Framework for Action on Implementation of the End TB Strategy in the Western Pacific, 2016–2020.

The representative of DJIBOUTI, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that countries of the Region were building on the commitments made at the high-level meeting and had provided input on the draft global strategy at the 2019 session of the Regional Committee. Actions had been identified to implement the political declaration of the high-level meeting and adopt a multisectoral approach. The Secretariat should provide technical support, including with respect to national strategic plans, accountability frameworks, undiagnosed cases of tuberculosis, multidrug-resistant tuberculosis and sustainable financing, in order to build national capacities on tuberculosis research and innovation, ensure that research was tailored to the needs of each country, assist countries in upholding their commitments and achieve the targets of the End TB Strategy.

The representative of BANGLADESH reaffirmed his Government's commitment to ending the tuberculosis epidemic by 2030, achieving the targets set at the high-level meeting and developing a national multisectoral accountability framework. He thanked the Secretariat for its technical support for the introduction of new technologies and innovative integrated care delivery approaches. However, further efforts should be made – in tandem with the Stop TB Partnership and other partners – to promote technology transfer and capacity-building in order to improve case detection, notably of multidrug-resistant tuberculosis; expand the use of GeneXpert; and encourage the effective management of latent tuberculosis infection and tuberculosis in children. He endorsed the draft resolution.

The representative of BRAZIL welcomed the draft global strategy and the related draft resolution. He outlined national measures taken to combat tuberculosis, stressing the need for an approach to tuberculosis elimination that was grounded in human rights, universal health coverage and community consultation. His country had one of the lowest rates of drug-resistant tuberculosis, showing that the fight against antimicrobial resistance could only succeed if people had access to affordable medicines. Equally relevant were research and development; investment in new diagnostic tools, medicines and vaccines; and technology transfer and capacity-building involving the active participation of stakeholders in high-burden countries and other partners.

The representative of CHILE outlined the measures taken in his country to tackle tuberculosis, which aimed to guarantee equitable access to services through an approach that incorporated innovation and constant optimization of supply and procurement mechanisms. In view of the need to strengthen the national network of research and innovation through collaboration with public and private organizations, his Government welcomed the draft global strategy and the draft resolution.

The representative of the UNITED REPUBLIC OF TANZANIA endorsed the draft global strategy, notably the proposals on monitoring and evaluation. She underscored the importance of adequate research and innovation funding; the Secretariat should advocate for increased financial investment to close the funding gap and deliver the necessary innovations. It should also help Member

States promote equitable access to new innovations by addressing the high price of essential medicines and technologies.

The representative of SUDAN, noting the uneven progress made towards ending the tuberculosis epidemic by 2030, urged Member States to strengthen their political commitment to, and financing for, tuberculosis care and prevention. Efforts in his country were aligned with the pillars and components of the End TB Strategy, and advances had been made. However, gaps remained in terms of case notification, including of multidrug-resistant tuberculosis, and the provision of preventive therapy. He therefore asked the Secretariat to provide additional support to strengthen the case notification system and promote effective use of information and communication technology. The provision of tuberculosis services in post-conflict areas, which had limited human resources and health service delivery systems, was a particular concern; his Government therefore urged the Secretariat and donors to support human resource development. Efforts also had to be made to tackle stigmatization, raise awareness and lower the cost of preventive treatment. Finally, he appealed to all governments to accelerate progress towards the targets by adopting the integrated patient-centred care and prevention approach.

The representative of AUSTRALIA welcomed the draft global strategy, noting the need for continued innovation in efforts to combat multidrug-resistant tuberculosis. She strongly supported the call to expand funding for new medicines and tools to combat tuberculosis, and for their effective operationalization through appropriate policies, effective research and training, and health systems strengthening. She reaffirmed her Government's commitment to ending the tuberculosis epidemic, as evidenced in both regional and global action, and expressed support for the draft resolution.

The representative of ARGENTINA expressed concern at the failure to reach key milestones by 2020 and called for redoubled efforts to attain the 2030 targets. Governments needed to adapt the End TB Strategy to their own national plans, and she therefore welcomed the formation of the Civil Society Task Force on TB and the inclusion of civil society representatives in guideline development groups and other bodies at global and regional levels. While bold policies and systems were indeed crucial, successful treatment was not possible without social protection, and investment was therefore required in strong social measures as part of a comprehensive approach encompassing elements such as nutrition, housing and transport. Lastly, she commended the inclusion in the draft global strategy of social science research, which was fundamental to analyse the complex issues surrounding tuberculosis. Her Government supported the draft resolution.

The representative of GEORGIA stressed the important contribution of international partners to national efforts to combat tuberculosis, which were focused on access to medication, pharmacovigilance and innovative models to improve outcomes and the patient experience. The engagement of tuberculosis survivors and communities affected by tuberculosis had been a key success factor. Countries needed quality data to plan their tuberculosis response, and effective monitoring would enhance understanding of the barriers to service access. Her Government supported the draft global strategy and looked forward to implementing it at national level.

The representative of PERU¹ reaffirmed his Government's commitment to achieving the targets set at the high-level meeting and expressed support for the draft global strategy. As tuberculosis was not only a public health issue but also an obstacle to economic and social development, it was essential to tackle the social determinants of health by providing social support to those affected. Implementation of the draft global strategy would notably enable stronger interventions to combat drug-sensitive,

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

drug-resistant tuberculosis and boost financing for research into new vaccines and medications, which had to be made available in developing countries.

The representative of INDIA¹ highlighted recent national progress regarding tuberculosis, which was largely due to more intensive active case-finding and stronger diagnostic services. Good supplies of medication, nutrition support and use of a comprehensive patient tracking system had also contributed. Research had to be accelerated in the fields of diagnostics, treatment and implementation, and he therefore expressed support for the draft global strategy and draft resolution.

The representative of FRANCE¹ said that health care costs were still too high for many households, especially for patients with drug-resistant tuberculosis. He highlighted the importance of WHO collaboration with civil society and other agencies, and welcomed the cooperation between WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Stop TB Partnership. He expressed support for the draft resolution and the work of Unitaid to advance tuberculosis research and develop new and more effective tools. Strengthening health systems and improving mental health care were essential to tackling pandemics.

The representative of THAILAND¹ said that ending tuberculosis should be an integral part of universal health coverage and could only be achieved with a strong commitment from health workers and robust and equitable health systems. Social innovations to ensure early detection and effective coverage were as essential for ending tuberculosis as technological innovations.

The representative of SENEGAL¹ outlined the measures taken by his Government to implement the End TB Strategy and expressed support for the recommendations set out in document EB146/11.

The representative of the RUSSIAN FEDERATION,¹ noting that the BRICS² TB Research Network played a key role in tuberculosis research and innovation, said that his Government was committed to ending tuberculosis and supported WHO's leadership role in that regard. WHO, the private sector and civil society had to engage in full cooperation in order to come up with innovative solutions for the prevention, diagnosis and treatment of tuberculosis, and scientific findings should be put into practice in a timely manner. He called on the Secretariat to work with his Government in implementing the draft resolution.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ said that his Government supported in particular the recommendations on increasing and diversifying funding for tuberculosis research and development set out in document EB146/11 but not country-specific funding targets, as such targets were rarely met and did not encourage an effective and strategic use of funding.

The representative of the REPUBLIC OF KOREA¹ said that a society-centred, multisectoral approach needed to be taken to tuberculosis prevention, diagnosis and treatment, especially with regard to high-risk groups. Financial support for tuberculosis research and innovation should also be increased. He encouraged WHO to pursue its efforts to develop rapid diagnostic tools and more effective treatment regimens, and expressed support for the draft resolution.

The representative of CANADA¹ said that her Government was working to address the continued presence of tuberculosis among indigenous populations in her country through a community-specific approach that sought to ensure community ownership of tuberculosis prevention and treatment. She encouraged other Member States with low incidences of tuberculosis to work with civil society and the

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

² Brazil, the Russian Federation, India, China and South Africa.

communities concerned, with a view to ensuring more equitable access to health services and to addressing the social determinants of health, including stigma. Member States should also incorporate community- and gender-based approaches into their tuberculosis response.

The representative of MYANMAR¹ said that investment in the research, development and deployment of new medicines, diagnostic tools and vaccines for tuberculosis had to be stepped up. She encouraged the Secretariat to continue to provide technical and financial support to high-burden countries and invited international partners to commit to investing more in tuberculosis research and innovation.

The representative of BOTSWANA¹ called for a sharper focus on the social determinants of health in order to improve the quality of life of those affected by tuberculosis, noting that document EB146/10 was silent on the issues of stigma and poverty and their impact on tuberculosis. An indicator that addressed the link between poverty and tuberculosis would therefore be a beneficial addition to the global targets of the End TB Strategy. She called on WHO to provide guidance and support for procurement and supply chain management and to promote a multisectoral approach to creating knowledge-sharing platforms on tuberculosis and HIV/AIDS at the country, regional and global levels.

The representative of SLOVAKIA,¹ reiterating the importance of focusing on the risk factors affecting certain groups of patients and of taking into account national contexts, said that further research and innovation was needed to mitigate the human, social and economic consequences of tuberculosis.

The representative of SPAIN,¹ highlighting her Government's planned contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria, encouraged the Secretariat to maintain its support for countries with the heaviest disease burden. Efforts should be made to strengthen and promote access to new treatments for resistant forms of tuberculosis at prices health systems could afford and to help countries manage supply problems relating to combination drugs. Referring to a promising tuberculosis vaccine being developed in her country, she encouraged research and development of innovative new treatments.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIR, was pleased that the draft global strategy focused on needs-driven, evidence-based, affordable and accessible research, and on community involvement at every stage. Member States should ensure that incentives to stimulate innovation included the sharing of data and intellectual property, for example through the Medicines Patent Pool, to encourage and support new collaborative research models. Research and development funding should be transparent and collaborative, and Member States should urgently mobilize resources and outline concrete steps to accelerate progress towards achieving the goals of the End TB Strategy.

The representative of the GLOBAL HEALTH COUNCIL INC., speaking at the invitation of the CHAIR, said that investment in tuberculosis research and development, coupled with efficient new technology and the evaluation of new tuberculosis products by WHO, were vital to control tuberculosis. She called on Member States to close the funding gap of US\$ 1.3 billion needed for tuberculosis research and development annually, expressing particular support for the recommendation to have a target Member State contribution. Capacity-building and accessibility to new tools and treatments were also essential.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that document EB146/11 failed to highlight the problem of lack of access to affordable tuberculosis medicines owing to patents and high costs;

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

objective 4 of the draft global strategy should explicitly refer to the flexibilities set out in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and the Doha Declaration on the TRIPS Agreement and Public Health. Frivolous patent claims filed in high-burden countries for combinations of rifapentine and isoniazid, which were old molecules undeserving of patents, should be withdrawn or rejected.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that he would forward his statement to the Secretariat for placement on the appropriate website.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that he shared the concern raised by all speakers that the world was not on track to end the global tuberculosis epidemic by 2030; nevertheless, he was heartened that one global milestone – on the number of people diagnosed and registered for treatment – had been reached in 2018, thanks to the efforts and investment of Member States, the Stop TB Partnership, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other partners. Member States must set ambitious targets and plans, address funding gaps and increase domestic investment to achieve the tuberculosis targets by 2022 and 2030. Achievement of the 2030 target depended heavily on accelerated research and development to ensure the introduction of new and additional tuberculosis diagnostic tools, medicines and vaccines by 2025. In addition to providing WHO guidance and technical support, the Secretariat was helping some of the countries with the highest tuberculosis burden adapt and implement the WHO multisectoral accountability framework. Greater high-level engagement in those important areas was pleasing. WHO would continue promoting access to affordable medicines, including for the treatment of multidrug-resistant tuberculosis. Regarding the draft global strategy, he thanked Member States and partners for their input and for endorsing the relevant resolution. He looked forward to the adoption of the strategy at the Seventy-third World Health Assembly and its full implementation.

The Board noted the reports contained in documents EB146/10 and EB146/11 and adopted the draft resolution.¹

The meeting rose at 21:05.

¹ Resolution EB146.R7.

EIGHTH MEETING

Thursday, 6 February 2020, at 09:10

Chair: Dr H. NAKATANI (Japan)

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

1. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 15 of the agenda

Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme: Item 15.1 of the agenda (document EB146/16)

WHO's work in health emergencies: Item 15.2 of the agenda (document EB146/17)

The CHAIR drew the attention of the Board to the reports contained in documents EB146/16 and EB146/17. Informal consultations were ongoing to prepare a draft resolution on strengthening preparedness for health emergencies that would be circulated in due course.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme presented the Committee's seventh report to the Board. She expressed her deepest condolences to the family, friends and WHO colleagues of the late Dr Peter Salama, former Executive Director of the WHO Health Emergencies Programme, who had worked with integrity, compassion and thoughtful determination, inspiring all those who knew and worked with him.

Following reports of a cluster of cases of pneumonia in Wuhan City, China, the Committee had held ad hoc consultations in January 2020 and had been continuously monitoring the outbreak of novel coronavirus infection. The Committee had acknowledged the declaration of the outbreak as a public health emergency of international concern on 30 January 2020. The strong commitment of WHO's senior leadership was commendable, as were the tireless efforts of health care workers tackling the outbreak, particularly those working on the frontline in China. The Committee extended its sympathies to all those affected by the outbreak. It urged all parties to collaborate with WHO to foster a better understanding of the transmissibility and severity of novel coronavirus and recommended that WHO should provide intensified support for preparedness and response, especially in vulnerable countries and regions.

Since 2016, WHO had made significant progress in outbreak management. There had also been improvements in the application of WHO's Emergency Response Framework and in coordination between WHO headquarters and regional and country offices for both acute and protracted crises. The Committee emphasized the importance of transparency, risk sharing and building trust with donor institutions and recommended that the capacity of WHO country offices to implement systematic risk assessment and prevention measures should be strengthened, with priority given to building human resources capacity in emergency settings. Regarding the Framework of Engagement with Non-State Actors, the Committee recommended that WHO should promote and ensure the systematic application of the policy to waive due diligence processes for partners with a proven track record.

The Committee commended WHO for its leadership in the ongoing response to the Ebola virus disease outbreak in the Democratic Republic of the Congo, in particular in view of the concurrent measles outbreak in the country. Progress made in infection prevention and control, risk communication, laboratory capacity, vaccination and community engagement had resulted in a steady decrease in new cases, although the risk of transmission remained high owing to the security situation in the Democratic Republic of the Congo. WHO must strengthen its own security capacity to guarantee the safety of its staff, and a robust, sustainable and functional security apparatus should be developed as part of the WHO transformation agenda.

Noting that WHO's innovative and operational "Whole-of-Syria" approach to the complex humanitarian and health crisis had been effective in responding to the health needs of the population in the north-west of the Syrian Arab Republic, the Committee urged Member States to support the Secretariat in continuing to carry out cross-border operations. The Committee recommended that WHO should document its success in supporting the Government of Turkey in the provision of health services to Syrian people living in Turkey in order to inform future responses. It was pleased to note the progress of the WHO research and development blueprint and recommended that WHO work closely with Member States, Global Outbreak Alert and Response Network partners and stakeholders to ensure a rapid roll-out of the Go.Data software tool.

Effective human resources policies and the capacity to carry out emergency operations and protect staff from burnout were crucial. Further improvement was urgently needed in the areas of emergency roster management, internal surge, geographical mobility, leadership training, contractual modalities for use in emergencies and a reward and compensation system based on workload. The Committee encouraged Member States to provide guidance to the Secretariat in improving the well-being and satisfaction of staff and in driving diversity and inclusiveness at WHO.

It was critical for Member States to ensure the sustainability of the WHO Contingency Fund for Emergencies, which had been dangerously depleted. It was also of concern that donors had shown little interest in Ebola virus regional preparedness and that investment in preparedness was generally undervalued. The Committee reiterated the need to build national capacity and recommended that the Secretariat should continue to work with Member States and partners to enable States Parties to build the core capacities required by the International Health Regulations (2005). The Committee was cautiously optimistic that the consolidation of cross-cutting functions and business processes under the transformation agenda would support WHO's work in emergencies. Close coordination between the Executive Director of the WHO Health Emergencies Programme and the regional directors was essential to ensure coherent work as "One Programme".

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, expressed appreciation for the work of the Secretariat and its leadership in health emergency preparedness and response and commended the efforts of those working on the ground. She strongly welcomed the Independent Oversight and Advisory Committee's recommendation for a strengthened and functional internal security apparatus and urged the Secretariat to expedite its implementation. The completion of mandatory training on sexual harassment, sexual exploitation and abuse should be used as a central criterion for the selection of external consultants to be deployed in response to health emergencies.

She requested further information on the measures put in place to minimize the risk of the transformation agenda disrupting existing emergency response systems during the transfer of capacities from the WHO Health Emergencies Programme to centralized WHO structures. She commended the Secretariat for advocating for political support and mobilizing resources to ensure a rapid response to the Ebola virus disease outbreak in the Democratic Republic of the Congo, as well as for its contribution, together with local scientists, to the research and development of an Ebola vaccine. She urged the Secretariat to prioritize efforts to encourage Member States to increase domestic resources for epidemic preparedness and called for the harmonization of efforts with all stakeholders in the response to health emergencies to avoid duplication and prevent the unnecessary waste of resources.

Turning to WHO's work in health emergencies, she commended all stakeholders for the work carried out to contain the outbreak of novel coronavirus infection. She welcomed the mechanism to release funds within 24 hours for outbreak response, which had led to a reduction in the response time for emergencies in the African Region. However, the delivery of quality health services during emergencies was hindered by limited funding, human resources capacity and ongoing insecurity. The Secretariat should continue to support Member States to strengthen capacity and should provide resources for emergency preparedness and response. It should also engage with leaders and work with all relevant stakeholders to ensure that health emergencies in humanitarian situations could be controlled and contained. It was imperative that all Member States, with support from the Secretariat, continued to conduct cross-border simulation exercises and national bridging workshops on the human–animal health interface and ensure the timely sharing of information. She looked forward to the roll-out of the Epidemic Intelligence from Open Sources initiative, which could enhance early detection of hazards with the potential to become acute health events.

The representative of SUDAN said that an all-hazards approach should be taken to increase the resilience of health systems and build core capacities. Adoption of the Regional Strategy for Integrated Disease Surveillance and Response: 2020–2030 through a One Health approach would improve national health emergency preparedness and response. It was crucial to unify reporting channels and integrate the Regional Strategy into national health information systems in order to ensure early detection of and timely response to all hazards. She commended WHO's efforts to encourage adoption of the regional framework for the implementation of the Global vector control response 2017–2030 among WHO regions and highlighted the need to strengthen institutional and human capacity to implement vector control and improve research to tackle insecticide resistance. She urged the Secretariat to advise Member States on measures needed to prevent the international spread of outbreaks and to encourage countries to strengthen cross-border preparedness and response. The Secretariat should also support States Parties in applying the International Health Regulations (2005) and provide advice on justifiable restrictions on the movement of people and goods between countries in cases of outbreaks.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova, Armenia and Georgia, aligned themselves with her statement. She encouraged WHO to strengthen its role as the health cluster lead in humanitarian emergencies to ensure the effectiveness of the cluster as a tool for joint analysis, response planning and priority-setting. She agreed with the Independent Oversight and Advisory Committee on the need to improve WHO's capacities to provide support in emergency situations, including through the provision of psychological support for staff and the roll-out of tools such as Go.Data. It was crucial that WHO had a robust monitoring and control system in place, with transparent reporting on issues identified.

Risk management and mitigation measures should also be reinforced and the preparedness and emergency response capacities of WHO country staff should be enhanced. Owing to the increasingly complex settings in which WHO was operating, further measures must be taken to guarantee the safety and security of health workers and facilities and enable an effective response. Like numerous other Member States, she commended the Government of China for its response to the outbreak of novel coronavirus infection. Cooperation at the global level, effective communication and community engagement were crucial in controlling outbreaks. It was critical for the scientific community to share its findings with WHO without delay to enable real-time analyses of epidemics. She welcomed the preparation of a draft resolution on strengthening preparedness for health emergencies and called on WHO to develop a horizontal approach at the intersection of health security and health systems, focusing on essential public health functions, primary health care and capacities for prevention, detection and response to health emergencies.

Speaking in her capacity as the representative of Germany, she supported the Committee's recommendations and urged the Secretariat and Member States to contribute to the sustainable financing

of the WHO Contingency Fund for Emergencies. WHO's ongoing reform processes should lead to the strengthening of its emergency programmes.

The representative of BRAZIL said that her Government had implemented a range of measures in response to the outbreak of novel coronavirus infection in China, including the establishment of an operational centre for public health emergencies and biomolecular testing at three national laboratories. The outbreak should serve as a reminder of the need to build stronger and more accessible health systems for all, and the international response should be guided by transparency, cooperation and solidarity.

The representative of INDONESIA, speaking on behalf of the Foreign Policy and Global Health Initiative, a group comprising Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand, emphasized the importance of WHO's role as the health cluster lead in humanitarian emergencies and called for continued efforts to strengthen global capacity and preparedness and response capabilities. She commended WHO's clear public communication on the outbreak of novel coronavirus infection. The international community should enhance global solidarity, coordination and preparedness, particularly by ensuring that Member States with weaker health systems had the support and capacity necessary to prevent and address public health emergencies. All States Parties should implement Article 44 of the International Health Regulations (2005) on collaboration and assistance, and the international community should accelerate research in order to contain the outbreak of novel coronavirus infection.

The representative of SINGAPORE said that the outbreak of novel coronavirus infection was a sombre reminder of the importance of building capacities to prevent, detect and respond to public health risks. The sharing of critical data under the International Health Regulations (2005) had been instrumental in supporting the global response to the outbreak. There was a higher risk of infectious disease transmission in major cities. Despite their differences, there was much that cities could learn from each other on urban health preparedness, particularly with levels of urbanization expected to increase. Her Government looked forward to working with the Secretariat and Member States to ensure that cities were better prepared for health emergencies.

The representative of SRI LANKA thanked WHO for making health emergencies a priority on the global health agenda. His Government welcomed the establishment of the South-East Asia Regional Health Emergency Fund, from which it had benefited during the 2017 outbreak of dengue haemorrhagic fever. Member States of the Region were implementing strategies to enhance their emergency preparedness and response capacity.

The representative of JAPAN said that staff safety should be a priority for WHO. He expressed his gratitude to those who risked their lives while working to improve the health of others. The Secretariat should consider how to ensure sustainable financing for the WHO Contingency Fund for Emergencies. He was pleased that WHO had applied the lessons learned from the operational issues concerning the WHO country office in Yemen across the Organization, and trusted that it would continue to do so. In order to maintain trust, problems should be addressed proactively and the results communicated immediately to donors and Member States. Turning to WHO's work in health emergencies, he said that the rapid and transparent sharing of information on novel coronavirus was essential. His Government would be providing additional funding in the order of US\$ 10 million, which would enhance the preparedness of countries with weak health care systems and support the recently launched WHO 2019 novel coronavirus (2019-nCoV): strategic preparedness and response plan. As it was impossible to tell when and how a new outbreak would occur, it was important not to make a geographical vacuum by creating a situation where a specific region could not join WHO even as an observer. In addition, consideration should be given to the method used for counting confirmed cases among passengers of cruise ships anchored in harbours, which should be separate from the confirmed

cases within a country, particularly where passengers were fully quarantined and transmissions were under control.

The representative of the UNITED STATES OF AMERICA welcomed the progress made by WHO on emergency preparedness under the International Health Regulations (2005), which it hoped would continue. The ongoing outbreak of Ebola virus disease in the Democratic Republic of the Congo, together with the outbreak of novel coronavirus infection, had emphasized the importance of strong coordination at all levels and of a multisectoral approach for pathogens of pandemic potential. WHO must demonstrate steadfast global leadership while providing timely and effective coordination with all relevant stakeholders to identify gaps in preparedness. He welcomed the establishment of the WHO emergency preparedness and response division. Coordination between the incident management system and the health cluster should be prioritized. It was imperative for WHO to present visible public health data on Taiwan¹ and to engage directly with the public health authorities of Taiwan¹ on action. His Government was implementing appropriate public health measures in response to novel coronavirus in accordance with WHO recommendations and the International Health Regulations (2005). He requested the Secretariat to provide technical support to Member States on appropriate travel restrictions.

The representative of FINLAND said that country preparedness had rightly become an area of focus. The recommendations of the Independent Oversight and Advisory Committee that WHO should push more for the translation of political commitments into funding allocation and build national capacity to strengthen core capacities required by the International Health Regulations (2005) were in line with those of the Global Preparedness Monitoring Board. Her Government was committed to demonstrating political leadership in the area of preparedness and called for increased national and global cooperation.

The representative of ISRAEL expressed appreciation for WHO's leadership in health emergencies. He agreed with the recommendations of the Independent Oversight and Advisory Committee on coordinating efforts to develop solutions and operational capacity, and on developing a policy to facilitate engagement with non-State actors with a proven record in disaster relief. He suggested creating an annual questionnaire on emergency preparedness as an efficient follow-up mechanism. His Government would be interested to learn more about the use of the newly launched Go.Data software tool and to be involved in its further development. With respect to WHO's work in health emergencies, he commended the work undertaken to combat the outbreak of Ebola virus disease and the rapid response to the outbreak of novel coronavirus infection. Noting the budgetary allocation to the WHO Health Emergencies Programme, he said that his Government would welcome a more detailed report on preparedness, response, health system recovery after crisis and WHO's work as the health cluster lead in humanitarian emergencies. He supported the increased focus on preparedness at the country level, including through the establishment of national focal points and the emergency medical teams' initiative, which should be strengthened at WHO headquarters. The Secretariat should continue providing support to Member States to reinforce health system capacity to deal with emergencies.

The representative of AUSTRALIA commended the efforts of the WHO Health Emergencies Programme to continuously improve transparency and encouraged the timely release of audit findings. Her Government supported the recommendations of the Independent Oversight and Advisory Committee with regard to building operational capacity at the country level, conducting risk assessments, and grievance and redress. Efforts must be made to ensure the sustainability of the WHO Contingency Fund for Emergencies and consideration should be given to how the Fund could be better positioned with respect to other emergency response financing mechanisms. Her Government would welcome future reporting on the impact of pilot incentives to encourage staff to take positions in

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

hardship duty stations and of the Programme's work in convening high-level events, as well as on the effectiveness of the Global Strategic Preparedness Network.

She commended the Secretariat's continued leadership in helping Member States to respond to severe large-scale emergencies. The outbreak of novel coronavirus infection served as a reminder of the importance of the timely sharing of information, strong political commitment and financing for health emergency preparedness. Her Government acknowledged WHO's efforts to support States Parties in achieving the core capacities required by the International Health Regulations (2005) and encouraged the Organization to continue working with countries to develop and finance national action plans in that regard. She strongly supported initiatives to externally assess national preparedness capacities under the Regulations.

The representative of BANGLADESH said that her country had been heavily affected by the unprecedented influx of more than 1 million forcibly displaced nationals from Myanmar in 2017, which remained the only protracted Grade 2 emergency in the South-East Asia Region. She expressed her appreciation to WHO for its support in providing health care services and in responding to that complex health emergency and called for the continued development and delivery of emergency preparedness and response activities for the displaced persons and local populations in need. She requested further information on WHO's latest plans in that regard and continued support from the international community in addressing the health needs of the Rohingya populations until their safe return to Myanmar.

The representative of ARGENTINA, noting the need to continue working to strengthen emergency preparedness and response capacities, agreed with the Independent Oversight and Advisory Committee that the impact of joint external evaluations and national action plans on strengthening core capacities required by the International Health Regulations (2005) was still unclear. The first joint external evaluation had been completed in Argentina the previous year, but many of the preliminary recommendations made by the external evaluators did not clearly relate to strengthening core capacities. She therefore expressed support for the Committee's recommendation that WHO should make further efforts in streamlining that process and supporting countries in developing simplified and impact-oriented national action plans.

Speaking also on behalf of Brazil, Chile, El Salvador, Mexico, Peru and Uruguay, she welcomed WHO's response to the outbreak of novel coronavirus infection. Member States should support WHO in its role as coordinator by implementing WHO's recommendations, in keeping with the International Health Regulations (2005), in order to ensure a coherent, coordinated global response. She supported the Director-General's call for solidarity and for an evidence-based approach in order to prevent the spread of misinformation. There was a need for a better early warning system for public health emergencies of international concern, which could be achieved without amending the Regulations, and would welcome guidance from the Secretariat in that regard.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, commended the progress made by the WHO Health Emergencies Programme, especially in response to conflicts and outbreaks. Noting that the Region included the greatest number of countries affected by acute and protracted health emergencies, he called on the Secretariat to implement the Independent Oversight and Advisory Committee's recommendations in order to ensure that the WHO Health Emergencies Programme was fully operational in the Region. He highlighted the Committee's recommendations that WHO should document the lessons learned from its work in the Syrian Arab Republic, conduct systematic risk assessments and strengthen the capacity of WHO country offices in the areas of partnerships, internal communications, risk management and compliance, with a focus on offices in countries affected by health emergencies. WHO's capacity to surge in emergencies and to ensure the security of its operations also needed to be strengthened, its core flexible funding increased and the sustainability of the WHO Contingency Fund for Emergencies ensured.

He commended WHO for its work in emergencies and called on the Organization to more effectively address the growing problem of violent trauma and actively implement the humanitarian–development nexus. In terms of health security preparedness, it was important to accelerate the implementation of national action plans, focusing on countries affected by protracted humanitarian emergencies. Further work was needed at the country level to strengthen early warning systems and better monitor the effectiveness of emergency operations through implementation of the Standards for Public Health Information Services.

The representative of CHINA agreed with the comments and recommendations of the Independent Oversight and Advisory Committee. Noting that around one third of the positions planned for the WHO Health Emergencies Programme had been vacant in November 2019, he expressed deep concern that the Secretariat had taken no effective action to address the situation and requested an explanation from the Secretariat in that regard. The Secretariat should strengthen communication with Member States and pay due attention to ensuring a geographical, gender and cultural balance in the recruitment process. WHO should enhance its leadership role in coordinating the global response to health emergencies, in line with the WHO transformation agenda, and should step up its fundraising efforts in order to ensure the sustainability of the WHO Contingency Fund for Emergencies. He expressed support for the Committee’s recommendation regarding the development of simplified and impact-oriented national action plans and agreed that the impact of joint external evaluations and national health security action plans on strengthening the International Health Regulations (2005) was still unclear.

Concerning WHO’s work in health emergencies, WHO should enhance preparedness by supporting countries, and particularly those with weaker health systems, in building strong and adaptive health systems and by supporting States Parties in strengthening the core capacities required by the International Health Regulations (2005), as well as by providing guidance on their obligations under the Regulations. In response to the outbreak of novel coronavirus infection, his Government had shared information and the genome sequence in a proactive and timely manner. A comprehensive set of strict measures had been put in place to contain the spread of the virus, allowing more time for global preparedness. He called on Member States to respond to the outbreak in accordance with the Regulations and WHO recommendations and in a scientific, calm, rational and cooperative manner, and to refrain from panic or excessive interventions that could disrupt global prevention and control efforts. His Government stood ready to cooperate with and support all Member States.

The representative of TUNISIA outlined the national action plan put in place by his Government in response to the outbreak of novel coronavirus infection. Measures included border surveillance, transparent communication on prevention, daily epidemiological updates and quarantining of individuals returning from highly exposed areas. Collaboration with WHO, the Government of China and laboratories in Germany had been crucial in that regard. He commended WHO’s timely and effective response to the outbreak.

The representative of AUSTRIA said that addressing the operational challenges highlighted by the Independent Oversight and Advisory Committee would require close intersectoral collaboration. Joint external evaluations provided Member States with a good basis for an objective review of their national situation. Transparency and open communication were key to effectively tackling health emergencies. The WHO Collaborating Centre for Evidence-Based Medicine in Austria was supporting WHO’s response to the outbreak of novel coronavirus infection by analysing and summarizing reliable facts and scientific studies in a timely manner in order to inform decision-making.

The representative of ITALY said that his Government had applied all relevant WHO recommendations in response to the outbreak of novel coronavirus infection, including on the isolation of suspected and confirmed cases and contact tracing. All preventive measures brought in by his Government were being implemented under the principle of precaution and were subject to review. The virus had been cultivated in his country and was available to other Member States for scientific purposes.

His Government was committed to actively contributing to the global response to the outbreak and the strategy put in place by WHO.

The representative of HAITI¹ encouraged the Independent Oversight and Advisory Committee to continue its work in order to further refine WHO's response to health emergencies. Since it was essential for all countries to be able to contribute to and be included in WHO strategies and action plans, Taiwan² should be granted observer status, especially given that the outbreak of novel coronavirus infection was so close to its borders and the risk of a global pandemic was high.

The representative of the SYRIAN ARAB REPUBLIC¹ expressed strong reservations regarding the references in the report of the Independent Oversight and Advisory Committee to the management of cross-border operations by the Gaziantep office and the Committee's recommendations on strengthening the office's work. She expressed concern about the office's politicization of humanitarian work, its provision of health and medical support to areas under the control of listed terrorist groups, and its use of incorrect data and information from hostile States. Although the support provided by the Organization to meet the health needs of Syrian people during the crisis in the Syrian Arab Republic was welcome, she emphasized that the role of WHO was complementary to and supported that of the Ministry of Health. The WHO country office in Damascus was pivotal to the success of WHO's work in the country.

The representative of HONDURAS¹ said that due attention should continue to be paid to countries with fragile health systems and that efforts should be stepped up to improve prevention, detection and the frontline response. Given the importance of ensuring that no individual, no country and no region was left behind, Taiwan² must be included in the global health network.

The representative of TURKEY¹ said that the proactive, timely and transparent response to the outbreak of novel coronavirus infection further illustrated the need for a strong WHO with effective operational capacity. Her Government stood ready to contribute to response efforts. She thanked WHO for its support in providing health care to the large numbers of refugees in her country.

The representative of COLOMBIA,¹ outlining her Government's response to the public health challenges posed by the arrival of Venezuelan migrants, called for the sharing of information on interventions used during emergencies in order to improve preparedness and response. She welcomed the increased use of the incident management system, which should be adapted for application in local contexts. Lastly, she commended the response of WHO to novel coronavirus.

The representative of THAILAND¹ said that WHO's advice not to impose any travel restrictions due to the outbreak of novel coronavirus infection was not being followed. Convening a global meeting of WHO staff and experts in China would contribute to efforts to restore global confidence and solidarity and prevent panic.

The representative of ETHIOPIA¹ said that, although no cases of novel coronavirus infection had yet been confirmed in Ethiopia, his Government was undertaking all necessary preparedness measures with the support of the WHO regional and country offices. However, there was no need for additional measures that could interfere with international traffic and trade. The Secretariat should support Member States to strengthen their health systems and provide support to States Parties to implement the

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² World Health Organization terminology refers to "Taiwan, China".

International Health Regulations (2005); more specifically, his Government would appreciate further support in implementing its national action plans for health security.

The representative of BELGIUM¹ commended WHO for its strong leadership in public health emergencies and preparedness. Her Government would continue to work with WHO in response to the outbreak of novel coronavirus infection, which required an inclusive approach that left no one behind. Turning to the report of the Independent Oversight and Advisory Committee, she expressed concern regarding failures to implement the lessons learned from crises, despite the high number of Member States undergoing joint external evaluations; crisis response efforts should not detract from crisis preparedness. Furthermore, pandemic preparedness could not exist without well-functioning health systems. Health system strengthening was key to crisis preparedness in view of the risk posed by fragile health systems to global health security.

The representative of the MARSHALL ISLANDS¹ encouraged the Board to pursue WHO's core mission by including all relevant stakeholders, irrespective of political considerations, in its mechanisms for addressing severe global health situations, including the recent outbreak of novel coronavirus infection. Indeed, the absence of any region from the global health network placed everyone at risk. She therefore called on WHO to allow Taiwan² to participate in the Organization's technical meetings.

The representative of SWITZERLAND¹ highlighted the importance of implementing systematic risk assessment and prevention measures in fragile and conflict settings. In addition, States Parties should report regularly on their implementation of the International Health Regulations (2005) and the required core capacities, with a view to strengthening preparedness capacities.

The representative of SWEDEN¹ commended the strong leadership shown by the Director-General in scaling up the Organization's work on health emergencies. The outbreak of novel coronavirus infection highlighted the importance of a robust global system for public health preparedness and response, including strong health systems. It was concerning that financial resources for the WHO Contingency Fund for Emergencies were low, as that threatened WHO's ability to respond to emergencies. She stressed the importance of preparedness and coordination and the need to link emergency preparedness and response to the recovery and reconstruction phase and take the needs of vulnerable groups into account.

The representative of BELARUS¹ commended WHO's response to recent emergency situations, especially the Ebola virus disease outbreak. He also praised the response to novel coronavirus; the effective cooperation between the Government of China and WHO demonstrated a responsible approach to protecting lives and had set new standards for reacting to health emergencies.

The representative of GUATEMALA¹ said that his Government had launched a public information campaign and strengthened epidemiological and clinical surveillance in response to the outbreak of novel coronavirus infection. He expressed appreciation for the leadership shown by WHO and stressed the importance of transparency, solidarity and cooperation and of leaving no one behind. To prevent a recurrence of the lack of information in Taiwan² that had caused lives to be lost during the early stages of the outbreak of severe acute respiratory syndrome, it was vital to include Taiwan² in the global response to novel coronavirus and to allow it to participate as an observer in WHO meetings.

The representative of SENEGAL¹ expressed solidarity with all Member States experiencing health emergencies, particularly China, and welcomed the progress made by WHO in its leadership in health emergency situations. He outlined national measures taken in relation to the International Health

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Regulations (2005) and encouraged the Secretariat to continue providing support to States Parties in relation to the Regulations. He called on Member States to ensure the availability of sufficient funds to enable WHO to tackle the challenges faced in the area of emergency response. Lastly, he stressed the need to ensure the security of personnel working in humanitarian emergencies.

The representative of CANADA,¹ praising the response to novel coronavirus, said that an inclusive approach should be taken regarding global health emergencies, as the control of emerging infectious diseases was essential to the health and safety of people around the world. He welcomed the Director-General's work to increase the political visibility of emergency preparedness, noting that the outbreaks of novel coronavirus infection and Ebola virus disease provided an opportunity to strengthen global preparedness efforts. In view of WHO's commitment to integrating gender into all areas of its work, information should be provided on the progress made in that respect in the field of health emergencies. Agreeing with the Independent Oversight and Advisory Committee that partnerships and effective health cluster leadership were key to ensuring an effective emergency response, he requested information on the Secretariat's plans to strengthen its leadership and improve coordination.

The representative of NICARAGUA¹ outlined the national steps taken to improve the core capacities required by the International Health Regulations (2005) and protect the population from the threat of novel coronavirus, which included increased disease surveillance, prevention and control measures, and an information campaign. He urged Member States to avoid introducing travel or trade restrictions on areas affected by novel coronavirus.

The representative of SAINT KITTS AND NEVIS¹ said that infectious diseases such as novel coronavirus were of particular concern to island nations such as Saint Kitts and Nevis and thanked the Secretariat for its briefings on the outbreak of novel coronavirus infection, which could only be defeated if all countries worked together. He encouraged the Secretariat to continue working with global experts, governments and partners to expand scientific knowledge on the virus, and to provide guidance to Member States and individuals. The Secretariat should include Taiwan² in all WHO's work and make use of its expertise in order to ensure that there were no gaps in global disease control systems.

The representative of the RUSSIAN FEDERATION¹ stressed that the International Health Regulations (2005) were the main instrument for managing emergency health situations and, as such, they needed further strengthening and developing. Furthermore, the Secretariat should ensure that States Parties applied and used the Regulations correctly; introducing subsidiary instruments would reduce the effectiveness of the Regulations in emergency situations and waste resources. His Government would continue to support WHO's work on the Regulations, including through bilateral support to other States Parties.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ said that the outbreak of novel coronavirus infection underscored the need to improve preparedness by strengthening health systems. National action plans might not be sufficient without political commitment to invest in health systems. She agreed with the recommendations of the Independent Oversight and Advisory Committee regarding security, staffing, and sexual exploitation and abuse and recognized that it was critical to address waivers of due diligence processes for implementing partners in order to boost surge capacity. Noting the overreliance of the WHO Health Emergencies Programme on flexible funding and the precarious position of the WHO Contingency Fund for Emergencies, she urged Member States to reflect on the sustainability of those entities. In addition, given the global reach and rapid spread of health emergencies, it was vital to include all parties that were

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² World Health Organization terminology refers to "Taiwan, China".

able to contribute in response efforts. She queried the lack of analysis of the operating constraints of the WHO Health Emergencies Programme. While it was clear that excellent work was being done by the WHO country office in Turkey, other WHO country offices in emergency situations were struggling to operate; could the Secretariat comment on the Programme's strategic plans to address those key constraints?

The representative of the REPUBLIC OF KOREA,¹ highlighting measures taken to improve national public health emergency preparedness and response following the 2015 outbreak of Middle East respiratory syndrome, agreed that early detection through a strong surveillance system was needed for effective preparedness and response. His Government therefore welcomed the Epidemic Intelligence from Open Sources initiative and would continue to support its expansion to other Member States to improve surveillance systems worldwide. He urged the Secretariat to continue its prompt communication of information on the outbreak of novel coronavirus infection.

The representative of NEW ZEALAND¹ said that the current outbreak of novel coronavirus infection highlighted the importance of preparedness and the need for partnerships. Timely cooperation with all health communities was indeed key to the response; such emergencies highlighted the need to avoid politicization and promote inclusivity in global health matters. The outbreak also reaffirmed the importance of implementing the International Health Regulations (2005). Her Government was working with its neighbours in the Pacific region to identify effective ways to prepare for and respond to novel coronavirus.

The representative of NORWAY¹ welcomed the strengthening of WHO's work on health emergencies and highlighted the value of the WHO Contingency Fund for Emergencies, which had enabled WHO to respond quickly to the outbreak of novel coronavirus infection before WHO's strategic preparedness and response plan for the 2019 novel coronavirus (2019-nCoV) had been formulated. His Government would consider supporting the humanitarian elements of that plan. It was vital to support countries with weak health systems to improve preparedness. He encouraged donors to provide humanitarian and development resources for long-term preparedness and response efforts and endorsed the recommendations of the Independent Oversight and Advisory Committee on strengthening the protection of health care workers and providing clear guidelines on dealing with sexual harassment, including preventive measures and timely response to complaints of harassment. Lastly, he encouraged the Secretariat to keep donors informed regarding the allegations of corruption against the WHO country office for Yemen in order to maintain trust in the Organization.

The representative of SOUTH AFRICA¹ praised WHO's outstanding leadership in responding to health emergencies and encouraged the Secretariat to act on the recommendations of the Independent Oversight and Advisory Committee and to strengthen early warning systems. It was essential to replenish the WHO Contingency Fund for Emergencies; the announcement of additional contributions by several Member States was therefore welcome. She requested urgent support for countries on the African continent to strengthen laboratory capacity and the core capacities required by the International Health Regulations (2005), which would complement domestic investment.

The representative of INDIA¹ commended the work of the Independent Oversight and Advisory Committee. He expressed concern regarding the persistence of Ebola virus disease in the Democratic Republic of the Congo and called on WHO to harness all its expertise to contain the outbreak. In addition, the security, protection and welfare of staff were vital to ensure adequate human resources during outbreaks involving high-risk pathogens or protracted crises. WHO should therefore take all necessary risk mitigation measures. In view of the need to ensure the sustainability of the WHO Contingency Fund for Emergencies, his Government supported the recommendation to empower WHO

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representatives to mobilize resources at the country level. He commended WHO's response to recent Grade 3 emergencies and the outbreak of novel coronavirus infection and highlighted the national measures taken in response to the latter. Concerted efforts were required to deal with the challenges faced by national health systems with limited capacities in responding to such emergencies. WHO's progress in the monitoring and evaluation of the core capacities required by the International Health Regulations (2005) was satisfactory, and initiatives to harness innovative technologies, which should be introduced more widely via technology transfer, were welcome.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ outlined the multisectoral action taken by his Government to address the urgent health needs of populations affected by emergencies in the most efficient, effective and sustained way, as well the range of measures taken in response to the outbreak of novel coronavirus infection, including the communication of guidelines based on the latest available information from WHO and the establishment of screening facilities. He emphasized the need to pay greater attention to the resilience of health care facilities and hoped that the Secretariat would resolve any issues related to the dispatching of laboratory diagnostic kits to countries such as his.

The representative of BARBADOS¹ expressed support for the strong global response to the outbreaks of Ebola virus disease and novel coronavirus infection and the initiatives outlined. Regional and international solidarity and support during emergencies were vital. The aftermath of Hurricane Dorian in the Bahamas in 2019 had shown that it was almost impossible for a small island developing State to mount an effective response alone. The commendable efforts of the PAHO Disaster Response Team had been critical in that regard. It was essential to have sustainable funding to respond efficiently to health emergencies. Technical support was needed for resource mapping to advance the implementation of national action plans for health security.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA¹ said that the imposition of unilateral coercive measures on her country had reduced its capacity to purchase vaccines, medicines and other medical supplies. Highlighting the measures taken by her Government regarding novel coronavirus, including making information on novel coronavirus infection available at airports and ports, in keeping with the recommendations issued by WHO, she called for the prevention of stigmatization regarding novel coronavirus infection.

The representative of NAURU,¹ commending WHO for its continued efforts and work in health emergency preparedness and response, outlined the challenges faced by small island developing States such as Nauru in tackling the transmission of infectious diseases and the need for health systems strengthening. Health emergency preparedness must be inclusive; the absence of regions or countries in the global health network would undermine global preparedness and response efforts. In that regard, and in the interest of leaving no one behind, Taiwan² should be granted observer status and allowed to participate in technical groups and WHO meetings.

The observer of the INTERNATIONAL ORGANIZATION FOR MIGRATION said that population mobility should be a key consideration in preparedness and response to health emergencies. IOM and WHO had collaborated on a methodology for mapping population mobility to enhance evidence-based public health decision-making, in line with the advice of the International Health Regulations (2005) Emergency Committee regarding Ebola virus disease in the Democratic Republic of the Congo in June 2019. In the light of the current outbreak of novel coronavirus infection, IOM stood ready to offer technical support to governments and partners on understanding population mobility trends and, in partnership with WHO, to support sound public health measures that minimized disruption

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² World Health Organization terminology refers to "Taiwan, China".

to society and the economy. Global health security should be expanded to include global health solidarity.

