



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

148TH SESSION

GENEVA, 18–26 JANUARY 2021

SUMMARY RECORDS

GENEVA
2021

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 148th session of the Executive Board was held virtually using video conference technology and coordinated from WHO headquarters, Geneva, from 18 to 26 January 2021. 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 EB148/2021/REC/1. The list of participants and officers is contained in document EB148/DIV./1 Rev.1

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¹ As adopted by the Board at its first meeting (18 January 2021).

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EB148/7	Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases
EB148/7 Add.1	Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases Mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 Executive summary
EB148/7 Add.2	Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases Final evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases Executive summary
EB148/7 Add.3	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
EB148/8	Oral health Achieving better oral health as part of the universal health coverage and noncommunicable disease agendas towards 2030

¹ As adopted by the Board at its first meeting (18 January 2021).

EB148/9	Expanding access to effective treatments for cancer and rare and orphan diseases, including medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies and other health technologies; and improving the transparency of markets for medicines, vaccines, and other health products
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EB148/19	Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005) Interim progress report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response
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EB148/24	Social determinants of health
EB148/25	Draft Proposed programme budget 2022–2023 Building forward better

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EB148/25 Add.1	Progress towards achieving the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women
EB148/26	Sustainable financing
EB148/26 Add.1 Rev.1	Sustainable financing Draft decision
EB148/26 Add.2	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
EB148/27	Update on the financing and implementation of the Programme budget 2020–2021
EB148/28	Scale of assessments 2022–2023
EB148/29	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution
EB148/30	Update on information management and technology
EB148/31	Update on the Infrastructure Fund Geneva buildings renovation strategy
EB148/32	WHO transformation Transforming for enhanced country impact
EB148/33	WHO reform Governance
EB148/33 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
EB148/34	WHO reform World health days
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EB148/37	Global strategies and plans of action that are scheduled to expire within one year The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021

EB148/38	Process for the election of the Director-General of the World Health Organization
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EB148/39	Engagement with non-State actors Report on the implementation of the Framework of Engagement with Non-State Actors
EB148/40	Engagement with non-State actors Non-State actors in official relations with WHO
EB148/40 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
EB148/41	Provisional agenda of the Seventy-fourth World Health Assembly
EB148/42	Date and place of the 149th session of the Executive Board
EB148/43	Foundation committees and selection panels
EB148/44	Human resources: update
EB148/45	Amendments to the Staff Regulations and Staff Rules
EB148/45 Add.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board
EB148/46	Report of the International Civil Service Commission ¹
EB148/47	Report on meetings of expert committees and study groups
EB148/47 Add.1	Report on meetings of expert committees and study groups Expert advisory panels and committees and their membership

Information documents

EB148/INF./1	Statement by the representative of the WHO staff associations
EB148/INF./2	Report of the Ombudsman
EB148/INF./3	Report of the Ombudsman Ombudsman's recommendations: progress on implementation

¹ This document was not issued; instead, the Secretariat provided a verbal update.

LIST OF DOCUMENTS

EB148/INF./4 Second report on progress by the Independent Panel for Pandemic Preparedness and Response

EB148/INF./5 Decision-making and procedural issues on the virtual system
A practical guide

Diverse documents

EB148/DIV./1 Rev.1 List of members and other participants

EB148/DIV./2 Preliminary daily timetable

EB148/DIV./3 List of resolutions and decisions

EB148/DIV./4 List of documents

COMMITTEES AND SELECTION PANELS¹

1. Programme, Budget and Administration Committee²

Dr Lisa Studdert (Australia), Mr Zahid Maleque (Bangladesh), Mr Patricio Herrera (Chile), Mr Martin Essono Ndoutoumou (Gabon), Mr Kwaku Agyeman-Manu (Ghana), Ms Volda Lawrence (Guyana, member ex officio), Ms Preeti Sudan (India), Dr Harsh Vardhan (India, member ex officio), Professor Itamar Grotto (Israel), Mr Mikhail Albertovič Murashko (Russian Federation), Dr Lam Pin Min (Singapore), Dr Abdellatif Mekki (Tunisia), Mr Abdulrahman Al Owais (United Arab Emirates), and Admiral Brett Giroir (United States of America).