The observer of GAVI, THE VACCINE ALLIANCE said that he would forward his full statement to the Secretariat for placement on the appropriate website. Member States should prioritize routine immunization and interventions in low-coverage communities to benefit “zero-dose” children as part of national strategies to achieve universal health coverage. The board of Gavi had recently approved an investment of US\$ 178 million to create a global stockpile of about 500 000 licensed Ebola vaccines for the next five years, which would support targeted preventive vaccination of high-risk populations in at-risk countries.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, said that the Secretariat needed to improve engagement with local partners and affected communities in preparedness, response and recovery, as local frontline providers were better placed to prevent outbreaks and deliver improved health outcomes over time. Wider collaboration building on existing coordination mechanisms was needed to link intersectoral efforts. Sexual and reproductive health and rights must remain a priority in health emergencies, as women and girls were often disproportionately affected. WHO should coordinate consistently between the gender-based violence sector and the sexual and reproductive health sector to support a holistic and dependable response for survivors.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR, commended the Secretariat on declaring the outbreak of novel coronavirus infection a public health emergency of international concern and supported the temporary recommendations. She encouraged WHO to continue facilitating the sharing of scientific data to develop new tools, countermeasures and policies; reprioritize capacity-building; better prepare for the impact of infectious diseases caused by climate change; and strengthen efforts to build a health workforce with expertise in infectious diseases.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that she would forward her statement to the Secretariat for placement on the appropriate website. She requested clarification on how many statements non-State actors were permitted to make for the entire duration of the meeting.

The CHAIR responded that non-State actors should make a limited number of interventions, which should focus on areas relating to their core mandate.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme thanked participants for their insightful comments and support. Responding to points raised, she said that the outbreak of novel coronavirus infection had underscored the importance of health security and investment in preparedness. She agreed that more resources were needed to support priority countries and WHO's coordination work. New Zealand's financial contribution, particularly for preparedness work, was welcome. Joint external evaluations, implementation of national action plans and health systems strengthening were crucial. She had noted the concerns regarding joint external evaluations and their impact on building the core capacities required by the International Health Regulations (2005). A progress report on those areas of work would be submitted to the Seventy-third World Health Assembly.

There was an increasing need for cross-border collaboration. In that context, WHO should promote global solidarity regarding the outbreak of novel coronavirus infection and enhance its coordination with partners. The Committee would oversee WHO's work on the crucial areas of early warning, surveillance, monitoring and evaluation, and the sharing of epidemic intelligence. The safety and security of WHO staff was paramount. Given the increasing demand for WHO to work in conflict

and complex political settings, a more systematic approach and dedicated capacity for security management were required.

Noting the concerns surrounding the sustainability of the WHO Contingency Fund for Emergencies, she encouraged the Secretariat to improve its strategy for sustainable financing and resource mobilization activities to ensure that the Fund was fully capitalized. Thanking the Government of Japan for its financial commitment, she urged all Member States to step up their financial support. Calls for continued support of the response to the Ebola virus disease outbreak were welcome. Flexible funding for the WHO Health Emergencies Programme and strengthening of the human resources capacity of WHO country offices were essential. She agreed on the need to improve transparency and donor trust when operating in fragile settings. The comments regarding the Framework of Engagement with Non-State Actors and emergency medical teams had been noted and progress in those areas would be reported on. Preventive measures, including staff training, to prevent sexual harassment, exploitation and abuse would continue to be monitored. She urged Member States to guide the Secretariat to fully implement the recommendations on the grievance and redress system. The suggestion to review the impact of convening high-level meetings and the concern regarding the transformation agenda had also been noted. The Committee was committed to reporting on progress made in WHO's work in health emergencies to the Seventy-third World Health Assembly.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) thanked Member States for their constructive feedback and WHO partners in the private and public sectors for their collaboration. Recent outbreaks of novel coronavirus infection, Ebola virus disease and cholera reflected not only health pressures but also the ecosystemic, economic and demographic pressures driving epidemics and health emergencies and highlighted the need for mitigation measures to reduce those risks and vulnerabilities. Health emergency preparedness and response and functioning health systems with sufficient investment were vital, as reflected in the International Health Regulations (2005) and pillar 2 of the Thirteenth General Programme of Work, 2019–2023. He looked forward to continued financial support and collaboration in that regard. Many of the factors that affected WHO's response capacity, such as safe water, sanitation, urban management and education, lay outside the health sector. A multisectoral approach and a fundamental broadening of accountabilities and contributions were therefore vital.

Noting points raised by Member States on ways of improving WHO's operations, its financial and administrative risk management and its ability to coordinate with all partners, he thanked donors for their contributions to the WHO Contingency Fund for Emergencies, particularly those that had made multiple contributions. With the allocation of US\$ 83 million to 21 countries for 22 events in 2019 and US\$ 10 million for the first response to the outbreak of novel coronavirus infection, only US\$ 17 million remained in the Fund, which was an uncomfortably low level. The calls for a sustainable mechanism to replenish and fund the WHO Contingency Fund for Emergencies were therefore welcome. Member States and donors should clearly be closely involved in the current process of designing a funding mechanism for the Fund.

The emphasis on staff health and security was appreciated given the increasingly complex and dangerous operational settings. Action was being taken internally and externally to scale up security capacity. He commended the Director-General on his numerous missions to the Democratic Republic of the Congo to visit WHO staff and show his solidarity. A total of 73% of country positions were now filled, up from 37% in 2017 and 53% in October 2018. The gap was primarily because of a lack of funding and difficulty attracting people to work in more challenging environments. About 75% of the budget for the WHO Health Emergencies Programme for the biennium 2020–2021 had been allocated to regional and country offices, with more than 50% of that budget being allocated at the country office level.

The WHO Health Emergencies Programme endeavoured to support all populations, including in conflict settings, prioritizing those most in need and operating in line with resolutions of the United Nations and of WHO. Over the previous weeks, advice, input and technical briefings had been provided

to health experts from Taiwan, China, who had been invited to participate, with their colleagues from mainland China, in all WHO technical processes.

He extended his condolences to the Government of Canada and the Public Health Agency of Canada for the death of Dr Frank Plummer the previous day and praised the courage and forbearance of the staff of the WHO Health Emergencies Programme and the Universal Health Coverage Division following the death of Dr Peter Salama.

The ASSISTANT DIRECTOR-GENERAL (Emergency Preparedness and International Health Regulations), thanking Member States for their support, said that the importance of emergency preparedness had been highlighted by recent events; the 2019 outbreak of novel coronavirus infection had made it clear that investment could not wait until an outbreak happened and that more proactive measures were needed to reduce the impact of health emergencies. Much had been done since 2016 to assess country capacity and develop national plans for emergency preparedness, but more action was needed at the national and international levels to implement them. The draft resolution on strengthening preparedness for health emergencies, the text of which was being prepared through informal consultations, was therefore timely. The Secretariat looked forward to working with Member States and its partners on a multisectoral basis to strengthen and finance health preparedness, including by enhancing country capacity, focusing on the least prepared countries and implementation of the International Health Regulations (2005) and the required core capacities, and forging connections in the areas of universal health coverage and the One Health approach. Examples of multisectoral collaboration included working with ministries of finance on financing national plans of action, investing in preparedness capacity through building an investment case to demonstrate that investment in preparedness would benefit communities and reduce the cost of response, and supporting national public health institutions as a sustainable source of a skilled health workforce for emergency preparedness and response.

Together with the World Bank and the Governments of Morocco and Rwanda, WHO would be hosting the High-Level Meeting on Diplomacy for Health Security and Emergency Preparedness in Marrakesh in March 2020, marking the start of a series of advocacy events that formed part of the campaign on “Keeping the World Safe, Protecting Economies, Connecting Nations”. An expert group had been established to advise WHO on the subject of warning systems. The group had concluded that there was no need to review the International Health Regulations (2005); instead, the Director-General and the Secretariat could work on developing a grading system for warnings, perhaps in the form of a traffic light system, to alert the world about events before they reached the level of a public health emergency of international concern. The group was expected to complete its deliberations in the coming weeks.

Emergency medical teams were a significant component of the WHO Health Emergencies Programme and the WHO emergency medical teams’ secretariat would continue to support response activities and focus on developing the national capacities of emergency medical teams to ensure that they could be deployed as the first responders in emergency situations. Welcoming the concept of urban preparedness proposed by the representative of Singapore, the Secretariat was working with the Ministry of Health of Singapore to develop proposals for consideration by Member States.

The ASSISTANT DIRECTOR-GENERAL (Emergency Response) welcomed the support and engagement of Member States and partners, including the deployment of national experts and high-level visits to many emergency response areas. Capacity-building was a high priority for the WHO Health Emergencies Programme; resources included an online platform for capacity-building open to all experts, focusing on outbreaks and emergency management, which had attracted 150 000 course registrations to date, including 25 000 for training related to novel coronavirus. The Secretariat was also focusing on building capacity in emergency response and leadership in priority countries, using evidence from risk assessments and vulnerability data from joint evaluations to target priority areas.

Staff security, safety and welfare were of paramount importance, particularly given that WHO staff operated in extremely dangerous environments. Thus, investment and support from the Secretariat, the entire United Nations system and Member States were vital to ensure the operational safety of staff.

Regarding the duration of the Ebola virus disease outbreak in the Democratic Republic of the Congo, the complex environment on the ground and the virtually non-existent national health system had hampered progress and disease detection. However, the number of cases reported per week had fallen significantly since the peak recorded in April 2019, as had the spread to different health zones and districts. Efforts were on the right track and the primary aim was to avoid disruptions.

There was an urgent need to invest in health cluster coordination, particularly in protracted crises and responses to outbreaks. It was necessary to ensure that the incident management system forged close links between health clusters and response activities. In line with the country business model, the first posts filled in priority countries were related to health cluster coordination. However, noting that it was an area without many investment partners, he expressed the hope that partner contributions would increase. It was also important to focus on the integrated vector control strategy. Most vector-borne diseases were neglected tropical diseases and although there was financing for some diseases, such as yellow fever, it was important to adopt an integrated approach and to leverage adequate resources to tackle all such diseases. Surveillance was crucial. In that context, the Regional Strategy for Integrated Disease Surveillance and Response: 2020–2030 adopted by the African Region and WHO's surveillance and early warning strategy would help to identify priorities for investment and action. He reiterated WHO's commitment to continuing its efforts relating to the crisis concerning the Rohingya people, which was a protracted Grade 2 emergency. The Organization was working with more than 100 partners to deliver services and invest in strengthening early warning and surveillance systems.

The DIRECTOR-GENERAL said that, as part of the WHO transformation agenda, a new division on emergency preparedness had been established, headed by Dr Jaouad Mahjour. Expectations were high for the High-Level Meeting on Diplomacy for Health Security and Emergency Preparedness, scheduled to be held in Marrakesh in March 2020, which would include representatives from States in the most vulnerable areas. The Secretariat was also working with the private sector on issues relating to emergency preparedness.

The outbreak of novel coronavirus infection had proven the importance of WHO's work on ensuring preparedness. To maintain the current momentum and strengthen preparedness efforts, he asked Member States to put aside their differences and approve the draft resolution on emergency preparedness to be circulated in due course.

The Board noted the reports.

The representative of CHINA, speaking in exercise of the right of reply, said that several Member States had made irresponsible and unacceptable comments regarding Taiwan.¹ The Chinese central Government had been cooperating with the Taiwanese authorities, and both sides had made dozens of notifications and exchanged information and reports. Experts from Taiwan¹ had also visited Wuhan and obtained first-hand information on the outbreak of novel coronavirus infection. The Government of China was sincere about protecting the health and well-being of Taiwanese¹ people and the measures taken had been comprehensive and adequate. In line with the one-China principle, the Government of China and the Secretariat had worked to ensure that Taiwanese¹ authorities had access to accurate, timely information on public health so that appropriate and effective arrangements could be put in place. Therefore, the authorities of Taiwan province¹ had full access to epidemiological information through cross-strait channels and from WHO. Talk of an "epidemic prevention gap" was completely baseless and merely political hyperbole. He stressed that Taiwan¹ was part of China and requested Member States to respect the guidance of the Chair and to abide by the Rules of Procedure of the Executive Board in order not to waste time.

¹ World Health Organization terminology refers to Taiwan, China.

The representative of MYANMAR,¹ speaking in exercise of the right of reply, said that her Government shared the concerns of displaced people in her country and that bilateral arrangements had been signed to facilitate their voluntary, safe repatriation. Repatriation efforts would succeed if undertaken in a sincere and honest manner. She urged neighbouring States to implement those arrangements in good faith; “megaphone diplomacy” would only serve to hamper implementation efforts.

The representative of GUATEMALA,¹ speaking in exercise of the right of reply, said that he wished to reiterate his country’s position. His country’s statement had been relevant to the topic under discussion and complied with the Rules of Procedure of the Executive Board. Taiwan² was part of a globalized world and should not be denied access to information, especially during a public health emergency of international concern.

The representative of the UNITED STATES OF AMERICA, speaking in exercise of the right of reply, said that her delegation stood by its earlier statement, which sought to raise public health concerns relating to novel coronavirus and was not politically motivated. The right of reply should not be used for political purposes.

The CHAIR encouraged the Board to work on the basis of mutual respect and to focus on technical issues.

2. EPIDEMIOLOGICAL UPDATE ON THE OUTBREAK OF NOVEL CORONAVIRUS INFECTION

The DIRECTOR (Health Emergency Information and Risk Assessment) said that of the 3697 new confirmed cases of novel coronavirus infection reported in China, 80% had been reported in Hubei province; 640 were severe cases and 73 had been fatal. During the previous 24 hours, 5328 suspected cases had been reported in China and 25 new confirmed cases had been reported in other countries, namely Australia, Japan, Malaysia, the Republic of Korea, Singapore and the United States of America, as well as 10 confirmed cases on a cruise ship docked in Japan. The patient identified in the United States had travelled from Beijing, rather than Hubei province; it was only the second case exported from China where a patient’s travel history had not included Hubei province. Overall, cases of novel coronavirus infection had been reported in 25 countries, with the vast majority reported in China.

The WHO strategic preparedness and response plan for the 2019 novel coronavirus (2019-nCoV) included establishing regional and global coordination and operational support platforms, providing support to high-risk and vulnerable countries and accelerating priority research and innovation.

The meeting rose at 12:35.

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

² World Health Organization terminology refers to Taiwan, China.

NINTH MEETING

Thursday, 6 February 2020, at 14:35

Chair: Dr H. NAKATANI (Japan)

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITTING FROM UNIVERSAL HEALTH COVERAGE

1. EPILEPSY: Item 11 of the agenda (document EB146/12)

The CHAIR drew attention to a draft decision on epilepsy proposed by China, Eswatini, Guyana, North Macedonia, the Russian Federation and Zambia, which read:

The Executive Board, having considered report on epilepsy,¹ and noting the highly treatable nature of epilepsy, for which urgent action is needed; the many outstanding gaps in the prevention and treatment of the condition; its frequent occurrence as a comorbidity of neurological disorders; and the potential for scaling up implementation of synergistic, proven cost-effective measures to reduce the burden of epilepsy and other neurological disorders, decided:

(PP1) to note the global report, *Epilepsy as a public health imperative*,² published in 2019;

(PP2) to request the Director-General:

- (a) to expand the scope of the report to be submitted for consideration by the Seventy-third World Health Assembly, by adding a new section entitled “Synergies in addressing the burden of epilepsy and other neurological disorders”;
- (b) to finalize the WHO technical policy brief on Epilepsy, including a set of essential immediate actions to strengthen country actions against epilepsy and its comorbidities, for publication on WHO’s website;
- (c) to encourage Member States to contribute to ongoing discussions on the draft resolution on epilepsy and other neurological disorders, based on the report mentioned in subparagraph (a) to be submitted for consideration by the Seventy-third World Health Assembly;

(PP3) to propose that the Seventy-third World Health Assembly consider relevant further action on epilepsy and other neurological disorders.

The representative of TAJIKISTAN said that more work was needed to improve care for people living with epilepsy and other neurological disorders. People living in low- and middle-income countries were most likely to face barriers to access to adequate care, and treatment and medicines should be made

¹ Document EB146/12.

² Epilepsy: a public health imperative. Geneva: World Health Organization; 2019 (https://www.who.int/mental_health/neurology/epilepsy/report_2019/en/, accessed 3 June 2020).

available to all. A resolution on epilepsy should be prepared for the Health Assembly. He supported the draft decision and wished to be added to the list of sponsors.

The representative of FINLAND, speaking also on behalf of Denmark, Estonia, Iceland, Latvia, Lithuania, Norway and Sweden said that, given that around a quarter of epilepsy cases could be prevented by broader public health responses, it was crucial to integrate treatment of epilepsy into primary health care and ensure access to affordable antiseizure medicines. The actions set out in the document being discussed would strengthen health systems and contribute to universal health coverage. Initiatives that aimed to close the treatment gap and increase health literacy were welcome. Health literacy measures should be incorporated into training on care for persons with epilepsy, and health workers should be encouraged to provide clearer health information to patients. Progress into epilepsy had been slow because research was often fragmented and the spotlight had been on patient care rather than treatment and cure. She supported the proposal to widen the scope of the agenda item to cover other neurological disorders, ensuring a broader approach to brain health.

The representative of GABON, speaking on behalf of the 47 Member States of the African Region, welcomed global efforts to combat epilepsy and the Organization's activities regarding advocacy, awareness-raising and service provision. Epilepsy must be made a public health priority, and leadership and governance in that regard should therefore be strengthened. An integrated, multidisciplinary approach was essential to accelerate progress at the country level. The Secretariat should support the Member States of the African Region in training health workers, ensuring access to medicines and integrating epilepsy into primary health care. He supported the draft decision.

The representative of ITALY said that WHO should facilitate access to epilepsy treatment, especially in low- and middle-income countries, provide specific training to health workers and caregivers, and combat prejudice against people affected by epilepsy. To achieve those objectives, epilepsy should be addressed as a separate disease – not placed in a category of diseases. She supported the draft decision.

The representative of JAPAN said that it was important to incorporate epilepsy into national health and mental health plans and to increase access to anticonvulsant medicines globally. Successful control of epilepsy would help to, inter alia, reduce medical expenditure and ensure children's proper development. Further research and development were needed, especially in the area of prevention.

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, and listing several risk factors and consequences related to epilepsy, highlighted the importance for the Region of taking action to more effectively deal with the disease. It was necessary to promote health education and engage in multisectoral work to prevent epilepsy and improve access to health care and medicines. The Organization's technical support was needed to, inter alia, strengthen understanding of mental health in general and of epilepsy in particular, combat stigma and integrate epilepsy interventions into the health care system.

The representative of CHINA said that while previous action on epilepsy had been effective, further efforts were required. WHO should play a leading role in epilepsy prevention and control, and provide technical support to Member States. Her Government welcomed the report and wished to be added to the list of sponsors of the draft decision.

The representative of AUSTRALIA said that epilepsy should be considered within the context of universal health coverage. It was important to work to facilitate access to support, enhance health literacy and improve understanding within communities, with a view to reducing the treatment gap. It was also critical to continue to build capacity for epilepsy research.

The representative of GEORGIA said that there was a need for greater advocacy and awareness-raising at the country level. Engaging primary care providers was also important for adequate case management and timely referral. She welcomed international collaboration to build the capacities of local neurologists. Epilepsy should be considered a public health concern and, as such, incorporated into broad care policies, service delivery and medicine provision programmes. Integrated approaches to dealing with noncommunicable diseases should be encouraged. A disease-specific and cost-effective epilepsy action plan could help governments set out clear national agendas and mobilize resources. She welcomed plans to finalize a WHO technical policy brief on epilepsy.

The representative of ESWATINI said that his Government was experiencing difficulties in dealing with the high burden of epilepsy and other neurological disorders. He wished to be added to the list of sponsors of the draft decision.

The representative of ZAMBIA said that there was a need for coordinated multisectoral and multidisciplinary action at the country level to address the health, social and public knowledge implications of epilepsy. It was necessary to conduct a multistakeholder review of the prices of antiseizure medicines, diagnostic and therapeutic tools and technologies with a view to ensuring their accessibility in low-income countries. She encouraged Member States to integrate epilepsy into their action plans on noncommunicable diseases and mental health, and requested the Secretariat's support in that respect. Her Government wished to be added to the list of sponsors of the draft decision.

The representative of CHILE said that his Government had made advances in the area of epilepsy but continued to face many of the challenges outlined in the report. Member States should develop plans to address epilepsy, including training strategies, set up referral centres and stock medicines at the primary care level. His Government wished to be added to the list of sponsors of the draft decision.

The representative of INDONESIA said that her Government had taken steps towards reducing the epilepsy treatment gap by, for example, raising awareness and increasing the number of neurologists. It was vital to address gaps in prevention and treatment and to reduce the burden of epilepsy and other neurological disorders, and she supported global efforts to that end.

The representative of SUDAN applauded efforts to improve access to epilepsy treatment and reduce stigma. Noting the exclusion of epilepsy from WHO's classification of noncommunicable diseases, she called on the Secretariat to consider the seriousness of epilepsy and assist in ascertaining its burden at the country level. In order to address the treatment gap in her country, WHO's technical support was necessary to train health care providers and deliver the diagnostic services and medicines required, especially at the primary care level. Context-specific awareness-raising campaigns should also be launched to break down the cultural barriers and stigmatization that contributed to the treatment gap, and encourage the use of services.

The representative of GERMANY, speaking on behalf of the Member States of the European Union, supported the draft decision and wished to be added to the list of sponsors.

The representative of KAZAKHSTAN¹ said that it was vital to reduce the epilepsy treatment gap and improve epilepsy treatment worldwide. Highlighting the need for a WHO technical policy brief on epilepsy, including a set of essential immediate actions to strengthen country actions against epilepsy, she supported the draft decision and wished to be added to the list of sponsors.

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

The representative of HONDURAS¹ said that the Region of the Americas Strategy and Plan of Action on Epilepsy for 2012–2021 should extend to 2030. Her Government requested to be added to the list of sponsors of the draft decision.

The representative of THAILAND¹ called for immediate action to strengthen national responses to epilepsy, including effective monitoring mechanisms with clear targets and indicators. Key indicators should focus on effective coverage of antiseizure treatment at the primary health care level. All patients should be offered testing for the HLA-B15 gene before being prescribed carbamazepine and the Secretariat should advise on evidence regarding the use of cannabis for epilepsy. He supported the draft decision.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ urged Member States to fully integrate epilepsy care into primary health care systems and ensure access to antiseizure medicines at the primary level; launch awareness-raising activities; offer comprehensive training for the families and caregivers concerned; and define follow-up and referral networks.

The representative of the RUSSIAN FEDERATION¹ said that in the light of the comorbidities related with epilepsy, synergistic measures should be adopted to reduce the burden of epilepsy and other neurological diseases. The draft decision set out an integrated and interdisciplinary approach to epilepsy and related issues. Immediate and effective action should be taken in that regard.

The representative of TURKEY¹ said that epilepsy patients should have access to affordable treatment and mental health support without fear of stigmatization. To that end, the role of primary health care in epilepsy treatment should be highlighted to increase access to antiseizure medicines and the scope of coverage should be broadened. Stigmatization must be addressed through increased public health awareness activities, and WHO should carry out awareness-raising at the country level. She supported the draft decision.

The representative of INDIA¹ said that his Government was committed to improving treatment for mental health. Global efforts to address mental, neurological and substance use disorders were welcome and should be driven by strong and strategic leadership, cost-effective interventions, a multisectoral approach, enhanced information sharing on experiences and effective management of neurological diseases.

The representative of the INTERNATIONAL BUREAU FOR EPILEPSY, speaking at the invitation of the CHAIR, recalled the adverse effects of epilepsy on those living with the disease and said that WHO demonstration projects had indicated that diagnosis and treatment of epilepsy were possible without specialist equipment. Governmental commitment was therefore necessary to ensure epilepsy was a health priority. Immediate action was required to implement the commitments set out in the *WHO global report, Epilepsy: a public health imperative*.

The representative of the INTERNATIONAL LEAGUE AGAINST EPILEPSY, speaking at the invitation of the CHAIR, said that, despite the fact that epilepsy was a highly treatable disease, a high proportion of people continued to suffer from it, and strong multisectoral action was essential to effectively address the issue. He supported the draft decision.

The representative of the WORLD FEDERATION OF NEUROLOGY, speaking at the invitation of the CHAIR, expressed support for the draft decision.

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

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that Member States should continue to strengthen health and social care systems to improve access to comprehensive epilepsy care and integrate epilepsy management into primary health care. Additional efforts were required at the global level to secure access to affordable medicines and reduce stigmatization. He hoped that Member States would build on recent progress to further strengthen national responses. The Secretariat's technical policy brief on how to address treatment gaps for epilepsy would be finalized and posted on the WHO website by May 2020. He welcomed the request to broaden the scope of the report being discussed to other neurological disorders and brain health. The Secretariat would continue to provide technical support as requested, including for access to medicines.

The CHAIR took it that the Board wished to note the report contained in document EB146/12.

The Board noted the report.

The CHAIR drew attention to the draft decision on epilepsy proposed by China, Eswatini, Guyana, North Macedonia, the Russian Federation and Zambia:

The financial and administrative implications for the Secretariat were:

Decision: Epilepsy
A. Link to the approved Programme budget 2020–2021
<p>1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted: Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p>
<p>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021: Not applicable.</p>
<p>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021: Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the decision: Activities for development and implementation of the global action plan for epilepsy (2021–2030) will be carried out during the next 10 years (2020–2029).</p>
B. Resource implications for the Secretariat for implementation of the decision
<p>1. Total resource requirements to implement the decision, in US\$ millions: 2020–2021: US\$ 0.5 million (staff US\$ 0.3 million, activities US\$ 0.2 million) 2022–2029: US\$ 20.0 million (staff US\$ 10.0 million, activities US\$ 10.0 million).</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions: US\$ 0.5 million, planned for in the approved Programme budget 2020–2021, for staff costs and activities for development of the action plan and initial implementation of the plan. Thus there are no additional requirements.</p>

<p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>Not applicable.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</p> <p>US\$ 5.0 million (staff US\$ 2.5 million, activities US\$ 2.5 million)</p> <p>At headquarters: one person (100% of one full-time equivalent) at grade P4; one person (15% of one full-time equivalent) at grade P5, with international expertise in public health and neurology; and one person providing administrative support (25% of one full-time equivalent) at grade G5.</p> <p>At the regional level: one person with international expertise in public health and neurology who also has knowledge of the situation (needs and resources) in their region (50% of one full-time equivalent) at grade P4 in each region.</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>Headquarters</p> <ul style="list-style-type: none"> • Two persons with international expertise in public health and neurology: <ul style="list-style-type: none"> • one (100% of one full-time equivalent) at grade P4 • one (15% of one full-time equivalent) at grade P5; • One person providing administrative support (25% of one full-time equivalent) at grade G5. <p>Regional level</p> <p>One person with international expertise in public health and neurology who also has knowledge of the situation (needs and resources) in their region (50% of one full-time equivalent) at grade P4 in each region.</p> <p>Total costs (headquarters and regional level)</p> <p>Biennium 2024–2025: US\$ 5.0 million (staff US\$ 2.5 million, activities US\$ 2.5 million);</p> <p>Biennium 2026–2027: US\$ 5.0 million (staff US\$ 2.5 million, activities US\$ 2.5 million);</p> <p>Biennium 2028–2029: US\$ 5.0 million (staff US\$ 2.5 million, activities US\$ 2.5 million).</p> <p>Total: US\$ 15.0 million (staff US\$ 7.5 million, activities US\$ 7.5 million) for the three bienniums.</p>
<p>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</p> <p>– Resources available to fund the decision in the current biennium:</p> <p>US\$ 0.2 million.</p> <p>– Remaining financing gap in the current biennium:</p> <p>US\$ 0.3 million.</p> <p>– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</p> <p>Not applicable.</p>

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	–	–	–	–	–	–	0.3	0.3
	Activities	–	–	–	–	–	–	0.2	0.2
	Total	–	–	–	–	–	–	0.5	0.5
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	0.1	0.3	0.2	0.2	0.2	0.2	1.3	2.5
	Activities	0.2	0.2	0.2	0.2	0.2	0.2	1.3	2.5
	Total	0.3	0.5	0.4	0.4	0.4	0.4	2.6	5.0
Future bienniums resources to be planned	Staff	0.4	0.8	0.6	0.7	0.6	0.7	3.8	7.5
	Activities	0.6	0.6	0.6	0.6	0.6	0.6	3.9	7.5
	Total	1.0	1.4	1.2	1.3	1.2	1.3	7.7	15.0

^a The row and column totals may not always add up, due to rounding.

The representative of AUSTRALIA said that while she supported the draft decision, she wished to propose some amendments in the interests of clarity. With regard to subparagraph 2 (b), given that work on the technical policy brief was not yet under way, that paragraph should be amended to read: “to develop technical guidance on strengthening country actions against epilepsy and its comorbidities, and make this available on WHO’s website”.

Subparagraph 2(c) should be amended to indicate the informal intersessional consultations that would be held, and should read: “to encourage Member States to discuss a possible draft resolution on further action on epilepsy and other neurological disorders for consideration by the Seventy-third World Health Assembly”.

Lastly, paragraph 3 should be deleted, as its meaning was subsumed by the amended subparagraph 2(c).

The SECRETARY suggested reordering the amended paragraphs to distinguish the actions that were to be taken by Member States and by the Director-General. Hence, the amended subparagraph 2(c) should become paragraph 2 of the draft decision and paragraph 2 should be renumbered as paragraph 3.

The CHAIR invited the Board to consider the draft decision, as amended.

The draft decision, as amended, was adopted.¹

2. INTEGRATED, PEOPLE-CENTRED EYE CARE, INCLUDING PREVENTABLE BLINDNESS AND IMPAIRED VISION: Item 12 of the agenda (document EB146/13)

The CHAIR drew attention to the report on integrated, people-centred eye care, including preventable blindness and impaired vision, contained in document EB146/13, and to a draft resolution on the subject proposed by Australia, Barbados, Burkina Faso, Eswatini, Ethiopia, Indonesia, Israel, Malaysia, Myanmar, Peru, Singapore, South Africa, Thailand, the United Kingdom of Great Britain and Northern Ireland, the United States of America and the European Union and its Member States.

¹ Decision EB146(8).

The representative of JAPAN welcomed the inclusion of eye health conditions in the political declaration of the high-level meeting on universal health coverage. His Government had recently decided to provide a financial contribution to the Expanded Special Project for Elimination of Neglected Tropical Diseases of the Regional Office for Africa to support its work to prevent loss of sight through onchocerciasis. His Government took a keen interest in eye health, especially given the impact of sensory impairment on the quality of life of elderly people.

The representative of SINGAPORE said that his Government was pleased to sponsor the draft resolution. He commended the Secretariat's work on the *World report on vision*, which chimed with his Government's own efforts to strengthen eye care services within primary health care and the early prevention, detection and management of common eye conditions, and agreed with the Secretariat's assessment of the various challenges at play. The welcome inclusion of indicators on refractive error and cataract surgery in the universal health coverage index under the WHO Impact Framework for the Thirteenth General Programme of Work, 2019–2023 would help countries to track progress in eye care to improve standards. In that connection, he requested the Secretariat to provide guidance and the Member States to share experiences on the best ways to collect data on those indicators.

The representative of BENIN, speaking on behalf of the Member States of the African Region, noted with satisfaction the progress in eye health over the previous 30 years, even though over 1 billion people still lived with preventable or untreated visual impairment. He welcomed the Secretariat's proposal to make integrated, people-centred eye care the model of choice and scale it up widely, but expressed concern at the challenge posed by the shortage of trained staff. Strengthening programmes on measles immunization, vitamin A supplementation, and certain neglected tropical diseases and noncommunicable diseases would help to reduce the prevalence of concomitant visual impairment. He encouraged Member States to incorporate integrated, people-centred eye care into their universal health coverage strategies. He supported the draft resolution.

The representative of INDONESIA said that more than 1 billion of the 2.2 billion people with visual impairment worldwide had preventable conditions, numbers that were projected to increase as a result of changing lifestyles and demographic trends. Eye health was often not included in national health policies because of insufficient human resources and infrastructure, which prevented people from accessing eye health services. Most low- and middle-income countries were therefore facing high rates of untreated visual impairment, which led to, inter alia, lower education and productivity levels, thereby contributing to increased poverty. The risk factors associated with the increasing rates of visual impairment should thus be anticipated and alleviated. She supported the recommendations contained in the *World report on vision* and encouraged others to support the draft resolution.

The representative of TAJIKISTAN said that the inclusion of eye health on the agenda was timely and justified. It was essential to preserve eye health, particularly given the burden placed on national health systems by visual impairment, and to address the socioeconomic and psychological dimensions of eye health since marginalized groups were most likely to be affected by visual impairment. Member States should bolster eye care services with long-term monitoring, and targeted prevention and treatment programmes at the national level. While his Government prioritized eye health, in particular to combat the glaucoma burden, progress was often hampered by the lack of integration of eye care into the national health system.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the rates of preventable or addressable vision impairment and blindness were concerning given the importance of vision in daily life and the availability of effective interventions across the continuum of care. He requested the Secretariat to provide practical guidance, including detailed recommendations on how to give effect to the goal of integrated, people-centred eye care at the country level. Such guidance should subsequently be adopted, adapted and implemented by Member States to ensure strong commitment to eye health.

The representative of BANGLADESH welcomed the document and said that her Government had developed a national eye care programme. The readiness of primary health care systems to deliver integrated, people-centred eye care services should be urgently assessed, especially in low- and middle-income countries. Awareness-raising activities on blindness prevention were also needed, especially against the backdrop of the global rise in noncommunicable diseases. Discussions with governments and other stakeholders should address the impact of blinding noncommunicable diseases and the issue of eye health should be integrated into activities focusing on conditions such as diabetes and nutritional deficiencies. She requested the Secretariat and development partners to step up efforts to promote technology transfer and capacity-building in eye care. Her Government wished to be added to the list of sponsors of the draft resolution.

The representative of AUSTRALIA, thanking the Secretariat for the document, said that the discussion of the future direction of eye health was timely given other relevant global initiatives, including the recent release of the *World report on vision*. Further global momentum was needed to scale up and integrate eye care into universal health coverage. Despite efforts over recent decades, the rising global rates of preventable vision impairment and blindness were concerning, as was the disproportionate impact on low- and middle-income countries and vulnerable populations. Developed countries were also affected, however, and her Government was working to narrow gaps in eye health between indigenous and non-indigenous populations and to meet the challenges posed by an ageing population. She looked forward to concerted action to implement the recommendations of the *World report on vision*.

The representative of CHINA applauded the results achieved in the prevention and treatment of visual impairment thus far. He supported the Secretariat's proposal on integrated, people-centred eye care; the incorporation of eye care into universal health coverage; and the inclusion of relevant indicators in the universal health coverage index under the WHO Impact Framework for the Thirteenth General Programme of Work. To accelerate work in the area, he called on Member States to integrate eye care programmes into national health care strategies; encourage support from partners outside the health sector; promote global research on health systems, and on supply and demand for eye care interventions; and develop action plans to step up work at the regional and national levels, in particular regarding implementation and monitoring.

The representative of FINLAND said that the Governments of Denmark, Estonia, Iceland, Latvia, Lithuania, Norway and Sweden aligned themselves with her statement. She welcomed the draft resolution. The issue of eye health should be included in the documents relating to Pillar 1 of the Thirteenth General Programme of Work at the Seventy-third World Health Assembly.

The representative of BRAZIL welcomed the *World report on vision* and underscored the importance of preventing common conditions that had a negative impact on the well-being of underserved populations, and of carrying out interventions, most of which were particularly cost-effective, to address visual impairment. His Government had recently begun to address the backlog of eye care interventions and was ready to strengthen eye care among indigenous peoples and isolated populations in Brazil. He thanked the sponsors of the draft resolution.

The representative of CHILE said that the Secretariat's programme on the prevention of blindness and deafness had helped his Government to make significant progress in eye health over the previous decade, in particular in cataract surgery. However, challenges such as an ageing population and the high prevalence of disease risk factors had increased the demand for vision rehabilitation services. He requested that his Government should be added to the list of sponsors of the draft resolution.

The representative of AUSTRIA said that she appreciated the inclusion of the topic on the agenda. The four key strategies contained in the report should be adopted to enable stakeholders to respond to emerging eye health challenges. Prevention would play a key role in that regard. The issue of eye health

required a health-in-all-policies approach, with potential synergies in schools and workplaces, and awareness-raising among the public. Access to essential eye care was crucial and health care services at all levels should be coordinated to facilitate integrated, continuous care. She welcomed the Secretariat's efforts to support Member States in the implementation of integrated, people-centred eye care. She also highlighted the important and laudable work of the non-State actor Light for the World in the field of eye care.

The representative of ISRAEL welcomed the *World report on vision* and supported its recommendations. He underscored the importance of early detection and treatment for certain eye conditions that could be prevented or corrected with early attention. The use of technology such as telemedicine and artificial intelligence was well-suited to eye care and could increase rates of diagnosis, especially in remote areas with low doctor-to-patient ratios. He therefore encouraged the Secretariat to emphasize technological innovation in efforts to support the creation of a global eye care research agenda. He supported the draft resolution.

The representative of PERU¹ congratulated the Secretariat on the *World report on vision*. Disabling visual impairment and blindness affected the lives of hundreds of thousands of people in her country, and her Government was therefore working to integrate eye care into national services, in particular at the primary health care level, to widen access to quality eye care. She supported the draft resolution.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that his country's main challenges included updating the national data on childhood blindness and adult visual impairment and ensuring the equitable distribution of technical health workers.

The representative of THAILAND¹ strongly supported the inclusion of comprehensive eye care into universal health coverage. Lack of awareness was the biggest challenge to achieving effective coverage. She expected that the application of new technologies, such as the fundus camera in conjunction with artificial intelligence, and community screening tools, like the WHO Guidelines on Integrated Care for Older People, would further increase effective eye care coverage.

The representative of INDIA¹ recognized the global and socioeconomic burden of blindness and visual impairment. His Government advocated promotive and preventive eye health services through information, education and communication activities, and was committed to the prevention and control of avoidable blindness. He appreciated WHO's advisory role in controlling blindness and reiterated the need for collaboration and knowledge sharing among all stakeholders to completely eliminate avoidable blindness.

The representative of MONTENEGRO¹ noted with concern that global demographic trends, such as population ageing, would cause a substantial increase in the number of people with eye conditions that were often preventable. Many feasible and cost-effective health care interventions existed, such as health promotion and prevention, and should be implemented. She looked forward to hearing from the Secretariat on additional guidance on evidence-based and cost-effective eye care interventions and approaches to facilitate the further integration of eye care into universal health coverage. She wished to be added to the list of sponsors.

The representative of MYANMAR¹ noted that the majority of people with vision impairment lived in low- and middle-income countries, which often lacked strategies to address the issue. Appropriate action was needed to scale up eye care and incorporate it into universal health coverage.

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

She welcomed the *World report on vision*, the key strategies of which would help Member States achieve integrated, people-centred eye care and facilitate service delivery.

The representative of POLAND,¹ expressing support for eye care as an integral part of universal health coverage, said that his Government had introduced several reforms to enhance the effectiveness of interventions associated with eye conditions, which had reduced surgery waiting times. He wished to be added to the list of sponsors of the draft resolution.

The representative of NEW ZEALAND¹ noted with concern the considerable number of people living with preventable or addressable vision impairment, as well as the corresponding socioeconomic impact on those concerned. Implementing integrated people-centred eye care was more critical than ever, given population ageing, lifestyle and demographic factors. She looked forward to further global progress in guaranteeing access to safe, affordable and accessible eye care as part of universal health coverage, thereby ensuring that no one was left behind.

The representative of NIGERIA¹ highlighted the importance of people's healthy vision in socioeconomic development. He welcomed the advice by the Secretariat and the recommended strategies, such as raising awareness of the importance of early identification of eye conditions, especially among underserved populations, strengthening eye care services in primary health care and ensuring multisectoral coordination of services.

The representative of TURKEY¹ said that half of the world's cases of blindness were due to cataracts, despite it being a treatable condition. Together with other partners, her country had established the Alliance to Fight Avoidable Blindness, which brought international donors together to provide free eye care for cataract patients in Africa, with her Government providing most of the technical support. She wished to be added to the list of sponsors.

The representative of ECUADOR¹ agreed that the establishment of integrated people-centred eye care would contribute to the attainment of the health-related Sustainable Development Goals. To that end, he welcomed the inclusion of indicators concerning coverage, the correction of refractive errors and cataracts. National programmes should guarantee eye care and follow-up services, and eye care should be strengthened at the primary care level to effectively respond to current and future challenges. Lifelong training for medical professionals and the improvement of information systems would also improve patients' quality of life and help to address inequalities related to access to services for underserved populations.

The representative of the INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS, speaking at the invitation of the CHAIR, said that it was evident that the Sustainable Development Goals and universal health coverage would only be achieved if eye care was addressed. Improving eye health helped reduce poverty and deliver inclusive education, decent work and gender equality. She warned that if nothing changed, by 2050 blindness would have increased threefold and half of the world's population would be living with myopia. However, effective health care interventions were available and were among the most feasible and cost-effective. She supported the draft resolution.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that the discussion had demonstrated the importance of eye care for the achievement of universal health coverage. It was crucial to confront the fact that the essential and cost-effective eye health interventions available to address the leading causes of vision impairment and blindness were not accessible and affordable to much of the world's population. He welcomed the draft resolution, the preparation of which had provided the Secretariat with a unique opportunity to hold

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

constructive consultations with Member States concerning cooperation to ensure that eye care progressed as part of the universal health coverage agenda. He hoped that the draft resolution would address the coverage gap and contribute to the implementation of the recommendations of the *World report on vision*.

The Board noted the report.

The CHAIR drew attention to the draft resolution on integrated people-centred eye care, including preventable vision impairment and blindness, which read:

The Executive Board,
Having considered the report on integrated people-centred eye care, including preventable blindness and impaired vision,¹
RECOMMENDS to the Seventy-third World Health Assembly the adoption of the following resolution:

- The Seventy-third World Health Assembly,
- (PP1) Having considered the report by the Director-General on integrated people-centred eye care, including preventable blindness and impaired vision, which summarizes the findings of the *World report on vision*;²
- (PP2) Recalling resolutions WHA51.11 (1998) on global elimination of blinding trachoma, WHA56.26 (2003) on the elimination of avoidable blindness, WHA59.25 (2006) and WHA62.1 (2009) on the prevention of avoidable blindness and visual impairment, WHA66.12 (2013) on neglected tropical diseases, and WHA66.4 (2013) entitled “Towards universal eye health: a global action plan 2014–2019”;
- (PP3) Mindful of the 2030 Agenda for Sustainable Development, in particular Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), and recognizing the important intersections between eye health and other Sustainable Development Goals, including Goal 1 (End poverty in all its forms everywhere), Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all), Goal 5 (Achieve gender equality and empower all women and girls), Goal 6 (Ensure availability and sustainable management of water and sanitation for all), Goal 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all), and Goal 10 (Reduce inequality within and among countries);
- (PP4) Recalling the Political Declaration of the High-level Meeting on Universal Health Coverage (2019), including the commitment therein to strengthen efforts to address eye health conditions as part of universal health coverage;
- (PP5) Recognizing that at least 2.2 billion people are living with vision impairment or blindness and at least 1 billion people have vision impairment that could have been prevented or is yet to be addressed;¹
- (PP6) Acknowledging that the vast majority of people with vision impairment live in low- and middle-income countries, which often have limited resources and may lack strategies to prevent or correct vision impairment, and bearing in mind higher prevalence of vision impairment in rural and remote areas;
- (PP7) Noting the significant impact of vision impairment on the development, educational achievement, quality of life, social well-being and economic independence of

¹ Document EB146/13.

² World report on vision. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/328717>, accessed 3 June 2020).

individuals, as well as on society, with disproportionate burdens imposed on underserved and vulnerable populations;

(PP8) Aware that the majority of the causes of vision impairment can be prevented or corrected through early detection and timely management, and that cost-effective interventions covering promotion, prevention, treatment and rehabilitation can be made available at primary health care level to respond to needs associated with eye conditions and vision impairment, but that there are significant variations in use of and access to eye care services between and within populations;

(PP9) Noting that cataract and uncorrected refractive error are the leading causes of blindness and vision impairment and that effective interventions exist for both, and emphasizing the need to improve access to these interventions for everyone, everywhere;

(PP10) Concerned by barriers to availability and accessibility of eye care services, such as cataract surgery, refraction services and provision of spectacles, including shortages of trained health personnel, insufficient cross-sectoral collaboration, access challenges for people in rural and remote areas, socioeconomic and cultural factors, inequities, and costs of services;

(PP11) Concerned also by the increasing prevalence of myopia, especially related to lifestyle factors in children, including intensive near vision activity and insufficient time spent outdoors;

(PP12) Noting that achieving global targets for neglected tropical diseases that cause preventable blindness, especially trachoma and onchocerciasis, requires that health systems have the capacity, including adequate resources, to document, identify, screen for, treat and manage these conditions, using defined strategies, and, after verification or validation of elimination, to continue to retain people in eye care in order to manage these conditions and their complications;

(PP13) Noting also that many eye conditions typically do not cause vision impairment and yet can still lead to personal and financial hardships because of associated treatment needs; and that certain of these conditions, such as pterygium, if untreated, may lead to vision impairment or blindness;

(PP14) Recognizing that global eye care needs are expected to increase substantially in the coming decades due to demographic and lifestyle trends, including ageing populations globally, with the number of people living with blindness projected to triple by 2050, and with substantial increases expected in cataract, glaucoma, diabetic retinopathy, uncorrected refractive error, and age-related macular degeneration, and with half the global population expected to be living with myopia, and stressing the importance of prevention, early detection and treatment to contain and reverse these increases;

(PP15) Noting that scientific and technological advances, including new screening methods and telemedicine, have great potential to benefit eye care further, including early detection, diagnosis and treatment;

(PP16) Recognizing the need to achieve equitable access to safe, effective, quality and affordable eye care services, noting that delivery models differ among and within countries, and acknowledging the need for effective regulation, oversight and collaboration between governments and other stakeholders including the private sector, as appropriate;

(PP17) Appreciating the efforts made by the WHO Secretariat, Member States and international partners in recent years to prevent and address vision impairment, but mindful of the need for further action,

OP1. URGES Member States, taking into account their national circumstances and priorities, to take action to implement the recommendations in the *World report on vision*, including to: make eye care an integral part of universal health coverage; implement integrated people-centred eye care in health systems; promote high-quality implementation and health systems research complementing existing evidence for effective eye care interventions; monitor trends and evaluate progress towards implementing integrated

people-centred eye care; and raise awareness and engage and empower people and communities in respect of eye care needs;

OP2. CALLS ON partners, including intergovernmental and nongovernmental organizations, to support Member States, as appropriate, in the national implementation of the recommendations of the *World report on vision*;

OP3. REQUESTS the Director-General:

- (1) to provide technical support to Member States to implement the recommendations of the *World report on vision* as part of support to achieve universal health coverage;
- (2) to develop additional guidance on evidence-based and cost-effective eye care interventions and approaches to facilitate the integration of eye care into universal health coverage, mindful that approaches will need to be tailored to a range of country contexts, budgets and models of health service delivery;
- (3) to support the creation of a global research agenda for eye health that includes health systems and policy research, and technological innovation for affordable eye care, as well as surveillance that promotes cross-country comparisons for monitoring global progress;
- (4) to prepare, in consultation with Member States, recommendations on feasible global targets for 2030 on integrated people-centred eye care, focusing on effective coverage of refractive error and effective coverage of cataract surgery, for consideration by the Seventy-fourth World Health Assembly, through the Executive Board;
- (5) to report on progress in the implementation of this resolution to the Seventy-seventh World Health Assembly in 2025, and to ensure that eye health is included as part of regular reporting on resolution WHA69.11 (2016).