Thirty-third meeting, 13–15 January 2021:³ Ms E. Wood (Australia, alternate to Ms C. Edwards), Mr Z. Maleque (Bangladesh), Ms A. Quezada (Chile, alternate to Mr P. Herrera), Mr M. Essono Ndoutoumou (Gabon), Mr K. Agyeman-Manu (Ghana), Ms Volda Lawrence (Guyana, member ex officio), Mr R. Bhushan (India), Dr Harsh Vardhan (India, member ex officio), Mr N. Arny (Israel, alternate to Mr I. Grotto), Dr M. Murashko (Russian Federation), Dr J. Puthuchery (Singapore), Dr F. Ben Salah (Tunisia, Chair), Mr A. Al Owais (United Arab Emirates), and Ms A. Gonzalez (United States of America, alternate to Admiral B. Giroir).

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 19 January 2021: Dr Harsh Vardhan (Chair of the Executive Board), Dr Janil Puthuchery (Singapore), Professor Etsuko Kita, Chair of the Sasakawa Health Foundation (representative of the founder).

3. 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 20 January 2021: Dr Harsh Vardhan (Chair of the Executive Board), Dr Amel Alfatih, representing Dr Osama Ahmed Abdelrahim (Sudan), Dr Mohammed Al Khashti, Assistant Undersecretary for Planning and Quality, Ministry of Health, Kuwait (representative of the founder).

4. 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 19 January 2021: Dr Harsh Vardhan (Chair of the Executive Board), Dr Amelia Afuha'amango Tu'ipulotu (Tonga), Mr CHOI Wonil, Secretary General, Korea Foundation for International Health Care (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 EB147(2) (2020).

³ See document EBPBAC33/DIV./1.

5. Nelson Mandela Award for Health Promotion

The Chair and the first Vice-Chair of the Executive Board (members ex officio) and a member of the Executive Board from a Member State of the African Region.

Meeting of 19 January 2021: Dr Harsh Vardhan (Chair of the Executive Board), Dr Jumana Al Abduwani, representing Dr Ahmed Mohammed Al Saidi (Oman), Professor Adama Traoré (Burkina Faso).

FIRST MEETING

Monday, 18 January 2021, at 10:10

Chair: Dr H. VARDHAN (India)

1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA: Item 1 of the provisional agenda (documents EB148/1, EB148/1 (annotated), EB148/2 and EB148/INF./5)

Opening of the session

The CHAIR declared open the 148th session of the Executive Board, which, in the context of the pandemic of coronavirus disease (COVID-19), the Board had agreed would take place virtually.

Organization of work

The CHAIR invited the Board to consider the special procedures to regulate the conduct of virtual sessions of the Executive Board, contained in document EB148/2. In the absence of any objections, he took it that the Board wished to adopt the draft decision.

The decision was adopted.¹

Adoption of the agenda

The CHAIR noted that document EB148/46 had not been issued; instead, the Secretariat would give a verbal update. He proposed that provisional agenda item 17.5, Amendments to the Financial Regulations and Financial Rules, should be deleted, as no proposals for amendments had been received by the Secretariat. He took it that the Board agreed to his proposal.

It was so agreed.

The agenda, as amended, was adopted.²

The representative of AUSTRIA, 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. She requested that, as at previous sessions, representatives of the European Union should be invited to participate, without vote, in the meetings of the 148th session of the Board and its committees, subcommittees, drafting groups or other subdivisions that addressed matters falling within the competence of the European Union.

¹ Decision EB148(1).

² Document EB148/1 Rev.1.

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

It was so agreed.