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

The resolution was adopted.¹

Dr Sillanaukee took the Chair.

3. NEGLECTED TROPICAL DISEASES: Item 13 of the agenda (document EB146/14)

The CHAIR drew attention to the report contained in document EB146/14 and invited the Board to provide guidance on the next steps to advance global action on neglected tropical diseases. She also invited the Board to consider two draft decisions.

The first draft decision was on neglected tropical diseases, and was proposed by Argentina, Canada, Indonesia, Thailand, United Kingdom of Great Britain and Northern Ireland, United States of America, the Member States of the African Region and the Member States of the European Union. It read:

The Executive Board, having considered the report on neglected tropical diseases,² and recalling resolution WHA66.12 on neglected tropical diseases and WHO's road map to accelerate

¹ Resolution EB146.R8.

² Document EB146/14.

work to overcome the global impact of neglected tropical diseases 2012–2020, and Member States' commitment to target 3.3 of Sustainable Development Goal 3, decided to request the Director-General to develop, in consultation with the Member States and in collaboration with relevant stakeholders, the road map for neglected tropical diseases 2021–2030, aligning it with Sustainable Development Goal targets for 2030, in order to maintain the momentum and sustain the gains achieved in addressing neglected tropical diseases, as well as applying lessons learned from implementing the road map for 2012–2020, and to submit it for consideration by the Seventy-third World Health Assembly.

The financial and administrative implications of the draft decision, should it be adopted, were:

Decision: Neglected tropical diseases
A. Link to the approved Programme budget 2020–2021
1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted: Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results.
2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021: Not applicable.
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021: None.
4. Estimated time frame (in years or months) to implement the decision: Four months (February–May 2020).
B. Resource implications for the Secretariat for implementation of the decision
1. Total resource requirements to implement the decision, in US\$ millions: US\$ 0.15 million.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions: US\$ 0.15 million.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions: None.
3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions: None.

<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>None.</p>
<p>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</p> <p>– Resources available to fund the decision in the current biennium:</p> <p>US\$ 0.15 million.</p> <p>– Remaining financing gap in the current biennium:</p> <p>Zero.</p> <p>– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</p> <p>Zero.</p>

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		
2020–2021 resources already planned	Staff	–	–	–	–	–	–	0.00	0.00
	Activities	–	–	–	–	–	–	0.15	0.15
	Total	–	–	–	–	–	–	0.15	0.15
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The second draft decision, proposed by the United Arab Emirates, was on World Neglected Tropical Diseases Day, and read:

The Executive Board, having considered the report on neglected tropical diseases,¹ and noting the request of the United Arab Emirates to establish 30 January as a day dedicated to neglected tropical diseases, decided to recommend to the Seventy-third World Health Assembly the adoption of the following decision:

The Seventy-third World Health Assembly, having considered the report on neglected tropical diseases, decided to establish World Neglected Tropical Diseases Day, to be celebrated on 30 January.

¹ Document EB146/14.

The financial and administrative implications of the draft decision, should it be adopted, were:

Decision: Neglected tropical diseases
A. Link to the approved Programme budget 2020–2021
<p>1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted: Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p>
<p>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021: Not applicable.</p>
<p>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021: Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the decision: No end date is envisaged, but the decision costed here is up to biennium 2024–2025.</p>
B. Resource implications for the Secretariat for implementation of the decision
<p>1. Total resource requirements to implement the decision, in US\$ millions: US\$ 2.44 million. Some technical and communications staff time plus opportunity costs will also be accommodated as part of regular, planned work but these are integrated with existing plans and are not disaggregated here. The budget plans shown in this costing represent the amounts that will be committed exclusively for delivering World Neglected Tropical Diseases Day.</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions: US\$ 0.47 million. This represents the resources required for the first World Neglected Tropical Diseases Day, in January 2021.</p>
<p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions: Not applicable.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions: US\$ 0.98 million. This represents the resources required for two World Neglected Tropical Diseases Days in January 2022 and January 2023.</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions: US\$ 0.99 million. This represents the resources required for two World Neglected Tropical Diseases Days in January 2024 and January 2025.</p>

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

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

US\$ 0.47 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		
2020–2021 resources already planned	Staff	0.04	0.04	0.03	0.04	0.03	0.04	0.09	0.31
	Activities	0.01	0.01	0.01	0.01	0.01	0.01	0.10	0.16
	Total	0.05	0.05	0.04	0.05	0.04	0.05	0.19	0.47
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	0.09	0.08	0.07	0.08	0.07	0.08	0.18	0.65
	Activities	0.02	0.02	0.02	0.02	0.02	0.02	0.21	0.33
	Total	0.11	0.10	0.09	0.10	0.09	0.10	0.39	0.98
Future bienniums resources to be planned	Staff	0.09	0.08	0.07	0.08	0.07	0.08	0.18	0.65
	Activities	0.02	0.02	0.02	0.02	0.02	0.02	0.22	0.34
	Total	0.11	0.10	0.09	0.10	0.09	0.10	0.40	0.99

The representative of CHINA noted that a growing number of countries included prevention and control of neglected tropical diseases in their national health plans and the impact of neglected tropical diseases on human health was gradually decreasing. WHO should continue to strengthen global technical support for the prevention and control of neglected tropical diseases, and improve the neglected tropical disease surveillance system to keep abreast of epidemic dynamics, epidemiological features and the effectiveness of existing interventions. The Organization should also ensure integrated and patient-centred cross-sectoral collaboration, mobilization of funds across a wider range of partners, and the strengthening and promotion of the prevention and control of neglected tropical diseases worldwide.

The representative of SUDAN commended the progress made on the road map to overcome the global impact of neglected tropical diseases. As brain drain was still a significant obstacle, he called on WHO to improve staff retention strategies and incorporate them into the road map. Given that the emergence of neglected tropical diseases was also a major challenge in settlements for refugees and internally displaced persons, as well as in conflict zones, he strongly urged the international community to closely monitor the situation, and called on WHO to include a clear strategy in the road map, not only to strengthen disease control but also to improve health as part of peacebuilding.

Speaking on behalf of the Member States of the Eastern Mediterranean Region, he supported the proposal to establish a World Neglected Tropical Diseases Day, which was important to help raise awareness of prevention and control. It would also highlight the need to enhance capacities and more effectively respond to challenges, and would help to attain universal health coverage. He saluted the

efforts to integrate neglected tropical diseases in primary health care settings. In anticipation of the Health Assembly's endorsement of the WHO road map on neglected tropical diseases for 2030, technical guidance should be accompanied by advocacy and awareness-raising, and the draft decision was a step in that direction.

The representative of AUSTRALIA recognized the significant public health threat presented by neglected tropical diseases in many countries and welcomed WHO's work to advance the global response through the 2012–2020 road map. She supported the recommendation that the Secretariat should consider the development of a subsequent road map, and the objective to maintain momentum towards achieving target 3.3 of the Sustainable Development Goals. She looked forward to reviewing the draft road map for 2021–2030 ahead of the Seventy-third World Health Assembly.

The representative of JAPAN affirmed his Government's continued support for the global efforts towards the elimination of neglected tropical diseases and its plans to provide funds for the Expanded Special Project for Elimination of Neglected Tropical Disease. He requested that the Secretariat should ensure the timely sharing of the updated draft road map and describe the consultation procedures in that respect prior to the Seventy-third World Health Assembly. He also requested further clarification regarding the new diseases that had been added to the list of neglected tropical diseases in 2017 and 2018, with a view to developing strategies to address those specific diseases.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries of Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, Ukraine, the Republic of Moldova, Armenia and Georgia aligned themselves with her statement. It was crucial that barriers preventing access to care should be addressed through increased training and awareness of neglected tropical diseases among health workers and affected populations, strong referral systems, particularly at the primary and community health care levels, sufficiently available, high-quality diagnostic tools, treatments and supplies, and the publication of broader guidelines on treatment eligibility criteria for milder forms of disease.

Given the association between neglected tropical diseases and poverty, Member States must reduce the financial burden on patients. She highlighted the importance of an integrated and holistic policy approach and encouraged the Organization to strengthen health information systems for disease surveillance and control. WHO should incentivize fundamental, implementation and operational research into all 20 neglected tropical diseases and disease groups, particularly regarding new and better health technologies and services; prevention, monitoring and evaluation; and health systems access and logistics. WHO should build and maintain partnerships with the private sector to generate a sustainable medicine supply and prevent low-quality products from entering the supply chain.

The representative of the UNITED STATES OF AMERICA expressed strong support for a draft new road map on neglected tropical diseases 2021–2030 to be considered by the forthcoming World Health Assembly. She also supported calls for WHO to tackle the gaps identified in the report being discussed, particularly the need for improved diagnostic tools, monitoring and evaluation. Country ownership should also be encouraged by integrating and aligning efforts to control neglected tropical diseases within and across sectors.

The representative of ARGENTINA said that she supported the drafting of a new road map for 2021–2030. It was vital to establish a cross-cutting approach to integrate neglected tropical diseases into national health systems and to adopt intersectoral actions focused on the needs of at-risk populations, thereby encouraging communities' participation in monitoring processes. Such an approach would strengthen health systems and contribute to an agenda that addressed common risk factors through coordinated action among all relevant partners. It was important to consider the particular context of border areas, where effective and sustainable action required coordination among neighbouring

countries. Given the link between tropical disease outbreaks and the humanitarian and migration crises, health policies must also be coordinated with policies against xenophobia.

The representative of BRAZIL said that 2020 was an important year in the fight against neglected tropical diseases. The recently established World Chagas Disease Day would create opportunities to strengthen joint efforts and mobilize Member States and nongovernmental organizations, among others. Development, urbanization and economic growth must also be taken into account in the fight against neglected tropical diseases. It was important to develop a robust new road map for 2021–2030 that was aligned with national and regional priorities and incorporated ambitious new targets. Her Government therefore wished to join the list of sponsors of the draft decision. She also supported the draft decision to formally recognize 30 January as World Neglected Tropical Diseases Day.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, outlined the main challenges facing the Region in the fight against neglected tropical diseases, including the emergence of animal-borne infections, deteriorating security conditions in affected areas and insufficient funding. In order to accelerate progress towards the elimination, eradication and control of such diseases, he recommended that the Board should step up resource-mobilization, strengthen the multisectoral nature of its activities, and provide increased support for research and development focused on animal-borne dracunculiasis, vector control, new diagnostic tools and treatments, antimicrobial resistance, safe co-administration of medicines and chemical prophylaxis, and the creation of new vaccines. He supported both draft decisions.

The representative of ZAMBIA called for increased domestic financing and multisectoral collaboration to address contributing factors to neglected tropical diseases, such as climate change, and water, sanitation and hygiene issues. The emerging trend of antimicrobial resistance to neglected tropical disease treatment was worrisome, and the Secretariat should support Member States in effectively implementing national action plans in that regard. He commended the Expanded Special Project for Elimination of Neglected Tropical Diseases of the Regional Office for Africa and looked forward to its scale-up. The Secretariat should establish a clear timeline for developing a road map for 2021–2030, while engaging in consultations and prioritizing the countries most at risk.

The representative of the UNITED REPUBLIC OF TANZANIA said that he was keen to see progress consolidated and the outstanding targets under the 2012–2020 road map addressed. Implementation of that road map had shown that some neglected tropical diseases required new diagnostic tools and methods if elimination targets were to be met. New interventions should be developed using a One Health approach. In light of the need for a new strategic direction in the following decade, his delegation had strongly supported the draft decision on developing a draft road map for 2021–2030 that was aligned to the Sustainable Development Goals. He also supported the draft decision on formally recognizing World Neglected Tropical Diseases Day.

The representative of SRI LANKA said that targeted elimination, eradication and control programmes for neglected tropical diseases should be in line with regional and global efforts to achieve universal health care and adapted to affected populations. Early detection and response services must be provided on an equitable basis throughout all countries. His Government's focus on allocating sufficient funding, raising awareness and improving testing and treatment facilities in its efforts to maintain elimination of lymphatic filariasis might be applicable to the control of other neglected tropical diseases. Concerted action was also needed to develop new medicines, diagnostic tools and vector control methods, among others. He supported both draft decisions and wished to be added as a sponsor to the draft decision on developing a new road map.

The representative of the UNITED ARAB EMIRATES said that celebrating the first ever World Neglected Tropical Diseases Day on 30 January 2020 – the anniversary of the landmark London Declaration on neglected tropical diseases – had united and mobilized those involved and increased calls

to action. Formal recognition of World Neglected Tropical Diseases Day by WHO would deliver a shared message, build political will and public awareness, and serve as an important advocacy tool. He therefore recommended that the Board should adopt the related draft decision.

The representative of INDONESIA described action taken and progress made in his country's fight against filariasis, schistosomiasis and leprosy. Challenges remained, however, particularly in addressing the sociocultural factors associated with neglected tropical diseases. The Secretariat should provide support to Member States in that regard.

The representative of BANGLADESH said that her Government remained committed to achieving the goals under the current road map and fully supported global efforts to that effect. Dengue was a major public health concern as the number of cases was growing annually, and its geographical distribution was expanding owing to climate change. Its re-emergence in Bangladesh evidenced the ongoing need to strengthen vector control measures, raise awareness and develop rapid diagnostic tools and treatments. Health systems must be prepared for the increasing effects of climate change on neglected tropical diseases. A lack of competent health workers and evidence-based planning were also major challenges that must be addressed. WHO should take an integrated approach to address the problem at the country level.

The representative of TUNISIA underscored the importance of fighting neglected tropical diseases, which affected millions of people. He therefore supported the draft decision on recognizing World Neglected Tropical Diseases Day, which would serve to bring stakeholders together.

The representative of INDIA¹ said that long-term morbidity and disability caused by neglected tropical diseases and the subsequent rehabilitation necessary required multisectoral delivery of treatment. Disability from neglected tropical diseases posed a particular challenge to the promotion of healthy ageing and had consequences for elder care. He urged WHO to donate greater quantities of ivermectin so that triple drug therapy could be expanded and the elimination of lymphatic filariasis accelerated. He also called for WHO support in introducing new tools to curtail the rapid spread of dengue vectors.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that WHO-mediated supplies of donated medicines was commendable and should continue. He encouraged Member States and WHO regional offices to opt for an integrated approach over small, vertical programmes. Neglected tropical diseases should be integrated into primary health care systems using a One Health approach. The current strategy was strongly focused on treatment at the expense of control and elimination through preventive environmental measures. With limited resources available worldwide, further discussions should be held on increasing the production of antivenoms, anti-rabies immunoglobulins and other specialized medicines.

The meeting rose at 17:30.

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

TENTH MEETING

Thursday, 6 February 2020, at 18:05

Chair: Dr P. SILLANAUKKEE (Finland)

later: Dr H. NAKATANI (Japan)

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

1. **NEGLECTED TROPICAL DISEASES:** Item 13 of the agenda (document EB146/14) (continued)

The CHAIR recalled that a report, contained in document EB146/14, a draft decision on neglected tropical diseases and a draft decision on World Neglected Tropical Diseases Day, with their respective financial and administrative implications, had been introduced during the previous meeting.

The representative of THAILAND¹ said that urgent work was needed to align the development of the road map for neglected tropical diseases 2021–2030 with the Sustainable Development Goals. As the road map largely concerned diseases for which prevention and treatment options already existed, increased attention should be paid to vector control activities for vector-borne diseases such as dengue and leishmaniasis; veterinary public health for zoonotic diseases such as trypanosomiasis, in the scope of the One Health approach; and the provision of safe water, sanitation and hygiene.

The representative of ECUADOR¹ expressed concern that neglected tropical diseases continued to pose a public health problem in many countries and disproportionately affected vulnerable populations. Member States should work with relevant stakeholders to take the necessary action, including the adoption of risk mitigation measures, to tackle neglected tropical diseases using an integrated, multisectoral, person-centred approach towards the achievement of universal health coverage. Coordinated efforts and the integration of technology into health infrastructure, among other factors, would help to prevent, control and eradicate several diseases simultaneously. Given the challenges in achieving the Sustainable Development Goals, the Secretariat's road map for 2021–2030 was timely and provided guidance to overcome the global impact of neglected tropical diseases and improve people's quality of life.

The representative of MEXICO¹ described her Government's efforts to implement the current road map for accelerating work to overcome the global impact of neglected tropical diseases, in particular its successful elimination of dog-mediated human rabies. Sustained global efforts to eliminate neglected tropical diseases would be needed to attain universal health coverage and reduce inequities affecting the most disadvantaged populations.

The representative of NIGERIA¹ commended progress made by WHO in its work on neglected tropical diseases, in particular the development of new interventions, medicines and tools, as well as the addition of new diseases to the portfolio of neglected tropical diseases and guidance on how to tackle them. Increased commitment at the national level was laudable and led to Member States' greater impact

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

in the fight against neglected tropical diseases. His Government had recently celebrated the first World Neglected Tropical Diseases Day to call attention to the issue. The Secretariat should harness opportunities to develop next steps to advance global action on neglected tropical diseases.

The representative of PERU¹ said that it was crucial to ensure universal and equitable access to timely, quality, effective, affordable and safe health services, and to implement context-specific interventions that prioritized vulnerable and marginalized communities, through a multisectoral approach centred on the social determinants of health, ensuring no one was left behind. His country had recently taken major steps to prevent and control several vector-borne diseases. He supported the draft decision.

The representative of MALI¹ said that his Government was successfully implementing a strategic plan to reduce neglected tropical diseases in challenging circumstances, including a lack of resources and security issues. He supported the draft decision on World Neglected Tropical Diseases Day as an official WHO world health day.

The representative of MOROCCO¹ described his Government's efforts to prevent, control and combat neglected tropical diseases in his country and to maintain the progress made. He welcomed the Secretariat's efforts to implement comprehensive strategies against neglected tropical diseases and affirmed his Government's commitment to the objectives set out in the road map.

The representative of SLOVAKIA¹ highlighted the need to re-evaluate the growing burden of certain neglected tropical diseases in traditionally non-endemic areas arising from epidemiological factors and climate change. A global discussion on neglected tropical diseases was needed given increased life expectancy, migratory flows, and the rising numbers of vulnerable groups facing poverty, inequality and climate change. He welcomed the document's focus on national programmes and supported the development of the new road map on neglected tropical diseases 2021–2030, which would foster various improvements to decrease the devastating impact of chronic infection, in particular among children.

The representative of the RUSSIAN FEDERATION,¹ welcoming progress since the launch of the 2012 road map, said that an integrated, intersectoral approach was needed to combat neglected tropical diseases. Member States should mobilize resources, and conduct research and development in neglected tropical diseases at the national level to stimulate progress and reduce the risks linked to climate change and political instability. She supported the recommendations of the Strategic and Technical Advisory Group for neglected tropical diseases and the Secretariat's efforts to develop the road map for neglected tropical diseases 2021–2030.

The representative of COSTA RICA¹ said that neglected tropical diseases incurred heavy costs for health systems and quality of life among populations in developing countries, even though most cases could be prevented with low-cost interventions. His Government had taken a leadership role in joint work with Member States and international partners to add snakebite envenoming to the portfolio of neglected tropical diseases. He supported the draft decision to develop a road map and wished to be added to the list of sponsors. He also supported the draft decision to establish World Neglected Tropical Diseases Day.

The representative of SPAIN¹ said that the impact of the road map on accelerating work to overcome the global impact of neglected tropical diseases should not be overshadowed by the failure to attain some of its targets. The final phase of the road map's implementation had helped to generate new goals for 2021–2030. She therefore supported the development of a new road map to combat neglected

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

tropical diseases that aligned the efforts of all relevant stakeholders in the work towards the Sustainable Development Goals. Her Government was working with the Secretariat to provide technical cooperation to that end.

The representative of SWITZERLAND¹ said that the fight against neglected tropical diseases supported efforts to attain universal health coverage. Her Government viewed the eradication of neglected tropical diseases by 2030 as a priority and was working with partners on research and development activities and projects aiming at widening access to diagnostics and medicines, including the Expanded Special Project for Elimination of Neglected Tropical Diseases of the Regional Office for Africa. She expressed willingness to participate in the consultations scheduled after the Board and supported the draft decision for a new road map.

The representative of EGYPT¹ said that all Member States needed to work towards the elimination of neglected tropical diseases by focusing on primary health care in their efforts to attain universal health coverage, and by strengthening health worker training to improve the diagnosis and effective treatment of neglected tropical diseases. He supported the draft decision to develop a new road map and the draft decision to establish a World Neglected Tropical Diseases Day.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, advised caution in the integration of the diagnosis and treatment of neglected tropical diseases within multidisciplinary health services, and called for accurate diagnostic tests to be made available for use in the field. The limited financial support pledged towards the WHO strategy for the prevention and control of snakebite envenoming did not bode well for the implementation of the road map for neglected tropical diseases 2021–2030. Countries with endemic neglected tropical diseases and donors should prioritize the needs of the poorest populations while exploring new ways to support research and development without market influence.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that he would forward his statement to the Secretariat to be posted on the WHO website.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR, said that despite recent breakthroughs in combating neglected tropical diseases, significant gaps remained in the effective treatment of populations in low-income settings. He called on WHO to accelerate action towards the research and development of new medicines and tools to combat neglected tropical diseases and to facilitate greater partnerships on all neglected tropical diseases. Member States should also invest in new treatments. He supported the draft decision to establish a World Neglected Tropical Diseases Day.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, said that innovation in medicines, advocacy and financing would be pivotal to the fight against neglected tropical diseases, especially those for which adequate diagnostic tools and treatments were scarce or non-existent. Member States burdened by neglected tropical diseases should maximize their potential to innovate and capitalize on multilateral support. Collaborative, integrated approaches to research and development that involved affected communities would help to accelerate innovation and improve patient outcomes. Context-sensitive diagnostic tools and therapies should be developed and integrated into essential care packages in countries concerned.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, supported the development of WHO's work on neglected tropical diseases. She encouraged

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

those living with neglected tropical disease, especially Chagas disease, to make their voices heard and worldwide decision-makers to take those views into account when formulating the next steps for global action.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the proposal to develop a road map for neglected tropical diseases 2021–2030, which presented an opportunity to reinforce intersectoral collaboration on water, sanitation and hygiene and neglected tropical diseases and to accelerate those efforts to eliminate the public health threat by 2030. She called on WHO to support intersectoral cooperation on those subjects and urged Member States to ensure that investment in national programmes on neglected tropical diseases promoted coordinated, multisectoral interventions.

The representative of the ROYAL COMMONWEALTH SOCIETY FOR THE BLIND (SIGHTSAVERS), speaking at the invitation of the CHAIR, congratulated Member States on the unprecedented progress achieved through the implementation of the current road map for accelerating work to overcome the global impact of neglected tropical diseases, and commended their commitment to future efforts. She welcomed the proposal to develop a new road map and emphasized the importance of multisectoral action in its development. She called on the Board to endorse the proposed road map. She also called on the Organization to reaffirm its political and financial commitment to the neglected tropical diseases agenda at the international and national levels, and to support the proposal for a World Neglected Tropical Diseases Day.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that, while neglected tropical diseases continued to impose a major burden on the world's most vulnerable populations, significant progress had been made in that area since 2012, thanks to the efforts of Member States and partners. To address unmet targets and further challenges, the Secretariat was developing the road map for neglected tropical diseases 2021–2030 through intensive consultations with Member States and would soon publish it on the WHO website for Member States to review it in advance of the Seventy-third World Health Assembly.

In response to a question raised by the representative of Japan, he said that the Secretariat would propose inclusion of other ectoparasites on the list of neglected tropical diseases for consideration at the following meeting of the Strategic and Technical Advisory Group for neglected tropical diseases, which would then make a recommendation regarding the expansion of the portfolio of neglected tropical diseases. The Secretariat would report on the outcome of that discussion to Member States.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision on neglected tropical diseases.

The decision was adopted.¹

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that introducing new world health days gave rise to various questions related to awareness-raising, financial implications for the Organization and the impact on existing world health days. The impact on current similar world health days of the introduction of a new World Neglected Tropical Diseases Day should be taken into account. She therefore suggested that the discussion of the draft decision on the proposed World Neglected Tropical Diseases Day, or any new world health day for that matter, should be held only after the wider discussion on world health days had taken place,

¹ Decision EB146(9).

under item 22.3 of the agenda. Her delegation intended to present proposals for other world health days after that wider discussion.

The representative of the UNITED ARAB EMIRATES said that, given the support expressed by Member States for world days on neglected tropical diseases, the discussion of the draft decision on the World Neglected Tropical Diseases Day should be held during the Seventy-third World Health Assembly.

The representative of DJIBOUTI stressed the importance of introducing a World Neglected Tropical Diseases Day. Many Member States had already voiced their support for the draft decision.

The representative of BURKINA FASO recalled that the Member States of the African Region, as well as many other Member States, had supported the two draft decisions regarding neglected tropical diseases as it was vital to build on progress made. The draft decision should therefore be discussed at the present meeting.

The CHAIR clarified that the request was not to delete the current agenda item but to postpone it until the discussion on world health days had been held under item 22.3 of the agenda.

The representative of TUNISIA, reiterating his support for the draft decision, said that launching a World Neglected Tropical Diseases Day would raise awareness, generate resources, and be a show of support for people living with such diseases.

The representative of the UNITED STATES OF AMERICA, underscoring the importance of the draft decisions on neglected tropical diseases, said that she supported the proposal to postpone the discussion on the draft decision on World Neglected Tropical Diseases Day to enable delegations to consult their capitals.

The representative of AUSTRIA said that he also agreed with the proposal to postpone the discussion on the draft decision to establish World Neglected Tropical Diseases Day.

The representative of BRAZIL said that on numerous previous occasions the Board had reached an impasse over decisions concerning world health days and it was therefore vital to come to a common agreement on world health days in general before proceeding to the discussion on the draft decision on World Neglected Tropical Diseases Day. Governments took seriously the celebration of world health days to raise awareness among their populations. She supported the proposal to postpone the debate on the draft decision to establish World Neglected Tropical Diseases Day to the discussion under item 22.3.

The representative of IRAQ asked whether details were available regarding the technicalities of establishing World Neglected Tropical Diseases Day, such as the financial implications and the potential impact on other world health days, for delegates to consult prior to the discussion on the draft discussion.

The representative of SUDAN said that many delegates had already contributed to the debate on the draft decision on World Neglected Tropical Diseases Day. The technicalities should be reviewed during the discussion which he agreed should be held under item 22.3 of the agenda.

The CHAIR took it that the Board wished to defer consideration of the draft decision to establish World Neglected Tropical Diseases Day and to the discussion under agenda item 22.3 on world health days.

It was so agreed.

(For continuation of the discussion, see the summary records of the fourteenth meeting, section 5.)

Dr Nakatani took the Chair.

2. GLOBAL STRATEGY AND PLAN OF ACTION ON PUBLIC HEALTH, INNOVATION AND INTELLECTUAL PROPERTY: Item 14 of the agenda (document EB146/15)

The CHAIR invited the Board to take note of the report contained in document EB146/15.

He also invited the Board to consider a draft decision on the global strategy and plan of action on public health, innovation and intellectual property (GSPA-PHI), proposed by Angola, Argentina, Brazil, Chile, Colombia, Ecuador, Ethiopia, Gabon, India, Indonesia, Israel, Kenya, Mozambique, Russian Federation, South Africa, Tanzania, Thailand, Zambia and the Member States of the European Union, which read:

The Executive Board, having considered the report by the Director-General on progress and implementation of Decision WHA71(9), decided:

- (1) to reiterate to the Director-General the necessity of presenting an implementation plan consistent with the GSPA-PHI in conformity with paragraph 3 of decision WHA71(9); and
- (2) to recommend to the Seventy-third World Health Assembly the adoption of the following decision:

The Seventy-third World Health Assembly, having considered the report by the Director-General on progress and implementation of Decision WHA71(9), decided:

- (1) to urge Member States to reinforce the implementation, as appropriate and taking into account national contexts, of the recommendations of the review panel that are addressed to Member States and consistent with the global strategy and plan of action on public health, innovation and intellectual property;
- (2) to reiterate the necessity for Member States to further discuss, in informal consultations to be convened by the Director-General in 2020, the recommendations of the review panel referred to in paragraph 2 of decision WHA71(9);
- (3) to call on Member States to further discuss, in informal consultations to be convened by the Director-General in 2020, the recommendations of the review panel on promoting and monitoring transparency of medicines prices and actions to prevent shortages;
- (4) to reiterate to the Director-General the necessity to allocate the necessary resources to implement the recommendations of the review panel addressed to the WHO Secretariat as prioritized by the review panel, consistent with the GSPA-PHI in conformity with paragraph 3 of decision WHA71(9); and
- (5) to further request the Director-General to submit a report on progress made in implementing this decision, including the results of the consultations referred to in paragraphs 2 and 3, to the Seventy-fourth World Health Assembly in 2021, through the Executive Board at its 148th session, as a substantive agenda item.

The financial and administrative implications of the draft decision, should it be adopted, read:

Decision:	Global strategy and plan of action on public health, innovation and intellectual property
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:	<p>Output 1.3.1. Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists.</p> <p>Output 1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems.</p> <p>Output 1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved.</p> <p>Output 1.3.4. Research and development agenda defined and research coordinated in line with public health priorities.</p> <p>Output 1.3.5. Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices.</p>
2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	Not applicable.
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:	Consultations to be convened by the Director-General on the recommendations of an overall programme review panel not emanating from the global strategy and plan of action on public health, innovation and intellectual property. In addition, scaling up of implementation of the recommendations of the review panel addressed to the WHO Secretariat beyond those already approved in the Programme budget 2020–2021.
4. Estimated time frame (in years or months) to implement the decision:	Three years (2020–2022).
B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 16.9 million for the period 2020–2022.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 8.7 million.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:	An additional investment of US\$ 2.0 million would be required for the extra work needed, assuming full financing and implementation during 2020–2021. This contingency level would be applied as necessary to ensure full implementation of the objectives mandated by this decision.
3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:	US\$ 6.2 million.

<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>Zero.</p>
<p>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</p> <p>– Resources available to fund the decision in the current biennium:</p> <p>US\$ 1.7 million.</p> <p>– Remaining financing gap in the current biennium:</p> <p>US\$ 9.0 million.</p> <p>– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</p> <p>Discussions are ongoing with Member States and other donors in order to mobilize additional resources.</p>

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		
2020–2021 resources already planned	Staff	–	–	–	–	–	–	0.8	0.8
	Activities	–	–	–	–	–	–	7.9	7.9
	Total	–	–	–	–	–	–	8.7	8.7
2020–2021 additional resources	Staff	–	–	–	–	–	–	0.8	0.8
	Activities	–	–	–	–	–	–	1.2	1.2
	Total	–	–	–	–	–	–	2.0	2.0
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	0.8	0.8
	Activities	–	–	–	–	–	–	5.4	5.4
	Total	–	–	–	–	–	–	6.2	6.2
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The representative of BRAZIL, mentioning the insufficient progress, lack of resources and slow implementation related to the global strategy and plan of action on public health, innovation and intellectual property over the previous years, noted with satisfaction that a new consensus-based draft decision had been submitted and was being presented before the Board. She expressed thanks to all Member States which had actively engaged in the informal consultations to prepare the draft decision, which aimed mainly at strengthening implementation of decision WHA71(9) (2018) on the global strategy and plan of action on public health, innovation and intellectual property: overall programme review. The draft decision sent out a message affirming the Organization's credibility and the legitimacy of its activities. She urged WHO not to wait until the next international emergency before uniting efforts to strengthen health systems but to step up efforts to fully and expeditiously implement the global strategy and plan of action.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that she wished to be added to the list of sponsors of the draft decision.

Continuing in her national capacity, she emphasized the urgent need to ensure implementation of the global strategy and plan of action on public health, innovation and intellectual property through consensus-based initiatives. She recommended including measures which directly supported the

development and upscaling of local pharmaceutical production, which would contribute to improving access to essential medicines and avoiding shortages.

The representative of KENYA, speaking on behalf of the Member States of the African Region, said that the implementation of the global strategy and plan of action on public health was essential to, *inter alia*, promote innovation and sustainable business for needs-based health research and development. Despite commitments in that regard, the crises concerning access to medicines and global antimicrobial resistance persisted, with developing countries hardest hit. Unaffordable medicines and inequitable access to them impeded implementation of the global strategy and attainment of universal health coverage. Welcoming resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines, and other health products, and the draft implementation plan for 2020–2022, he urged the Organization to enhance technology transfer for the benefit of all regions and engage in discussions on price transparency to facilitate access to affordable medicines for all. He called on the Secretariat to address the funding gap related to the global strategy and plan of action, and on all donors and governments to ensure coordinated and sustained financial support and investment to support healthy markets. He supported the draft decision.

The representative of TUNISIA outlined current developments in his country to improve access to medicines, such as encouraging local manufacturing and promoting innovation, and challenges, such as the high cost of imports that impeded effective access to medicines. He welcomed the draft decision and urged Member States to support it.

The representative of AUSTRIA expressed full support for the targets of the global strategy and plan of action, which was timely and critical. In the light of the affordability of many medicines, it was crucial to guarantee access to high-quality, innovative medicines while ensuring the financial stability of national health systems. Some pharmaceutical companies had even introduced lotteries to pressure public health systems into accepting extraordinarily high prices. He supported the draft implementation plan for 2020–2022 overall. However, synergies with existing mechanisms should be maximized instead of creating new mechanisms, to avoid duplication of efforts.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Global Observatory on Health Research and Development was a valuable resource that had benefited research and development coordination and financing in his Region. He reaffirmed the Region's commitment to improving active information-sharing and support for collaborative research networks that were able to set joint priorities and manage resource allocation in the Region. He sought the Secretariat's support in developing a context-specific regional implementation plan.

The representative of INDONESIA said that the Secretariat should continue to support Member States in strengthening their technological capacity where needed. She highlighted the importance of science-based policy decision-making and the need for intellectual property protections, sustainable funding for health research and tax incentives for companies that conducted research. The global strategy and plan of action bridged the needs of researchers, the pharmaceutical industry and public health bodies. She supported the draft decision and encouraged all Member States to implement the recommendations of the review panel.

The representative of the UNITED STATES OF AMERICA thanked WHO for its work, especially in the critical areas of regulatory strengthening and capacity-building for research. Where relevant, the road map on access to medicines and vaccines should be cross-referenced in the draft implementation plan. WHO must coordinate with WIPO and WTO to leverage those organizations' knowledge of intellectual property and international trade. Intellectual property rights were the cornerstone of the incentive system for medical innovation, and she strongly supported robust protection of such rights worldwide. Although the review panel recommendations on preventing shortages and on

transparent pricing of medicines fell outside the original scope of the global strategy and plan of action, they nevertheless facilitated increased WHO engagement. She noted the report but was still reviewing the draft implementation plan.

The representative of JAPAN said that companies and research institutions must be provided with incentives to work in fields where new medical treatments were needed, such as neglected tropical diseases, and that cooperation among all stakeholders should be further defined for the development of medical treatment. His Government was committed to developing the necessary pharmaceutical products through dedicated funds and agencies, working in collaboration with countries affected by such diseases. The Secretariat should work closely with WTO to prepare an inter-organizational report on the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), as recommended by the review panel in the draft implementation plan, in which each organization shared its respective expertise.

The representative of ARGENTINA welcomed the draft decision, which would provide Member States with two consultative processes in 2020 to discuss the concerns of many Member States, especially the recommendations of the review panel not emanating from the global strategy and plan of action. She looked forward to engaging constructively in those discussions and hoped that the current work would serve to enhance research and development capacity and improve access to, and the supply of, medical products.

The representative of CHINA expressed support for WHO's work to, inter alia, promote research and development, and manage intellectual property rights. WHO should provide continuous support to the Global Observatory on Health Research and Development so that it was not forced to rely on voluntary contributions and other sources to fill gaps in funding. The presentation of the draft implementation plan indicators in report form would assist Member States in considering their national contexts when taking action. However, given the large number of reports to be submitted, the Secretariat should evaluate any future challenges regarding human and financial resources and develop the implementation plan based on available resources to ensure that substantive action was taken.

The representative of ISRAEL strongly supported the global strategy and plan of action, which balanced intellectual property rights and a free market with the need for fair medicine costs. Reasonable prices benefited not only individual patients but also the sustainability of health systems as a whole. Universal health coverage would be unattainable in many countries, including high-income countries, until the pricing issue was solved.

The representative of DENMARK¹ said that further work to ensure access to medicines should be guided by resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines and other health products. Expressing concern that many countries faced complex challenges in ensuring a stable supply of medicines and preventing shortages, she called for a thorough analysis to be conducted of potential measures and their consequences. She looked forward to participating in future consultations.

The representative of PORTUGAL¹ said that it was only natural that certain of the review panel's recommendations fell outside the scope of the global strategy and plan of action, since new challenges had arisen since the adoption of the strategy in 2008. Those recommendations were relevant, therefore, and should be addressed. Increased transparency had the potential to improve access to medicines and their affordability. Citizens and taxpayers had the right to know the cost of producing medicines,

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

especially when research and development was funded by public money. He supported the draft decision.

The representative of the RUSSIAN FEDERATION¹ noted the progress made towards improving access to medicines, including through more transparent pricing, and stressed the importance of expanding the remit of the Medicines Patent Pool, among other measures. WHO should continue to cooperate with partners and explore the feasibility of using Article 31bis of the TRIPS Agreement to increase the supply of medicines. He welcomed the draft decision, which would ensure that further progress was made.

The representative of PERU¹ said that ensuring access to safe, high-quality, effective, affordable medicines was a key component of attaining universal health coverage and fully functioning health systems. International efforts must be stepped up to implement the global strategy and plan of action and the review panel's recommendations. Doing so would have a positive impact on access to medicines, particularly for developing countries and the most vulnerable populations. He supported the draft decision.

The representative of THAILAND¹ said that progress in implementing the global strategy and plan of action had been slow and uneven. Challenges remained in terms of insufficient funding and lack of research and development capacity in developing countries. Improved access to health products was a core element of universal health coverage, and she therefore urged the Secretariat to increase its efforts to mobilize the resources needed to implement the plan.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ outlined steps being taken in his country to implement the review panel's recommendations. Based on that experience, he recommended that WHO should ensure equality of opportunity for scientific researchers to share and publish their findings; ensure researchers from developing countries participate in international collaborative research on global health priorities; and develop online training tools and massive open online courses to disseminate good research practices.

The representative of CÔTE D'IVOIRE,¹ acknowledging the importance of the issue, requested to be added to the list of sponsors of the draft decision.

The representative of BOTSWANA¹ also requested to be added as a sponsor of the draft decision.

The representative of ECUADOR¹ said that there was a need to substantially accelerate implementation of the global strategy and plan of action and the review panel's recommendations, and that the necessary resources must be allocated. He expressed concern that decision WHA71(9) of 2018, on the global strategy and plan of action on public health, innovation and intellectual property: overall programme review had not been fully implemented, and called on all Member States to continue discussing the review panel's recommendations not emanating from the global strategy and plan of action. He supported the draft decision and called for the Secretariat to support transparent dialogue among Member States.

The representative of COLOMBIA¹ echoed concerns that the global strategy and plan of action were not being implemented through specific, viable measures. The Secretariat must mobilize the resources necessary to do so. Implementation of the global strategy and action plan was fundamental to improving access to medicines and would help to promote awareness of intellectual property as a

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

contributor to development. It was therefore indispensable to engage in discussion and fulfil the objectives of the draft decision, and the Secretariat should work towards its full implementation.

The representative of INDIA¹ said that the global strategy and plan of action must be effectively implemented in collaboration with all relevant stakeholders with periodic progress reports. He urged WHO to report on the transfer of health technologies from developed countries to least developed countries under the TRIPS Agreement, and the expected time frame for the establishment of an expert committee on health research and development. The Secretariat should also report on progress towards negotiating a binding international treaty on research and development. He supported the draft decision.

The representative of SOUTH AFRICA¹ said that investment in innovation, research and development was key to identifying cost-effective solutions in a world where resources were shrinking. In South Africa, as in other countries, the high cost of medicines was drawing resources away from attaining universal health coverage and strengthening health systems. More needed to be done to implement the global strategy and plan of action as conceived in 2008, as well as the new priorities that had arisen subsequently. She welcomed the review panel's recommendations.

The representative of NORWAY¹ said that his Government attached great importance to access to medicines and expressed support for the draft decision. High prices, especially for new medicines, were threatening health systems' sustainability, and a lack of transparency was undermining public trust in health systems and authorities' decision-making regarding medicine distribution for patients. His Government would therefore take specific steps to implement resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines, and other health products and cooperate closely with other Member States to that end.

The representative of SWITZERLAND¹ said that, given the long and difficult negotiations that had preceded the drafting of the original strategy, her delegation was reluctant to engage in discussions on subjects that fell outside its initial scope and upon which Member States had not necessarily agreed. Technical matters of intellectual property rights, in particular, should be subject to discussion with the competent organizations: WTO and WIPO. Discussions should focus on preventing medicine shortages and on price transparency, as set out in the draft decision. She looked forward to engaging productively with other Member States on those two issues, which had real potential for progress.

The representative of CANADA¹ said that WHO should engage in discussions and leverage the expertise of WIPO and WTO to inform its work and avoid duplication of efforts when providing advice on intellectual property systems and trade-related policies. Likewise, the Secretariat should coordinate with those organizations and draw on existing reporting as it gathered information on Member States' commitments under the TRIPS Agreement, patent guidelines and related national legislation. She requested an update on the establishment of an expert committee on health research and development and asked how WHO was implementing the review panel's recommendations that made mention of such a committee in the interim.

The representative of TURKEY¹ said that further evidence-based initiatives were crucial for the effective implementation of the global strategy and plan of action on public health, innovation and intellectual property. Efforts to gather information through the questionnaire circulated by the Secretariat in October 2019 were therefore welcome and he looked forward to the results.

The representative of EGYPT¹ said that the Secretariat should support developing countries by applying the measures outlined in the TRIPS Agreement, specifically with regard to patents and licences for medicines; and that WHO should work in close cooperation with WTO and WIPO to improve access

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

to medicines. Patents on medical products should have time limits. Developing countries could not bear the cost of medicines without proper funding and in any case medicines could be produced at a reasonable cost.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the draft implementation plan 2020–2022 and supported in particular efforts to enhance advocacy for the development of national legislation to fully reflect the flexibilities provided in the TRIPS Agreement, as well as action to increase transparency to guide decisions on research and development and ensure fair pricing. Adequate funding was pivotal to the success of the draft implementation plan.

The representative of INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, urged WHO to recognize that strong intellectual property rights were crucial to ensuring development of and patient access to medical products. Its work in that area must be practical, prioritized and consistent with the global strategy and plan of action. Certain of the recommendations of the review panel on intellectual property management were not consistent with the global strategy and plan of action and should not appear in the draft implementation plan.

The representative of GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR, applauded the Secretariat for helping Member States to build regulatory capacity and for pooling procurement under the WHO Model List of Essential Medicines. The Organization should better leverage innovative structures, including product development partnerships, which would accelerate development of essential health technologies targeting neglected diseases. He called on Member States to step up research and development on conditions affecting vulnerable populations, especially children. WHO must continue expanding the Model List of Essential In-Vitro Diagnostics.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, said that WHO played a central role in endorsing further research and development that served global public health and promoting greater transparency of costs and all information to improve access to medicines. She encouraged Member States to follow up on the Secretariat's action to implement the recommendations of the review panel. Intellectual property rights must not prevent Member States from taking measures to protect public health.

The representative of PATH, speaking at the invitation of the CHAIR and applauding WHO's work in South-East Asia to assist in building regulatory capacity, encouraged the Organization to expand such efforts in the regions. Regulatory alignment could speed up the introduction of health products and could save tens of thousands of lives in eastern and southern Africa. He urged Member States to commit to regulatory alignment initiatives to improve access, research and development, and health technology innovation.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, welcomed the report but was concerned by the underfunding of the Global Observatory on Health Research and Development, which was critical for monitoring, coordination and prioritization of research and development. In that light, she urged Member States to contribute to the Observatory. An expert committee on health research and development should be established and Member States should deliver a clear mandate for the implementation of the recommendations of the review panel, including new schemes to delink product prices from research and development costs. Commitments from high-income countries to sustainable, adequate and untied funding were critical, and the Secretariat should work towards an international legal instrument for research and development coordination and financing.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIR, said that the Global Observatory on Health Research and Development should establish a database on the research and development costs associated with clinical trials used to support the registration of medicines, vaccines, and cell and gene therapies, with a view to fulfilling WHO's commitment to transparency. A feasibility study to examine models for delinking research and development costs from product prices should be conducted, as universal health coverage would not be achieved without such delinking.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines and Health Products) said that, while challenges remained, WHO had made substantive progress in access to medicines by, for example, reducing the number of recommendations to facilitate their implementation. To ensure effective application, implementation plans would be aligned, and duplication would be avoided by building on existing mechanisms and referring to resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines, and other health products. The Organization, with the heavy involvement of the new divisions for science and for access to medicines and health products, would be addressing the review panel's recommendations on research and development within the framework of the implementation of its transformation agenda. Regarding the Expert Committee on Health Research and Development, the Secretariat had reassessed the proposal and had opted instead for the creation of a science and innovation advisory group, which would be set up to advise the Director-General on key public health issues in that area. Since full implementation of the recommendations required engagement from across the Organization, she reminded Member States to provide input on the draft implementation plan for 2020–2022 through the questionnaire circulated by the Secretariat, the deadline for which had been extended. The Secretariat would hold an information session regarding the draft implementation plan prior to the next Health Assembly. Coordination across all policy domains was vital when tackling global challenges, hence the trilateral symposium that had been held in 2019 with the WTO and WIPO on cutting-edge health technologies: opportunities and challenges. A revised version of the corresponding trilateral study, *Promoting access to medical technologies and innovation: Intersections between public health, intellectual property and trade*, would be released before the Seventy-third World Health Assembly.

The Board took note of the report.

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

The decision was adopted.¹

The DIRECTOR-GENERAL said that the Secretariat would drive progress on access to medicines which was a major pillar of universal health coverage and that it would continue to provide support and information to Member States in that respect.

¹ Decision EB146(10).

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES**3. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE:** Item 15 of the agenda (continued)**Influenza preparedness:** Item 15.3 of the agenda (document EB146/18)

The CHAIR invited the Board to discuss the report contained in document EB146/18 and informed the Board that discussions concerning a proposed draft decision on influenza preparedness were ongoing.

The representative of the UNITED STATES OF AMERICA said that she would support a decision that encouraged WHO to prioritize influenza preparedness and response efforts. The capacities required to combat influenza epidemics would help to combat other respiratory diseases, such as the novel coronavirus, and to implement the International Health Regulations (2005). She urged Member States to align domestic influenza preparedness efforts with WHO's Global influenza strategy 2019–2030 and acknowledged the critical role of the private sector in those efforts. All countries must mitigate unwarranted delays or disruptions to the rapid sharing of viruses to enhance global influenza surveillance and risk assessment. The ability to rapidly produce influenza vaccines in a pandemic was improving but challenges remained. Collaboration between WHO and relevant stakeholders was essential to identify gaps and priorities and to ensure sustainable, scalable and resilient manufacturing, supply chains and distribution networks.

The representative of GABON, speaking on behalf of the Member States of the African Region, encouraged Member States to support the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits (PIP Framework) and update their influenza preparedness plans. It was important to ensure a timely exchange of biological material through the Global Influenza Surveillance and Response System and to harmonize the PIP Framework with the National Action Plan for Health Security. He would support a draft decision on the subject.

The representative of BRAZIL said that the Global Influenza Surveillance and Response System and the PIP Framework provided continuity of international collaboration in the fight against influenza. In its work on influenza, WHO must ensure equitable access to the benefits from the development of new health products. The Secretariat should continuously work to identify delays in the sharing of influenza viruses and work with governments to find solutions.

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Secretariat should continue to provide technical support for research into building influenza preparedness capacities. She welcomed efforts to implement prevention and control strategies, including through seasonal vaccination programmes, and to strengthen human and institutional capacities.

The representative of CHILE highlighted the importance of sharing influenza viruses and other benefits and called for Member States to step up their cooperation in that regard. However, related recommendations needed to be more widely disseminated and their implementation periodically monitored by the PIP Framework Advisory Group. His Government would continue to work with the Secretariat to strengthen national laboratory surveillance and other capacities at the national and regional levels.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic

of Moldova, Armenia and Georgia, aligned themselves with her statement. Recognizing the importance of the Global Influenza Surveillance and Response System and the PIP Framework, she said that the changing international legal environment had created potential challenges in the sharing of influenza viruses, which could negatively impact countries' capacities to produce vaccines. As such, the legal status of routinely sharing viruses and their genetic sequences through the Global Influenza Surveillance and Response System might need to be clarified, and it was unclear whether vaccines produced using synthesized virus proteins could be made available through benefit-sharing under the PIP Framework. She encouraged the Secretariat to continue working to ensure global influenza preparedness by issuing recommendations and keeping the governing bodies regularly informed.

The representative of JAPAN expressed concern that domestic regulations on the implementation of the Nagoya Protocol could have a negative impact on virus sharing through the Global Influenza Surveillance and Response System. Given that virus sharing was critical to the timely development of influenza vaccines, he called on WHO to systematically collect information on instances where influenza virus sharing has been hindered and design measures to address the issue.

The representative of SINGAPORE said that her Government stood ready to provide technical expertise concerning the two high-level outcomes of WHO's Global influenza strategy 2019–2030. WHO should continue to encourage the timely sharing of influenza viruses, and the Secretariat and Member States should continue to work together to strengthen overall global pandemic preparedness and response, especially given the outbreak of novel coronavirus infection.

The representative of TONGA said that WHO's Global influenza strategy 2019–2030 should strengthen countries' capacities to prevent, control and prepare for seasonal and pandemic influenza, and other viruses such as the novel coronavirus infection. Technical supplies and regular training were needed to address his country's lack of capacity to isolate and safely manage serious cases of influenza virus without putting health workers at risk.

The representative of SUDAN said that capacity-building played a significant role in strengthening health systems and enhancing influenza preparedness and that it was important to assess implementation of activities under the PIP Framework. She called on WHO to review the influenza surveillance situation and the progress made based on previous influenza assessment mission recommendations.

The representative of AUSTRALIA, welcoming the Global influenza strategy 2019–2030, said that influenza capacities were key to strengthening the broader health system and emergency preparedness. She commended WHO's efforts to support and facilitate the timely sharing of influenza viruses and to identify instances where virus sharing had been hindered and ways of mitigating such instances. Her Government was committed to effective influenza prevention and control and would support the draft decision in that regard.

The representative of INDONESIA, highlighting the importance of ongoing efforts to strengthen influenza preparedness, said that further capacity-building in that area was necessary. She encouraged Member States to continue sharing influenza virus with WHO collaborating centres. She suggested that consultations on the draft decision should continue up to the Seventy-third World Health Assembly, in light of the outbreak of novel coronavirus infection. Reiterating the importance of effectively managing global seasonal influenza, she called on the Secretariat to conduct a study and hold consultations on possible new frameworks for sharing seasonal influenza viruses.

The representative of CHINA, noting that progress had been made in the area of influenza preparedness, called on the Secretariat: to draw up a simple and practical manual for Member States on seasonal influenza prevention and control; to step up research into influenza disease burden and vaccination effectiveness and promote influenza vaccines; and to intensify the research and development

of common influenza vaccines to effectively address the shortcomings in the influenza prevention and control.

The representative of INDIA¹ urged the Secretariat and Member States to ensure a balance of benefit-sharing with virus and genetic sequence sharing, in line with the PIP Framework. Concerns surrounding the sharing of genetic sequence data and benefits needed to be addressed, and the PIP Framework should cater to the interests of all Member States and major stakeholders. A transparent process to evaluate countries' funding needs and determine continuation of funding should be established, and priority should be given to developing countries regarding access to influenza vaccines and technological support to produce them. Cooperation among Member States should be strengthened to ensure efficient use of laboratory services and other capacities.

The representative of THAILAND,¹ underscoring the importance of the timely sharing of pandemic influenza virus, said that national legislation should not create barriers in that regard. Securing domestic demand for seasonal influenza vaccine would strengthen Member States' vaccine production capacities, which could be scaled up for the mass production of human pandemic influenza vaccines when needed. Including seasonal influenza virus in the PIP Framework would help to improve global health security.

The representative of the RUSSIAN FEDERATION¹ said that WHO's Global influenza strategy 2019–2030 would help to raise awareness and preparedness concerning both seasonal influenza and novel coronavirus disease. He supported WHO's efforts to improve virus sharing, recognizing that domestic legislation could hinder virus sharing and have a negative impact on the availability of seasonal influenza vaccine. Bilateral agreements concerning the transfer of equipment among WHO collaborating centres needed to be reviewed.

The representative of the REPUBLIC OF KOREA¹ encouraged other Member States to rapidly share influenza viruses through the implementation of clear regulations and legislation. Adding that influenza vaccination was another key aspect of preparedness, she said that her Government would support the Secretariat in promoting influenza prevention and control by sharing its knowledge and expertise in that regard.

The representative of ECUADOR¹ outlined the measures taken by his Government to ensure influenza preparedness and surveillance, including improving diagnostics in laboratories, and called on the Secretariat to support such efforts through international cooperation.

The representative of MEXICO¹ said that building national influenza response capacities was beneficial to the broader health system and to health emergency preparedness. The two progress indicators for the Global influenza strategy 2019–2030 would contribute significantly to influenza prevention and control activities. Furthermore, it was essential to ensure effective and equitable access to influenza vaccines by prioritizing the provision of technical and financial support to Member States, laboratories and vaccine manufacturers. He also expressed support for timely influenza virus sharing.

The representative of SWITZERLAND,¹ outlining the regulations governing access to genetic data in her country, expressed strong support for the Global influenza strategy 2019–2030 and said that it was essential to improve global tools and strengthen national capacities to increase global health security.

The DIRECTOR (Global Infectious Hazard Preparedness) welcomed the discussions and said that the Secretariat would provide the support needed to finalize a draft decision on influenza

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

preparedness prior to the Seventy-third World Health Assembly. Decades of investment in influenza preparedness had had a positive impact on non-influenza health emergencies, since many of the country-level diagnoses, control and monitoring capacities needed to tackle the outbreak of novel coronavirus infection had been developed in the context of influenza preparedness and could be rapidly adapted to other respiratory viruses. Three main achievements in the area of influenza preparedness were the WHO Global Influenza Strategy for 2019–2030, which would facilitate the research and development of new products, the PIP Framework, and the Global Influenza Surveillance and Response System, which had been strengthened. Furthermore, a large number of countries had updated their pandemic preparedness plans in line with their national health security plans.

The Secretariat had made significant progress in gathering information on influenza virus sharing. The preliminary analysis of the data collected had indicated that virus sharing was hindered by such issues as national import and export regulations and uncertainty regarding the existence of any national legislation applicable to virus sharing. Seasonal influenza virus was more heavily affected than pandemic influenza virus, which was covered by the PIP Framework. The full report would be finalized and made available for consultation prior to the Seventy-third World Health Assembly.

The CHAIR took it that the Board wished to note the report and suspend discussion of the draft decision pending further consultations.

It was so agreed.

(For continuation of the discussion and adoption of a decision, see the summary records of the fourteenth meeting, section 2.)

The meeting rose at 21:05.

ELEVENTH MEETING

Friday, 7 February 2020, at 09:05

Chair: Dr H. NAKATANI (Japan)

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

1. POLIOMYELITIS: Item 16 of the agenda

Polio eradication: Item 16.1 of the agenda (documents EB146/21, EB146/21 Add.1 and EB146/21 Add.2)

The CHAIR drew attention to the report contained in document EB146/21 and to the draft decision set out in document EB146/21 Add.1. The financial and administrative implications of the draft decision for the Secretariat were set out in document EB146/21 Add.2.

The representative of the UNITED STATES OF AMERICA said that Member States should commit national resources to prevent outbreaks of circulating vaccine-derived poliovirus and implement quality vaccination strategies to close immunity gaps. Referring to the successes celebrated in 2019, including the response to the outbreak of circulating vaccine-derived poliovirus in Papua New Guinea, certification in October of wild poliovirus type 3 eradication and the potential for the WHO African Region to be certified free of wild poliovirus in 2020, she urged the international community to continue working towards the certification of wild poliovirus eradication by 2023 and expressed support for the draft decision.

The representative of FINLAND, speaking also on behalf of the Nordic and Baltic countries Denmark, Estonia, Iceland, Latvia, Lithuania, Norway and Sweden, said that it was important not to lose sight of the important goal of poliomyelitis (polio) eradication despite the increasing number of cases due to wild and vaccine-derived poliovirus. She supported the draft decision, notably the request to accelerate the clinical development and roll-out of a novel oral polio vaccine type 2, and called for continued efforts to expand coverage of inactivated poliovirus vaccine and strengthen routine immunization. Countries had a responsibility to ensure that eradication efforts and transition planning were implemented simultaneously.

The representative of ARGENTINA expressed concern about the outbreaks of vaccine-derived poliovirus in Africa and Asia and highlighted the importance of timely and adequate access to vaccines for countries that, like Argentina, were planning to change from the Sabin to the Salk vaccine. Implementation of the Global Vaccination and Immunization Strategy 2021–2030 would require cooperation with various sectors and players, and her country was willing to share its experience with a view to building capacities and promoting polio eradication.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the risks posed by the international spread of wild and vaccine-derived poliovirus could be eliminated only by interrupting transmission of all polioviruses, improving basic immunization services and maintaining high-quality disease surveillance. Afghanistan

and Pakistan were taking steps to overcome the considerable challenges they had faced in 2019 in eradicating wild poliovirus, and the Region's countries in general were strongly committed to polio eradication and supported the continued implementation and financing of the Polio Endgame Strategy 2019–2023. She called on the international development community to make available all the resources needed to combat outbreaks of circulating vaccine-derived poliovirus type 2, including by expediting the approval processes for polio vaccines for emergency use, and to continue fully to support eradication efforts in the Region. The Secretariat and partner agencies should work together on polio transition to sustain polio eradication, strengthen essential immunization and surveillance, and develop outbreak detection and response capacities. Transition planning and budgetary allocations from the Global Polio Eradication Initiative should take into consideration fragile country contexts and potential future challenges.

The representative of GABON, speaking on behalf of the Member States of the African Region, welcomed the actions taken by the WHO Regional Office for Africa to eradicate poliomyelitis. Since the end of December 2019, no cases of type 1 wild poliovirus had been confirmed, and the last case of type 3 had been reported in 2012. The poliovirus-free status of 43 countries of the Region was being confirmed. The outbreaks of circulating vaccine-derived poliovirus type 2 in 2019 remained a source of disquiet, but the countries concerned had acted to interrupt transmission. Low levels of immunity resulting from poor vaccination coverage could increase the likelihood of such outbreaks. With the African Region so close to being certified free of wild poliovirus, development partners must continue to provide funding, which should be allocated to eradication activities and national transition planning. An adequate supply of vaccines, including inactivated poliovirus vaccine, was required to increase population immunity and reduce the risk of infection. Immunity would be further boosted by the development of the oral poliovirus vaccine type 2, which should be made available to African countries. He expressed support for the draft decision.

The representative of IRAQ said that annual religious mass gatherings attended by people from countries where polio was endemic could hamper eradication. In his country, for example, the last two reported cases of polio – in 2014 – had been imported during such events. WHO and other concerned agencies should provide support to strengthen immunization capacities, communicable disease surveillance and emergency preparedness and response at such times, and the implications of such events on eradication efforts should be considered by the Health Assembly.

The representative of BRAZIL, while welcoming the global eradication of wild poliovirus type 3, expressed concern at the recent outbreaks of circulating vaccine-derived poliovirus type 2, which could hamper international eradication efforts. Challenges to political, social and economic stability, together with humanitarian emergencies, were affecting immunization programmes in several regions of the world, including the Americas, and his country looked forward to working with PAHO and other Member States to strengthen actions across the Region of the Americas. He expressed support for the preparation of the draft strategy for control of circulating vaccine-derived poliovirus type 2, 2019–2021, and the development of new vaccines and technologies, and highlighted the need to address certain relevant social and political factors.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the efforts of the Global Polio Eradication Initiative, including the establishment of a hub of experts in Jordan to provide support to Afghanistan and Pakistan. A comprehensive approach should be taken to address the challenge of community acceptance. He welcomed the inclusion of expanded partnerships, integration and gender aspects in the Polio Endgame Strategy 2019–2023. In his country, polio-free status had been achieved thanks to political commitment, routine immunization, surveillance, community mobilization and partnership. He expressed support for the draft decision.

The representative of ZAMBIA expressed concern at the outbreaks of circulating vaccine-derived poliovirus type 2, which had a detrimental impact on the fight against vaccine hesitancy. He welcomed

the draft strategy for control of circulating vaccine-derived poliovirus type 2 and called on the Secretariat to enhance integration across health systems so as to leverage existing resources and strengthen the Expanded Programme on Immunization and primary health care systems in general. Lessons had been learned from the vaccine switch, and it was to be hoped that appropriate alternatives would be put in place in future, particularly for low-and middle-income countries.

The representative of JAPAN expressed concern that progress in eradicating wild poliovirus was being delayed because of factors making it harder to reach the people concerned. WHO should accelerate efforts to achieve the last mile by collaborating with various stakeholders, including other sectors. The circulating vaccine-derived poliovirus types identified in Malaysia in December 2019 were related to strains prevalent in the Philippines. Human mobility might have contributed to the outbreak and the Secretariat should support Member States in strengthening surveillance of marine traffic to prevent the spread of poliovirus.

The representative of GERMANY expressed support for the draft decision and said that, despite the considerable progress made towards polio eradication since 1988, the world was at risk until no more cases were reported in the two countries in which polio remained endemic. To achieve eradication, polio knowledge, skills and infrastructure must be integrated into national health systems; transparency and coordination must be exercised to ensure the efficient use of available resources; and stakeholders must demonstrate strong political commitment. His Government was committed to delivering the last mile.

The representative of AUSTRALIA considered the eradication of wild poliovirus type 3 to be a significant achievement and welcomed the strong collaboration between the Global Polio Eradication Initiative and other partners to strengthen immunization programmes, including in the response to the outbreak in Papua New Guinea. She nevertheless expressed concern at the rising number of cases of circulating vaccine-derived poliovirus type 2 and the mounting costs of vaccine-derived outbreaks; their implications on the Initiative's budget and work should be assessed. Member States should commit national resources for the polio response and maintain high-level political and financial support for global eradication efforts. It was also essential to address gender-related barriers to polio vaccination and bolster women's participation in the programme. Her Government, whose Minister for Foreign Affairs had become the first gender champion for polio eradication, welcomed the Initiative's work on gender-responsive programming and supported the draft decision.

The representative of CHILE outlined the measures taken in his country to interrupt the circulation of poliovirus and expressed support for the draft decision. His Government was committed to the global eradication efforts and recognized the importance of integration, strengthened partnerships and enabling factors for implementing the Global Polio Eradication Initiative's Polio Endgame Strategy 2019–2023 and achieving a polio-free world.

The representative of CHINA described the actions taken by her Government to eradicate poliovirus and expressed support for WHO efforts to advance polio eradication. The Secretariat should take account of the specific circumstances of developing countries, particularly those with a high risk of imported poliovirus; develop and propose practical action plans; strengthen international and interregional cooperation to reduce the spread of poliovirus; increase the financial and technical support provided to countries where poliovirus persisted or where there was a risk of transmission; and implement more timely and effective measures to accelerate global eradication.

The representative of SUDAN emphasized the importance of holding regular national immunization days to maintain population immunity, particularly given the danger of the wild type poliovirus being imported from countries where it remained endemic. Her Government had shared the report of the polio assets mapping with the Global Polio Eradication Initiative. It called on WHO to support the establishment of an integrated public health team to collect data on a monthly basis and provide further technical guidance to the national workforce. It recognized the importance of

strengthened country ownership and cross-sectoral collaboration in eradication efforts. She endorsed the draft decision and encouraged the continued allocation of human resources and financial support to the polio programme until the goal of eradication had been achieved.

The representative of TUNISIA said that his country, which had recorded no cases of polio since 1992, was committed to ensuring high poliovirus vaccine coverage and outlined the regime followed to that end. The Laboratory of Clinical Virology served as a WHO regional reference laboratory for poliomyelitis, and a quality control system that met international standards had been set up in collaboration with WHO specialized laboratories to ensure that the national surveillance system continued to perform well.

The representative of BANGLADESH noted the challenges that remained in achieving a polio-free world. Bangladesh had been polio-free since 2006 and its polio outbreak preparedness and response plan had been updated. Her Government had taken extra measures to increase immunity among the forcibly displaced Myanmar nationals at Cox's Bazar through routine immunization, an oral polio vaccination campaign and acute flaccid paralysis surveillance. She endorsed the draft decision.

The representative of INDONESIA emphasized the importance of routine immunization in achieving global polio eradication and called for efforts to focus on improving the coverage and quality of routine immunization programmes, particularly in poor performing areas; for strong collaboration across the health system; and for continued support from partners in order to achieve a polio-free world. Following the outbreak of circulating vaccine-derived poliovirus type 1 in the country in February 2019, his Government had strengthened routine and outbreak response immunization and surveillance in affected and surrounding areas. No new cases had been detected and it was likely that the outbreak had been stopped. As a poliovirus vaccine producer, Indonesia was fully committed to supplying vaccines as a matter of urgency. All activities aimed at sustaining polio eradication should be integrated into the Global Vaccination and Immunization Strategy 2021–2030.

The representative of PERU¹ said that the only way to achieve poliovirus eradication was by making a collective effort to maintain high rates of routine immunization coverage and strong epidemiological surveillance, especially in light of the increase in the number of confirmed cases in 2019.

The representative of THAILAND¹ said that the recent multiple outbreaks raised questions about the real rate of immunization coverage; inaccurate coverage data could jeopardize the future of poliovirus eradication. A high rate of immunization coverage and effective surveillance systems should exist in all countries; regional cooperation and coordination should be enhanced; and polio programme experts should factor a worst-case level of immunization coverage into programme activities.

The representative of NIGERIA¹ said that, while no cases of wild poliovirus had been reported since 2016, his country still had reported cases of vaccine-derived poliovirus and acute flaccid paralysis; it also faced potential gaps in immunization coverage as a result of the security situation. His Government was nonetheless committed to strengthening the immunization system and sustaining immunization coverage and surveillance. He supported the draft decision.

The representative of BARBADOS,¹ welcoming the draft decision and expressing concern about the high cost of injectable poliovirus vaccine, urged the Secretariat to support the efforts of developing countries to obtain affordable vaccines.

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

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ recognized the significant progress made towards poliovirus eradication but expressed concern about the rise in the number of reported cases. Eradication strategies needed to be tailored to communities' needs and aimed at creating strong routine immunization and outbreak response systems. She expressed support for the draft strategy for control of circulating vaccine-derived poliovirus type 2 and the draft decision. It was important for Member States and the Secretariat to remain strongly committed to eradicating poliovirus and to ensure that domestic resources were allocated to strengthen routine immunization coverage and other eradication efforts.

The representative of MONACO¹ endorsed the statement made by the representative of the United States of America, adding that it was unacceptable that health workers involved in immunization activities in the field often had to put their lives at risk. She also endorsed the draft decision and reiterated her Government's commitment to promoting poliovirus eradication by providing both financial and human resources.

The representative of the RUSSIAN FEDERATION¹ expressed concern at the continuing transmission of wild poliovirus type 1 and the geographical spread of outbreaks of various types of circulating vaccine-derived poliovirus linked to insufficient routine immunization. It was essential for all countries to have access to vaccines and for countries with limited capacities to receive systematic support. New vaccines had to be urgently developed and made available, so as to reduce the risk of transmission. The integration of activities under the Global Polio Eradication Initiative with other programmes would enable more effective use to be made of resources and strengthen the disease surveillance system. Regarding containment, it was essential to continue to improve the technical capacities of countries, including by developing WHO guidelines and training national auditors.

The representative of AFGHANISTAN¹ said that inconsistent access to immunization in conflict areas in his country had led to an increase in wild poliovirus transmission in 2019. His Government would continue to coordinate with the Government of Pakistan to tackle poliovirus transmission between the two countries and called on the Government of Pakistan to ensure the same level of cooperation. A national plan being put in place to improve community acceptance of poliovirus immunization would be shared with international partners so that they could provide support.

The representative of the REPUBLIC OF KOREA¹ said that the rise in cross-border travel meant that poliovirus would remain a threat until it was completely eradicated. He supported the recommendations on immunization, surveillance, enhanced responsiveness, containment and certification, but expressed concern about gaps in routine immunization coverage, the endemic spread of poliovirus and the emergence of new strains. Member States needed to support each other and review their immunization coverage and poliovirus surveillance systems. His Government would continue to provide WHO with support in that regard.

The representative of INDIA,¹ outlining the measures taken by his Government to maintain the country's polio-free status, urged all Member States to continue to support the poliovirus programme and to take steps to control the unprecedented rise in the cost of inactivated poliovirus vaccine.

The representative of ANGOLA¹ said that, in response to the cases of vaccine-derived poliovirus reported in her country in 2019, her Government had launched an immunization campaign and taken steps to raise awareness of the importance of immunization through a multisectoral approach and with support from WHO, Gavi, the Vaccine Alliance and other international partners. It was important for

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

Member States to commit to developing robust surveillance and immunization systems and to detect and respond quickly to all poliovirus cases.

The representative of CANADA,¹ reiterating the important role that commitment at the global level played in the eradication process, welcomed the draft decision's call for Member States to facilitate the expedited and safe roll-out of novel oral polio vaccine and to step up their efforts to close gaps in immunization coverage. Poliovirus vaccine delivery would increasingly have to be incorporated into other health care initiatives, and she called on partners to step up their efforts in that area and to adopt strategies developed by national governments to ensure local ownership and a community-based response. In relation to the outbreak in Pakistan and Afghanistan, she urged WHO and its partners to adopt a more flexible community-based approach to poliovirus vaccine delivery and to address gender barriers.

The representative of MOROCCO¹ called on WHO to conduct a study into the spread of circulating vaccine-derived poliovirus type 2; to ensure the uninterrupted supply of inactivated poliovirus vaccine through efficient and sustainable production, supply, purchase and delivery systems; to continue to support Member State efforts to improve acute flaccid paralysis surveillance and strengthen the know-how of health workers; and to lead and encourage coordination between the Eastern Mediterranean and African Regions in order to mitigate the risk of cross-border transmission.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that WHO needed to look more deeply into the causes of the rise in vaccine-derived poliovirus outbreaks. The WHO model for laboratory surveillance of poliovirus should be extended to other vaccine-preventable diseases, and national surveillance programmes needed to be backed by regional and subregional programmes. To address the issue of immunization hesitancy, risk awareness campaigns needed to be expanded, and countries should share their experiences in that regard.

The representative of PAKISTAN¹ said that poliovirus eradication was a top priority for his Government, which had conducted a number of high-level reviews in response to the increase in the number of cases reported in 2019. A national advisory group had been set up to bring together stakeholders, and coordination with the Government of Afghanistan had been strengthened through synchronized immunization campaigns. Surveillance would continue at all levels to ensure the rapid detection of, and appropriate response to, any new poliovirus cases.

The representative of MEXICO,¹ expressing concern about the mounting number of reported cases of poliovirus, said that care should be taken in developing and certifying novel oral polio vaccine type 2, so as to ensure the vaccine's safety. The Secretariat should continue to work with Member States to strengthen their surveillance systems and to share information on advances and challenges in the poliovirus eradication process, particularly in terms of the geographical spread of the virus and any outbreaks in polio-free regions. She urged the Secretariat to ensure that related resources were used efficiently and transparently.

The representative of the ORGANISATION OF ISLAMIC COOPERATION outlined the measures taken by the organization to support and strengthen poliovirus immunization, especially in Pakistan, and called on Member States to step up their efforts to immunize all population groups, including the most marginalized ones.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIR and expressing concern about recent setbacks in progress towards poliovirus eradication, urged donors to act on their pledges in a timely manner and called on Member States and implementing agencies to

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

be rigorous in their use of funds. Member States should allocate the national financial and human resources needed to sustain high rates of routine immunization coverage, mitigate the risk of poliovirus outbreaks and avoid significant unnecessary human and financial cost.

The representative of the WORLD FEDERATION OF NEUROLOGY, speaking at the invitation of the CHAIR, welcomed WHO's strategy to contain the spread of vaccine-derived poliovirus type 2 and to prevent the development of new strains. The report would help Member States and other partners work together effectively and garner public support for national immunization initiatives.

The observer of GAVI, THE VACCINE ALLIANCE said that his organization was working with WHO and other partners to get a safe and effective novel oral polio vaccine type 2 through the emergency use listing process. He called on Member States to accelerate the development of national poliovirus transition plans and draw on existing experience and expertise in order to strengthen routine immunization coverage.

The DIRECTOR (Polio Eradication) said that 2019 had been a difficult year for global poliovirus eradication, and renewed efforts were needed following the outbreaks due to wild and vaccine-derived polioviruses, which increased the risk of exportation and further international circulation. In that regard, polio programme experts had conducted an in-depth analysis of the major challenges in Afghanistan and Pakistan, and steps had been taken to address them, with support from the new Global Polio Eradication Initiative hub in Amman, Jordan. Furthermore, the Polio Endgame Strategy 2019–2023 focused on integrated vaccine-preventable disease surveillance and on addressing gender barriers to eradication.

Concerning the outbreaks of vaccine-derived poliovirus, the draft strategy for control of circulating vaccine-derived poliovirus type 2 drew on global expertise to ensure the strongest possible response; it also sought to strengthen routine immunization using inactivated poliovirus vaccine. Supplies of that vaccine had improved but remained insufficient, and WHO was collaborating with Gavi to better shape the market for Member States. The expedited production, approval and roll-out of novel oral polio vaccine type 2, as called for in the draft decision, would also help to ensure a more effective response to recent outbreaks.

While he welcomed the pledges made by donors, he said that additional funding would be needed to eradicate poliovirus and respond to the growing number of outbreaks. The draft decision therefore called on Member States to mobilize domestic resources and help finance the outbreak response.

The REGIONAL DIRECTOR FOR AFRICA agreed that 2019 had been a challenging year, with a number of outbreaks of vaccine-derived poliovirus in the African Region. A regional response team consisting of experts from WHO and partner organizations had been set up, and the quality of immunization campaigns had improved. While she was optimistic about eradicating poliovirus in the Region, work needed to be done to improve surveillance and routine immunization coverage.

The Region had also embarked on the poliovirus transition process. Other programmes were drawing on the expertise of poliovirus staff, particularly in terms of routine immunization and disease surveillance, and the transitioning of poliovirus assets was in progress. National poliovirus transition plans had been approved in five of the Region's six highest priority countries. The Regional Office was now working to promote domestic financing of those plans and encouraging Member States to create linkages with ongoing work in the areas of universal health coverage and primary health care.

In response to a query from the representative of GABON, the SECRETARY read out the following proposed amendment to paragraph 2 of the draft decision: "to urge Member States to: (a) implement an expedited process for national approval, importation and use of vaccines to respond to polio outbreaks, including novel oral polio vaccine type 2, on the basis of its emergency use listing, which includes careful and rigorous analysis of available quality, safety and efficacy data; ...".

The CHAIR took it that the Board wished to adopt the draft decision, as amended.

The decision, as amended, was adopted.¹

PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING

2. DECADE OF HEALTHY AGEING: Item 17 of the agenda (documents EB146/23 and EB146/23 Add.1)

The CHAIR drew attention to the report and the draft decision contained in document EB146/23. The financial and administrative implications of the draft decision for the Secretariat were set out in document EB146/23 Add.1.

The representative of CHILE commended efforts to implement the Global strategy and action plan on ageing and health and expressed support for the draft proposal for the Decade of Healthy Ageing 2020–2030 set out in document EB146/23. Multisectoral action was indeed important to promote health and address the social determinants of healthy ageing, which in turn would contribute to achieving the Sustainable Development Goals. He proposed amending subparagraph 29(2) of the draft decision by requesting that the Director-General also transmit the decision to the United Nations Secretary-General for consideration by the General Assembly of the proposal for a Decade of Healthy Ageing. The amendment would facilitate the inclusion of relevant stakeholders in work towards the objectives set.

The representative of ISRAEL welcomed the definition of healthy ageing in the draft proposal for the Decade of Healthy Ageing, notably the reference to social environment. However, his Government wished to see a greater focus on assistive technologies, and on elder abuse and the associated gender perspective. Drawing attention to the lack of disaggregated data on older persons worldwide, which impeded the development of effective healthy ageing policies, he asked the Secretariat to provide more information on its work with relevant stakeholders, such as the United Nations Statistics Division and the Titchfield City Group on Ageing. Lastly, he expressed concern that the staff responsible for executing the Global strategy and action plan were split between different divisions of the Organization; a solid organizational structure was instrumental to achieving results.

The representative of KENYA, speaking on behalf of the Member States of the African Region, expressed appreciation for the inclusive consultative approach adopted to evaluate implementation of the action plan. Given the many ageing-related challenges encountered in his Region, he called upon the Secretariat to continue supporting Member State efforts to strengthen national programmes for providing affordable, user-friendly health services for older persons. It was also necessary to boost research into their needs and raise public awareness regarding the community support available. He endorsed the draft decision and asked the Secretariat to further refine the mechanisms for implementation of the Decade of Healthy Ageing in consultation with Member States and other relevant stakeholders.

The representative of SINGAPORE welcomed the draft proposal for a Decade of Healthy Ageing, particularly the holistic nature of the four action areas and the whole-of-society approach, and endorsed the proposed amendment to the draft decision. In order to support an ageing population, it was key to integrate care across settings through a person-centred approach and harness the use of innovative technologies, which could help optimize resources. Support for caregivers working with elderly people

¹ Decision EB146(11).

was often overlooked. WHO should encourage greater discussion of that issue, especially regarding how caregivers could be empowered in a more holistic, sustainable way; his Government could provide support in that respect. Lastly, given that regional plans on ageing were drawing to an end, he called for greater coordination between the work of the Health Assembly and the regional committees in preparation for the proposed Decade.

The representative of AUSTRALIA, commending the consultative approach taken to prepare the draft proposal, expressed support for the Decade of Healthy Ageing, notably its vision of a world in which everyone could live a longer and healthier life, and the associated action areas and activities. The framework for tracking progress, which drew on existing reporting mechanisms for the Madrid International Plan of Action on Ageing, would help maintain momentum and should be used to keep Member States updated and engaged. Her Government supported the draft decision and the proposed amendment.

The representative of CHINA expressed support for the draft decision and the proposed amendment, noting that the draft proposal would help countries promote healthy ageing. She detailed some of the measures introduced in that respect by her Government, which stood ready to work with other Member States to improve cooperation in the health sector and the support available to older people.

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed support for the draft proposal for the Decade of Healthy Ageing, which would advance achievement of the Sustainable Development Goals by requiring the delivery of essential health services through universal health coverage. However, competing priorities and crises among Member States of the Region reduced the resources available for national programmes on ageing; greater investment was needed to build capacity among health care providers and improve intersectoral collaboration in order to respond to the health and social needs of an ageing population. He asked the Secretariat to maintain its technical support to Member States, continue advocating for healthy ageing and promote effective coordination with other stakeholders, including organizations of the United Nations system.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries of Montenegro and Albania, as well as Ukraine, the Republic of Moldova, Armenia and Georgia aligned themselves with her statement. She supported the draft proposal for a Decade of Healthy Ageing and the forthcoming global status report, and asked to be kept informed during the preparation process. Healthy ageing was a challenge that extended to many domains, and while the proposal should focus on maintaining functional ability, prevention and setting-based health promotion were other key elements that required greater attention as it was further developed. Other subjects to be addressed included dementia, inequality in ageing between different socioeconomic groups and perceptions of elderly people. Beyond health care, the scope of healthy ageing touched on environmental, labour and gender issues, health equity, social participation, digital technology, education and recreation. Healthy ageing, in both mental and physical terms, needed to take place throughout the life course; the goal should be to deliver policies that contributed to active, independent lives. Such considerations would also have an impact on the labour market and economy. Although it was clear that the Secretariat had considered the broader scope, she was concerned about how it would manage all those domains. How would it communicate and coordinate with other United Nations organizations, non-State actors and other stakeholders, and what extra mandates, regulations, budget and staff would be required? She endorsed the draft decision but asked the Secretariat to provide further information, before the Seventy-third World Health Assembly, on how it would secure the resources needed.

The representative of JAPAN expressed support for the proposed amendment to the draft decision, observing that a multidimensional issue such as ageing deserved United Nations-wide support,

with the Secretariat playing a leading role. His Government attached great importance to the issue and particularly welcomed the inclusion of dementia in the draft proposal, as it represented a major challenge that needed to be incorporated into healthy ageing policies.

The representative of INDONESIA, outlining several national measures taken in line with the Global strategy and action plan, noted that many developing countries faced challenges in raising awareness regarding ageing and health. It was essential for Member States to develop public health systems for elderly people, including long-term care and sustainable financing systems, and WHO should pay particular attention to dementia. Her Government supported the draft proposal and the proposed amendment to the draft decision.

The representative of the UNITED STATES OF AMERICA welcomed the draft proposal, commenting favourably on the consultative process guiding its development and the way in which it complemented several Sustainable Development Goals. Her Government supported the draft decision and proposed amendment, and looked forward to working with the Secretariat and Member States on such an important issue.

The representative of SRI LANKA endorsed the draft proposal for the Decade of Healthy Ageing, which provided governments with an opportunity to strengthen collaboration with the private sector, nongovernmental organizations and civil society. Observing the importance of incorporating the needs of older people into health systems, he highlighted several national strategies identified in line with the draft proposal and drew attention to the regional need for workers able to deliver quality long-term care. He agreed with previous speakers that dementia was a key issue to consider.

The representative of ARGENTINA, highlighting her Government's commitment to healthy ageing at the national and international levels, expressed support for the Global strategy and action plan. She commended the vision outlined in the draft proposal and its link to the three priority directions of the Madrid International Plan of Action on Ageing. It was particularly positive to see that a life-course approach had been taken, with a focus on the second half of life. A change of perspective was needed to ensure that older people at greater risk of developing problems associated with ageing could be identified and given the appropriate support. Her Government supported the draft decision and the proposed amendment.

The representative of IRAQ endorsed the draft proposal for the Decade of Healthy Ageing, noting that it was aligned with her Government's national vision. Important elements to consider in efforts to promote healthy ageing included the establishment of a category for those aged 60 and over to ensure effective health surveys; noncommunicable disease and mental health care packages, and eye and ear care; and investment in related initiatives such as healthy cities.

The representative of ROMANIA endorsed the draft proposal and applauded the Secretariat's plan to provide a global status report. Ageing populations presented many challenges, and societies needed to compensate accordingly; the associated impact would affect not only the health and care sector, but also society and the economy as a whole. Sustainable health and long-term care systems should be developed taking account of the diversity of older people, and their varying capacities and functional abilities. Efforts should also be made to promote health earlier in life and develop a healthy ageing culture through information campaigns. The draft proposal provided an excellent framework that could be further enriched by the sharing of best practices.

The representative of FINLAND, stressing her Government's commitment to working towards an age-friendly society, called for a transformation in attitudes towards ageing. Social participation, fairness and equal opportunities were key elements of active, healthy ageing; physical and social environments had to be created that supported older people in their everyday lives. New technologies and digital services could also support the functional capacities and well-being of ageing populations.

She commended the thorough work done thus far on the Decade of Healthy Ageing and endorsed the proposed amendment to the draft decision.

The representative of BANGLADESH, noting the challenges posed by ageing populations, expressed appreciation for the action areas and activities set out in the draft proposal but stressed the need for a whole-of-society approach, community participation and health care service delivery. To that end, the Secretariat should provide capacity-building support at all levels, through multisectoral action that connected global stakeholders; special attention should be given to low- and middle-income countries. Further discussions should also be held with partners on innovative measures to accelerate the implementation of national healthy ageing programmes.

The representative of AUSTRIA welcomed the draft proposal for the Decade of Healthy Ageing and the proposed amendment to the draft decision, noting the alignment with her Government's Health in All Policies approach. She strongly supported the four proposed action areas and the recommendation regarding multisectoral, multistakeholder engagement, and agreed that the Global Campaign to Combat Ageism should be considered a relevant partner. Lastly, she commended the proposed framework to track progress but said that it should not place an even heavier reporting burden on Member States.

The representative of BRAZIL expressed support for the draft decision, as amended, notably the focus on multisectoral, multistakeholder collaboration. Ageing was a key concern for his Government, which prioritized access to quality health services, support for caregivers and community-based support. The Global Network for Age-friendly Cities and Communities was a particularly valuable project.

The representative of INDIA,¹ outlining his Government's national programme for elderly health care, said that health promotion and multisectoral engagement were also important in healthy ageing. Greater global efforts and sharing of experiences were needed to address the global phenomenon of ageing populations.

The representative of ICELAND¹ expressed support for the vision and four global action areas set out in the draft proposal for the Decade of Healthy Ageing and for the draft decision. The vision needed a whole-of-government, life-course approach at all levels to prevent disability in old age. Her Government had implemented a range of measures to that end.

The representative of SWEDEN¹ welcomed the draft proposal. It was important to keep older people independent for as long as possible. For the elderly to be fully integrated and participate in society, health and social care services must be equitable and tailored to their needs and counter all forms of discrimination based on age or disability. It was pleasing that the vision set out in the draft proposal was linked to the Madrid International Plan of Action on Ageing and reflected the pledge in the 2030 Agenda for Sustainable Development to leave no one behind.

The representative of MONACO¹ said that she was pleased to have participated in the survey to determine country priorities for the Decade of Healthy Ageing. The ageing population was a particular concern in Monaco, and a national action plan for ensuring the care and independence of older people was being developed.

The representative of THAILAND¹ expressed satisfaction that tackling ageism was the first of the four proposed action areas. Long-term care must be centred on community and family rather than institutions. The ASEAN Centre for Active Ageing and Innovation, which had been established in

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

Thailand, focused on areas such as advocacy, capacity-building, and research and innovation. It would serve as a key regional platform able to work with the Secretariat on the four action areas.

The representative of NIGERIA¹ described steps taken in his country to address healthy ageing, including a project to improve the quality of care for the ageing population and the launch of a policy framework on healthy ageing in 2018. He endorsed the draft decision and looked forward to working with Member States and relevant stakeholders.

The representative of ECUADOR¹ said that the draft proposal for the Decade of Healthy Ageing provided a good opportunity to change the paradigms in health care provision for older people and ensure comprehensive long-term care. Multistakeholder cooperation and community involvement would allow health services to be redirected to the needs of older people while promoting their abilities. That would help to dispel the myths and stereotypes associated with ageing, which constituted a barrier to accessible health services. He endorsed the draft decision and the amendment thereto.

The representative of NEW ZEALAND¹ highlighted the opportunities presented by ageing populations and the concept of healthy ageing, particularly the vital contributions that older people made to families, communities and the economy. In addition to the health system, environmental and societal determinants must be considered to ensure a multisectoral, life-course approach to healthy ageing, and the healthy ageing agenda had to be equitable.

The representative of NORWAY,¹ welcoming the draft proposal for the Decade of Healthy Ageing, said that it was important to prepare for an ageing population, enhance future sustainability, and acknowledge the value of older people. WHO should cooperate with stakeholders and United Nations entities to facilitate coordination and efficient implementation of the proposal; focus on clear priorities and milestones; prioritize health promotion and prevention, highlighting the role of health and care personnel; and ensure strong political commitment.

The representative of the REPUBLIC OF KOREA¹ expressed support for the draft proposal and noted the importance of enabling older people to age in place and live long and healthy lives in the community. The approach set out in WHO's Guidance on integrated care for older people was essential, as it emphasized the integration of health and social care and ensured a community-based, person-centred approach to achieving independent living for older people. WHO should continue preparing evidence-based guidance to strengthen health systems using that approach.

The representative of BARBADOS¹ described the situation in his country, including the resource challenges and constraints of managing and treating noncommunicable diseases among older people, particularly Alzheimer disease. He supported the calls for continued efforts to raise awareness of the value of healthy ageing and for sustained commitment and action at the national, regional and global levels. The Secretariat should increase support for health system alignment to meet the needs of older populations. He welcomed the draft proposal for the Decade of Healthy Ageing.

The representative of BOTSWANA¹ also welcomed the draft proposal and noted with satisfaction that it was the outcome of a broad consultative process. Tackling the social determinants affecting older people's health and building their social capital would not only improve their health but also make a true success of the Decade of Healthy Ageing. He urged the Board to consider the recommendations in the report and endorse the draft decision.

The representative of MEXICO,¹ expressing support for the draft proposal, pointed to the need to safeguard older people's rights at a time when they suffered mounting discrimination, exclusion and

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

violence. Policies on healthy ageing must also address disparities in the burden of caring for older people and the associated unpaid work, which often fell to women. The measures proposed would require multisectoral action and coordination at all levels of government. Local authorities had a key role to play in creating accessible and inclusive spaces that encouraged autonomy.

The representative of BELARUS¹ said that WHO should continue to focus on the interests of older people, especially maintaining their independence. He expressed satisfaction with the broad consultation process used to draw up the draft proposal for the Decade of Healthy Ageing, which must link with the 2030 Agenda for Sustainable Development, and agreed with the action areas and activities set out therein. He endorsed WHO's leading role in managing the related mechanisms and called on the Organization and other international stakeholders to support international efforts under the draft proposal.

The representative of SLOVENIA,¹ speaking on behalf of the cross-regional Group of Friends of Rights of Older Persons, supported the draft proposal as a much-needed response to the ageing of the world population. Countries must do their utmost to prepare health systems, social protection systems and other policies for that demographic shift. Older persons could continue to contribute to their families, communities and society at large if they were able to age in place and receive community-based care. A rights-based, whole-of-society approach to healthy ageing, grounded in equity and non-discrimination and with a firm stance against ageism, was needed.

The representative of CANADA¹ commended WHO efforts to improve the lives of older people through international cooperation. The draft proposal was in line with his Government's initiatives to meet the growing needs of older people in Canada; WHO would nevertheless have to work closely with other United Nations agencies if the Decade of Healthy Ageing was to be successful, and he therefore agreed with the amendment to the draft decision. He also asked about the input to be provided by the Member States for the Director-General's progress reports on implementation to the Health Assembly.

The representative of MONTENEGRO¹ welcomed the draft proposal and the broad consultation process by which it had been drawn up. Her Government was continuously working to build a positive environment and an effective social protection system for older people. She urged the Secretariat to further explore possibilities for cooperation with different stakeholders, including United Nations organizations, and asked about a possible communication strategy to promote implementation.

The representative of PERU¹ expressed strong support for the vision set out in the draft proposal for the Decade of Healthy Ageing. Health interventions for older people must be timely and effective, and comprehensive health care required differentiated services. His Government had implemented a range of measures for the care of older people, including the prevention and treatment of Alzheimer disease and opening community centres in primary health care establishments. He endorsed the draft decision and the proposed amendment thereto.

The representative of SWITZERLAND¹ applauded the efforts of the Secretariat and Member States to improve people's longevity and health. She endorsed the action areas set out in the draft proposal and the proposed amendment to the draft decision. The international commitments of the next decade were crucial for healthy ageing and tackling major health challenges. Member States should adopt sustainable strategies and treat climate change as an urgent priority. Intergenerational, interdisciplinary and multisectoral dialogue would be key to implementing the activities contained in the draft proposal.

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

The representative of the RUSSIAN FEDERATION¹ endorsed the draft proposal and the proposed amendment to the draft decision. He commended the Secretariat's efforts to analyse implementation of the action plan on ageing and health with Member States from all regions and looked forward to the presentation of the draft global report at the Seventy-third World Health Assembly. The list of priorities should be supplemented with a provision to promote the continued social activity and inclusion of older people. He supported the development of agreed standards and quantitative indicators for monitoring the activities set out in the draft proposal.

The representative of SPAIN¹ said that she agreed with the vision, priorities and action areas set out in the draft proposal. Her Government had developed a multisectoral national strategy to enable people to live longer healthy lives free from disability. The strategy was based on prevention and health promotion, took a comprehensive population-centred approach and emphasized equity.

The representative of COSTA RICA¹ commended the efforts of WHO and PAHO to develop the draft proposal. As most people now lived into old age, State policies must be sure to build cohesive, peaceful, equitable and safe societies based on an inclusive sustainable development model.

(For continuation of the discussion and adoption of a decision, see the summary records of the twelfth meeting, section 2.)

The meeting rose at 11:55.

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

TWELFTH MEETING

Friday, 7 February 2020, at 14:35

Chair: Dr H. NAKATANI (Japan)

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

1. GOVERNANCE MATTERS: Item 22 of the agenda

Provisional agenda of the Seventy-third World Health Assembly and date and place of the 147th session of the Executive Board: Item 22.4 of the agenda (documents EB146/37, EB146/37 Add.1 and EB146/52)

The CHAIR drew the Board's attention to a proposal by the Permanent Representative of Israel to amend the provisional agenda of the Seventy-third World Health Assembly by moving the report entitled Health conditions in the occupied Palestinian territory, including East Jerusalem, and in the occupied Syrian Golan to Pillar 2, One billion more people better protected from health emergencies, specifically under the provisional agenda item 13.2 on WHO's work in health emergencies.

He recalled that the proposal had been set out in letters addressed to the Director-General and circulated by the Secretariat to all mission focal points in Geneva. After undertaking extensive consultations with the three directly concerned parties and the Director-General, it was his informed conviction that the decision on that amendment could only be resolved by a vote, and he proposed that a roll-call vote on the proposal should be held directly. If the Board voted to amend the provisional agenda of the Seventy-third World Health Assembly as proposed, a reference to the report would appear under item 13.2 and the matter would be discussed under that item, but not as a separate agenda item. Before the vote, the representatives of the directly concerned parties – Israel, the Syrian Arab Republic and Palestine – would take the floor, observing a five-minute time limit. After the results of the vote, the Board would proceed directly to consideration of the next item without explanations of vote. It should be understood that proceeding in such a manner would not create a precedent for future meetings.

He said that, if there were no objections, he would take it that the Board was in favour of following the procedure that he had proposed.

It was so agreed.

The representative of ISRAEL said that the agenda item on health conditions in the occupied Palestinian territory, including East Jerusalem, and in the occupied Syrian Golan was the only political and geographically-focused standalone item, and the only item not included in any of the four pillars of the Thirteenth General Programme of Work, 2019–2023. WHO programmes assisted millions of people around the world facing health crises, and there was no separate item on any other geographical area or situation. The Secretariat's report should be presented without creating a platform for political discussions or diverting from pressing issues. Her Government did not object to WHO's assistance programme to the Palestinians; however, such assistance could be provided without politicizing the agenda of the Health Assembly. Following the Director-General's efforts in reshaping the agenda according to the WHO transformation agenda, the Board had a unique opportunity to end the practice

of including political items and approve a professional, global health agenda. She called on Board members to support the proposal.

The representative of the SYRIAN ARAB REPUBLIC¹ said that the proposal was a new attempt by Israel to use its membership of the Executive Board to advance a political agenda and prolong the annexation of occupied East Jerusalem and the occupied Syrian Golan, in violation of the relevant United Nations Security Council and World Health Assembly resolutions. That was the context in which the representative of Israel was proposing to move the agenda item from Committee B, which dealt with legal issues, to Committee A, which dealt mainly with emergencies. It was no coincidence that the letters from the Permanent Representative of Israel did not mention the title of the item when it referred to the agenda item. He reaffirmed the importance of the Secretariat to implement Health Assembly decisions without any conditions from the occupying power. Contrary to the allegations put forward, the item and its related decision were of a purely technical nature and did fall within the mandate of WHO, based on its Constitution. He urged the Board to reject the proposal.

The observer of PALESTINE said that the proposal by the representative of Israel was purely political. The governments of Palestine and the Syrian Arab Republic had submitted a proposal to the Director-General and to the officers of the Board such that the Health Assembly would adopt a purely technical, non-political decision on the item. If that proposal received unanimous support at the Seventy-third World Health Assembly, then no draft resolution would be submitted for consideration in 2021. The shortest route to resolving the item was to end the occupation; hence, the item had been dealt with by Committee B. Lastly, he said that Palestine would refrain from requesting WHO membership in view of the repercussions the Organization would face should it grant membership. He urged the Board to reject the proposal.

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

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

The result of the vote was:

In favour: Australia, Austria, Brazil, Eswatini, Germany, Israel and United States of America.

Against: Argentina, Bangladesh, Benin, Chile, China, Djibouti, Guyana, Indonesia, Iraq, Singapore, Sri Lanka, Sudan, Tajikistan, Tunisia and United Arab Emirates.

Abstaining: Burkina Faso, Finland, Gabon, Georgia, Italy, Japan, Kenya, Romania, Tonga and Zambia.

Absent: Grenada and United Republic of Tanzania.

The proposed amendment was therefore rejected by 15 votes to 7, with 10 abstentions.

The SECRETARY drew the Board's attention to the proposal submitted in writing by the Government of Finland prior to the current session of the Board, which was contained in document EB146/37 Add.1, to add a new agenda item on "The public health implications of the

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

implementation of the Nagoya Protocol” under Pillar 2: One billion more people better protected from health emergencies.

The representative of BRAZIL, while acknowledging the importance of the subject, recalled that the Board had previously agreed to avoid proposing non-urgent issues for inclusion on the agenda of the Health Assembly to prevent unnecessary debate and overlap; that decision was especially pertinent in the light of the brevity of the Seventy-third World Health Assembly. A discussion on the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization was neither necessary nor urgent at that time: the Health Assembly already had a mandate to discuss the matter and other emergencies, and the Secretariat was currently preparing a report on the topic. Furthermore, Member States should not be overburdened with subjects to discuss at the national level in advance of WHO meetings.

The representative of INDONESIA said that Member States would need time to hold national consultations with relevant stakeholders on the information to be furnished by the Secretariat on the public health implications of the Nagoya Protocol, which had been requested in decision WHA72(13) (2019). The Board should abide by that decision and should not add content to an already full agenda. Given that important public health decisions could be made at the fourth meeting of the Conference of the Parties to the Convention on Biological Diversity serving as the meeting of the Parties to the Nagoya Protocol on Access and Benefit-sharing in October 2020, it would be more logical to discuss the topic at the Seventy-fourth World Health Assembly as previously agreed.

The representative of ARGENTINA said that the proposed agenda item should be postponed to the Seventy-fourth World Health Assembly so that the discussion could be informed by the report requested to be provided by the Secretariat in decision WHA72(13) (2019) and by the outcomes of discussions during the fourth meeting of the Conference of the Parties to the Convention on Biological Diversity serving as the meeting of the Parties to the Nagoya Protocol on Access and Benefit-sharing, in particular those on genetic resources and digital genome sequencing.

The representative of FINLAND said that since the national implementation of the Nagoya Protocol could have international public health implications, all Member States should have the opportunity to discuss the matter at the Seventy-third World Health Assembly.

The representative of GERMANY supported the proposal from the Government of Finland and requested the Secretariat to raise the profile of the Nagoya Protocol within the health sector. Since the topic often fell under the remit of ministries for the environment, health ministries were often unaware of its public health implications. She therefore encouraged Member States to keep abreast of the outcomes of the fifteenth meeting of the Conference of the Parties to the Convention on Biological Diversity and fourth meeting of the of the Conference of the Parties to the Convention on Biological Diversity serving as the meeting of the Parties to the Nagoya Protocol on Access and Benefit-sharing.

The representatives of AUSTRIA, ITALY and ROMANIA supported the proposal from the Government of Finland.

The representative of JAPAN, supported by the representative of SUDAN, said that he did not support the proposal from the Government of Finland as there would be limited time for discussion at the Seventy-third World Health Assembly, and said that the proposed agenda item should be deferred.

The representative of CHINA supported the interventions made by the representatives of Argentina, Brazil and Indonesia.

The representative of BANGLADESH said that the procedural aspects of the proposal from the Government of Finland were unconvincing; the proposed agenda item should therefore be deferred for discussion at the Seventy-fourth World Health Assembly.

The LEGAL COUNSEL said that Rule 4 of the Rules of Procedure of the World Health Assembly provided for the Board to “prepare the provisional agenda of each regular session of the Health Assembly after consideration of proposals submitted by the Director-General”, and that Rule 5 provided for the Board to “include on the provisional agenda of each regular session of the Health Assembly ... (d) any item proposed by a Member or by an Associate Member”. The Rules of Procedure had been amended in 2019 to include a procedural requirement that “Any proposal for inclusion on the provisional agenda of any item under (d), (e) and (f) above shall be accompanied by an explanatory memorandum that shall reach the Director-General no later than four weeks before the commencement of the session of the Board at which the provisional agenda of the Health Assembly is to be prepared”; that requirement had been met in the present case. Furthermore, the Rules of Procedure permitted the Board to “recommend to the World Health Assembly the deferral of any item under (d), (e) and (f)”; the Board consequently did not have the power to decide to defer the inclusion of the item, but could make a recommendation to the Health Assembly to defer the item.

The representative of FINLAND said that discussions on the matter were ongoing at the national and regional levels. The matter was a multisectoral issue that should be fully understood by health ministers before national recommendations were disseminated through ministries for the environment. Her Government had made its proposal in the hope of increasing awareness of the subject to help Member States to make evidence-based decisions.

The CHAIR suggested that, in the absence of agreement on formal discussions on the subject, Member States might wish to hold informal discussions instead.

The representative of BRAZIL said that the Board should make a recommendation to the Seventy-third World Health Assembly to defer the agenda item to its Seventy-fourth session. Member States that were so inclined could discuss the subject in an informal setting before that time.

The representative of FINLAND said that the proposal made by the representative of Brazil was not acceptable to her Government.

The CHAIR proposed that the discussion of the proposal should be suspended pending further consultations.

It was so agreed.

(For continuation of the discussion, see the summary records of the fifteenth meeting, section 2.)

The SECRETARY drew the Board’s attention to the Secretariat’s proposal to move the discussion on smallpox eradication and destruction of variola virus stocks from item 15 to item 32.1, under which it would feature as a progress report rather than as a standalone agenda item.

The CHAIR took it that the Board wished to approve the Secretariat’s proposal.

It was so agreed.

The SECRETARY drew attention to a proposal to add a new agenda item under Pillar 3: One billion more people enjoying better health and well-being on the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), as the Sixty-ninth World Health Assembly had requested the Director-General in resolution WHA69.2 (2016) to report regularly to the Health Assembly on progress in that area. The previous report had been circulated in 2018 and the Secretariat was proposing to report on the matter on a biennial basis.

The representative of GERMANY welcomed the Secretariat's plans to regularly report on women's, children's and adolescents' health to the Health Assembly, but asked whether the matter could instead be considered by the Executive Board at its 148th session to ensure that Member States would be sufficiently prepared to discuss it at the Seventy-fourth World Health Assembly.

The representative of the UNITED STATES OF AMERICA said that it was unfortunate that no plans had been made to consider women's, children's and adolescents' health at the current session of the Executive Board. She agreed that the item should be deferred to the 148th session of the Executive Board to give the topic due attention.

The SECRETARY said that the requirement under resolution WHA69.2 (2016) was to report on the topic to the Health Assembly, not the Executive Board.

The representative of the UNITED STATES OF AMERICA expressed her preference for the item to be deferred to the Seventy-fourth session of the World Health Assembly and requested the Secretariat to explore the possibility of consulting the Executive Board on the issue in advance of that session.

The CHAIR took it that the Board wished to suspend discussion on the proposed agenda item.

It was so agreed.

(For continuation of the discussion, see the summary records of the fifteenth meeting, section 2.)

The SECRETARY drew the Board's attention to the Secretariat's proposal to amend the title of item 19.6 of the agenda from "Update on the Infrastructure Fund" to "Geneva buildings renovation strategy".

The CHAIR took it that the Board wished to approve the Secretariat's proposal.

It was so agreed.

The representative of BRAZIL requested clarification on Rule 5 of the Rules of Procedure of the World Health Assembly, namely the reference to the requirement for the Board to include on the provisional agenda of each regular session of the Health Assembly, *inter alia*, all items ordered by the Health Assembly in a previous session to be included, and its application to the discussion at hand.

The LEGAL COUNSEL said that since the Sixty-ninth World Health Assembly had not provided specific guidance on the regularity at which the Secretariat should report on progress made in women's, children's and adolescents' health, it was at the Board's discretion to include, or not, the item on the provisional agenda of the Health Assembly. The Secretariat was not required to report on the topic to each session of the Health Assembly.

The representative of ESWATINI recalled that, at the 144th session of the Executive Board, the Member States of the African Region had requested the Secretariat to include the issue of maternal health on the agenda of the Health Assembly on a regular basis in order to galvanize action on the unacceptably high rates of maternal and infant mortality, especially in the African Region.

The representative of AUSTRIA requested time to discuss the remaining issues in informal consultations.

The CHAIR took it that the Board wished to suspend consideration of the remaining proposals from the Secretariat and the Government of Finland to allow for informal consultations.

It was so agreed.

(For continuation of the discussion, see the summary records of the fifteenth meeting, section 2.)

The CHAIR invited the Board to adopt the draft decision on the date and place of the 147th session of the Executive Board, contained in document EB146/52.

The decision was adopted.¹

PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING

2. DECADE OF HEALTHY AGEING: Item 17 of the agenda (documents EB146/23 and EB146/23 Add.1) (continued from the eleventh meeting, section 2)

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR, supported the proposal for a Decade of Healthy Ageing 2020–2030 and requested that oral health should be specifically included in the progress indicators of the Global strategy and action plan on ageing and health. Health systems should urgently be adapted to holistically address conditions of old age. Older people were particularly affected by poor oral health: in old age, oral diseases could lead to loss of their chewing function and poor nutrition, with consequent implications for their social lives, thereby drastically affecting their quality of life.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that the needs of ageing populations should be urgently addressed through health promotion, disease prevention and holistic care. Nurses were key patient advocates and crucial to integrated, person-centred health care in their role as direct care providers and the first point of contact with the health system for many older people. To combat the ageing of the health workforce, investment in nurses, improved working conditions and retention of experienced nurses would be essential. He thanked the Secretariat for including older people in the development of the proposal and encouraged Member States to invite older people to participate in the development and implementation of national action plans on ageing.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, said that the International Society of Nephrology aligned itself with her statement. The proposed Decade of Healthy Ageing 2020–2030 was an opportunity to accelerate the development of interventions addressing the needs of older people. She urged Member States to call for

¹ Decision EB146(12).

stronger emphasis on the prevention of noncommunicable diseases; systematically and meaningfully engage older people in the development of national and regional interventions; and conduct further research into challenges faced by older people.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIR, congratulated the Secretariat on its commitment to centre older people in the proposed Decade of Healthy Ageing 2020–2030 as the elderly population should no longer be excluded from decision-making on service delivery. Particular attention should be paid to diversity, gender and disability in the implementation of the action areas defined in the document, which would be contingent on combating ageism. She welcomed the recognition of the link between primary health care that was responsive to older people and the provision of long-term care where needed, and called on Member States to endorse the Secretariat's proposal and allocate resources towards its implementation.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, acknowledged the importance of the proposal for a Decade of Healthy Ageing 2020–2030.

The representative of the WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, said that the International Association for Hospice and Palliative Care Inc. aligned with her intervention. Healthy ageing required access to palliative care, provided in part through primary and community health care services, medical treatment and psychosocial support for age-related diseases and long-term care for the management of pain and symptoms.

The representative of the INTERNATIONAL FEDERATION ON AGEING, speaking at the invitation of the CHAIR, congratulated Member States on the recognition of the proposed Decade of Healthy Ageing 2020–2030, a powerful demonstration of the need for collective action on healthy ageing. It would be important to overcome prejudice to engender enabling communities, integrated primary care services and long-term care for current and future generations. The proposed Decade should encourage unity among stakeholders, including Member States; she therefore called for social and economic investment in the initiative from governments and civil societies to ensure that people could grow old in an inclusive, non-discriminatory community.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIR, said that alcohol consumption and related harm among older people had become a significant public health problem and should therefore be a priority during the Decade of Healthy Ageing 2020–2030. Alcohol harm and preventive and treatment solutions should be considered in assessing older people's needs and in formulating options for evidence-based guidance throughout the Decade. He called on WHO to better mainstream considerations of alcohol harm, including in the Global status report being prepared by the Secretariat. Alcohol harm was often overlooked despite the availability of clear evidence. Substantive and regular discussions by WHO's governing bodies and the development of policies by the Secretariat and Member States regarding alcohol consumption and harm were important to ensure a comprehensive approach to achieving health for all throughout the life course.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) said that WHO was part of the steering committee of the United Nations Statistical Commission's Titchfield City Group on Ageing, which aimed to harmonize data disaggregation across all age groups, report on Sustainable Development Goal indicators and share national experience on how data were used in health and other sectors.

Despite resource constraints, WHO would strengthen its internal mechanisms at all three levels of the Organization to support the United Nations system in cross-sectoral collaboration in healthy ageing. Approaches to further strengthen collaboration would be jointly identified by WHO and other United Nations entities in 2020. The Secretariat would also be working with non-State actors to identify

mechanisms to support and strengthen engagement in the implementation of the Decade and would be developing guidelines to improve engagement with older people.

To track progress in implementing the Decade, the Secretariat would be using existing indicators and mechanisms including the use of voluntary national reviews on progress in achieving the Sustainable Development Goals and the existing reporting mechanism for the Madrid International Plan on Action on Ageing. Finally, the Secretariat appreciated the opportunity to collaborate with the ASEAN Centre for Active Ageing and Innovation in Thailand and would explore additional partnerships to deliver on the Decade.

The Board noted the report.

The SECRETARY read out the proposed amendment to the draft decision. A new paragraph had been proposed for insertion after paragraph 2, to read: “to transmit this decision to Secretary-General of the United Nations for the consideration of the proposal for a Decade of Healthy Ageing 2020–2030 by the United Nations General Assembly, as appropriate”.

The decision, as amended, was adopted.¹

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

3. FOLLOW-UP TO THE HIGH-LEVEL MEETINGS OF THE UNITED NATIONS GENERAL ASSEMBLY ON HEALTH-RELATED ISSUES: Item 7 of the agenda

Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases: Item 7.2 of the agenda (documents EB146/7 and EB146/7 Add.1) (continued from the sixth meeting, section 1)

The CHAIR drew attention to a draft decision on accelerating action to reduce the harmful use of alcohol, proposed by Bangladesh, Bhutan, India, Indonesia, Islamic Republic of Iran, Philippines, Russian Federation, Sierra Leone, Sri Lanka, Thailand and Viet Nam which read:

(PP1) The Executive Board, having considered the report on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases,² particularly Annex 3, entitled “Implementation of the global strategy to reduce the harmful use of alcohol”, and the report on the findings of the consultative process on implementation of the global strategy to reduce the harmful use of alcohol and the way forward;³

(PP2) Noting with grave concern that, globally, the harmful use of alcohol causes approximately 3 million deaths every year; and, that despite the reduction of age-standardized alcohol-attributable deaths and disability-adjusted life years (DALY) and of heavy episodic drinking, the overall burden of disease and injuries attributable to alcohol consumption remains unacceptably high; and emphasizing that there is sufficient evidence for carcinogenicity of alcohol and a causal contribution of the use of alcohol to the development of several types of cancers in humans (ADD FOOTNOTE: WHO Global status report on alcohol and health 2018);

¹ Decision EB146(13).

² Document EB146/7.

³ Document EB146/7 Add.1.

(PP3) Recognizing the continued relevance of the global strategy to reduce the harmful use of alcohol and further recognizing that resources and capacities for its implementation in WHO and some Member States do not correspond to the magnitude of the problems;

(PP4) Expressing deep concern that alcohol marketing, advertising and promotional activity, including through cross-border marketing, targeting youth and adolescents influences their drinking initiation and intensity of drinking (ADD FOOTNOTE: WHO Global status report on alcohol and health 2018);

(PP5) Noting that some WHO offices do not offer alcohol as a practice to accelerate action to reduce the harmful use of alcohol;

Decided to request the Director-General:

(OP1) to develop an action plan (2022–2030) to effectively implement the Global Strategy to Reduce the Harmful Use of Alcohol as a public health priority, in consultation with Member States and relevant stakeholders, for consideration by the 75th World Health Assembly through the 150th session of the WHO Executive Board in 2022;

(OP2) to develop a technical report on the harmful use of alcohol related to cross-border alcohol marketing, advertising and promotional activities, including those targeting youth and adolescents, before the 150th session of the WHO Executive Board, which could contribute to the development of the action plan;

(OP3) to adequately resource the work on the harmful use of alcohol;

(OP4) to review the Global Strategy to Reduce the Harmful Use of Alcohol and report to the 166th session of the Executive Board in 2030 for further action.

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

Decision:	Accelerating action to reduce the harmful use of alcohol
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:	<p>Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p> <p>Output 3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multisectoral action</p>
2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	Not applicable.
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:	<p>In adopting this decision to strengthen efforts on alcohol control, the Executive Board would approve a commitment by the Organization to deliver the outputs already planned for, but also to develop an action plan (2022–2030) in consultation with Member States and relevant stakeholders, and a technical report on the harmful use of alcohol related to cross-border alcohol marketing, advertising and promotional activities. These additional tasks involve organization of technical consultations at the regional level, technical expert meetings at the global level and conducting a broad consultation process, including consultations with Member States. The scale of the work involved was not fully appreciated at the time when the Programme budget 2020–2021 was approved, hence the need for additional work.</p>
4. Estimated time frame (in years or months) to implement the decision:	28 months.

The representative of THAILAND¹ said that the European Union and its Member States and Norway wished to be added to the list of sponsors of the draft decision.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that she was concerned about the slow progress in implementing the WHO global strategy to reduce the harmful use of alcohol, especially given alcohol's risks and the causal link with many diseases, notably cancer. Certain aspects of national alcohol policy could not be addressed effectively without international coordination and collaboration, for example with respect to cross-border digital marketing of alcohol.

The representative of BANGLADESH noted with concern that no progress had been made in reducing the total global alcohol consumption per capita between 2010 and 2016. To contain the harmful use of alcohol, it was important for international efforts to focus on cross-border alcohol marketing and promotional activities.

The representative of NORWAY,¹ noting the significant public health impact of the harmful use of alcohol and difficulty in achieving related targets, said that it was important to take collective steps to make progress in that area, including those set out in the draft decision.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ expressed his gratitude to the delegation of Thailand for holding extensive consultations with Member States on the draft decision.

The representative of THAILAND¹ said that little progress had been made in the global strategy to reduce the harmful use of alcohol given WHO's insufficient resources and leadership to address the issue. Recalling that, at the Seventy-second World Health Assembly, the Secretariat had said that it would review the sale of alcohol at WHO, she requested an update on the matter. She was pleased that the regional offices for South-East Asia and for Europe were alcohol-free, and hoped that such practice would be maintained.

The decision was adopted.²

PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING

4. MATERNAL, INFANT AND YOUNG CHILD NUTRITION: Item 18 of the agenda (document EB146/24)

The CHAIR drew attention to the report contained in document EB146/24 and the draft decision contained therein.

The representative of BANGLADESH expressed his concern about meeting the challenges of the climate crisis, which required urgent changes in food systems. He therefore welcomed FAO and WHO's guiding principles for sustainable, healthy diets, designed to guide action taken in the context of the Decade of Action on Nutrition. He also welcomed Member States' implementation of excise or special sales taxes for sugar-sweetened beverages at the national level. Noting his Government's concern about the widespread use of digital marketing strategies for the promotion of breast-milk substitutes, he proposed that the draft decision be amended to include a paragraph which read: "to request the

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

² Decision EB146(14).

Director-General to collect data and prepare a comprehensive report to understand the scope and impact of digital marketing strategies for the promotion of breast-milk substitutes and develop guidance to assist Member States to address any promotion of breast-milk substitutes that may not be in accordance with the International Code of Marketing of Breast-Milk Substitutes and subsequent relevant World Health Assembly resolutions”.

The representative of AUSTRALIA recognized the need for a holistic, interdisciplinary and inclusive approach to nutrition, and welcomed the progress on creating a supportive environment for the implementation of comprehensive food and nutrition policies. She encouraged a stronger emphasis on gender-sensitive programming in light of the gender-differentiated burden of malnutrition. She noted that the promotion and protection of breastfeeding was critical in tackling malnutrition. She supported the draft decision.

The representative of BENIN, speaking on behalf of the Member States of the African Region, noted that slow progress had been made in reducing stunting and low birth rate and increasing breastfeeding. Wasting and anaemia were still largely unaddressed, and overweight continued to increase. Unless response actions were substantially scaled up, it was unlikely that targets would be met, including those under Sustainable Development Goal 2 (Zero hunger). His Region welcomed the measures presented in the report to reach targets, in particular the emphasis placed on multisectoral collaboration. He encouraged the Director-General to continue to consult with other United Nations agencies, including FAO and WTO, so that they could do their part in improving maternal, infant and young child nutrition, especially with regard to food safety. Noting that substantial additional funding would be needed until 2025 to reach the global nutrition targets on stunting, anaemia, breastfeeding and wasting, he welcomed the initiative of the Government of Japan to host a nutrition summit in 2020, where governments and development actors would be able to make new financial commitments. He called on Member States to strengthen their regulatory and legislative frameworks to counter the promotion of breast-milk substitutes and encouraged the Director-General to consider a revision of the International Code of Marketing of Breast-Milk Substitutes to account for modern marketing methods. He supported the draft decision.

The representative of SRI LANKA outlined the actions taken by his Government to create a conducive environment for comprehensive food and nutrition policies; to stimulate the development of policies and programmes beyond the health sector that covered nutrition; and to monitor and evaluate the implementation of policies and programmes.

The representative of ZAMBIA said that she attached great importance to the issue of nutrition, particularly with respect to vulnerable groups such as children and women of childbearing age. Universal health coverage could not be attained without addressing nutrition. The Secretariat should prioritize nutrition in the draft operational framework for primary health care to ensure that nutrition interventions were fully integrated into national plans and policies. It should also encourage Member States to commit to including nutrition in the universal health coverage agenda at the nutrition summit to be held in Japan in 2020. She said that the Secretariat, partners and other stakeholders should engage with manufacturers of therapeutic commodities to increase their affordability and availability, and that more investment was needed in research and development to support the local production of such commodities. Her Government supported the draft decision.

The representative of TONGA commended the Director-General for his work and expressed appreciation for the report. She supported the amendment to the draft decision proposed by the representative of Bangladesh.

The representative of SINGAPORE expressed concern about the slow progress in reaching global targets related to maternal, infant and young child nutrition. The Secretariat should provide Member States with guidance on tracking and measuring their progress, which could be challenging owing to

difficulties in collecting data. Although he appreciated the Secretariat's efforts to develop tools to promote breastfeeding, guidance was still needed on promoting dialogue on the challenges of breastfeeding. He also noted the increased focus on the nutritional quality of commercial baby foods and their impact on child nutrition and obesity. The Secretariat should rally support for more cohesive efforts among Member States on that front, such as the formulation of guidelines and engagement with industry leaders.

The representative of CHINA said that further efforts were needed to make progress in the implementation plan on maternal, infant and young child nutrition. She expected the Secretariat to provide Member States with more technical guidance, data and targeted recommendations in the area. She noted both the progress made and challenges with regard to implementing the International Code of Marketing of Breast-Milk Substitutes and guidance on ending the inappropriate promotion of foods for infants and young children. She stood ready to share her country's experience in that respect with the international community.

The representative of JAPAN said that, in order to accelerate progress in meeting targets related to maternal, infant and young child nutrition, his Government would be hosting the Tokyo nutrition summit in December 2020. One of the summit's themes would be the positioning of nutrition in health care systems as a basic element of universal health coverage. He called on the Secretariat to provide Member States with technical support to help them to incorporate nutrition into universal health coverage initiatives.

The representative of INDONESIA attributed the slow progress in achieving global nutrition targets was due to the complex causes of malnutrition. He called on all relevant stakeholders to strengthen their collaboration and scale up interventions and policy coherence on food and nutrition. It was important to enhance local capacities to adapt national policies to local contexts. Since most Member States faced challenges in implementing the International Code of Marketing of Breast-Milk Substitutes and guidance on ending inappropriate promotion of foods for infant and young children, it was important for WHO to consider existing mandates in carrying out future work, with particular attention given to national policy. He looked forward to the upcoming nutrition summit in Japan, planned for 2020.

The representative of ARGENTINA said that Member States needed rigid regulatory frameworks that addressed the advertising of breast-milk substitutes and prevented companies marketing foods for infants and young children from sponsoring meetings for health professionals. She supported the proposal made by the representative of Bangladesh to request the Secretariat to collect data and prepare a report on the impact of the digital marketing strategies on the promotion of breast-milk substitutes, and to provide guidance to Member States. She supported the draft decision.

The representative of FINLAND thanked the representative of Bangladesh for drawing attention to the targeted advertising of breast-milk substitutes via digital platforms. She welcomed the request for the Secretariat to conduct a study on that matter.

The representative of AUSTRIA noted with concern the increasing number of overweight children worldwide. The International Code of Marketing of Breast-Milk Substitutes and guidance on ending the inappropriate promotion of foods for infants and young children could be useful in areas including the reformulation of manufactured foods and public procurement in institutions and canteens. She appreciated the Secretariat's support in collecting data on obesity among school children; such support should also include the collection of data on obesity among children in kindergarten. She was pleased that nutrition was increasingly being included on foreign policy agendas, and emphasized the need for a holistic approach that covered the entire food value chain in addressing nutrition-related challenges. All stakeholders involved in food systems should work together towards a healthy and

sustainable food system. Measures taken by the European Region could provide impetus to the efforts made at a global level. She supported the draft decision.

The representative of BURKINA FASO shared the concerns of the representative of Bangladesh with regard to digital marketing strategies that promoted breast-milk substitutes, and therefore supported the proposed amendment.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that countries affected by conflict, like Sudan, continued to experience high levels of food insecurity, undernutrition and micronutrient deficiencies. His Region was committed to actively engaging in open, inclusive and transparent discussions on nutrition-related challenges at the country level and requested that technical support be provided from all three levels of WHO with regard to: food systems; the promotion of healthy diets; nutrition surveillance and improving the quality of data; monitoring nutrition-related interventions; and data collection, analysis and reporting on anthropometric indicators in children under five years of age. He supported the amendment proposed by the representative of Bangladesh.

The representative of the UNITED STATES OF AMERICA supported the draft decision in its original form and would need to review and consider the proposed amendment before reaching a conclusion. Improving nutrition among pregnant and breastfeeding women, infants and young children was an important health priority. She welcomed the progress made on the comprehensive implementation plan on maternal, infant and young child nutrition and appreciated the Secretariat's efforts to coordinate its work with other United Nations organizations at the country and global levels. The Secretariat and Member States should work with all stakeholders, including the private sector, to improve nutrition through cost-effective, evidence-based measures tailored to each country.

The representative of TAJIKISTAN said that, based on the information presented in the report, there was a need to strengthen coordination between health ministries and ministries of trade, industry, economic development and education. Regulation of food products and measures aimed at limiting certain forms of marketing should also be considered. Nutrition specialists must have sufficient skills and knowledge to inform mothers of young children about appropriate feeding and nutrition. He proposed that the draft decision should be amended to include decision WHA68(14) in the list of resolutions and decisions for which reporting would be streamlined.

The representative of CHILE said that large gains had been made in his country in tackling infant and child malnutrition. It was important to strengthen information systems for nutrition surveillance and to measure the results of initiatives being implemented at the country and regional levels in order to share experiences. He said that his Government would continue to implement its national plan and the International Code of Marketing of Breast-Milk Substitutes, and expressed appreciation for the support provided to countries in developing indicators for nutritional surveillance. He supported the draft decision.

The representative of BRAZIL said that maternal and child nutrition was a priority in his country. He outlined the actions being taken by his Government in that area, including a nutritional guide for infants under two years of age and the implementation of front-of-pack food labelling. He stressed the importance of providing sufficient information to and allowing freedom of choice among consumers.

The representative of GABON said that progress on improving maternal, infant and young child nutrition was worryingly slow, both in his country and globally. He encouraged the Secretariat to support Member States in implementing the recommended measures. All breast-milk substitutes had a negative impact on the environment, and health should always be given precedence over commercial interests. He supported the draft decision.

The representative of PERU¹ described the progress made in his country in the area of maternal, infant and young child nutrition and reaffirmed his Government's commitment to promote breastfeeding as a fundamental practice for infant health, which must be promoted, preserved and protected. He expressed support for the draft decision.

The representative of the DOMINICAN REPUBLIC¹ outlined the strategic and regulatory actions being taken in her country to fight childhood obesity and malnutrition, especially among vulnerable groups. She supported the content of the report, including its five areas of action, and the implementation of the International Code of Marketing of Breast-Milk Substitutes.

The representative of the RUSSIAN FEDERATION¹ expressed strong commitment to improving maternal, infant and young child nutrition at the national and regional levels. She fully supported the draft decision and other measures proposed by the Secretariat.

The representative of ECUADOR¹ said that digital marketing of breast-milk substitutes was a worrisome trend that governments, private-sector actors and other stakeholders had a responsibility to address. Malnutrition should be seen not just as a health indicator but also as a social indicator. Sustainable monitoring and evaluation processes must be established to end the inappropriate marketing of breast-milk substitutes for infants and young children.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ expressed concern at the report's finding that the 2025 global nutrition targets and Sustainable Development Goal target 2.2 on ending malnutrition would not be met without a substantial scale-up of action. The nutrition summit planned for 2020 would therefore come at a critical time. Before the summit, the Secretariat should foster engagement between WHO country offices and governments to support the latter in preparing concrete policy and financial commitments, which could catalyse progress towards meeting the global nutrition targets.

The representative of THAILAND¹ said that legal frameworks on maternal, infant and young child nutrition were necessary but insufficient in and of themselves, as their success relied on the participation of other sectors besides health. Education, innovation and economic and social empowerment were all needed to support enforcement. The Secretariat should therefore support Member States in strengthening health literacy and helping their populations to make informed choices regarding nutrition. There must be continuous monitoring of private-sector entities that deliberately undermined legislation. She supported the amendment proposed by the representative of Bangladesh.

The representative of INDIA¹ said that his Government was committed to achieving global nutrition targets and outlined the actions taken by his Government to reduce anaemia and improve infant and young child nutrition.

The representative of CANADA¹ said that resources must be mobilized to fund evidence-based interventions that would help to achieve global nutrition targets, including Sustainable Development Goal 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture). The upcoming nutrition summit in 2020 would be an excellent opportunity to make firm commitments. Underscoring that malnutrition disproportionately affected women and girls, she invited the Secretariat and Member States to better integrate gender equality into their nutrition programmes. Persistent gaps in data were hindering efforts to take stock of and improve the nutrition situation worldwide; the Secretariat should examine how it could best support countries in developing functional data systems.

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

The representative of COLOMBIA¹ urged Member States to implement guidelines on food marketing and to renew their commitments on infant nutrition. The Secretariat should continue to address the scientific, ethical and commercial factors that led health professionals, medical groups and scientists into possible conflicts of interest. The Secretariat should also support Member States in promoting intersectoral coordination. Data sharing was also important as it enabled governments to learn from each other's experiences. She reiterated her Government's call for WHO to harmonize its work on the marketing of breast-milk substitutes with that of other relevant stakeholders, such as the Codex Alimentarius Commission and WTO, through appropriate coordination mechanisms.

The representative of MOROCCO,¹ thanking the Secretariat for its support to Member States in drafting nutrition policies and strategies, outlined the regulatory actions taken by his Government with respect to infant and young child health. Strategies should place greater emphasis on: developing multisectoral frameworks for achieving nutrition targets; leveraging community-level interventions to promote breastfeeding and healthy diet; and supporting countries in establishing regulations that protected health and countered the negative impact of certain food products.

The representative of NIGERIA¹ expressed his concern that manufacturers continued to use inappropriate strategies to promote breast-milk substitutes. He called upon Member States and other relevant bodies to strengthen regulatory and legislative frameworks to counter such practices. The Secretariat should provide data and technical support to countries with weak health systems. He echoed the call for the Secretariat to consider updating the International Code of Marketing of Breast-Milk Substitutes to account for modern marketing methods. He supported the draft decision.

The representative of MEXICO¹ outlined the progress, challenges and measures taken in improving maternal, infant and young child nutrition in her country. Health promotion played a key role in increasing breastfeeding. She stressed the need for Member States to update regulations on breast-milk substitutes and food and beverages for infants and young children.

The representative of INTERNATIONAL RESCUE COMMITTEE, speaking at the invitation of the CHAIR, said that a more effective, efficient and accessible treatment system for malnutrition was urgently needed for children under five years of age. She called upon WHO to operationalize the global plan of action on wasting by: providing interim guidance on priority areas by mid-2020; developing a time-bound, transparent road map for updating treatment guidelines; leading a coordinated effort to generate the evidence needed to update the guidelines; and developing a time-bound plan for their roll-out at the national level.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIR, called upon the Secretariat: to organize an official high-level session during the Seventy-third World Health Assembly to review the global nutrition situation and the actions needed to accelerate progress ahead of the nutrition summit in 2020; to prepare a plan detailing the support it would provide to Member States so that they could make meaningful commitments at the summit; and to prepare and publish its own commitments during the same Health Assembly.

The representative of INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that the current wording of the draft decision might be taken to imply that biennial reporting would end in 2026. She urged the Board to amend the draft decision to remove the reference to that date, as the International Code of Marketing of Breast-Milk Substitutes clearly stated that there should be biennial reporting with no end date. She was concerned that many measures taken

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

by Member States were not strong enough to counter harmful marketing tactics, including for products targeted at malnourished children.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) thanked Member States for their comments, suggestions and requests. She acknowledged concerns that progress was too slow and that WHO must accelerate its efforts. Responding to points raised, she said that several Secretariat departments were collaborating on the development of a country road map for the inclusion of essential nutrition interventions within primary health care systems. WHO and UNICEF were working together to develop a system for providing technical support that would help countries to strengthen their data collection capacities. New guidelines were also being developed on the use of therapeutic foods by pregnant and breastfeeding women. The Secretariat was working with other United Nations bodies to swiftly develop an implementation road map for the global plan of action on wasting that took into account specific countries' needs. She thanked the Government of Japan for hosting the nutrition summit in 2020 and said that the Secretariat would work with Member States and other stakeholders to ensure that it was a success.

The Board noted the report.

The representative of the UNITED STATES OF AMERICA underscored that the draft decision was procedural in nature, and its intention was to streamline reporting. The amendment proposed by the representative of Bangladesh would require substantial data gathering and work but did not include any information as to what type of data would be collected, the number of Member States involved or what the financial implications would be. She therefore could not accept the amendment at the current time but was open to continuing discussions at the next session of the Board in May 2020.

The CHAIR took it that the Board wished to suspend consideration of the item.

It was so agreed.

(For continuation of the discussion and adoption of a decision, see the summary records of the fourteenth meeting, section 4.)

The meeting rose at 17:35

THIRTEENTH MEETING

Friday, 7 February 2020, at 18:05

Chair: Dr P. SILLANAUKKEE (Finland)

later: Dr H. NAKATANI (Japan)

PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING

1. ACCELERATING EFFORTS ON FOOD SAFETY: Item 19 of the agenda (document EB146/25)

The CHAIR invited the Board to consider the report contained in document EB146/25 and drew attention to a draft resolution on strengthening efforts on food safety, proposed by Australia, Canada, Chile, Ethiopia, Gabon, Israel, Japan, Monaco, Montenegro, Norway, Switzerland, the United Kingdom of Great Britain and Northern Ireland, the United States of America, Zambia and the Member States of the European Union:

The Executive Board,

Having considered the report on accelerating efforts on food safety,¹

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

The Seventy-third World Health Assembly,

(PP1) Having considered the report on food safety;¹

(PP2) Recalling resolutions WHA53.15 (2000) on food safety and WHA63.3 (2010) on advancing food safety initiatives, and acknowledging that the challenges outlined in these resolutions continue as the food safety systems of many Member States are under development and need significant improvements in their key components, such as regulatory infrastructure, enforcement, surveillance, inspection and laboratory capacity and capability, coordination mechanisms, emergency response and food safety education and training;

(PP3) Recalling also the International Conferences in 2019 on Food Safety convened by WHO, FAO, and WTO and the African Union in Addis Ababa and Geneva, which identified key actions and strategies to tackle current and future challenges to food safety globally;

(PP4) Noting that food safety plays a critical role in the achievement of many of the Sustainable Development Goals and contributes to relevant areas of WHO's Thirteenth General Programme of Work, 2019–2023 and efforts to address universal health coverage;

(PP5) Considering that WHO published estimates on the global burden of foodborne diseases for the first time in 2015, in which it estimated this burden to be more than

¹ Document EB146/25.

600 million cases of foodborne illnesses with 420 000 deaths per year;¹ and that the burden of foodborne diseases falls disproportionately on groups in vulnerable situations and especially on children, with the highest burden in developing countries;

(PP6) Recalling the World Bank study, *The safe food imperative: accelerating progress in low- and middle-income countries*,² which called upon national governments to increase investments in their food safety infrastructure and which noted that foodborne diseases resulting from the consumption of unsafe foods cost low- and middle-income countries US\$110 billion in lost productivity and medical expenses annually;

(PP7) Emphasizing the importance of the current WHO strategic plan on food safety including foodborne zoonoses, 2013–2022,³ and noting its end date;

(PP8) Noting the contribution of regional frameworks and networks to support food safety;

(PP9) Recognizing that the development of standards, guidelines and recommendations by the Codex Alimentarius Commission, and their subsequent use by Member States, make a powerful contribution to food safety, and stressing the need to provide sufficient and sustainable funding for active participation in the provision of scientific advice to Codex by experts from countries at all stages of development, especially developing countries, to underpin the elaboration by Codex of science-based food safety standards, guidelines and recommendations;

(PP10) Recognizing also that while progress has been made to strengthen national food safety systems, collective action is needed throughout all stages of the supply chain at the local, national, regional and global levels, involving different stakeholders, in order to respond to current and emerging food safety challenges including those linked to population-, age- and gender-based differences in risk analysis,⁴ climate change and extreme weather events, foodborne pathogens, including the growing threat of antimicrobial resistance, food safety risks related to food fraud as well as other foodborne risks;

(PP11) Underlining that a “One Health” approach to food safety includes managing food safety risks along the entire food and feed chain; and recognizing that the interconnection between food safety and human, animal, plant and environmental health is necessary for the protection of human life and health and food safety, and that it should be pursued in the vision and strategic objectives of WHO;

(PP12) Noting the availability of existing and new guidance and tools to support Member States in the design, development, operation, evaluation, and monitoring of their national food control systems, such as the Principles and Guidelines for National Food Control Systems (CXG 82-2013), and the Principles and Guidelines for Monitoring the Performance of National Food Control Systems (CXG 91-2017) as well as the FAO–WHO Food Control System Assessment Tool (2019) adopted by the Codex Alimentarius Commission;

¹ WHO estimates of the global burden of foodborne diseases: foodborne disease burden epidemiology reference group 2007–2015. Geneva: World Health Organization; 2015 (https://www.who.int/foodsafety/areas_work/foodborne-diseases/ferg/en/, accessed 3 June 2020).

² Jaffee S, Henson S, Unnevehr L, Grace D, Cassou E. *The safe food imperative: accelerating progress in low- and middle-income countries*. Washington DC: International Bank for Reconstruction and Development and World Bank; 2019 (<https://openknowledge.worldbank.org/handle/10986/30568>, accessed 3 June 2020).

³ *Advancing food safety initiatives: strategic plan for food safety including foodborne zoonoses 2013–2022*. Geneva: World Health Organization; 2013 (<https://www.who.int/foodsafety/strategic-plan/en/>, accessed 3 June 2020).

⁴ See Joint FAO/WHO Food Standards Programme, Codex Alimentarius Commission. *Procedural Manual*, twenty-seventh edition (p. 128). Rome: FAO/WHO; 2019.

(PP13) Acknowledging the global relevance of the International Food Safety Authorities Network (INFOSAN) and its importance, especially during foodborne disease emergencies;

(PP14) Recognizing that innovation and developments in science and technology are advancing and that, in particular data relevant to food safety are increasingly available, and technology to derive insights from data is increasingly affordable; that these contribute to and support the design, management, reinforcement, implementation and maintenance of effective national food safety systems; and that such approaches hold promise for improved food safety outcomes throughout all stages of the global supply chain, thereby also increasing consumer confidence;

(PP15) Recalling that food business operators, at every stage of the food chain, have the role of, and responsibility for, ensuring the safety of their food products,

OP1. URGES Member States:¹

- (1) to remain committed at the highest political level: to recognizing food safety as an essential element of public health; to developing food safety policies that take into consideration, as applicable, at all stages of the supply chain, the best available scientific evidence and advice as well as innovation; and to providing adequate resources at appropriate levels for improving systems to ensure food safety;
- (2) to integrate food safety into national and regional policies on health, agriculture, trade, environment and development, as a means to achieve the 2030 Agenda for Sustainable Development, and to take coherent actions across all relevant sectors in order to promote food safety, recognizing consumer interests;
- (3) to strengthen cross-sector collaboration, using a health-in-all-policies approach, and to apply a “One Health” approach to promote the sustainability and availability of and access to safe, sufficient and nutritious food for all populations, recognizing the importance of affordability;
- (4) to participate actively, and support inclusive participation, in the standard-setting work of the Codex Alimentarius Commission, including as a Member State, donor, or beneficiary of the Codex Trust Fund, as well as by supporting the joint expert bodies of WHO and FAO, including through the provision of experts and data; and to take into account Codex standards, guidelines and recommendations when developing national legislation;
- (5) to enhance participation in the International Food Safety Authorities Network (INFOSAN), including supporting the timely transmission of data, information and knowledge about food-safety emergencies; and to further develop and implement the core capacities required for participation in the Network;
- (6) to promote coherent actions to tackle foodborne antimicrobial resistance, including by actively supporting the work of relevant national bodies together with intergovernmental groups, such as the Codex ad hoc Intergovernmental Task Force on Antimicrobial Resistance;
- (7) to promote increased use of Codex standards, guidelines and recommendations by governments, food business and other relevant operators, at all levels;
- (8) to provide appropriate investment in national food safety systems and innovations to prevent food safety threats, including those associated with food fraud, and to enable a rapid and appropriate response to food safety emergencies;
- (9) to improve the availability, sharing, and use of scientific data and evidence to support food safety decisions, including through the systematic monitoring of foodborne hazards and surveillance of foodborne disease outbreaks, as well as

¹ And, where applicable, regional economic integration organizations.

through timely reporting of this information through the International Network of Food Safety Authorities (INFOSAN);

(10) to promote the use of food safety management tools among food business operators at all levels, including small-scale producers, and to encourage private sector investment in safe and sustainable production and supply chains;

(11) to recognize that consumers also have a role in managing food safety risks under their control and that, where relevant, they should be provided with information on how to achieve this, through the promotion of a culture of food safety by means of education and training in communities and schools in order to foster dialogue and inspire actions that enhance public awareness of food safety and that are aimed at increasing public confidence;

(12) to recognize World Food Safety Day as an important milestone and a platform for raising awareness at all levels about the importance of food safety and for promoting and facilitating actions to prevent foodborne diseases at local, national, regional and global levels;

(13) to participate in national, regional, and global activities aimed at applying innovative food safety strategies including enhancing traceability and early detection of contamination to improve the supply chain and promote cost-effective, and efficient food safety systems and simple easy-to-use laboratory analysis;

OP2. REQUESTS the Director-General:

(1) to update, in coordination with FAO, and in consultation with Member States and OIE, the WHO global strategy for food safety¹ in order to address current and emerging challenges, incorporating new technologies and including innovative strategies for strengthening food safety systems, and to submit a report for consideration by the Seventy-fifth World Health Assembly;

(2) to explore with the Director-General of FAO, a method for coordinating the two agencies' strategic efforts on food safety, and to provide a report on this proposed method to the Seventy-fifth World Health Assembly, and through Director-General of FAO to FAO's governing bodies, as appropriate;

(3) to strengthen WHO's capacities and resources for fulfilling its leadership role together with FAO, as founding organizations of the Codex Alimentarius Commission, in promoting the use of Codex standards, guidelines and recommendations, and in supporting Member States, upon request, in developing and implementing food safety policies;

(4) to ensure sustainable, predictable and sufficient resources from WHO for the provision of timely scientific advice on food safety to the Codex Alimentarius Commission in order to facilitate the timely development by Codex of its standards, guidelines and recommendations, including by increasing the level of financial and in-kind contributions to support the Codex Alimentarius Commission and its work;

(5) to pursue, in cooperation with FAO, the further development of INFOSAN to facilitate increased use of the Network by its members, including their rapid sharing of information on food hazards and risks;

(6) to pursue, in cooperation with FAO, the effective and responsive training and capacity-building of members of INFOSAN;

(7) to facilitate understanding by Member States of developments in epidemiological, laboratory, assessment and food and agricultural sciences and technologies that provide new tools for risk assessment and management of food safety systems, and surveillance and outbreak response in respect of foodborne illness, and to support Member States' ability to assess the challenges and opportunities linked to the use of new and appropriate technologies in food safety,

¹ WHO global strategy for food safety: safer food for better health. <https://apps.who.int/iris/handle/10665/42559>.

including the importance of fully realizing the benefits of such technologies by sharing the data generated;

(8) to give greater emphasis to food safety by encouraging the development of food safety infrastructure, including by collaborating with financial institutions, donor organizations, other multilateral organizations, and regional economic communities in order to continue advancing the public health, social and economic benefits of improved food safety;

(9) to facilitate the exchange of knowledge and expertise with other relevant organizations, collaborating with them to support the capacity-building of food safety systems in low- and middle-income countries, to conduct surveillance, investigation, control and reporting of foodborne illness and outbreaks and to enable every actor of the food system to fulfil their responsibilities in the production and supply of safe food;

(10) to monitor regularly, and to report to Member States on, the global burden of foodborne and zoonotic diseases at national, regional and international levels, and in particular to prepare, by 2025, a new report on the global burden of foodborne diseases with up-to-date estimates of global foodborne disease incidence, mortality and disease burden in terms of disability-adjusted life years (DALYs);

(11) to report to the Seventy-fifth World Health Assembly on progress in implementing this resolution.

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

Resolution:	Strengthening efforts on food safety
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:	<p>Output 2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities</p> <p>Output 2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated</p> <p>Output 3.1.2. Countries enabled to address environmental determinants of health, including climate change</p> <p>Output 3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multisectoral action</p> <p>Output 3.3.2. Global and regional governance mechanisms used to address health determinants and multisectoral risks</p>
2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	Not applicable.
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:	In adopting this resolution to strengthen efforts on food safety, the Executive Board would approve a commitment by the Organization to deliver the outputs already planned for, but also to scale up the associated work in updating the WHO global strategy for food safety: safer food for better health and in developing the growth, capacity and usage of food safety infrastructure around the world. The scale of the work involved was not fully appreciated at the time when the Programme budget 2020–2021 was approved, which is why additional work would need to be planned for here.
4. Estimated time frame (in years or months) to implement the resolution:	Six years.

B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	US\$ 24.7 million.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 3.1 million.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 5.4 million.
3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:	US\$ 8.1 million.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:	US\$ 8.1 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\$ 3.1 million.
– Remaining financing gap in the current biennium:	US\$ 5.4 million.
– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:	
	Discussions are in progress with the European Commission, the United States Food and Drug Administration, Canada and Japan on potential provision of support for food safety activities.

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	–	–	–	–	–	–	0.5	0.5
	Activities	–	–	–	–	–	–	2.6	2.6
	Total	–	–	–	–	–	–	3.1	3.1
2020–2021 additional resources	Staff	0.1	0.03	0.1	0.03	0.1	0.1	1.4	1.9
	Activities	0.3	0.05	0.3	0.05	0.2	0.2	2.4	3.5
	Total	0.4	0.08	0.4	0.08	0.3	0.3	3.8	5.4
2022–2023 resources to be planned	Staff	0.1	0.1	0.1	0.1	0.1	0.1	1.9	2.5
	Activities	0.4	0.1	0.4	0.1	0.3	0.3	4.0	5.6
	Total	0.5	0.2	0.5	0.2	0.4	0.4	5.9	8.1
Future bienniums resources to be planned	Staff	0.1	0.1	0.1	0.1	0.1	0.1	1.9	2.5
	Activities	0.4	0.1	0.4	0.1	0.3	0.3	4.0	5.6
	Total	0.5	0.2	0.5	0.2	0.4	0.4	5.9	8.1

^a The row and column totals may not always add up, due to rounding.

The representative of AUSTRALIA said that, given the cross-border nature of food safety issues and the rapid evolution of food production technology, collective multisectoral action was crucial to strengthening food safety systems at the international level. Foodborne disease studies, ongoing surveillance and linkages between food safety and public health authorities were important for risk management. The Codex Alimentarius Commission played a critical role in enhancing food safety through consumer protection and the promotion of fair trade practices, and she stressed the need for sufficient and sustainable funding for that work. She fully supported the draft resolution, particularly the request to increase resources for the Commission.

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region, said that deaths from unhealthy and unsafe food, malnutrition and the rejection of exported food products at the port of entry, particularly in industrialized countries, had a considerable economic impact on low- and middle-income countries in the Region. Thus, the Region had endorsed a regional framework for action on food safety. The globalization of food supply chains, antimicrobial resistance, climate change and fraudulent food practices needed attention. In the Region, there was a lack of adequate expertise and appropriate technology for scientific risk assessment, import inspection, testing capacities and resources to ensure food safety and quality. The Secretariat should boost international coordination and support for scaling up national and regional efforts and engaging Member States at the highest political level. There was immense potential for the Secretariat to strengthen country capacities and, together with FAO, establish and promote Codex standards; provide support to Member States to develop and implement food safety policies; and build a network of relevant stakeholders.

The representative of KENYA, speaking on behalf of the Member States of the African Region, said that it was imperative to address the threat of cross-border food contamination at all levels. The United Nations Decade of Action on Nutrition (2016–2025) presented the perfect opportunity to address food security and nutrition, and consolidate fragmented mitigation systems through coordinated multisectoral approaches. Encouraging governments to gather data on foodborne diseases and continuously monitor the effectiveness of prevention and control efforts, she urged the Secretariat and other relevant stakeholders to support national and global capacity-building for foodborne disease prevention, detection and outbreak response. It was important to harmonize efforts at all levels, minimize interagency conflict and overlap, and involve the private sector, communities and consumers in food safety campaigns. She endorsed the adoption of the draft resolution.

The representative of the UNITED REPUBLIC OF TANZANIA noted with concern the increasing burden of foodborne disease events and the associated economic costs. In the African Region, systems for comprehensively capturing data concerning foodborne events were weak, and there were significant deficiencies in the area of food safety, particularly in relation to public policy and regulatory institutions, trained personnel and food testing laboratories. The threat of antimicrobial resistance made it even more important to elevate food safety on the agendas of regional bodies in Africa. Welcoming the proposed actions that could be taken by Member States that were highlighted in the report, she supported the draft resolution.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, as well as Ukraine, the Republic of Moldova, Armenia and Georgia, aligned themselves with her statement. Food safety systems in many Member States were inadequate to address new and emerging challenges. WHO was uniquely placed to contribute to preparing and implementing the decisions that would be adopted at the United Nations Summit on food systems in 2021. A more strategic global approach to food safety was necessary. The economic and health burden of poor food safety fell mainly on emerging economies. Robust joint WHO/FAO scientific assessments were fundamental to the success of the Codex Alimentarius Commission. WHO must contribute to ensuring stable, sustainable, predictable and adequate financial support for the Commission and for the provision of scientific advice, particularly by experts from emerging economies. The request made in 2010 for greater participation from such

countries had not been addressed. The monitoring and reporting on the global burden of foodborne diseases, and the coordination of strategic efforts to improve food system sustainability requested in the draft resolution would form a new basis for much-needed food safety policies.

The representative of GUYANA recognized the need for increased focus on safe food practices and on the legislative and technical capacity underpinning improved food safety systems. Weak data on foodborne illnesses and traceability systems for unsafe foods required urgent attention. Caribbean Community members had taken measures in that regard; however, further cooperation and assistance was needed. She called on WHO and PAHO to work closely with FAO to heighten attention to food safety and health linkages through multisectoral strategies, and to increase capacity-building for small countries heavily dependent on food imports.

The representative of CHINA recalled her Government's previous suggestion that food safety governance systems should be modernized by 2035. The Secretariat should encourage Member States to participate in the Codex Alimentarius Commission and provide them with technical support in implementing its standards. The varying levels of development in different countries should be considered when addressing food safety issues, and the Secretariat should provide improved technical guidance and other tools to support Member States in strengthening their food governance capacity. Technical improvements should be made to the International Food Safety Authorities Network, and a mechanism should be established for the rapid and effective exchange of information in response to global food industry challenges. She fully supported the draft resolution, her Government wished to be added to the list of sponsors.

The representative of BRAZIL highlighted the importance of Codex standards, guidelines and recommendations and of the joint WHO/FAO scientific advice provided to the Codex Alimentarius Commission. Those standards enabled countries to ensure food security, prevent unnecessary trade barriers, and establish sustainable production systems. The Secretariat needed to further its commitment to the Commission to guarantee that it remained firmly grounded in strictly scientific guidance. Welcoming the draft resolution, he underlined the need for sustainable, predictable and sufficient resources for work on food safety.

The representative of ARGENTINA said that it was essential to minimize food-related risks, particularly antimicrobial resistance, and to coordinate strategic efforts on food safety to improve the sustainability of food safety systems and access to safe food for all. Coordination between the International Food Safety Authorities Network and national focal points should be improved to achieve greater efficiency in food safety event notification, and rapid information exchange on food safety and human health. WHO and FAO must continue their coordinated leadership of efforts to promote food safety systems and encourage regular monitoring of the global burden of foodborne diseases and zoonotic diseases nationally, regionally and internationally. Governments must participate actively in the Codex Alimentarius Commission for the effective setting and use of international food standards.

The representative of the UNITED STATES OF AMERICA said that much more work was needed to improve surveillance, emergency response coordination, capacity of testing and regulatory bodies, and tracking of long-term health effects in the area of food safety at all levels. It was critical to implement measures to prevent foodborne diseases, and to develop and maintain food safety education along the food supply chain. Codex standards, guidelines and recommendations were valuable in regulating food safety and harmonizing food safety standards. Encouraging active Member State participation in the Codex Alimentarius Commission, she called on the Secretariat to provide sufficient and sustainable funding for the scientific advice underpinning the Codex standards.

The representative of ZAMBIA urged the Secretariat, Member States and development partners to support sustainable and predictable financing to ensure that efforts to produce the scientific advice that underpinned the work of the Codex Alimentarius Commission were adequate and coherent.

Considering the worrying level of underreporting in food safety, the Secretariat must ensure that harmonized, aligned specific indicators were included in the WHO results framework for the Thirteenth General Programme of Work, 2019–2023. He requested the Secretariat to provide an update on the sources and allocation of the FAO/WHO Codex Trust Fund, and to devise measures to address the outstanding food safety challenges identified in the report.

The representative of SINGAPORE thanked WHO and FAO for coordinating and implementing a large number of multistakeholder initiatives to ensure food safety along the supply chain. He encouraged the Secretariat: to explore initiatives to promote joint responsibility through partnerships with industry and consumer groups or through capacity-building to enable industry and consumers to assume a greater role in food safety; to investigate ways of ensuring sustainable and predictable funding for scientific advice to support the work of the Codex Alimentarius Commission; to undertake initiatives to develop models to better forecast foodborne diseases; and to consider partnering with FAO to train regulators on new technologies, their risks and their use in improving food safety and security. He supported the draft resolution.

The representative of JAPAN supported the proposed draft resolution and said that the increasing amount of global trade made international standardization and emergency response in food safety critical. Japan would continue to contribute to the work of the Codex Alimentarius Commission and the International Food Safety Authorities Network.

The representative of ISRAEL welcomed WHO's involvement in international meetings on food safety given increasingly globalized markets and food production chains. Food safety action must adopt a multisectoral "farm to fork" approach that included the entire supply chain. To that end, Member States should participate fully in the International Food Safety Authorities Network and implement and promote the standards of the Codex Alimentarius Commission. She looked forward to the publication of the WHO country tool for estimating national foodborne disease burdens.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, noted the significant burden of foodborne diseases in the Region. He asked the Secretariat to continue providing technical support to build Member States' capacities to assess food hazards, which would improve active participation in the development and implementation of Codex standards and strengthen foodborne disease surveillance and response in the Region. He also requested the Secretariat's support in developing and strengthening legislation, regulations and other components of national food safety systems, and information exchange during food safety events.

The representative of INDONESIA expressed appreciation for the work of the Codex Alimentarius Commission and its important contribution to achieving the Sustainable Development Goals.

The representative of SUDAN noted the importance of multisectoral preventive interventions to mitigate the public health burden and economic cost of foodborne diseases. The participation of all Member States in the Codex Alimentarius Commission was vital in ensuring that food safety standards were truly global and relevant. He asked the Secretariat to support his Government in building national systems to enhance food safety and control.

The representative of CHILE recommended: the institutional and operational strengthening of the Codex Alimentarius Commission at the national level and facilitation of Member State participation in international meetings; development of regional standards, where applicable; capacity-building for national food safety agencies to apply Codex standards; information sharing on food contamination, foodborne disease outbreaks and the effectiveness of control measures; and regional collaboration to build capacities and develop priority risk assessments.

The representative of BANGLADESH appreciated the Secretariat's call to strengthen Codex standards, food safety legislation and regulation, and other components of national food safety systems. Thus, he requested the Secretariat: to ensure sustainable funding for the provision of the scientific advice underpinning the development of science-based Codex standards; to ensure continuous food safety improvement as a key component of consumer public health protection; to address the challenges and opportunities of new technologies and inform national food safety control systems; and to help to mitigate the global burden of foodborne diseases. He endorsed the draft resolution.

The representative of THAILAND¹ affirmed her Government's commitment to target 2.1 of the Sustainable Development Goals to end hunger and ensure access by all people to safe, nutritious and sufficient food all year round by 2030. Thailand was fully engaged in the International Food Safety Authorities Network and had benefited from the timely transmission of information on food safety emergencies. Her Government supported the draft resolution and wished to be added to the list of sponsors.

The representative of INDIA¹ said that food safety, including standards development, should remain a priority. The size and complexity of challenges for ensuring food safety and healthy diets, coupled with the related burden of malnutrition, required integrated policy, coherent action and total transformation of national food ecosystems. To improve public confidence on food safety, it was essential to increase effective enforcement, surveillance, consumer outreach initiatives and capacity-building for food businesses, and to address challenges from primary production, such as removing pesticide and antibiotic residues in food. His Government's effective, low-cost food safety model had relevance for all low- and middle-income countries seeking to establish food safety systems.

The representative of NIGERIA¹ said that, in the light of increasing international trade, the Secretariat must support information sharing on food safety among Member States through the International Food Safety Authorities Network. Member States should increase collaboration on the development of food safety systems, with significant support from the Secretariat. He supported the draft resolution.

The representative of MEXICO¹ noted the need to strengthen the work of the Codex Alimentarius Commission and facilitate the participation of all Member States in Codex sessions. That would ensure that Codex standards and recommendations were truly global, relevant and based on scientific and technical data. She supported efforts to improve international surveillance and information sharing between countries to strengthen the prevention and detection of, and response to, food safety risks.

The representative of NEW ZEALAND¹ noted the concerns related to the burden of foodborne diseases set out in the report. Given the importance of food safety in achieving the Sustainable Development Goals, governments must strengthen food control systems by ensuring appropriate structures, regulations and legislation and by promoting good food hygiene and handling practices across the food chain. International commitment and cooperation were necessary to minimize and contain the threat of antimicrobial resistance. She recognized the vital role of the Codex Alimentarius Commission and looked forward to continued support for the Commission by WHO and FAO. She supported the draft resolution.

The representative of SPAIN,¹ recognizing the value of the food safety standards developed by the Codex Alimentarius Commission, said that the global promotion and strengthening of food safety was needed to include food safety into public health objectives. The Government of Spain was actively

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

collaborating with a joint WHO/FAO Codex Committee to address new food safety risks driven or influenced by climate change, such as the emergence of ciguatera in Europe.

The representative of CANADA¹ said that the Secretariat should implement the actions set out in the draft resolution to strengthen its leadership role in food safety, including in the Joint FAO/WHO Food Standards Programme. That would entail appropriate and sustainable funding for the scientific advice underpinning the work of the Codex Alimentarius Commission. Member States should remain committed to recognizing food safety as an essential element of public health, developing food safety policies based on scientific evidence, and promoting World Food Safety Day and the positive nutrition outcomes resulting from enhanced food safety.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the potential impact, opportunities and risks of top-down food standards harmonization on small-scale producers, equity, food security and food sovereignty for low- and middle-income countries required consideration. As transnational corporations were more able to conform to the newly promoted food standards, that could increase the availability of low-cost ultra-processed foods. She urged Member States to allocate the resources needed to address food safety risks to public health in order to safeguard food security and sovereignty.

The representative of the INTERNATIONAL BABY FOOD NETWORK, speaking at the invitation of the CHAIR, expressed appreciation for WHO's work on food safety, including with the Codex Alimentarius Commission. Sharing concerns regarding the safety of processed food, she recommended a precautionary approach to new technologies, together with conflict-of-interest safeguards to protect food safety standards. Corporate partnerships had compromised the independence, credibility and trustworthiness of many national food safety agencies. The Secretariat should remind Member States that food safety bodies must be publicly funded in order to be credible.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations), responding to comments made by Member States, said that capacity-building at all levels was crucial in establishing and improving food safety systems, which included legislation, regulations and inspection. Headquarters and regional offices would collaborate with FAO to provide technical support. She noted the importance placed on the multisectoral strategic approach, foodborne disease surveillance and data, adequate financial and human resources to provide scientific advice to the Codex Alimentarius Commission, and the development of standards, guidelines and recommendations with other Member States. The Secretariat had expected an annual funding level of US\$ 3 million for the Codex Trust Fund. Half of the funding was currently available, and three rounds of funding had already been distributed. She thanked the European Union, Ireland and the Netherlands for their contributions. Recognizing the need for coherent action to address antimicrobial resistance, she informed Member States that the new Nutrition and Food Safety Department would work to make food safe and nutritious for all.

The Board noted the report.

The CHAIR took it that the Board agreed to adopt the draft resolution.

The resolution was adopted.²

Dr Nakatani took the Chair.

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

² Resolution EB146.R9.

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES**2. DATA AND INNOVATION: DRAFT GLOBAL STRATEGY ON DIGITAL HEALTH:**
Item 20 of the agenda (documents EB146/26 and EB146/26 Add.1)

The CHAIR drew attention to the draft decision contained in paragraph 21 of document EB146/26. The financial and administrative implications for the Secretariat were contained in document EB146/26 Add.1.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia and Albania, as well as Ukraine, the Republic of Moldova, Armenia and Georgia, aligned themselves with her statement. She welcomed the draft global strategy on digital health and the framework for action to advance digital technologies for health, as well as the creation of the Department of Digital Health and Innovation in the Secretariat, and she urged WHO to facilitate norms and standards, develop guidance and advocate for the use of digital health technologies.

The secure use of data was of vital importance to increasing the effectiveness of health promotion, disease prevention and treatment, as well as health research and innovation, and the development of digital health was essential to building the health systems needed to achieve universal health coverage. However, Member States must ensure cooperation between different health care services to maximize equal and sustainable access to services, and she would therefore welcome the development of guidelines on global interoperability standards, and the corresponding technical standards, and legal and regulatory frameworks. It remained important to avoid the duplication of efforts and create convergence mechanisms to achieve the interoperability of national digital health systems and services, and Member States should draw on the existing initiatives and efforts of other stakeholders. WHO could help to address challenging issues, including cybersecurity, accountability, ethics and capacity-building. It was necessary to build on and enhance fair and transparent partnerships with the private sector, research institutions and other actors, while avoiding any undue influence over health systems and working towards affordable technological innovations and sustainable funding.

Concerning the draft decision, she requested that the Secretariat provide the Executive Board with biennial updates on the implementation of the draft global strategy.

The representative of ISRAEL encouraged the Secretariat to support Member States to create sustainable digital health strategies that were fit for purpose. Achieving a strong digital health strategy required the effective use of information, which in turn needed regulated information-sharing standards and structures enabling the effective use of information in various contexts. WHO should develop a set of standards that Member States could use to ensure data security and efficiency. She proposed establishing a network on digital health to share best implementation practices, and her Government offered to play an active role in the design process.

The representative of CHINA expressed support for the draft decision. His Government was willing to share its experience in using emerging digital technology for health with other Member States. He also committed to accelerating international cooperation, research promotion and information-sharing in the area of digital health. Following adoption of the draft global strategy, the Secretariat should monitor and evaluate its implementation in all Member States. It should also continue to provide technical support to developing countries and promote the open sharing of health data as a public health good.

The representative of FINLAND said that the creation of digital services that responded to patients' needs required enabling ecosystems, skills development, understanding and dialogue on the fundamental principles of such services. The development of any artificial intelligence and robotics would require a coordinated global approach. Her Government had worked closely with the relevant

United Nations bodies on global health innovation, and welcomed the establishment of WHO's Science Division, the work of which should be integrated into other programmatic areas. WHO had a vital role to play in promoting digital health and well-being worldwide, and she encouraged WHO to actively collaborate with United Nations agencies and other partners across all relevant sectors.

The representative of SINGAPORE welcomed the people-centred nature of the draft global strategy, which would encourage the widespread adoption of digital health technologies and improve access to health care. However, such technologies must be used alongside, and not instead of, health care professionals. Owing to its global reach, WHO could play a leading role in creating international guidelines and standards on the use of digital health technologies, in particular artificial intelligence. Such guidelines should be flexible to address the varying priorities and constraints of Member States and would enable governments to assess their readiness and progress towards achieving a strong digital health ecosystem.

The representative of JAPAN said that digital health would enable Member States to move more quickly towards achieving universal health coverage. She called for WHO to provide regular updates on the implementation of the draft global strategy at the regional and country levels, and to support the development of guidance on the ethics and governance of artificial intelligence, with particular regard to the protection of personal information. Moreover, the implementation of data-sharing should respect data ownership and take into account the related regulations in each country. Finally, she asked the Secretariat to clarify the meaning of the term "health data".

The representative of BRAZIL said that the use of data and technologies would make health care more affordable, equitable and efficient. He welcomed the emphasis on ensuring that the use of health data and information would not have any negative impact on citizens or lead to any violation of their human rights. Strong governance was required to guarantee standards for safety, security, privacy, interoperability, confidentiality and the ethical use of data. The duplication of efforts of other digital health initiatives should be avoided. In view of the challenges faced by developing countries, he called for the adoption and use of open-source standards and the reuse of shared assets, services and systems. He looked forward to sharing his Government's experiences of its pilot programme to improve the quality and use of data in the national universal health programme.

The representative of CHILE, highlighting the work done in his country to further digital health and expressing support for the draft global strategy, said that it was essential to create mechanisms to strengthen registration and information collection systems, in compliance with quality standards, and to promote collaboration between Member States, in order to address the needs of populations, develop policies and provide relevant services.

The representative of BANGLADESH, speaking on behalf of the Member States of the South-East Asia Region, said that the use of digital technology in health care delivery could be key to achieving universal access to high-quality and affordable care. Regarding the draft global strategy and its implementation, he asked the Secretariat to clarify how WHO would contribute to mobilizing resources to fill gaps in funding, in particular in low and middle-income countries, and how the draft global strategy would address the management of the data collected and ensure its confidentiality. Guidance on interoperability standards for digital health based on the priorities, contexts and needs of countries would be welcome, and governments could partner with relevant stakeholders to combine their expertise and resources, while aiming to harmonize systems at the regional level. He asked the Secretariat to comment on the potential role of governments in the South-East Asia Region that did not have the capacity to develop and test digital technologies, and the role WHO would play in addressing that deficit. WHO should provide technical support in the Region for training and capacity-building in digital health.

The representative of SRI LANKA said that the draft global strategy had been a catalyst for the promotion of digital health at the national and regional levels. Outlining steps taken in his country to prioritize digital health, he supported the draft decision.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, said that the implementation of previous Health Assembly and Regional Committee resolutions on scaling up health solutions had enabled countries in the African Region to develop national digital health strategies. However, many of the least-developed countries had struggled to implement their strategies owing to challenges at the national and regional level, and they required urgent and focused support from the Secretariat, in line with the Thirteenth General Programme of Work, 2019–2023. He therefore recommended that all relevant contributions from Member States should be integrated into the draft global strategy, which should include innovation in health service delivery and digital health research; the Secretariat should support Member States in updating or developing their national strategies; Member States should strengthen their partnerships with WHO and other United Nations entities, in particular ITU, to provide technical and financial support; and the Secretariat should develop tools to assess the use of digital health by the health sector. He supported the draft decision.

The representative of the UNITED STATES OF AMERICA said that the draft global strategy was a critical step forward in the strategic integration and use of digital technologies to achieve global health goals. She called on the Secretariat to refine the draft in order: to clarify the actors envisioned in relation to the proposed policy actions and outputs under each objective; to provide Member States with further information on the tools, standards and regulations proposed for development; and to review the feasibility of the time frames and activities proposed in the Annex to the draft global strategy. She recognized the need to prevent the fragmentation and duplication of digital health systems and encouraged Member States, donors and other development partners to endorse the principles of donor alignment for digital health. She called for investments in digital systems to be matched with corresponding investment in assessing and supporting capacity-building.

The representative of AUSTRALIA, expressing support for the draft decision, said that the draft global strategy offered an opportunity to further the global collaboration required to advance the digital health agenda through the development of shared priorities, measures and a programme of work. She supported the proposed framework for action, its strategic objectives and its long-term focus on digital health to support universal health coverage. She welcomed the opportunity to work with the Secretariat and Member States to share knowledge on digital health and make progress in setting international standards.

The representative of ARGENTINA said that she welcomed the strategic objectives proposed in the draft global strategy and the action plan, which could be adapted to reflect technological developments and needs at the national level. She outlined several actions taken in her country to implement digital health, as a catalyst for achieving universal health coverage. She supported the draft decision.

The representative of AUSTRIA said that he understood digital health to be the digitalization of health care to improve health care processes by sharing data between health care providers and patients. Any WHO global strategy on digital health should therefore be explicitly focused on health care providers and their role in the continuity of care, as it was those providers who generated health care data and who required an information infrastructure that enabled them to communicate. As the only competent global authority, WHO needed to create a normative framework to integrate the relevant ecosystems. Moreover, the draft global strategy did not refer to the unavoidable link between standards, investment and procurement in digital health, and it did not make sufficiently clear that trusting relationships between health care providers and patients could only be achieved by guaranteeing the highest possible standard of security and protection of privacy. WHO should spearhead actions to address those

issues. He called on the Secretariat to carry out further consultations before presenting the draft global strategy to the Health Assembly.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed support for the strategic objectives set out in the draft global strategy. She called on the Secretariat to strengthen advocacy on digital health to ensure that Member States were aware of the draft global strategy and to provide technical support and guidance for the development of effective, safe, equitable and ethical national digital health strategies. She called on the Secretariat to develop a package of best practices and lessons learned to address legislative and other challenges.

The representative of SWEDEN¹ said that digital health should be an integrated part of all health care reforms and delivery systems. Moreover, digital health should be regarded as a means to achieve certain goals rather than as a goal in itself. Digital health solutions could be used to improve patient follow-up and transparency, and should take into account the perspectives of the patient and the caregiver, as well as the need for interoperability. She welcomed WHO's continued monitoring and reporting on developments and trends in digital innovation, including policies and practices at the national level.

The representative of the REPUBLIC OF KOREA¹ said that intensive investment in digital health would help to take into account technological advances and rapid population ageing. A global cooperation system and enabling governance would be required to create international standards on data-sharing and use, the effective assessment of artificial intelligence and digital health solutions, and the interoperability and standardization of data and technology.

The representative of PERU¹ said that the digital transformation process should be people-centred, in particular in the health sector. Digital tools could be used to improve data collection and processing, although such data could be sensitive and it was important to provide guarantees to ensure that patients' rights and data were protected. In implementing the draft global strategy, protocols must be established to define how personal data could be used and to ensure that consent was always given for data use. Mechanisms to address potential cyberattacks must also be developed. He endorsed the draft global strategy

The representative of ECUADOR¹ said that he welcomed the aim of the draft global strategy to promote equitable, universal access to quality health care services through the use of digital technologies. International and regional collaboration was needed to carry out knowledge transfer and capacity-building to develop frameworks for digital health management. Cooperation with the public and private sectors and technical support from WHO and other stakeholders would be required to implement digital transformation agendas. He called on WHO to provide the resources needed to implement the draft global strategy.

The representative of the RUSSIAN FEDERATION¹ outlined activities and challenges in the area of digital health in his country. However, it would not be possible to digitalize health care without the adoption of a digital health strategy at the national level, a training programme for health care workers on health information systems, national legislation on sharing medical data and standards and guidelines on the exchange of information and the protection of patient data.

The representative of SWITZERLAND¹ said that international collaboration and training on the use of digital health tools would facilitate the implementation of national digital health strategies. Any international initiative on health data governance must take into account national autonomy and the

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

differences in national health systems. Some concepts in the draft global strategy required further clarification, such as the concepts of international regulations on health data and the value of data as a global public health good. From the draft global strategy, it appeared that WHO had not yet found its role in digital health and was struggling to position itself in relation to other organizations and initiatives in the field. Duplication of efforts was not desirable and she therefore supported the proposal to hold further informal consultations.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ welcomed the new Department of Digital Health and Innovation, which would help to coordinate implementation of the draft global strategy and provide Member States with the support needed. Interoperability standards, including the required technical specifications, should be developed to ensure that the digital systems within national health systems were able to connect and share data in a standardized format. She encouraged WHO to make continued use of existing initiatives and partnerships in the field of digital health.

The representative of TURKEY¹ highlighted activities undertaken in her country to improve digital health. The digitalization of health systems improved health care quality, and provided statistics and evidence for policy-making. Links should also be made to the forthcoming WHO results framework for the Thirteenth General Programme of Work. Her Government wished to be added to the list of sponsors of the draft decision.

The representative of NORWAY¹ said that the draft global strategy was sufficiently broad to capture the interests of all Member States, although more specific information might need to be added, particularly to address regional needs. She called on WHO to monitor developments and to disseminate knowledge and best practices on digital health. In view of the increasing amount of technical support requested by Member States, it was important to ensure that public health objectives were the driving force behind regulations and standardization in global digital health, given the vested commercial interests in that area.

The representative of INDIA,¹ as the current Chair of the Global Digital Health Partnership, supported the ongoing focus on digital health. With regard to data security, national health data shared with WHO should not be shared with any third party without the explicit consent of the Government concerned. He called for Member States to participate effectively in finalizing the draft global strategy its framework for implementation.

The representative of THAILAND¹ said that prioritizing digital technology in health care would have benefits including enhancing people-centred health systems and management support. It was crucial that digital health did not compromise the human relationship between patients and health care professionals, which was key to creating trust and building confidence.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that Member States should develop and implement legislative frameworks for digital health in order to protect global health security. The relevant regulatory oversight mechanisms should ensure clinical effectiveness and data privacy and security, with sanctions for breaches of regulations. In addition, the development and delivery of digital health should reflect key ethical principles and be people-centred, with face-to-face treatment where possible. The health workforce should be trained in the use and evaluation of digital technologies.

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

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that he would forward his organization's statement for placement on the appropriate webpage.

The representative of the INTERNATIONAL FEDERATION FOR MEDICAL AND BIOLOGICAL ENGINEERING, speaking at the invitation of the CHAIR and also on behalf of the International Organization for Medical Physics and of Humatem, said that, as a leading primary resource for health care data, WHO could join global efforts to facilitate research by adding its public data to recognized open data repositories. He recommended that the Secretariat and Member States rapidly finalize the draft global strategy; provide the means required to implement it, with a focus on interoperability; and enable it to be maintained over the long-term.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, called on the Secretariat and Member States to acknowledge and address the risks related to the misappropriation of data. Aggregated health data should be governed through systems of collective ownership and the draft global strategy should include global instruments to protect individual and collective rights over personal health data. The Secretariat should provide guidance and capacity-building to enable countries to develop ownership infrastructures governing public health data and the corresponding legal frameworks. Convening multistakeholder groups, referred to in the proposed output 1.1 of the draft global strategy action plan, could marginalize public health concerns in favour of large technology companies. The right to access data must be accompanied by obligations to share the benefits acquired from that data. The draft global strategy also appeared to lack sufficient analysis of the trends, opportunities and risks in the field and he called on Member States to demand its further revision. Welcoming the creation of the Digital Health Technical Advisory Group, he urged Member States to request that a report on its work be submitted to the Health Assembly.

The representative of the GLOBAL SELF-CARE FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Federation of Pharmaceutical Manufacturers and Associations and the Global Diagnostic Imaging, Healthcare IT and Radiation Therapy Trade Association, said that a coordinated multistakeholder approach would be required to implement the draft global strategy, and governments would need to take steps and dedicate resources to ensure the appropriate use of health data and the establishment of suitable global standards. He called on WHO to align its work on digital technologies with other international organizations and to engage with the health care industry to realize the potential of digital technologies.

The DIRECTOR (Digital Health and Innovation), taking note of the issues raised, agreed that the Secretariat would provide biennial updates on the implementation of the draft global strategy, as requested. The establishment of a network on digital health was already provided for within the mandate of the Department of Digital Health and Innovation, and the Secretariat would ensure that sufficient resources were available for the work of its own staff and for Member States. As implementation of the draft global strategy was vital, the draft global strategy also made provision for monitoring and evaluation to assess Member States' transitions to digital health and help them to understand the risks that could prevent a successful implementation. Regarding the integration of the work of the WHO Science Division into other programmatic areas, it should be noted that the purpose of that Division and the Department of Digital Health and Innovation was to be cross-cutting and to help other departments to achieve positive health outcomes and mitigate risks. Further technical consultations would be held to clarify the term "health data" and the definition would be strengthened in the draft global strategy.

The Department of Digital Health and Innovation was working to prepare a digital health investment case, as well as inter alia to ensure digital health maturity at the national level and to prioritize investment in order to make progress. Such progress in the digitalization of health care would be measured by how well it addressed security, privacy and ethics, in addition to improving health care services and coverage and the quality of health. The draft global strategy included a proposal to bring

Member States and other stakeholders together to define the principles of health data regulation and governance to guarantee data protection. The details of international health data regulations, as well as certain other guidelines and principles, had not been outlined because it had been expected that the relevant work would be carried out by Member States and stakeholders in accordance with their experiences in the field. The role of WHO was rather to provide a global perspective on issues that could not be addressed at the regional or national levels, such as interoperability.

Likewise, it was expected that investment cases would be further developed in collaboration with Member States and other partners, while ensuring that any private sector involvement was in compliance with the Framework of Engagement with Non-State Actors. The Secretariat remained conscious of the need to protect the health sector from undue influence from the private sector and its interest in health care, including in monetizing data.

Relevant training on digital health could be provided through the WHO Academy, which would be used to expand digital literacy and the knowledge of using digital technologies where required. Moreover, in reference to pilot programmes in Member States that had not yielded sustainable investment or solutions, the relevant investment cases and assessments of digital health maturity levels would be used to help Member States, policy-makers and other stakeholders to determine when, how and what to invest to benefit from digital health transformation, mitigate associated risks and ensure respect for privacy and ethics. Discussions would also soon be held with health regulators to discuss the ethics and challenges of artificial intelligence, as well as relevant experiences, in order to ensure that all relevant ethical and privacy considerations were taken into account as part of digital transformation processes. No duplication of efforts was intended and the Secretariat planned to take the work of all relevant existing partnerships and bodies into account. Further consultations on the draft global strategy would be organized with Member States to take place before the Seventy-third World Health Assembly in May 2020.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision contained in paragraph 21 of document EB146/26.

The decision was adopted.¹

3. GOVERNANCE MATTERS: Item 22 of the agenda

WHO reform: Item 22.1 of the agenda (documents EB146/31, EB146/31 Add.1, EB146/32, EB146/32 Add.1 and EB146/33)

The CHAIR recalled that, following the United Nations Joint Inspection Unit's Review of Air Travel Policies in the United Nations System, it had been recommended that first-class travel entitlements should be abolished for all categories of staff by January 2019. While there were no recent cases of Chairs of the Executive Board travelling in first class, he proposed that the Board should recommend to the Seventy-third World Health Assembly that it amend the travel entitlement such that "the maximum reimbursement of travel expenses of the Chair of the Executive Board, shall be based on travel entitlements for the WHO Director-General".

It was so agreed.²

¹ Decision EB146(15).

² Decision EB146(16).

The CHAIR further proposed that a study be carried out of the entitlements for similar meetings held by other organizations across the United Nations system. He took it that the Board wished the Secretariat to conduct that study and report back to the 147th session of the Executive Board in May 2020.

It was so agreed.¹

The CHAIR drew attention to the guidelines for Member States concerning the use of written statements contained in Annex 1 to document EB146/31, and the corresponding draft decision contained in paragraph 6 of that document. The financial and administrative implications for the Secretariat were contained in document EB146/31 Add.1.

The representative of ISRAEL welcomed the introduction of a trial period for the implementation of the guidelines and the proposal for the Director-General to report back to the Board. In order to make clear the unofficial status of the documents, a disclaimer should be added to the relevant website using the language of paragraphs 1, 8 and 12 of Annex 1 to document EB146/31 on the purpose, the responsibility of the submitting Member State and the use of the WHO logo. As the term “offensive language” in paragraph 9 of Annex 1 was subjective, she suggested amending that guideline to include the sentence: “Member States may bring a breach of this guideline to the attention of the Secretariat, to be addressed on an ad hoc basis”. As it was important to translate written statements to ensure a greater opportunity for Member States to read them, she suggested replacing the phrase “may provide translations” in paragraph 7 of Annex 1 with “are encouraged to provide translations”, and deleting the phrase “if they so wish”. She proposed that further consultations be held and that revised set of guidelines be presented at the Board’s next session.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, as well as the Republic of Moldova, Armenia and Georgia aligned themselves with his statement. While written statements could stimulate debate, he agreed that governing body meetings should remain the only official forum for exchange of views between Member States. In order to avoid the politicization of debates, it was crucial that the systems for posting written statements online was designed so as to ensure that the Member States’ statements were not attributed to WHO or mistaken for WHO statements. He welcomed the fact that Member States could provide written statements in any of the six WHO official languages, but he proposed including guidance that also encouraged Member States to provide a translation in at least one other official language. He supported the idea of a two-year trial period for the proposed guidelines.

The representative of the SYRIAN ARAB REPUBLIC² said that, regarding paragraph 3 of Annex 1, she proposed extending the period in which Member States could provide statements after the close of a session by two weeks, in order to give more time to countries with limited resources, in particular when it was necessary to translate the statements into another language. Further time would also enable Member States to revise their statements where necessary and would be in line with the procedure of other similar bodies. She asked whether the Secretariat proposed that the statements be deleted after two years.

The LEGAL COUNSEL said that he encouraged Member States to review the disclaimer on the webpage currently used for posting written statements, as it had recently been expanded. He saw no obstacle to the amendment of paragraph 7 to encourage Member States to provide translations.

¹ Decision EB146(16).

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

However, the addition of a provision to allow a breach of the guidelines to be brought to the attention of the Secretariat could be problematic, as the role of the Secretariat was to serve Member States and not to act as an adjudicator.

The present deadline for submitting statements after the close of the session had been designed to ensure that statements were used to stimulate debate during meetings, which was not the case for statements submitted later. Statements were only to be kept for two years in order to address concerns that statements put online indefinitely would act as a parallel record of meetings and detract from the official records of the relevant governing body meeting.

The representative of ISRAEL said that she had hoped that the proposal for the Secretariat to address breaches of the guidelines on an ad hoc basis would have been general enough to be acceptable to the Secretariat and the Board as, at present, Member States had no recourse to handle such situations themselves. Additionally, she noted that, if the two-year trial period was accepted by the Board at its current session, then the Director-General would report back to the 150th session of the Board, not the 149th session.

The CHAIR suggested that the report and the draft decision be adopted in the present meeting rather than deferring the item to the Board's next session, with any outstanding issues to be addressed later.

The representative of ESWATINI supported the proposals made by the Chair and the Legal Counsel.

The representative of BRAZIL supported the Chair's proposal to begin the trial period without delay. However, in view of the fact that some countries did not have the resources to submit their statements in more than one official WHO language, in particular when their national language was not an official language, he asked that the guidelines contain a reference to "encouraging" Member States to provide additional translations, rather than requiring it. Finally, he noted that the guidelines would apply to the governance processes of the Board, and he asked what impact the Board's decision would have on the guidelines for the Health Assembly.

The LEGAL COUNSEL said that the guidelines were intended to apply to written statements at both the Health Assembly and the Executive Board, as specified in the first sentence of Annex 1. If the Board wished to amend the text of the draft decision to include a recommendation to the Health Assembly, it could do so. However, any such change would require a report for consideration by the Health Assembly. As the text related to documents provided to the Secretariat and did not affect the Rules of Procedure, there was no need for formal adoption by the Health Assembly.

The representative of BRAZIL said that he was prepared to support the adoption of the guidelines as proposed. Even though it might be more expedient to have a separate decision setting out guidelines for the Health Assembly, he would not propose any such decision to avoid adding an item to the Health Assembly's provisional agenda. He asked the Secretariat to confirm the wording of the proposed amendment to paragraph 7 of Annex 1.

The SECRETARY said that the second sentence of paragraph 7 of Annex 1 would be amended by replacing the phrase "may provide translations" with "are encouraged to provide translations", and the phrase "if they so wish" would be deleted from the end of the sentence.

The representative of ISRAEL said that she supported the adoption of the guidelines at the present meeting with a review in two years, and she requested clarification as to whether written statements were complementary to or separate from statements delivered during meetings. She would suggest that they were complementary and requested that consistent language be used.

The CHAIR said that written statements could be either separate from or complementary to those delivered during meetings. He took it that the Board wished to note the report, with the proposed amendments to paragraph 7 of the revised draft guidelines.

The Board noted the report, as amended.

The CHAIR took it that the Board wished to adopt the draft decision contained in paragraph 6 of document EB146/31, with the proposed amendments to paragraph 7 of the revised draft guidelines.

The decision was adopted, as amended.¹

(For continuation of the discussion, see the summary records of the fourteenth meeting, section 5.)

The meeting rose at 21:15.

¹ Decision EB146(17).

FOURTEENTH MEETING

Saturday, 8 February 2020, at 09:05

Chair: Dr H. NAKATANI (Japan)

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

1. **PRIMARY HEALTH CARE:** Item 6 of the agenda (document EB146/5) (continued from the fourth meeting, section 3)

The CHAIR drew attention to a draft decision proposed by Botswana, Brazil, the Islamic Republic of Iran, Kazakhstan, Mexico and Tajikistan, which read:

The Executive Board, recalling resolution WHA72.2 (2019) on primary health care, which welcomed the Declaration of Astana and requested the Director-General, inter alia, to develop, in consultation with Member States, an operational framework for primary health care for consideration by the Seventy-third World Health Assembly; and recalling the United Nations General Assembly resolutions 74/2 (2019) and 74/20 (2019), and taking note of the report by the Director-General,¹ decided:

(1) to emphasize the importance of strengthening health systems in the provision of primary health care to ensure the availability of comprehensive, quality, accessible and affordable first-level health services, which are fundamental to achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) in particular, target 3.8 on achieving universal health coverage, and other health-related Sustainable Development Goals;

to request the Director-General:

(2) to support Member States in strengthening primary health care, with an emphasis on national implementation efforts, drawing on expertise from across the Organization as needed;

(3) to finalize, in consultation with Member States, for consideration by the Seventy-third World Health Assembly, an operational framework on strengthening primary health care, taking into account WHO's health system model and its six building blocks, and taking into account, as appropriate, the WHO-UNICEF document, A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals.²

¹ Document EB146/5.

² WHO and UNICEF. A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/328065>, accessed 3 June 2020).

The financial and administrative implications for the Secretariat were:

Decision: Primary health care
A. Link to the approved Programme budget 2020–2021
<p>1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:</p> <p>Output 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages</p> <p>Output 1.1.4. Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities</p> <p>Output 3.1.1. Countries enabled to address social determinants of health across the life course</p>
<p>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:</p> <p>Not applicable.</p>
<p>3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:</p> <p>Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the decision:</p> <p>10 years.</p>
B. Resource implications for the Secretariat for implementation of the decision
<p>1. Total resource requirements to implement the decision, in US\$ millions:</p> <p>US\$ 374.7 million.</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>US\$ 54.0 million.</p>
<p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>Not applicable.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</p> <p>US\$ 75.5 million.</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>US\$ 245.2 million.</p>
<p>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</p> <p>– Resources available to fund the decision in the current biennium:</p> <p>US\$ 4.0 million.</p> <p>– Remaining financing gap in the current biennium:</p> <p>US\$ 50.0 million.</p>

– 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		
2020–2021 resources already planned	Staff	10.6	3.0	2.3	2.1	4.4	2.0	2.2	26.6
	Activities	8.0	3.0	3.0	3.0	4.0	3.2	3.2	27.4
	Total	18.6	6.0	5.3	5.1	8.4	5.2	5.4	54.0
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	14.7	4.8	5.4	3.2	6.0	4.4	2.4	40.9
	Activities	9.4	3.8	4.7	3.8	4.8	4.7	3.4	34.6
	Total	24.1	8.6	10.1	7.0	10.8	9.1	5.8	75.5
Future bienniums resources to be planned	Staff	47.7	15.7	17.6	10.3	19.6	14.2	7.6	132.7
	Activities	30.7	12.3	15.4	12.3	15.3	15.4	11.1	112.5
	Total	78.4	28.0	33.0	22.6	34.9	29.6	18.7	245.2

The representative of BRAZIL said that his Government thanked the representative of Kazakhstan for leading the consultations to prepare the draft decision and for that Government's longstanding leadership on primary health care.

The representative of TAJIKISTAN thanked Member States for participating in the discussions to prepare the draft decision. Primary health care had long been a priority for his Government, which had supported all necessary practical measures at the national level.

The representative of ETHIOPIA¹ said that his Government wished to be added to the list of sponsors of the draft decision.

The representative of KAZAKHSTAN¹ said that it was critical that the Declaration of Astana on primary health care was implemented through the operational framework on strengthening primary health care to be adopted at the Seventy-third World Health Assembly, in accordance with the needs and priorities of Member States. She looked forward to receiving further information on the role and functions of the new Special Programme on Primary Health Care.

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

The decision was adopted.²

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

² Decision EB146(18).

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES**2. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE:** Item 15 of the agenda (continued)

WHO's work in health emergencies: Item 15.2 of the agenda (document EB146/17) (continued from the eighth meeting, section 1)

The CHAIR drew attention to a draft resolution proposed by Argentina, Chile, Finland, France, Indonesia, the Netherlands, Rwanda, Singapore and Zambia, which read:

The Executive Board,

Having considered the report of the Secretariat on WHO's Work in Emergencies contained in document EB146/17 and the report of the Independent Oversight and Advisory Committee (IOAC) included in document EB146/16,

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

The World Health Assembly,

(PP1) REAFFIRMING resolution WHA58.3 of the World Health Assembly (WHA) which urges Member States to build, strengthen and maintain the capacities required under the International Health Regulations (IHR, 2005), mobilize resources necessary for that purpose; collaborate with each other and WHO, provide support to developing countries upon request, and take all appropriate measures for furthering the purpose and eventual implementation of the IHR (2005);

(PP2) RECALLING the commitments made through the Sustainable Development Goals, including to strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks;

(PP3) RECALLING 13th General Programme of Work and its strategic priority of one billion more people better protected from health emergencies by 2023;

(PP4) TAKING NOTE of the 2019 annual report of the independent Global Preparedness Monitoring Board (GPMB);¹

(PP5) CONCERNED with the continued risk of the occurrence of health emergencies, their multiple and long-term public health consequences and their negative impact on the well-being of people around the world, particularly among vulnerable groups and people in vulnerable situations, including populations in conflict-affected areas and settings prone to natural disasters;

(PP6) RECOGNIZING the potentially catastrophic human and economic impact of a pandemic on any country and the world, and that vulnerable and low-resourced communities would be hit harder given their limited access to safe water, sanitation and hygiene services and the lack of resilient health systems that have a solid public health infrastructure and provide access for all to essential health services and quality, safe, effective, and affordable essential medicines and vaccines;

(PP7) RECALLING General Assembly Resolution [A/RES/74/118 "Strengthening the coordination of the humanitarian emergency assistance of the United Nations" of 16 December 2019];

¹ https://apps.who.int/gpmb/annual_report.html.

(PP8) NOTING the International Conference of the Red Cross and the Red Crescent Resolution 33IC/19/R3 “Time to act: tackling epidemics and pandemics together”, which recalls the obligations to respect and protect the wounded and sick, health-care personnel and facilities, as well as medical transports, and to take all reasonable measures to ensure safe and prompt access to health care for the wounded and sick, in times of armed conflict or other emergencies, in accordance with the applicable legal frameworks; and resolution 33IC/19/R2 “Addressing mental health and psychosocial needs of people affected by armed conflict, natural disasters and other emergencies”, which reaffirms, *inter alia*, the fundamental premise and commitment to “do no harm”;

(PP9) ALARMED by increasing attacks on medical personnel and facilities and the resulting lack of access to medical services as a consequence of these attacks;

(PP10) NOTING WHO’s leadership role in the development and implementation of the Surveillance System for Attacks on healthcare (SSA) for systematic collection and dissemination of data on attacks on health facilities, health workers, health transport and patients, in complex humanitarian emergencies in response to the resolution WHA65.20;

(PP11) RECALLING FURTHER the Addis Ababa Action Agenda on Financing for Development that encourages countries to consider setting nationally appropriate spending targets for quality investments in essential public services for all, including health, education, energy, water and sanitation, consistent with national sustainable development strategies; and that makes a commitment to strong international support for these efforts;

(PP12) RECOGNIZING that investments in preparedness further social and economic benefits and advance shared goals, such as strengthening health systems in order to achieve Universal Health Coverage and the Sustainable Development Goals (SDGs);

(PP13) ACKNOWLEDGING that addressing social determinants of health and reducing health inequities, including through the provision of education and health literacy as well as access to health services and sanitation, are fundamental in strengthening public health preparedness;

(PP14) STRESSING that investments to strengthen country and regional preparedness capabilities and capacities for health emergencies reduce losses resulting from future emergencies and contribute to shared economic and social prosperity through stimulating innovation and promoting economic development, including by reducing potential investment risks;

(PP15) RECALLING ALSO the decision of the World Health Assembly WHA71(15) which welcomed with appreciation the five-year global strategic plan to improve public health preparedness and response, 2018–2023, and ACKNOWLEDGING progress made in its implementation;

(PP16) RECALLING FURTHER United Nations General Assembly resolutions on Global Health and Foreign Policy A/Res/72/139, which underlines the role of resilient health systems in responding to outbreaks, and A/Res/70/183, which recognizes the primary role of Member States in preventing, preparing for and responding to outbreaks of infectious diseases, including those that become humanitarian crises, highlighting the critical role of the World Health Organization as the directing and coordinating authority on international health work, and the roles of the United Nations humanitarian system, regional organizations, nongovernmental organizations, the private sector and other humanitarian actors in providing financial, technical and in-kind support in order to control epidemics;

(PP17) RECALLING resolution WHA65.20 on WHO’s response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies, which recognizes that WHO is in a unique position to support health ministries and partners as the Global health Cluster Lead agency in the coordination of preparing for, responding to and recovering from humanitarian emergencies, and calls on Member States to strengthen national risk management, health emergency preparedness and contingency processes and disaster management units;

(PP18) RECALLING the political declaration of the UN High-Level Meeting on Universal Health Coverage A/RES/74/2, which emphasized the need to enhance health emergency preparedness and response systems, as well as the UN General Assembly Resolution on Foreign Policy and Global Health: an inclusive approach to strengthen health system A/RES/74/20, which encourages Member States to develop primary health care preparedness for health emergencies, to support and complement national and regional strategies, policies and programmes, and surveillance initiatives;

(PP19) RECOGNIZING the importance of both global and regional support as well as domestic resources and recurrent spending for preparedness as an integral part of national and global preparedness, Universal Health Coverage and the SDGs;

(PP20) STRESSING the importance of adopting an all-hazard, multisectoral, coordinated approach in preparedness for health emergencies, and RECOGNIZING the links between human, animal and environmental health and the need to adopt a One Health approach;

(PP21) TAKING NOTE of the Inter-parliamentary Union Resolution on achieving Universal Health Coverage by 2030 and its emphasis on the need for strong capacities to prevent, detect and respond to public health risks;

(PP22) RECALLING the need for substantially increasing the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change and air pollution, resilience to disasters, and developing and implementing, in line with the Sendai Framework for Disaster Risk Reduction 2015–2030, holistic disaster risk management at all levels;

(PP23) RECOGNIZING that urban settings are especially vulnerable to infectious disease outbreaks and epidemics, given the concentration of human activity especially as hubs of trade and travel;

(PP24) ACKNOWLEDGING that long-term, sustained community engagement is crucial for detecting and preventing outbreaks early, controlling amplification and spread, ensuring trust and social cohesion, and fostering effective responses;

(PP25) RECOGNIZING the need to involve women, youth, people with disabilities, and older people in planning and decision-making, and the need to ensure that during health emergencies, health systems ensure the delivery of and the universal access to health-care [services, including strong routine immunization, mental health and psycho-social support, trauma recovery, sexual and reproductive health, and maternal, newborn and child health];

(PP26) RECOGNIZING both the vital role in all phases of health emergencies (prevention, detection and response) of motivated, skilled, and well-trained and well-resourced health workforce including, where appropriate, community health workers, for actions at all levels;

(PP27) ACKNOWLEDGING that strengthening, as appropriate, national, subnational, regional, and global emergency medical teams is a high impact investment in preparedness for disasters, outbreaks, epidemics, and other health emergencies;

(PP28) WHO's contribution to strengthening global preparedness and response to health emergencies and WELCOMING the work of the WHO Health Emergencies Programme;

(PP29) NOTING the WHO Strategic Partnership for IHR and Health Security (SPH) Portal as a tool for monitoring progress in health security capacities, identification of needs, gaps and priorities, mapping and sharing of information on investment and resources;

(PP30) REAFFIRMING the principles of humanity, neutrality, impartiality, independence in the provision of humanitarian assistance, and reaffirming the need for all actors engaged in the provision of humanitarian assistance in situations of complex humanitarian emergencies and natural disasters to promote and fully respect these principles,

(OP1) URGES Member States¹ to:

1.1 fully comply with the IHR (2005), take actions to implement the yet unmet obligations thereof and continue to build core capacities to detect, assess, report and respond to public health events as set out in the IHR (2005), while mindful of the purpose and scope of the IHR (2005) to prevent, protect against, control, and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade;

1.2 prioritize at the highest political level the improvement of, and coordination for, health emergency preparedness in order to enable an inclusive multisectoral, all-hazards, health-in-all-policies and whole-of-society approach to preparedness, including, as appropriate, collaboration with civil society, academia and the private sector;

1.3 [improve national coordination and collaboration regionally, internationally and with all stakeholders, in particular WHO, to optimize mechanisms and the use of resources to avoid gaps in or duplication of efforts, and as appropriate, coordination and collaboration across borders, including according to the provisions of the IHR (2005);]

1.4 prioritize community involvement and capacity-building in all preparedness efforts, building trust and engaging multiple stakeholders from different sectors;

1.5 take action to engage and involve women in all stages of preparedness processes, including in decision-making, and mainstream gender perspective in preparedness planning and emergency response;

1.6 continue to strengthen the capacities of health systems in health emergency preparedness and in providing in health emergencies continued access to affordable essential health services and primary health care, including mental health and psychosocial services, and services for people with disabilities;

1.7 dedicate domestic investments and recurrent spending and public funding to health emergency preparedness in priority setting, and budgeting processes for health system strengthening and across relevant sectors and, where necessary, work with partners to secure sustained funding;

1.8 improve governance and decision-making processes and enhance institutional and operational capacity and infrastructure for public health, including scientific and laboratory capacity and operational and research competence of national public health institutions, as appropriate to national circumstances, as well as a cross-sectoral infrastructure for delivering essential public health functions, including the capacity to tackle existing and emerging health threats and risks;

(OP2) CALLS UPON Member States, Regional Economic Integration Organizations, international, regional and national partners, donors and partners to:

2.1 provide political, financial and technical support through multisectoral efforts, to strengthen country capacities for health emergencies as an integral part of the SDGs, in particular in the most under-resourced, vulnerable and at risk countries, through development assistance for health and timely provision of humanitarian funding;

2.2 continue supporting countries in the development of health emergency preparedness and implementation of IHR core capacities, including, as appropriate, through national plans for IHR implementation and/or, where relevant national action plans for health security;

2.3 expand support for development and implementation of multisectoral national action plans and policies for preparedness, using an all hazards and, as appropriate,

¹ And, where applicable, Regional Economic Integration Organizations.

One health approaches, further enhancing synergies with health system strengthening, disease prevention and control, research and innovation, disaster risk management and relevant national plans in key sectors to enhance preparedness;

2.4 integrate preparedness risks and resource needs into systematic institutional, policy and economic risk assessments, as well as existing financing mechanisms across all relevant organizations;

2.5 support the provision of appropriate remuneration, resources and training to health professionals, especially those cadres typically under-represented in the health workforce, such as epidemiologists and mental health professionals, and strengthen, in particular the role of the local health workforce, and the development of effective and high-performing, as appropriate, national, subnational and regional Emergency Medical Teams, in line with WHO classification and minimum standards;

2.6 facilitate investment in strong national research agendas and adequate infrastructures for research and development of new measures to counteract the impact of health emergencies, including by non-pharmaceutical interventions;

2.7 assess vulnerabilities of cities and human settlements to health emergencies, with particular attention to communicable disease outbreaks, and enhance preparedness by integrating policies, plans and exercises across health, urban planning, water and sanitation, environmental protection and other relevant sectors, to ensure local leadership and community involvement;

2.8 pursue support for sustainable financing of WHO preparedness and response activities and the WHO Contingency Fund for Emergencies;

2.9 encourage, promote and share information about strategic partnerships and technical collaboration for preparedness, including between relevant international, regional and national institutions, in particular national public health institutes, including through the WHO Global Strategic Preparedness Network (GSPN);

(OP3) CALLS on Member States¹ and the Director-General to work with the Secretary-General of the United Nations and the United Nations Office for the coordination Humanitarian Affairs and other relevant UN Organizations to:

3.1 strengthen United Nations system-wide coordination in different country, health and humanitarian emergency contexts;

3.2 systematically review and revise UN preparedness and response strategies for outbreaks;

3.3 enhance United Nations system leadership for preparedness and response coordination, including through UN system-wide simulation exercises;

3.4 increase collaboration between relevant actors to accelerate preparedness for pandemics and disease outbreaks, in particular in fragile situations and conflict-affected areas;

(OP4) REQUESTS the Director-General to:

4.1 support States Parties, upon their request, to review their implementation of the IHR (2005) by using, as appropriate, available tools included in the WHO IHR (2005) Monitoring and Evaluation Framework;

4.2 allocate necessary financial and human resources at all levels of the Organization for activities to support countries in improving health emergency preparedness;

4.3 participate in UN operational reviews after major health emergencies and report in a timely manner to WHA through the Executive Board on lessons learnt and recommendations for further action;

¹ And, where applicable, regional economic integration organizations.

4.4 conduct a study in consultation with Member States on the need and potential benefits of and, as appropriate, make proposals to 74th WHA through the Executive Board, on possible complementary mechanisms to be used by the Director-General to alert the global community about the severity and/or magnitude of a public health emergency in order to mobilize necessary support and to facilitate international coordination;

4.5 report to the World Health Assembly, through the Executive Board, on the methodology and the implementation and findings of the Surveillance System for Attacks on Health Care (SSA) in complex humanitarian emergencies, in line with resolution WHA65.20, as part of the regular reporting on the World Health Emergency Programme;

4.6 report on the implementation of this resolution through the WHO Executive Board in connection with the annual reporting on WHO's work in emergencies, and annual reporting on the implementation of the IHR (2005), until the 77th World Health Assembly.

The financial and administrative implications for the Secretariat were:

Resolution: Strengthening preparedness for health emergencies: implementation of International Health Regulations (IHR, 2005)	
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:	<p>All outputs covered by Pillar 2 (One billion more people better protected from health emergencies):</p> <p>Output 2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported</p> <p>Output 2.1.2. Capacities for emergency preparedness strengthened in all countries</p> <p>Output 2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities</p> <p>Output 2.2.1. Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards</p> <p>Output 2.2.2. Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale</p> <p>Output 2.2.3. Mitigate the risk of the emergence and re-emergence of high-threat pathogens</p> <p>Output 2.2.4. Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative</p> <p>Output 2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated</p> <p>Output 2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities</p> <p>Output 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings</p>
2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	Not applicable.
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:	Not applicable.
4. Estimated time frame (in years or months) to implement the resolution:	24 months.

B. Resource implications for the Secretariat for implementation of the resolution
<p>1. Total resource requirements to implement the resolution, in US\$ millions: Not applicable: the work required to implement this resolution essentially consists of WHO's work already approved in the Programme budget 2020–2021 under Pillar 2, guided further by the recommendations of the Executive Board.</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions: Not applicable.</p>
<p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions: Not applicable.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions: Not applicable.</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions: Not applicable.</p>
<p>5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the resolution in the current biennium: Not applicable. – 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.

The representative of FINLAND, speaking on behalf of the sponsors of the draft resolution, thanked Member States for participating in the development of the draft resolution. In the spirit of consensus, she proposed removing the square brackets in the seventh and twenty-fifth preambular paragraphs and in operative paragraph 1.3, and approving the text of the draft resolution in its entirety.

The representative of the UNITED STATES OF AMERICA said that although her Government recognized the importance of the issue, it would have to disassociate itself from preambular paragraph 25 of the draft resolution.

The representatives of AUSTRALIA, GERMANY, CANADA,¹ SOUTH AFRICA¹ and ETHIOPIA¹ said that their Governments supported the amendment proposed by the representative of Finland and wished to be added to the list of sponsors of the draft resolution.

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

The representative of the NETHERLANDS¹ supported the draft resolution and the amendment proposed by the representative of Finland, particularly in light of the current outbreak of novel coronavirus infection. To help Member States to reach the highest possible levels of preparedness to combat novel coronavirus, her Government would be contributing €1 million to the WHO Contingency Fund for Emergencies, in addition to its usual annual contributions.

The representative of SWITZERLAND¹ supported the draft resolution as amended by Finland. Preparedness for emergency situations should be a full and integral part of international humanitarian law, with increased protection for health establishments and health care workers.

The representative of NEW ZEALAND¹ said that her Government supported the proposal made by the representative of Finland.

The CHAIR took it that the Board wished to adopt the draft resolution, as amended.

The resolution, as amended, was adopted.²

Influenza preparedness: Item 15.3 of the agenda (document EB146/18) (continued from the tenth meeting, section 3)

The CHAIR drew attention to a draft decision on influenza preparedness proposed by Australia, Brazil, South Africa and the United States of America, which read:

The Executive Board, having considered the report by the Director-General on influenza preparedness,³ decided to recommend to the Seventy-third World Health Assembly the adoption of the following decision:

The Seventy-third World Health Assembly, having considered the report by the Director-General on influenza preparedness, decided:

- (1) to note the release of the WHO Global Influenza Strategy 2019–2030, and its linkages to the implementation of the International Health Regulations (IHR (2005)) and the Pandemic Influenza Preparedness (PIP) Framework;
- (2) to request the Director-General:
 - (a) to support Member States, upon their request, to develop or update national influenza preparedness plans, and to consider implementing an annual influenza vaccination programme for target populations, taking into account, as relevant and appropriate to national circumstances, the goals and strategic objectives of WHO's Global Influenza Strategy 2019–2030;
 - (b) to promote timely access to, and distribution of, quality, safe, effective and affordable seasonal influenza vaccines, diagnostics, and treatments;
 - (c) to continue to engage Member States and all relevant stakeholders to promote and uphold the *Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits*, and to encourage international collaboration for the rapid, systematic, and timely sharing of influenza viruses with human pandemic potential, and equitable and timely access to quality,

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

² Resolution EB146.R10.

³ Document EB146/18.

safe, effective and affordable pandemic influenza vaccines, diagnostics and therapeutics, and other benefits, on an equal footing;

(d) to prioritize and contribute to international efforts to sustain and enhance influenza surveillance through WHO's Global Influenza Surveillance and Response System (GISRS), by continuing to work with Member States, GISRS laboratories, and other relevant stakeholders, to:

(i) gather and share information, voluntarily provided, about influenza virus-sharing and its associated benefits; and

(ii) encourage countries to voluntarily share information and best practices on mitigating hindrances to the rapid, systematic, and timely international sharing of seasonal and pandemic influenza biological materials;

(e) to promote synergies, as relevant and appropriate, among implementation of national plans for influenza preparedness and response, IHR (2005), and immunization programmes;

(f) to consult Member States and relevant stakeholders, including manufacturers, in a manner consistent with WHO's Framework of Engagement with Non-State Actors (FENSA), to identify gaps in, and priorities for, affordable, scalable, and sustainable global influenza vaccine production capacity, supply chains, and distribution networks; and

(g) to report on implementation of this decision through the 150th session of the Executive Board to the Seventy-fifth World Health Assembly.

The financial and administrative implications for the Secretariat were:

Decision: Influenza preparedness
A. Link to the approved Programme budget 2020–2021
1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted: Output 2.2.2. Proven prevention strategies for priority pandemic-/epidemic-prone diseases implemented at scale
2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021: Not applicable.
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021: Not applicable.
4. Estimated time frame (in years or months) to implement the decision: 24 months.
B. Resource implications for the Secretariat for implementation of the decision
1. Total resource requirements to implement the decision, in US\$ millions: US\$ 2.78 million.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions: US\$ 2.78 million.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions: Zero.
3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions: Zero.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions: Zero.
5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions – Resources available to fund the decision in the current biennium: Zero. – Remaining financing gap in the current biennium: US\$ 2.78 million. – Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium: The Secretariat is seeking to expand the donor base to raise the funds needed.

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		
2020–2021 resources already planned	Staff	–	–	–	–	–	–	–	–
	Activities	0.24	0.24	0.24	0.24	0.24	0.24	1.34	2.78
	Total	–	–	–	–	–	–	–	–
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The representative of BRAZIL said that, following consultations with Member States, he proposed that the phrase “and its associated benefits” be added to the end of subparagraph 2(d)(ii) of the draft decision.

The representative of the UNITED STATES OF AMERICA supported the amendment proposed by the representative of Brazil.

The CHAIR took it that the Board wished to adopt the draft decision, as amended.

The decision, as amended, was adopted.¹

3. POLIOMYELITIS: Item 16 of the agenda (continued)

Polio transition planning and polio post-certification: Item 16.2 of the agenda (document EB146/22)

The representative of AUSTRALIA said that the ongoing implementation of the strategic action plan on poliomyelitis (polio) transition was of vital importance to ensure that Member States had sufficient financial and programmatic transition arrangements in place to make up for any shortfall in external resources. It was also necessary to have strong and sustainably financed immunization systems, in view of the increase in circulating vaccine-derived poliovirus. She welcomed the recommendations of the Independent Monitoring Board of the Global Polio Eradication Initiative, particularly that transition efforts should include integration with basic services. WHO's engagement with the Global Action Plan for Healthy Lives and Well-Being for All should align with poliomyelitis eradication and polio transition objectives.

The representative of INDONESIA said that her Government supported the proposed regional consultations to help the priority countries identified in the strategic action plan translate transition planning into action. Welcoming the implementation of the Polio Endgame Strategy 2019–2023, in particular its efforts to improve routine surveillance of vaccine-preventable diseases, she said that activities related to poliomyelitis eradication should be incorporated into the proposed global vaccination and immunization strategy 2021–2030.

The representative of IRAQ said that his Government had hosted a country mission on polio transition in 2019. WHO should share all lessons learned from experiences at the national level concerning the spread of wild polioviruses and circulating vaccine-derived poliovirus, and the causes of such outbreaks. That would facilitate preparations for the post-certification period.

The representative of the UNITED STATES OF AMERICA said that the number and size of outbreaks of circulating vaccine-derived poliovirus showed the importance of polio eradication and the need for rapid and high-quality responses, especially in sub-Saharan Africa. Member States should work with all relevant stakeholders to: strengthen and sustain progress made in routine immunization, in particular for children; improve surveillance of vaccine-preventable diseases within national systems; ensure early detection and rapid response; and build the capacities of national emergency preparedness and response systems, with particular regard to vaccine-preventable diseases.

The representative of CHINA said that global poliomyelitis eradication should be achieved as soon as possible through multi-partner investments. High-quality monitoring of cases of acute flaccid paralysis should continue, alongside a high level of routine immunization coverage. WHO should provide support for the containment of polioviruses, including wild polioviruses and vaccine-derived polioviruses.

The representative of GABON, speaking on behalf of the Member States of the African Region, said that most of the governments of those Member States had developed transition plans that were ready to be implemented. He welcomed the functional reviews carried out in all country offices to align WHO staffing in each country with national priorities, and the launch of the investment case for

¹ Decision EB146(19).

vaccine-preventable disease surveillance in Africa for the period 2020–2030. However, challenges persisted at the national level, and only the support of development partners would make it possible to finance the effective implementation of transition plans. He urged Member States and partners to mobilize resources in line with the investment cases for vaccination, surveillance and emergency management.

The representative of SUDAN said that her Government was committed to taking a proactive role at the regional level and engaging with WHO's activities on polio transition. It would apply global best practices in its national transition plan. She urged WHO and its partners to work more closely together to improve national and international reporting, better integrate vaccine-preventable disease programmes into essential schedules and develop governance.

The representative of CHILE said that national transition plans should include: the adequate acquisition of vaccines and improved vaccine coverage, the use of immunization registers; the creation of national certification committees; the switch from oral to inactivated poliovirus vaccine or fractional dose inactivated poliovirus vaccine, where appropriate; the development of contingency plans for the reintroduction of wild polioviruses; and the strengthening of environmental surveillance. The Polio Endgame Strategy 2019–2023 must be fully funded and universally implemented to ensure eradication of the disease.

The representative of MONACO¹ said that it was essential to continue polio transition efforts, particularly in light of outbreaks of circulating vaccine-derived poliovirus type 2. Her Government would provide funding for polio transition activities for the first time, and she looked forward to an updated report at the Seventy-third World Health Assembly containing detailed information on progress made, especially in the pilot countries, and the resources still required at the national level.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ said that the Polio Endgame Strategy 2019–2023 provided an opportunity for WHO to prepare for the moment at which funding for poliomyelitis eradication would come to an end, ensuring that governments had integrated relevant services into their domestic systems. She would welcome further information on how polio transition planning and the WHO transformation agenda complemented each other, as well as updates on progress made and challenges still to be overcome.

The representative of THAILAND¹ expressed the hope that findings from country missions to priority countries would help to further strengthen national actions and risk assessment processes. Intensified efforts were required to combat the ongoing outbreaks of circulating vaccine-derived poliovirus, which hampered the progress of polio transition activities.

The representative of INDIA¹ described national initiatives to strengthen the immunization programme in India, and highlighted the importance of the National Polio Surveillance Project. In light of the high numbers of cases of circulating vaccine-derived poliovirus being reported, he called for global funding to combat poliomyelitis and support national surveillance projects.

The representative of the REPUBLIC OF KOREA¹ said that his Government would support WHO's ongoing efforts to eradicate poliomyelitis and prepare for polio transition, including to build polio transition capacity, which would more widely contribute to the control of vaccine-preventable diseases.

The DEPUTY DIRECTOR-GENERAL acknowledged the importance of polio transition planning and stressed that polio eradication efforts remained a priority. Rapid work was needed to ensure

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

that the essential public health functions currently funded through poliomyelitis eradication programmes were safeguarded; those essential functions included immunization programmes, surveillance systems, and the core capacities required by the International Health Regulations (2005). A health systems approach was being taken to integrate polio transition work into primary health care, including through the draft operational framework on primary health care.

As part of the new regional and country-level focus, successful high-level consultations had recently been held with the regional offices for Africa and the Eastern Mediterranean as well as a teleconference with the steering committee for the South-East Asia Region to review progress made. In response to comments made by Member States at previous governing body sessions, country missions had been initiated to high-risk countries, with the aim of developing or updating national polio transition plans; recent visits to Iraq and Sudan had led to firm commitments in that respect. The other key objectives of the visits were to guarantee political engagement and identify any funding gaps. In addition to the continuation of discussions in Board meetings and at the Health Assembly, polio transition would be included in the agendas of regional meetings, based on a schedule agreed with the regional directors, and regional consultations would continue.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that, while great importance was attached to stopping the circulation of wild poliovirus type 1 in Afghanistan and Pakistan, and controlling the outbreaks of vaccine-derived poliovirus in Pakistan and Somalia, work had started on the implementation of national polio transition plans in priority and high-risk countries. Following the high-level regional consultation in September 2019, a regional steering committee had been established, alongside a working group to provide countries with technical support. He thanked the ministries of health in Iraq and Sudan for the strong commitments made during the recent country missions to those countries, and explained that similar missions were planned to other priority countries. The Regional Office would work with Member States to integrate poliomyelitis-related functions into their health systems and mobilize the domestic resources necessary to sustain the essential functions funded by the poliomyelitis programme.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that poliomyelitis-related activities had always been well integrated into other immunization activities and infrastructure in the Region, even at the height of poliomyelitis eradication efforts. However, it was essential to ensure that the reduction in funding from the Global Polio Eradication Initiative, which accounted for significant investment in such infrastructure, did not negatively affect the work done thus far. In many cases, the capacities and infrastructure built under the Global Polio Eradication Initiative were already being used to address other needs, including disease surveillance and elimination; the strengthening of routine immunization programmes; and outbreak and emergency response. Following the finalization of the strategic action plan on polio transition, the cost of supporting those essential public health functions had been mainstreamed into the base component of WHO's Programme budget 2020–2021. Longer-term financial sustainability was a key element of national polio transition plans; some Member States had already made a commitment to provide domestic resources, while bridge funding options were being explored. However, funding gaps remained, and joint resource mobilization efforts were under way with the Secretariat. The Regional Office would continue to work with Member States to ensure the successful and sustainable implementation of polio transition plans.

The REGIONAL DIRECTOR FOR AFRICA highlighted several polio transition mechanisms implemented in her Region, such as working group meetings, side events with health ministries and the inclusion of polio transition as a standing item on the agenda of regional meetings. In 2018, the WHO Regional Committee for Africa had endorsed a framework for the certification of poliomyelitis eradication in the African Region, which included transition planning as a priority intervention. At the country level, Member States had developed customized polio transition plans, but the mobilization of funds for implementation continued to present a challenge. Investment in human resources was especially important. Given that transition plans were implemented at country level, WHO staff should

be deployed where the work was needed; human resource needs should therefore be examined at the country, regional and global levels.

The Secretariat would consider how lessons learned from poliomyelitis-related interventions could be linked to primary health care and universal health coverage, with particular regard to immunization and health emergency response. The new structure in the Regional Office was designed to promote integration across all health programmes in the Region. However, resources were still needed to align with regional initiatives such as functional reviews and the flagship programme on universal health coverage, and to support governments with health financing. Furthermore, she noted the limited absorption of human resources from polio programmes by WHO and governments; it was vital to maximize the capacities already developed rather than lose them altogether. The Polio Endgame Strategy 2019–2023 was an opportunity to accelerate the implementation of polio transition plans and close gaps in funding. The next steps included working with Member States to mobilize resources and prepare for upcoming country missions.

The Board noted the report.

PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING

4. MATERNAL, INFANT AND YOUNG CHILD NUTRITION: Item 18 of the agenda (document EB146/24) (continued from the twelfth meeting, section 4)

The CHAIR recalled that two amendments to the draft decision contained in paragraph 41 of document EB146/24 had been proposed during the twelfth meeting of the current session of the Board. The representative of Bangladesh had proposed asking the Director-General to examine and provide guidance on the digital marketing of breast-milk substitutes, while the representative of Tajikistan had requested that decision WHA68(14) from 2015 be included in the list of resolutions and decisions.

The representative of BANGLADESH reiterated that, although paragraph 36 of the report effectively reflected the issues surrounding the widespread use of digital marketing strategies for the promotion of breast-milk substitutes, those issues were not adequately covered in the draft decision. However, full agreement had not been reached with all Member States, and he proposed retaining the text of his proposal in square brackets, and to seek consensus on the final wording of the draft decision during the intersessional period.

The representative of the UNITED STATES OF AMERICA said that her Government still had concerns about governance aspects of the amendment proposed by the representative of Bangladesh, notably regarding the human and financial resources required by the Secretariat, the scope of the work to be undertaken by the Secretariat and the coherence of the draft decision with other goals. However, she would accept the draft decision with the amendment proposed by the representative of Bangladesh in square brackets, and she looked forward to the planned intersessional work to refine the details of that proposal.

The CHAIR took it that the Board was prepared to adopt the draft decision as amended by the representative of Tajikistan, and with the inclusion of the amendment proposed by the representative of Bangladesh in square brackets.

The decision, as amended, was adopted.¹

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

5. GOVERNANCE MATTERS: Item 22 of the agenda (continued)

WHO reform: Item 22.1 of the agenda (documents EB146/31, EB146/31 Add.1, EB146/32, EB146/32 Add.1 and EB146/33) (continued from the thirteenth meeting, section 3)

The CHAIR invited the Board to discuss the report on governance contained in document EB146/32, drawing the Board's attention to the draft decision contained in paragraph 14 of that document. The financial and administrative implications of that draft decision were set out in document EB146/32 Add.1.

The representative of BRAZIL, referring to the draft decision, said that the Health Assembly, as well as other interested parties from civil society, needed to be given the chance to review the implementation of its own decisions and resolutions. Therefore, he did not support subparagraph 2(1) of the draft decision proposing that progress reports be considered by the Board only. Ideally, all progress reports would be considered by the Executive Board then the Health Assembly, but a smart solution would have to be found to ensure that agendas remained manageable.

In relation to the proposal to allow wider regional inputs to global strategies and plans of action, his Government was willing to be flexible and allow comments and inputs from various types of meeting, but requested the Secretariat to specify, on a case-by-case basis, which bodies could contribute to such instruments. For reasons of transparency, it was not appropriate to group regional committee meetings together with less formal or less inclusive processes.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia and Albania, as well as the Republic of Moldova, Armenia and Georgia aligned themselves with his statement. He welcomed the proposals to streamline reporting requirements, including by sunseting certain resolutions, and recognized the need for some exceptions from that system. The Secretariat should continue its work in line with the proposals contained in the report.

However, he shared the reservations already expressed regarding progress reports, which constituted an important accountability tool. Transferring them to the agenda of the Board could give the impression that they were less important and would bring no overall productivity gains. The Health Assembly had greater capacity to consider progress reports, and subparagraph 2(1) of the draft decision should therefore be deleted.

He agreed with the need to regularly review the implementation of global strategies and action plans, and potentially extend their period of validity, and as such, it made sense to include them as substantive items on governing body agendas when they were due to expire. However, while those strategies and action plans should take regional perspectives into consideration, that input should be sought through forums other than regional committees, which already had busy agendas.

The representative of AUSTRALIA, stressing the need to continue pursuing governance improvements, expressed support for the proposals, particularly the intention to consolidate and streamline reporting on similar subjects, and to systematically include global strategies and action plans that were scheduled to expire on governing body agendas. She also welcomed the proposal that progress

¹ Decision EB146(20).

reports should be considered by the Board. In recent years, when those reports had been considered by the Health Assembly, they had received little or no attention. However, efforts should be made to ensure that progress reports contained clear and succinct information on the implementation of decisions and resolutions, and they should be grouped under the pillars of the WHO transformation agenda. She supported the draft decision.

The representative of the UNITED STATES OF AMERICA expressed support for paragraph 1 of the draft decision. However, the way forward concerning progress reports was less clear. The reports to the Health Assembly, were often issued late and were allocated limited time for discussion, but a similar problem could occur at the Board. It would be best to limit the discussion to one body only, and she suggested that that body should be the Health Assembly, as the progress reports were aimed at all Member States. Regarding the systematic inclusion on governing body agendas of global strategies or action plans due to expire within one year, she supported an early discussion of global strategies and plans. She would like further information on the proposal to include inputs on global strategies from technical meetings, informal consultations and other intergovernmental meetings in the regions and asked the Secretariat to clarify the scope of the documents for which that was envisioned. Regional consultative processes should be able to contribute to global health policy; however, regional inputs should not replace intergovernmental contributions.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, expressed support for the draft decision, which would contribute to governance reform by improving agenda management and the working methods of the governing bodies. For reasons of accountability, both the Board and the Health Assembly should examine progress reports.

The representative of ISRAEL welcomed the proposals to adopt a more systematic approach to managing the reporting requirements of resolutions and decisions, especially the provision of criteria for proposing exceptions to the six-year limitation on reporting. However, she did not agree that progress reports should be presented solely to the Board, as all Member States should be able to comment on the reports from an equal position. Her Government therefore supported the draft decision, with the exception of subparagraph 2(1).

The representative of CANADA¹ expressed support for the proposals regarding sunseting resolutions and decisions with unspecified reporting requirements and she encouraged the involvement of relevant technical units in developing the recommendations to be presented to the Board at its 148th session to give Member States a clear view of existing mandates and ongoing work. In relation to progress reports, she supported the proposal to include them only on the agenda of the Board. However, she requested that the Secretariat should evaluate the impact of such a change in agenda management and examine whether it led to the desired meaningful discussion of the reports, and that evaluation should then be considered by the Board at its 152nd session.

The representative of NORWAY¹ said that the Secretariat had failed to justify why the Board was best placed to consider progress reports. The Health Assembly had greater capacity to review the reports and the current system should be retained. Regarding the proposed inclusion on governing body agendas of global strategies or action plans due to expire within one year, he suggested that, in order for that measure to be effective, the Secretariat should also submit a proposal regarding whether each strategy or plan should be renewed or adjusted alongside a justification of their proposal.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND,¹ noting the importance of progress reports in allowing Member States to review the impact of resolutions, welcomed efforts to ensure that they received proper attention in governing body

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

meetings. However, the reports should not be moved to the agenda of the Board, as that would remove their link to the forum that had adopted them, and they should continue to be considered by the Health Assembly.

The representative of THAILAND¹ said that progress reports should be considered by the Health Assembly so that all Member States had the chance to review them. However, she asked the Secretariat to schedule that item of the agenda for discussion earlier in each Health Assembly.

The EXECUTIVE DIRECTOR (External Relations and Governance) noted the feedback regarding the progress reports and welcomed the positive response to the ongoing governance reform.

The SECRETARY noted that the Board seemed to be in favour of the progress reports remaining on the agenda of the Health Assembly. Therefore, paragraph 2(1) of the draft decision would need to be deleted. Regarding global strategies and action plans, regional committee agendas were often prepared a year in advance, so it was often too late to include them. Therefore, greater flexibility was needed, and the Secretariat would prepare information on how guidance from regional bodies would be solicited in respect of each of the mandates. The Secretariat was working with technical teams on the sunseting exercise. Following consultation with Member States, she recognized the need for a deeper examination of reporting for each mandate and any additional work that was being carried out. The results of that investigation would be presented at an informal Member State consultation. Responding to the proposal made by the representative of Norway regarding global strategies and action plans due to expire, she drew attention to paragraph 2(3) of the draft decision, which confirmed that the Director-General would provide guidance in that regard.

The representative of BRAZIL said that he was ready to follow the consensus on the approach proposed by the Secretariat to regional inputs on global strategies and action plans. However, he would like a guarantee that the Secretariat would inform the Board of every instance in which regional engagement was undertaken and the nature of that engagement, because the legitimacy and inclusiveness of the various forums differed.

The Board noted the report.

The CHAIR took it that the Board agreed to adopt the draft decision, as amended.

The decision, as amended, was adopted.²

The CHAIR invited the Board to consider document EB146/33 on the involvement of non-State actors in WHO's governing bodies and to provide guidance regarding the implementation of the proposed new approach to non-State actor participation.

The representative of INDONESIA underlined the need to engage consistently with non-State actors while maintaining WHO's integrity, independence and reputation as the global leader in health. Civil society organizations provided important contributions from their fields of work to governing body discussions. She expressed reservations about the proposed informal meeting between non-State actors and Member States to be held before the Health Assembly, noting that some Member States might lack the resources to participate. The right of non-State actor participation was recognized in Article 18(h) of the WHO Constitution as well as in the Framework of Engagement with Non-State Actors. It would be inappropriate for the Board to limit the privileges granted to civil society by the Health Assembly.

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

² Decision EB146(21).

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, as well as the Republic of Moldova, Armenia and Georgia aligned themselves with his statement. The proposed informal meeting could be a useful platform for interactions between non-State actors and Member States. However, further discussion about the time, place, format and costs was needed before the first informal meeting could take place, and non-State actors should be given the opportunity to contribute to those discussions. Statements should be delivered more strategically, given that very heavy agendas considerably limited the time for substantive discussion of items. Acknowledging the efforts of non-State actors to make joint statements for greater impact and time-saving, he encouraged them to adopt a more permanent solution for participation in the debate. In that regard, the proposal to trial a system of constituencies was interesting, particularly as constituencies would be allowed to make longer interventions. Subject to enough support from both the Board and non-State actors, there was no reason why the trial could not start before the next Health Assembly. Non-State actors should determine constituency membership among themselves.

The representative of AUSTRALIA, emphasizing the value of non-State actors' contributions and more meaningful stakeholder engagement in governance processes, noted the high level of dissatisfaction with the current modalities. The complex changes to non-State actor involvement in WHO's governance must be handled in a measured and deliberative way, in full consultation with non-State actors. The current year was not the right time to pilot a new informal meeting; however, she supported trialling constituencies for delivering group statements on a selection of agenda items early in the debate.

The representative of the UNITED STATES OF AMERICA supported the pilot approach set out in the document and wished to strengthen meaningful non-State actor involvement while increasing efficiency in WHO governance processes. The proposed informal meeting would entail a very heavy workload, and she wondered whether its envisaged timing was feasible for the Secretariat. She encouraged Member States to hold listening sessions with non-State actors at the national level prior to the Health Assembly.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, supported the proposal to trial new modalities for governing body meetings, starting from the Seventy-fourth World Health Assembly. Commending the Regional Director for Africa on establishing the Africa Health Forum, he informed the Board that regional non-State actors were permitted to make statements at regional committee meetings, even if they were not in official relations with WHO. That was in consideration of the unique needs of the Region and the fact that highly engaged regional non-State actors would not necessarily qualify to be in official relations with WHO. A regional mechanism to accredit such non-State actors was being planned.

The representative of BRAZIL, expressing appreciation for the proposed informal meeting, said that the concept of constituencies and the proposed pilot approaches were interesting. Given the very limited time between the current session of the Executive Board and the Seventy-third World Health Assembly, the constituencies should be trialled at the 147th session of the Board and the more complex adaptations, including the informal meeting, at its 148th session, to ensure sufficient testing prior to the Seventy-fourth World Health Assembly.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND,¹ acknowledging the unsuitability of the current modalities, endorsed the proposal to pilot a new model, at whichever session the Secretariat felt was most feasible and practical. It should be kept

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

under review, which must include consultation with non-State actors on their experiences under the pilot approach.

The representative of THAILAND¹ agreed with the proposals set out in the report but expressed reservations about holding the informal meeting immediately prior to the Health Assembly, particularly because of the financial and resource implications for Member States.

The representative of CANADA¹ suggested further exploring the potential for intersessional, electronic or virtual input from non-State actors, in order to understand their views before Member State positions were finalized. She asked how the Secretariat would facilitate non-State actor collaboration and coordination with regard to the proposal concerning joint statements. Further details were needed on the practical implementation of piloting the new modalities and how they would be evaluated. It was essential to consider both quality and quantity when changing the modalities of non-State actor engagement at governing body meetings.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the consultations with non-State actors regarding the planned changes. However, he expressed the concern that some of the proposals could restrict the full participation of non-State actors, as their interests differed greatly. Understanding the need for rationalization, he feared that creating constituencies to deliver group statements would suppress the diversity of voices that facilitated enriched interactions and better decision-making by Member States. He called for any decision to be postponed until a clear consensus had been reached on a satisfactory proposal.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, expressed deep concern about the possible impact of some of the measures. She could not support the proposed constituency system, which falsely equated corporate entities and public interest organizations. Limiting the number of statements would unfairly disadvantage nongovernmental organizations, which were greater in number than other entities. She called on the Board to postpone taking action until the Secretariat had organized an appropriate consultation with non-State actors and Member States ahead of the Seventy-third World Health Assembly.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR and also on behalf of International Women's Health Coalition Inc., said that the proposals would reduce the contribution of civil society organizations at governing body meetings, contravening the principles of the WHO Constitution, the Framework of Engagement with Non-State Actors and the Thirteenth General Programme of Work, 2019–2023. The proposed informal meeting was welcome, but the timing was inappropriate. By holding the meeting so close to the Health Assembly, it would not allow civil society organizations to have any real impact on governing body discussions. Limiting the number of non-State actor statements and the introduction of constituencies would stifle civil society organizations and silence critical debate in certain areas. Implementation would therefore not be feasible during the Seventy-third World Health Assembly.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, asked the Secretariat to evaluate any modalities piloted at the Health Assembly, and to not restrict the size of delegations of non-State actors. While an informal meeting would allow for in-depth exchange, all parties would have to attend for it to be fruitful. Although appreciative of the proposed early delivery of statements by non-State actors, he strongly disagreed with the introduction of constituency statements and any restrictions on interventions from non-State actors.

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

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, reminded Member States that the "triple billion" goals could not be achieved without improved engagement with non-State actors. Acknowledging the challenges resulting from the growing number of non-State actors, she expressed concern that the proposed restrictions on interventions would diminish their contributions, especially if there was insufficient prior consultation with non-State actors themselves on the proposed constituencies. She urged the Secretariat to improve communication with non-State actors ahead of the Seventy-third World Health Assembly.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, said that the legitimacy and effectiveness of global health policy necessitated civil society input. A genuine plurality of views must be preserved; however, there were few existing or natural constituencies in WHO. Constituency building was a long and fraught process that inherently risked giving an unfair advantage to the largest and most powerful. Reform required investment in shaping future engagement modalities, including through online forums. Broad constituency building should be formally integrated into governance processes and facilitated through regional meetings.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIR, acknowledged the Secretariat's efforts to develop meaningful civil society involvement. However, in view of the large number and diversity of non-State actors and the multiplicity of issues addressed at the meetings, the constituency proposal was deeply flawed and stood in stark contrast to the customary practice of civil society engagement at other Geneva-based United Nations organizations. He called on the Board to defer its decision and requested the Secretariat to present a revised proposal to the 148th session of the Board.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, urged the Secretariat and Member States to protect democratic multilateralism and civil society's constitutional right to formal participation in WHO governance, and to reflect on the political and strategic action needed beyond the governing body meetings to preserve and extend the opportunity for civil society to contribute to national and global governance processes.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, expressed deep concern regarding the level of dissatisfaction with current modalities. She strongly requested the Secretariat to not restrict the number of non-State actor delegates, to enable meaningful youth participation. The delivery of non-State actor statements early in the discussion was fully endorsed as a means of increasing their impact. A clear implementation plan for new modalities, with structured deliverables and non-State actor input, was needed to be able to evaluate the usefulness of any proposal.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that the proposed changes reduced meaningful engagement with civil society. Granting commercial entities the status of being in official relations with WHO had not been foreseen in WHO's Constitution; it would introduce confusion and give corporations unprecedented intelligence gathering and influence. Thus, she called for the Secretariat to withdraw the proposal for an informal meeting. Additionally, she requested the Secretariat to not sunset key resolutions, especially on marketing; correct its definition of conflict of interest; and safeguard WHO's independence.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR and supported by PATH, welcomed efforts to enhance non-State actor engagement. However, the proposal to limit the size of delegations of non-State actors would only jeopardize the sharing of diverse perspectives. The pursuit of streamlined governing body agendas should not be to the detriment

of meaningful non-State actor engagement. The proposed informal meeting, if pursued, must be a real opportunity to contribute to governing body debates.

The EXECUTIVE DIRECTOR (External Relations and Governance), highlighting the complexity of making changes to the involvement of non-State actors in WHO governance, noted Member States' cautious appetite for changes towards more meaningful engagement. Recognizing that full consensus might never be reached, she said that the Secretariat would focus on starting to implement the proposals for which there was a consensus and look at ways to gauge the broad range of opinions among non-State actors on other issues, keeping in mind the Organization's mandate to help achieve the health-related Sustainable Development Goals.

The DIRECTOR (Health and Multilateral Partnerships) said that neither the Secretariat nor non-State actors wanted to reduce the speaking time of non-State actors and he agreed that it was in everyone's interests to ensure meaningful engagement. He would therefore welcome constructive proposals on how to move forward and he said that the comments made during the current session of the Board and during the online consultation would also be taken into account. He strongly encouraged Member States to hold national listening sessions and engage with non-State actors at the national level prior to governing body meetings. Regional offices could also create spaces for interaction, such as the Africa Health Forum or separate accreditation procedures, and steps were being taken to ensure more systematic online consultation. Concerning the proposal to organize non-State actors into constituencies, he said that non-State actors would have to accept a limitation on the number of statements to be delivered if they wished to have longer interventions earlier in the debate. However, that process still needed to be carefully considered, and a thorough review would be conducted to determine the appropriate maximum number of constituencies. He suggested that the Secretariat submit a full proposal concerning the informal meeting to be considered by the Board at its 148th session.

The CHAIR suggested that reforms such as more systematic online consultations could be implemented quite quickly, while the proposed informal meeting was a larger project with broader financial implications that would need to be carefully designed in order to ensure meaningful dialogue between non-State actors and governments.

He asked the Board whether it was ready to ask the Secretariat to consult further with non-State actors and Member States on the more complex proposals set out in the report and to submit specific proposals concerning those matters to the Board at its 148th session. Additionally, he asked whether the Board was prepared to request the Secretariat to begin implementing some of the proposed actions immediately.

The EXECUTIVE DIRECTOR (External Relations and Governance) said that the Secretariat agreed that more informal consultations should be conducted over the coming months. However, she suggested that some of the proposals could still be trialled at the 147th session of the Board, so that the Board would be better informed when it came to making a final decision.

The representative of the UNITED STATES OF AMERICA said that the interventions made by non-State actors unanimously pointed to the need for further consideration. She welcomed the proposal to implement certain proposals at the 147th session of the Board, while the dialogue with non-State actors continued during the intersessional period. The wide diversity of views of different types of actors should be taken into account. Concerning the proposal to limit the number of statements delivered by non-State actors, she suggested that the maximum number of statements could be provided as a range rather than a specific number. The Secretariat should also increase its efforts to brief and interact with non-State actors. She agreed that the Board should discuss the proposed informal meeting at its 148th session.

The representative of BRAZIL agreed with the proposal to trial certain proposals at the 147th session of the Board, including the introduction of constituencies, and to discuss the more

complex issues, including the proposed informal meeting, at its 148th session. A decision could then be made prior to the Seventy-fourth World Health Assembly. That approach would allow time for further consultations with non-State actors.

The CHAIR said that it was important not to prevent non-State actors from participating in the debate at governing body meetings. However, in order to allow non-State actors to make a meaningful contribution, he encouraged them to focus their statements on agenda items related to their core mandates.

He took it that the Board wished to note the report contained in document EB146/33 and to request the Secretariat to submit a revised version of the report at the 148th session of the Board and to implement constituency statements for a limited number of agenda items on a trial basis at the 148th session of the Board.

It was so agreed.

World health days: Item 22.3 of the agenda (document EB146/36)

The CHAIR invited the Board to take note of the report contained in document EB146/36 and to consider the Secretariat's proposal to conduct a study on world health days, as outlined in subparagraphs 2(a) to 2(d).

The representative of TAJIKISTAN highlighted the usefulness of world health days and the activities carried out in his country to promote them.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, asked the Secretariat whether it would be able to submit the report on the study's findings for consideration at the Seventy-third World Health Assembly under the agenda item on WHO reform, in order to avoid delays and given the importance attached to the issue by Member States.

The representative of INDONESIA, highlighting the useful role that world health days played, said that proper guidance, monitoring and evaluation tools were needed to ensure that they were effective, efficient, relevant and fulfilled certain criteria. The date selected for a world health day should not coincide with other such days and should be of relevance to the health issue covered. New world health days should be formally established through a United Nations or Health Assembly resolution.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, said that the study should take account of national and regional differences and preferences, include a cost-benefit analysis and determine whether world health days had a positive impact on the core mandate of the health sector. He encouraged the Secretariat to conduct extensive consultations with Member States in that regard.

The representative of BRAZIL, outlining the key role that world health days played at the global, regional and country levels, said that the Secretariat's proposed study should focus on the political and programmatic importance of world health days rather than on their cost implications. The criteria for establishing world health days needed to be more flexible whereas the guidelines on WHO's role should be stricter and focus on ensuring equity in terms of the financial resources allocated to different world health days. Social media could be used as a cost-efficient communication tool, and Member States, regional offices and other partners could also provide additional political, financial and human resources. He supported the proposal to link world health days with implementation of the Organization's general programme of work and programmatic priorities.

The representative of the UNITED STATES OF AMERICA recommended that the study include a cost-benefit analysis of world health days and review the impact of world health days and how to

improve education and awareness mechanisms and effectiveness. For future budget considerations, the study should provide information on the annual costs of world health days and estimates of the financial and other resources needed to implement related activities.

The representative of the UNITED ARAB EMIRATES supported the proposal to include the report on the provisional agenda of the Seventy-third World Health Assembly.

The representative of SLOVAKIA¹ welcomed the proposal to link world health days with implementation of the general programme of work. However, the process of conducting the study was too slow, and more clarification was needed regarding WHO's role in world health days. Given that world health days had to be formally established through governing body resolutions, she suggested using sunseting practices to reduce their number and group them based on the type of disease or their link with the general programme of work, or by region.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) thanked Member States for their guidance, which the Secretariat would consider with a view to conducting a more comprehensive study. She confirmed that the Secretariat would be able to submit the revised report to the Seventy-third World Health Assembly.

In reply to a request for clarification from the representative of BRAZIL, the LEGAL COUNSEL said that, in keeping with the rules of procedure, the report could be included under the agenda item on WHO reform at the Seventy-third World Health Assembly if the Board regarded it as relevant to WHO reform.

The CHAIR said that he would prefer not to increase the number of items on the provisional agenda of the Seventy-third World Health Assembly. He suggested that the matter might be discussed under a separate item on the provisional agenda of the Executive Board at its 147th session. If the Board nevertheless decided that it should be discussed at the Health Assembly, it should be included under the item on WHO reform.

The representatives of AUSTRALIA, FINLAND and GERMANY said that, in view of its importance for the membership, the matter should be taken up by the next Health Assembly. They could agree to its discussion under the item on WHO reform.

The representative of BRAZIL said that, while he would prefer the matter to be discussed under a separate item on the provisional agenda of the 147th session of the Executive Board, he could agree to its discussion at the Health Assembly under WHO reform provided that such action would not mean adding another item to the already heavy agenda.

The representative of KENYA endorsed the comments of the representative of BRAZIL.

The representative of TAJIKISTAN said that, in view of its complexity, the issue should be considered further by the Executive Board at its 147th session.

The representatives of AUSTRIA, ITALY and ROMANIA said that the matter should be discussed at the Seventy-third World Health Assembly.

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

The representative of ESWATINI said that it was his understanding that the report would have to be considered by the Board before discussion at the Health Assembly. The matter should be discussed by the Executive Board at its 147th session.

The LEGAL COUNSEL said that, although it was customary for agenda items for the Health Assembly to be prepared by the Executive Board, there were exceptions to that practice.

The representative of ZAMBIA said that the report should first be discussed by the Executive Board at its 147th session. The representatives of ARGENTINA, CHILE and JAPAN agreed, but said that they were willing to demonstrate flexibility.

The CHAIR, noting that opinions were divided, proposed that further discussion of the agenda item should be deferred pending informal consultations.

It was so agreed.

(For continuation of the discussion, see the summary records of the fifteenth meeting, section 2.)

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

6. MANAGEMENT MATTERS: Item 23 of the agenda (continued)

Evaluation of the election of the Director-General of the World Health Organization: Item 23.2 of the agenda (documents EB146/39 and EB146/39 Add.1)

The CHAIR drew attention to the report contained in document EB146/39 and to the draft decision contained in the annex thereto. The financial and administrative implications of adopting the draft decision were set out in document EB146/39 Add.1.

The representative of GHANA,¹ speaking in his capacity as Chair of the informal consultations on the evaluation of the election of the Director-General of WHO, recalled that the Executive Board had decided, at its 145th session, to hold intersessional consultations to discuss the issues raised in document EB144/35. The annex to document EB146/39 presented the results of those informal consultations, which had been held on 20 September and 9 October 2019.

The representative of BRAZIL, referring to paragraph 3 of the annex to document EB146/39, asked what the consequences would be for the candidates of a failure to comply with the requirements for disclosure of information on grants or aid funding to other Member States at candidates' forums. Alternative methods should be proposed for the selection of questions since both options set out in paragraph 10 were too prescriptive. Advancing the deadline for the submission of proposals to enable all candidates to present themselves on the sidelines of WHO regional committee sessions would entail financial implications for the Organization. Moreover, as all candidates might not be able to attend, it could lead to imbalances in the election campaign, possibly to the detriment of candidates from developing countries. It would be more cost-effective to organize a second forum in Geneva between the Executive Board session and the Health Assembly and thus give all candidates an opportunity to engage with a far broader audience. Accordingly, his Government did not support paragraph 5 of the

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

draft decision. He expressed support for the establishment within the Secretariat of a unit with operational independence, and asked to whom it would report.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, expressed support for the disclosure of amounts and sources of funding for campaign activities and for the establishment of an independent external group to oversee compliance with the code of conduct. He also expressed support for merging questions, asking candidates to answer one-by-one and giving them more time to respond. As many African Member States would not be able to attend a second interactive session between the Executive Board and the Health Assembly, a more inclusive mechanism should be explored. Services would be piloted in the Region to gauge the feasibility of broadcasting candidates' forums. Member States of the Region were in favour of the current paper-based voting system but also of investigating the use of technology to speed up counting. He supported the draft decision with the amendments proposed in the appendices.

The representative of AUSTRALIA said that her Government had, overall, been very satisfied with the process by which the Director-General had been elected in 2017. It nevertheless welcomed the recommendations made during the informal consultations and supported the draft decision. Webcasts of candidate interviews, which would heighten transparency and benefit those Member States unable to attend the interviews, were currently prevented by Rule 7 of the Rules of Procedure of the Executive Board. To address that issue, she suggested that the final paragraph of Rule 7 should be amended to begin "With the exception of meetings at which candidates for the post of Director-General are interviewed".

The representative of the UNITED STATES OF AMERICA said that her Government had been largely satisfied with the process to elect the Director-General in 2017. It had nonetheless welcomed the consultations, which had led to agreement on measures for greater efficiency, transparency and more meaningful contact between Member States and candidates throughout the election process. The potential resource implications of compliance mechanisms for the code of conduct, including making the code legally binding, should be spelled out. In terms of avoiding duplication in candidates' forums, the first option set out in paragraph 10 of the Chairperson's report was preferable. She supported the draft decision and the amendment to the Rules of Procedure proposed by the representative of Australia.

The representative of SINGAPORE said that the proposed changes to the election process would build confidence in the process of electing the Director-General. He fully supported the disclosure of campaign funding and asked what level of detail would be required from Member States and candidates. Adequate resources should be allocated to cover the proposed changes to the candidates' forums, which would inevitably lengthen the campaign period.

The meeting rose at 12:35.

FIFTEENTH MEETING

Saturday, 8 February 2020, at 13:25

Chair: Dr H. NAKATANI (Japan)

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

1. MANAGEMENT MATTERS: Item 23 of the agenda (continued)

Evaluation of the election of the Director-General of the World Health Organization: Item 23.2 of the agenda (documents EB146/39 and EB146/39 Add.1) (continued)

The representative of CANADA¹ welcomed the Secretariat's efforts to ensure a fair, transparent and inclusive election process and the consensus achieved in several areas, but expressed concern at the length of the campaign, which could detract from WHO's core work and incur significant expenses. She wondered how long similar campaigns lasted in other United Nations agencies. She supported the changes to improve transparency, including disclosure of campaign funding and the public broadcasting of candidates' forums. She requested more information on how other intergovernmental organizations dealt with compliance issues in their codes of conduct. She supported the proposal from the representative of Australia to amend Rule 7 of the Rules of Procedure of the Executive Board to allow the interviews in the Executive Board to be webcast to the public, which would enhance transparency. The Secretariat must maintain impartiality during the election of the Director-General; she requested more details on how the newly established unit would maintain operational independence.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ said that the process outlined would support the transparency, efficiency and effectiveness of the election of the Director-General. She supported the proposal from the representative of Australia to widen access to candidate interviews. She asked whether the Secretariat was exploring cost-effective and secure electronic voting systems, given the strong support for electronic voting and the findings reported by the evaluation management group in 2018. In addition to consulting other United Nations entities, the Secretariat might also examine examples used outside the United Nations system.

The LEGAL COUNSEL said that there was no formal mechanism in place to penalize candidates for failure to comply with the Code of Conduct for the election of the Director-General of the World Health Organization. Member States had not requested the Secretariat during informal consultations to establish an oversight or compliance mechanism, but had requested it to explore how other organizations in the United Nations system approached the matter. The Secretariat would report on its findings to the Executive Board. Member States had, however, requested the Secretariat to propose language to strengthen the Code's clause on disclosure requirements; a proposed amendment to paragraph B(II)(7) of the Code would therefore require candidates to disclose sources of funding. Member States could take any such disclosures into account when casting their votes. The Code set out the requirements for the disclosure of campaign funding and a template had been made available on the WHO website during the previous election of the Director-General to allow candidates to categorize their funding sources.

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

In paragraph 10 of the document, the Secretariat had presented two methods for selecting questions to be asked during the candidates' forums, which had been developed based on past experience; those details had been provided for the Board's information only and would not be subject to a decision at the current session. The decision on the modalities of the candidates' forums would be taken either by the Board at its session preceding the event or by the Member States and Associate Members attending the forum.

In response to concerns regarding the financial implications of an extension of the campaign period, he said that the impact on resources of the longer campaign period and the extra meetings required on the margins of regional committee meetings would be borne by candidates, Member States and the Secretariat. During informal consultations, Member States had asked for the process to be extended by around one month to ensure that the final list of candidates would be published in time for consideration at meetings held on the margins of all six regional committee meetings. If the Board was not ready to accept that proposal, a swift round of informal consultations would be required; Member States could mandate the Programme, Budget and Administration Committee to consider the proposals at its thirty-second meeting and make recommendations to that effect to the Seventy-third session of the World Health Assembly.

In response to the question posed by the representative of Canada, he clarified that the dedicated unit proposed in paragraph 29 of the document would only be established if requested by the Board through the adoption of the draft decision. No decision had yet been taken on the organizational structure, but one option would be for the unit to report to the Legal Counsel on the understanding that neither the unit nor the Legal Counsel would report to the Director-General on the work of the unit.

During the informal consultations, Member States had expressed a preference for maintaining the current paper-based voting system for the election of the Director-General, but had shown interest in the use of an optical scanner to count paper votes. The Board could request the Secretariat to pursue its examination of that option by adopting the draft decision.

Turning to the proposal from the representative of Australia, he said that the interview process in the Executive Board could indeed be publicly broadcast online subject to an amendment to Rule 7 of the Rules of Procedure of the Executive Board.

The Board noted the report.

The CHAIR drew the Board's attention to paragraph 25 of the draft decision contained in the annex to document EB146/39. He proposed adding a subparagraph 25(6), to read: "decided to amend Rule 7 of its Rules of Procedure as follows: 'with the exception of meetings at which candidates for the post of Director-General are interviewed'", in line with the suggestion made by the representative of Australia. Rule 7 would henceforth read: "With the exception of meetings at which candidates for the post of Director-General are interviewed, meetings of the Board related to the nomination of the Director-General as provided for in Rule 52, and for the appointment of the Regional Directors, shall be as provided in subparagraph (b) above, except that only one representative of each Member State not represented on the Board and of each Associate Member may attend without the right to participate, and that no official record shall be made".

The representative of BRAZIL reiterated his call for additional time to discuss subparagraph 25(5). Extending the campaign period would incur higher costs and risk failure of the objectives set on transparency and engagement.

The CHAIR proposed that the chapeau of the draft decision be amended to read: "The Executive Board, having considered the report of the Chairperson of the Informal Consultations on the evaluation of the election of the Director-General of the World Health Organization, requested the Director-General to facilitate informal consultations with Member States prior to the thirty-second meeting of the Programme, Budget and Administration Committee in order for the Committee to formulate recommendations to the Seventy-third World Health Assembly and 147th session of the Executive Board respectively:".

The representative of BRAZIL supported the Chair's proposal.

The representative of AUSTRALIA agreed with the proposed amendments, but said that subparagraph 25(5) could be bracketed to clarify that its contents would be open to further discussion by Member States.

The representative of the UNITED STATES OF AMERICA supported subparagraphs 25(1) to 25(4), but agreed that subparagraph 25(5) should be amended to allow further discussion of its contents. After subparagraph 25(4), it could also be clarified that it would be the Board requesting the Secretariat to take the action contained therein.

The representative of BRAZIL said that merely bracketing subparagraph 25(5) would not be sufficient; a process of further discussions on subparagraph 25(5) would have to be established. If subparagraph 25(5) was bracketed, it would appear in the whole text to be submitted to the Seventy-third World Health Assembly, together with all the other subparagraphs. He therefore proposed that the Board approve subparagraphs 25(1) to 25(4) only and submit them to the Seventy-third World Health Assembly. Subparagraph 25(5) should become a new subparagraph under a new chapeau worded as proposed by the Chair. Those new proposals would first be considered separately in informal consultations with Member States, before being sent to the thirty-second meeting of the Programme, Budget and Administration Committee for its consideration and subsequently to the Seventy-third World Health Assembly for consideration of the entire package.

The representative of AUSTRALIA supported the proposal made by the representative of Brazil.

The LEGAL COUNSEL said that some of the recommendations under subparagraph 25(1) referred to events to take place on the margins of meetings of the regional committees. If Member States accepted the proposal made by the representative of Brazil, it would therefore be advisable to bracket subparagraph 25(1) as well as subparagraph 25(5).

The representative of BRAZIL said that any aspects of subparagraph 25(1) that the Board was not yet ready to approve, namely aspects related to the length of the campaign period, could be included under the new chapeau alongside the contents of subparagraph 25(5).

The LEGAL COUNSEL, clarifying the proposal before the Board, said that a new paragraph containing the chapeau proposed by the Chair and the contents of subparagraphs 25(1) and 25(5) would be added to the draft decision and subsequently discussed in informal consultations with Member States, followed by consideration by the Programme, Budget and Administration Committee and the World Health Assembly. The current chapeau of paragraph 25 would become the chapeau of a second new paragraph in the draft decision, under which the contents of subparagraphs 25(2), 25(3) and 25(4) would be included, as well as a new subparagraph containing the proposed amendment to Rule 7 of the Rules of Procedure of the Executive Board. The new paragraph would therefore contain only requests from the Board for the Secretariat to take action without further consultation with Member States.

The representative of the UNITED STATES OF AMERICA said that, in the interests of precision, the new paragraph containing the proposals in subparagraphs 25(1) and 25(5) should clearly specify that the informal consultations would concern the length of the campaign period.

The LEGAL COUNSEL proposed amending the new paragraph to include the wording "concerning the length of the campaign period".

The CHAIR took it that the Board wished to accept the proposal contained in paragraph 25 of the annex to document EB146/39 as amended.

It was so agreed.

The CHAIR also took it that the Board wished to accept the Secretariat's proposal contained in paragraph 26 of the annex to document EB146/39.

It was so agreed.

The representative of the UNITED STATES OF AMERICA said that the wording of paragraph 27 and 28 of the annex should be amended to specify that the Board would be requesting the Secretariat to carry out the actions outlined therein. She further noted that the reference to the 147th session of the Executive Board in paragraph 28 might not be appropriate and should be removed.

The CHAIR took it that the Board wished to accept the Secretariat's proposals contained in paragraphs 27 and 28 of the annex to document EB146/39 as amended.

It was so agreed.

The CHAIR also took it that the Board wished to accept the Secretariat's proposal contained in paragraph 29 of the annex to document EB146/39.

It was so agreed.**The decision was adopted, as amended.¹****2. GOVERNANCE MATTERS: Item 22 of the agenda (continued)**

World health days: Item 22.3 of the agenda (document EB146/36) (continued from the fourteenth meeting, section 5)

The CHAIR presented a package of proposals to the Board that he had prepared following the informal consultations held on the agenda item. First, world health days would be discussed by the Seventy-third World Health Assembly, under the agenda item on WHO reform; secondly, caution must be exercised in future with regard to adding topics for discussion under the WHO reform item; thirdly, the discussion on the proposed neglected tropical diseases day would be postponed until after the Health Assembly's discussion on world health days; fourthly, no more additions would be made to the provisional agenda of the Seventy-third World Health Assembly; fifthly, the Secretariat would prepare the item on maternal, newborn, child and adolescent health ready for discussion at the Seventy-fourth World Health Assembly. Although no further items were to be added to the provisional agenda of the Seventy-third World Health Assembly, the Nagoya Protocol needed to be addressed in an interactive session; the Secretariat could consider how best to accommodate that session.

The representative of GERMANY expressed her Government's support for the Chair's package of proposals.

The representative of BRAZIL said that his Government supported the Chair's proposals, which offered a carefully considered compromise. However, he emphasized that it had been ready to support making a decision on the proposed day dedicated to neglected tropical diseases at the current Board session. The study on world health days to be conducted by the Secretariat could commence forthwith,

¹ Decision EB146(22).

using any benchmark. The discussion on the issue should be concluded as soon as possible; the proposal to have the discussion during the Seventy-third World Health Assembly would attain that objective. However, he wanted to make clear that insertion of the discussion on world health days into the Health Assembly's provisional agenda item on WHO reform was creating no additional agenda item.

The representative of the UNITED STATES OF AMERICA supported the proposal made by Germany on behalf of the European Union and the clarification given by the representative of Brazil. She requested that the Secretariat's report be made available sufficiently ahead of the Seventy-third World Health Assembly to give Member States time to consider it.

The representative of FINLAND, supporting the Chair's proposals, expressed appreciation for the plan for the Secretariat to arrange a strategic dialogue on the Nagoya Protocol during the Seventy-third World Health Assembly.

The representative of ESWATINI supported the Chair's proposals and the request made by the representative of the United States of America. He drew attention to the fact that, following a specific request made at the previous session of the Board by the Member States of the African Region, an item on maternal, newborn, child and adolescent health had been scheduled for discussion at the Seventy-third World Health Assembly, but had not been included on the provisional agenda.

The representative of ISRAEL supported the Chair's proposals.

The SECRETARY said that, in accordance with its mandate, the Secretariat should include an item on maternal, newborn, child and adolescent health every other year; following the established schedule, the Secretariat should therefore have included the item on the provisional agenda of the Seventy-third World Health Assembly. However, a request had been made to include it as an exception on the agenda of Seventy-second World Health Assembly. Subsequently, it had been omitted from the provisional agenda of the Seventy-third World Health Assembly.

The representative of ESWATINI asked for clarification on whether the item would indeed be included on the agenda of the Seventy-third World Health Assembly.

The CHAIR reiterated that no more items could be added to the provisional agenda, but noted that it might be possible to include the topic in another suitable item, as had been the case with world health days.

The DEPUTY DIRECTOR-GENERAL said that the Secretariat would not be ready to provide sufficient information to prepare a document for the Seventy-third World Health Assembly. It also wished to take into consideration the outcome of the work undertaken on the Year of the Nurse and Midwife 2020, which was scheduled to be discussed at the Health Assembly in May 2020. She therefore proposed that the item on maternal, newborn, child and adolescent health be added to the provisional agenda of the Seventy-fourth World Health Assembly.

The representative of ESWATINI accepted the Secretariat's explanation, but called for more transparency from the Secretariat in future when delays arose in preparing agenda items.

The representative of BRAZIL sought further clarification on whether the discussion on the proposed neglected tropical diseases day would be taken up during or after the discussion on world health days during the Seventy-third World Health Assembly.

He thanked the representative of Finland both for her flexibility in considering the withdrawal of her Government's request for an additional item on the Nagoya Protocol, and for bringing the issue of the public health implications of the Nagoya Protocol and the international biodiversity regime to the Board's attention, which his Government agreed was important to discuss. Welcoming the Secretariat's

proposal to include a side meeting on the issue at the Health Assembly, he emphasized the need for that meeting to be as inclusive as possible, taking into account the difficulties that smaller delegations might encounter during a Health Assembly with such a heavy agenda in a shorter time frame, and for the Secretariat to engage fully with the secretariats of the Convention on Biological Diversity and the Nagoya Protocol. He supported the proposal, on the understanding that the side meeting would be informal and with no outcomes expected to be produced.

The CHAIR asked the Secretariat if a way could be found to discuss the proposed neglected tropical diseases day at the Seventy-third World Health Assembly, given the widespread interest of Member States in discussing the topic.

The representative of BRAZIL suggested that the report on world health days that would be submitted to the Health Assembly could contain a proposal on the establishment of a world health day on neglected tropical diseases.

The representative of GERMANY said that she was ready to work with other Member States on world health days, including the proposed day on neglected tropical diseases.

The Board noted the report and agreed the Chair's proposed package of proposals.

Provisional agenda of the Seventy-third World Health Assembly and date and place of the 147th session of the Executive Board: Item 22.4 of the agenda (documents EB146/37, EB146/37 Add.1 and EB146/52) (continued from the twelfth meeting, section 1)

The CHAIR invited the Director (Governing Bodies) to review the amendments proposed to the provisional agenda of the Seventy-third World Health Assembly.

The DIRECTOR (Governing Bodies) recalled that two amendments, one on the retitling of item 19.6 of the provisional agenda from "Update on the Infrastructure Fund" to "Geneva buildings renovation strategy", and one on moving the discussion on "Smallpox eradication and destruction of variola virus stocks" from item 15 to item 32.1, had been agreed at an earlier meeting of the Board in the current session of the Board. The Secretariat had also clarified that no item on the "Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)" would be added to the provisional agenda. He noted that the amendment proposed by the representative of Finland to add a new item on "Public health implications of the implementation of the Nagoya Protocol" had been left outstanding.

The representative of FINLAND withdrew her proposed amendment to the provisional agenda.

The CHAIR took it that the Committee agreed to adopt the draft decision contained in EB146/37, as amended.

The decision, as amended, was adopted.¹

The representative of ISRAEL said that her delegation disassociated itself from the proposed item 18 of the provisional agenda on "Health conditions in the occupied Palestinian territory, including East Jerusalem, and in the occupied Syrian Golan" as a stand-alone item. She did not support the inclusion of item 18 or any political items on the provisional agenda of the Seventy-third World Health Assembly.

¹ Decision EB146(23).

The observer of PALESTINE thanked the countries who had voted for maintaining the discussion of the Director-General's report in Committee B of the Seventy-third session of the World Health Assembly. The vote confirmed a common vision on health for all, solidarity and humanitarian cooperation that left no one behind. He reaffirmed that he had been there only to talk about issues related to health in the occupied Palestinian territory. The presence of Palestine at WHO was solely as an observer and he was not seeking in any way to become a Member. Such an approach would have a very negative effect on the funding of most health programmes in developing countries.

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

3. NEGLECTED TROPICAL DISEASES: Item 13 of the agenda (continued from the tenth meeting, section 1)

The representative of the UNITED ARAB EMIRATES formally withdrew the draft decision the Government had proposed on a world health day dedicated to neglected tropical diseases.

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

4. COMMITTEES OF THE EXECUTIVE BOARD: Item 24 of the agenda (continued)

Foundation committees and selection panels: Item 24.3 of the agenda (document EB146/44)

Dr A.T. Shousha Foundation Prize

No Decision: The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Committee, considered the nominations of the four candidates and decided not to award the Dr A.T. Shousha Foundation Prize for 2020.

Ihsan Doğramacı Family Health Foundation Prize

Decision: The Executive Board, having considered the report of the Ihsan Doğramacı Family Health Foundation Selection Panel, awarded the Ihsan Doğramacı Family Health Foundation Prize for 2020 to Dr Errol R. Alden of the United States of America, for his work on disease prevention and the promotion of child health and development. The laureate would receive US\$ 20 000.¹

Sasakawa Health Prize

Decision: The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2020 to the Geo-RIS (Sistema Geoespacial de las Redes Integradas de Salud (Geospacial System of Integrated Health Networks)), Dirección General de Aseguramiento e Intercambio Prestacional del Ministerio de Salud, of Peru, for promoting the reorganization of primary health care services and for providing

¹ Decision EB146(24).

a computer tool to automate the processing of demographic and geo-referenced information. As Geo-RIS was a programme, and not a natural person or legal entity, the prize would be formally awarded to the Ministry of Health of Peru. The laureate would receive US\$ 30 000.¹

United Arab Emirates Health Foundation Prize

Decision: The Executive Board, having considered the report of the United Arab Emirates Health Foundation Selection Panel, awarded the United Arab Emirates Health Foundation Prize for 2020 to Ms Xi Jin of China, for increasing the efficiency and management of health systems. The laureate would receive US\$ 20 000.²

Dr LEE Jong-wook Memorial Prize for Public Health

Decision: The Executive Board, having considered the report of the Dr LEE Jong-wook Memorial Prize Selection Panel, awarded the Dr LEE Jong-wook Memorial Prize for Public Health for 2020 to two nominees: Dr João Aprigio Guerra de Almeida of Brazil, for his work on promoting breastfeeding in Brazil, and the Sickle Cell Disease Consortium of the United Republic of Tanzania, for providing an academic and scientific environment with experience and expertise in cross-cutting skills and knowledge that served as a platform for the professional development of clinicians and scientists who were working to combat sickle cell disease. As the Sickle Cell Disease Consortium was not a natural person or legal entity, the prize would be formally awarded to Dr Julie Makani, in her capacity as representative of the Sickle Cell Disease Consortium. The laureates would each receive US\$ 50 000.³

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

Decision: The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel, awarded the His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion for 2020 to Professor Gunhild Waldemar of Denmark, for her contribution to research in health care for older adults and for her contribution to the advancement of health care and quality of life of people with dementia. The laureate would receive US\$ 20 000.⁴

Nelson Mandela Award for Health Promotion

Decision: The Executive Board, having considered the report of the Nelson Mandela Award Selection Panel, awarded the 2020 Nelson Mandela Award for Health Promotion to two nominees: the Equi-Sastipen-Rroma Network of Spain, for its work in developing health promotion interventions, fostering social inclusion and preserving Roma identity, and Professor Dame Sally Davies of the United Kingdom of Great Britain and Northern Ireland, for her health promotion work. As the Equi-Sastipen-Rroma Network was not a natural person or a legal entity, the award would be formally awarded to the Network's coordinating organization, the Asociación Gitana UNGA. Each laureate would receive a plaque.⁵

¹ Decision EB146(25).

² Decision EB146(26).

³ Decision EB146(27).

⁴ Decision EB146(28).

⁵ Decision EB146(29).

The CHAIR encouraged Member States to consider in future putting forward candidates working on issues that were less well known.

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

5. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 15 of the agenda (continued)

The public health implications of implementation of the Nagoya Protocol: Item 15.4 of the agenda (document EB146/19)

The CHAIR drew attention to the report contained in document EB146/19 and invited the Board to endorse the proposed next steps in implementing decision WHA72(13) presented in paragraphs 20–25. The Board was also invited to provide further guidance.

The representative of BRAZIL said that, although an exchange framework for influenza had been clearly established in the form of the Pandemic Influenza Preparedness (PIP) Framework for the sharing of influenza viruses and access to vaccines and other benefits, the same was not true for other pathogens. The primary concern was enabling access to the necessary health products and engaging in technical cooperation. Member States should continue to work with the Secretariat within its existing mandate to better understand the challenges, opportunities and problems with the current regulatory situation. More detailed information was needed on pathogen-sharing arrangements in which WHO played a role. The timely sharing of pathogens for public health purposes must take place in conformity with each country's sovereign rights over its genetic resources.

The representative of GERMANY, speaking on behalf of the European Union, said that it was hoped that the Secretariat's survey on implementation of the Nagoya Protocol would help to address the risk of a delayed response to health emergencies. Upcoming discussions in the meeting of the Parties to the Nagoya Protocol on specialized international access and benefit-sharing instruments would be relevant to the PIP Framework, which could be considered as one such instrument. She encouraged the health ministries of all Parties to the Convention on Biological Diversity and the Nagoya Protocol to contribute to the development of national or regional positions ahead of the Conference of the Parties to the Convention and Meeting of the Parties to the Protocol in 2020. The Secretariat should also continue its collaboration with the Secretariat of the Convention on Biological Diversity.

The representative of GABON, speaking on behalf of the Member States of the African Region, praised the Secretariat's ongoing collaboration with the Secretariat of the Convention on Biological Diversity. He also commended the Secretariat's improved internal coordination with respect to pathogen-sharing at all three levels of the Organization and its engagement in important dialogue with other institutions and funds, United Nations programmes and non-State actors. He endorsed the proposed next steps in implementing decision WHA72(13).

The representative of CHINA called on Member States to share the benefits arising from their utilization of pathogens in an equitable manner. The Secretariat should uphold the principles of fairness and transparency in its cooperation and consultations with partners and continue to conduct surveys of existing practices and arrangements. Given the threat posed by dangerous new pathogens, the Secretariat should focus on biosafety management and control and actively participate in establishing an international pathogen-sharing framework agreement that took countries' laws and regulations into account.

The representative of AUSTRALIA said that due consideration must be given to the timely sharing of biological resources, especially when a health emergency was imminent. She commended WHO's work in that regard and its efforts to learn from countries' experiences in implementing access and benefit-sharing measures.

The representative of the UNITED STATES OF AMERICA called for the rapid and transparent sharing of genetic-sequencing data, virus isolates and clinical specimens in response to the recent outbreak of novel coronavirus infection. He encouraged Parties to the Nagoya Protocol to ensure that its implementation in their countries did not contribute to delays or disruptions in the sharing of novel coronavirus samples, clinical specimens or genetic-sequencing data. The Secretariat should provide Member States with opportunities for discussion and engagement before the final report called for in decision WHA72(13) was completed, including at the Seventy-third World Health Assembly and the sessions of the regional committees to be held in 2020.

The representative of INDONESIA said that the Secretariat's survey should be focused on gathering more specific information about pathogen-sharing measures taken under the auspices of WHO. More Member States should commit to the agreed timeline for responding to the survey, so that other countries had time to process the information and make informed policy decisions as a result.

The representative of JAPAN said that special consideration should be given to sample-sharing when implementing the Nagoya Protocol. A mechanism like the PIP Framework might be considered for other pathogens, and he called for more discussion among Member States, with Secretariat support, to address that possibility. The Secretariat should continue to analyse the public health implications of the Nagoya Protocol and inform Member States of the results.

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, stressed the importance of the rights protected by the Convention on Biological Diversity and the Nagoya Protocol, which touched upon issues of national sovereignty. The Secretariat should provide technical support to Member States in: drafting national legislation and policy under the Protocol; promoting research that contributed to the conservation and sustainable use of biodiversity; raising awareness of the importance of genetic resources and related traditional knowledge; and building their human resource and institutional capacities.

The representative of THAILAND¹ expressed support for making the PIP Framework a specialized access and benefit-sharing instrument under the Nagoya Protocol. She endorsed the proposed next steps contained in document EB146/19, but considered the timeline to be too slow. The outbreak of novel coronavirus infection was an opportunity to develop an efficient global pathogen-sharing system. The Secretariat should use its experience with dealing with the novel coronavirus infection outbreak to support Member States in reaching agreement on a rapid system as soon as possible.

The representative of SWITZERLAND¹ said that pathogen- and benefit-sharing was essential to global influenza surveillance and response. The WHO survey into existing pathogen-sharing practices and arrangements was therefore welcome.

The representative of INDIA¹ said that the survey focused on identifying laws and practices that impeded the timely sharing of pathogens, rather than on legislation that facilitated access and benefit-sharing. The survey results could be used to harmonize national laws and regulations. WHO should clarify its position on genetic-sequencing data and provide more information about

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

pathogen-sharing taking place under its auspices. He echoed calls to consider developing one or more specialized instruments for pathogens other than influenza, modelled on the PIP Framework.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that including the “main considerations raised and options proposed by Member States and stakeholders” in the summary of the final report, as proposed in the next steps in implementing decision WHA72(13), went beyond what was called for in the decision. The survey questions were too general and occasionally vague or imprecise, and some key questions were missing. When facing a public health emergency, fair and equitable benefit-sharing was crucial and should include the prompt sharing of research results, technologies and affordable treatments and vaccines.

The representative of THE GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR, urged Member States to ensure their legislation implementing the Nagoya Protocol allowed for the timely sharing of the genetic material necessary to developing drugs, vaccines and diagnostic tools. The WHO should continue to assess the Protocol’s impact on public health and to review existing pathogen-sharing legislation. Member States should formally recognize international pathogen-sharing policies that benefited public health.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that timely benefit-sharing in the form of access to treatment, technologies and knowledge was crucial. The PIP Framework provided a concrete example of how access and benefit-sharing could advance public health. She cautioned against scaremongering about the Nagoya Protocol and urged Member States to support its implementation.

The CHIEF SCIENTIST acknowledged that the survey had its limitations; the Secretariat had striven to collect the minimum information necessary without burdening respondents with overly detailed questions. After analysis of the results, the Secretariat might need to request further details and conduct in-depth interviews with key informants and stakeholders. Data were also being collected from all WHO technical departments, and an internal group had been established to discuss the sharing mechanisms used by those departments.

She cited China’s timely sharing of genetic sequences through the Global Initiative on Sharing All Influenza Data as an example of information-sharing with a clear public-health benefit. However, it was important that the benefits arising from the later development of vaccines, therapies, monoclonal antibodies and other products were also shared equitably in the spirit of the Nagoya Protocol. Future discussions should focus on ensuring that public health goods were recognized as such and made available where they were needed.

Discourse around the Protocol had often been driven by ministries of environment and agriculture, but health ministries should be sure to engage in discussions leading up to the Conference of the Parties to the Convention on Biological Diversity to raise awareness about the public health implications of regulations enacted under the Protocol. She acknowledged the call for institution strengthening, workforce training and technical support.

Recognizing the complexity of the issue and Member States’ diverging positions on whether the Organization was moving too slowly or too fast, she stressed that the end goal was to reach an agreement that was fair, equitable and built upon sufficient consultation. The Secretariat would continue to consult with stakeholders and strive to present a comprehensive final report that Member States could use to make further recommendations. In addition to one-on-one meetings, discussions with academics, researchers, scientists and government officials would also be organized.

The Board noted the report and endorsed the proposed next steps.

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

Cholera prevention and control: Item 15.5 of the agenda (document EB146/20)

The CHAIR drew the Board's attention to the report contained in document EB146/20.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that she was pleased with global progress on cholera prevention and control in the face of persistent challenges. Her country's experience in combating a cholera outbreak in late 2019 had shown that a multisectoral approach was crucial. Active community involvement in awareness-raising, home visits and the immunization campaign had also proven to be a successful, potentially scalable model that should be consolidated and legitimized. She urged the Secretariat to support surveillance efforts by public health laboratories and resource mobilization for preparedness and response in at-risk areas. Health systems and their preparedness mechanisms should be strengthened at the local and national levels.

The representative of GABON, speaking on behalf of the Member States of the African Region, said that countries in the Region had adopted the Regional Framework for the Implementation of the Global Strategy for Cholera Prevention and Control, which aimed to reduce by 90% the magnitude of cholera outbreaks particularly among vulnerable populations. Analysis and identification of cholera-prone areas were being carried out using standardized techniques, and countries' epidemiological surveillance capacities had been strengthened. For the Framework to produce results, partnerships and coordination mechanisms must be strengthened at all levels. Strong leadership and political engagement would also be needed, along with resource mobilization to sustain key interventions such as mass immunization campaigns in at-risk communities. The Secretariat should increase its support to Member States in drafting multisectoral response plans and implementing the global road map to 2030.

The representative of CHILE said that multisectoral work was needed to address cholera risk factors in a timely manner. Prevention and control measures would not only strengthen public health and surveillance systems, but also improve people's environments by ensuring better water, sanitation and hygiene solutions. It was essential for the Secretariat and Member States to share information on managing outbreaks and accessing cholera vaccines, particularly during water shortages and droughts, in a more effective manner.

The representative of ZAMBIA commended the Secretariat, the Global Task Force on Cholera Control and other stakeholders for improving access to oral cholera vaccine. However, more work was needed. She called on the Secretariat and partners to provide financial, technical and material support to her Government so that it could fully implement its national cholera elimination plan, which was aligned with the global road map to 2030.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the commitments made by the Secretariat and Member States regarding cholera prevention and control. She appreciated the work of all stakeholders involved in cholera control and the support given to countries in developing cholera control and elimination plans. Multisectoral plans were essential to ensure concerted efforts. Communities must be engaged in early detection and the initial management of cases, and emphasis should be placed on early diagnosis and reporting at primary health care facilities and rapid diagnostic tests.

The representative of DJIBOUTI, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the global road map to 2030 was an effective tool for mobilizing efforts to reduce the prevalence and spread of cholera and other diarrhoeal diseases. He requested the Secretariat to further involve Member States in discussions on how to ensure that surveillance and early reporting of cholera were strengthened in line with the International Health Regulations (2005), and to encourage the use of oral cholera vaccines in prevention campaigns of countries in which cholera was endemic.

Governments of those countries required technical support to implement the global road map to 2030 as well as more funding for long-term efforts to improve water, sanitation and hygiene solutions in communities.

The representative of BANGLADESH highlighted the progress made in her country in cholera control and prevention. Collaboration between ministries, sectors, development partners and donors was necessary to enhance existing interventions and eliminate transmission of the disease by 2030.

The representative of HAITI¹ said that no new cases of cholera had been confirmed in his country since February 2019 thanks to the strong leadership of his Government and alignment of partners' actions with national health guidelines. His Government would continue to take measures in prevention, including increased surveillance and deployment of vaccines, and aimed to eliminate the disease by 2022.

The representative of INDIA¹ said that early detection and rapid response were critical; her Government had been taking important steps in that regard. Despite remaining gaps, a collective sense of responsibility among all stakeholders and a community-based approach were key to securing a cholera-free world.

The representative of THAILAND¹ said that cholera elimination required strong and equitable primary health care systems, indicator- and event-based surveillance and laboratory support for early detection and quick response. Implementation of the global road map to 2030 required political commitment to strengthen health systems. WHO must leverage its social and intellectual capital to facilitate actions towards cholera elimination and health systems strengthening.

The representative of the RUSSIAN FEDERATION¹ said that a multisectoral approach, including strengthening epidemiological surveillance and health systems and improving water, sanitation and hygiene systems, was essential if cholera was to be eliminated in countries where it was still endemic. WHO's efforts in such countries should be supported in line with the global road map to 2030. The work of the Global Task Force on Cholera Control and its partners to provide technical guidance on epidemiological surveillance should continue to ensure that international efforts were effective and coordinated.

The ASSISTANT DIRECTOR-GENERAL (Emergency Response) noted the consensus among Member States regarding cholera prevention and control measures and the emphasis placed on multisectoral collaboration and the need for political commitment. The Global Task Force on Cholera Control would continue to provide technical guidance and would collaborate with partners to secure increased funding for countries that required it. Governments of countries in which the disease was endemic should continue their prevention and control efforts and could count on the support of the Secretariat in that regard.

The Board took note of the report.

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

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES**6. MATTERS FOR INFORMATION:** Item 26 of the agenda**Reports of advisory bodies:** Item 26.1 of the agenda

- **Expert committees and study groups** (documents EB146/51 and EB146/51 Add.1)

The Board took note of the reports.

7. CLOSURE OF THE SESSION: Item 27 of the agenda

The DIRECTOR-GENERAL thanked all Member States for their input and guidance during the 146th session of the Executive Board. Their work on emergency preparedness had sent an important message as the Secretariat and Member States worked tirelessly in response to the recent outbreak of novel coronavirus. For the disease to be eradicated, technical guidance, solidarity, collaboration, transparency and the prompt sharing of data and advice were essential. Noting the significant progress made in the Democratic Republic of the Congo in the fight against Ebola virus disease, he commended the country's Government for its leadership, health workers on the front line and all partners who had contributed. The Secretariat was continuing its work on Ebola virus disease under the three pillars of the Thirteenth General Programme of Work, 2019–2023, with impact at the country level being a main objective. He looked forward to the Decade of Healthy Ageing 2020–2030, which would give WHO the opportunity to bring together key stakeholders to improve the lives of older people, their families and communities.

After the customary exchange of courtesies, the CHAIR declared the 146th session of the Executive Board closed.

The meeting rose at 16:20.