2. REPORT OF THE DIRECTOR-GENERAL: Item 2 of the agenda (document EB148/3)

The DIRECTOR-GENERAL said that, although the rapid development and approval of safe and effective COVID-19 vaccines represented a stunning scientific achievement, the promise of equitable access to those vaccines was at serious risk. Some countries and vaccine producers continued to prioritize bilateral agreements, thereby circumventing the COVID-19 Vaccine Global Access (COVAX) Facility. Most vaccine manufacturers had prioritized regulatory approval in rich countries, rather than submitting full dossiers to WHO. Such actions could delay the delivery of vaccines through the COVAX Facility and lead to vaccine hoarding, a chaotic market, an uncoordinated response, and continued social and economic disruption. Equitable access to vaccines was not just a moral imperative, but also a strategic and economic one. All Member States must work together to accelerate vaccination readiness and ensure that health workers and older people had begun to be vaccinated in all countries within the first 100 days of 2021. Member States with bilateral vaccine agreements should be transparent about the volumes, pricing and delivery dates stipulated in those agreements, and they should work alongside vaccine producers to share doses with the COVAX Facility and ensure that the Facility was given priority regarding vaccine delivery. Countries should only use vaccines that met rigorous international standards for safety, efficacy and quality.

The pandemic had revealed a collective failure to invest in emergency preparedness. WHO had been working to strengthen preparedness and response under the transformation agenda prior to the pandemic and had continued that work over the previous year. As part of those efforts, a pilot phase for the universal health and preparedness review mechanism would begin in the coming weeks. Moreover, human health could only be protected and promoted by better monitoring and managing risks at the interface between humans, animals and ecosystems. To that end, WHO, FAO, OIE and UNEP had agreed to establish a One Health high-level expert council, which would analyse scientific evidence and countries' policy responses and advise the four agencies on related actions and recommendations. The council's first task would be to examine and issue advice on the immediate priorities for the prevention, prediction, detection and monitoring of, as well as the response to, emerging zoonoses with epidemic and pandemic potential. Highlighting the need for a strong WHO, he appreciated Member States' broad support for the WHO transformation agenda and acknowledged the calls for a greater focus on the country-level impacts of that process. Member States must be serious about sustainable financing and address the gap between what was expected of WHO and the resources available to it. The Secretariat had introduced a new resource mobilization strategy and, through the WHO Foundation, hoped to diversify WHO's donor base and obtain more flexible funding.

In response to the disruption to essential health services in Member States, WHO had introduced an initiative to assign WHO headquarters staff to work virtually with regional and country offices, in line with country needs. The Secretariat would continue to support Member States in their progress towards universal health coverage and in protecting and building on the health gains already achieved. The Secretariat would implement the Global strategy to accelerate the elimination of cervical cancer as a public health problem and intensify its support to Member States to progressively provide 1 billion additional people living with noncommunicable diseases and mental health conditions with essential health services and medicines by 2023. The Secretariat remained committed to poliomyelitis eradication and transition and to using poliomyelitis infrastructure for the roll-out of COVID-19 vaccines. It had also been developing new strategic policy directions for nursing and midwifery. In the light of the impact of COVID-19 on older people, and to increase the quality of care that older people received, the Secretariat had been studying the organization and financing of long-term care systems. It would also continue to boost country capacities to implement national action plans on antimicrobial resistance, while strengthening surveillance of antimicrobial resistance and antibiotic use.

The Secretariat was working to strengthen the local production of, and access to, quality, safe, effective and affordable medicines and other health products. Following the adoption of the Global strategy on digital health 2020–2025, the Secretariat had been developing tools to support Member States in implementing national digital health strategies, including a digital vaccination certificate. The Secretariat would work with countries to implement the policy recommendations set out in the WHO manifesto for a healthy and green recovery from COVID-19 and would host a virtual health summit for small island developing States, focusing on the need for resilient health systems in order to respond to noncommunicable diseases and climate change. The Secretariat would also: support the strengthening of national health data systems through the Survey, Count, Optimize, Review, Enable (SCORE) for Health Data Technical Package; hold itself accountable by closely tracking progress towards the triple billion targets; strengthen the development of timely, relevant, evidence-based and easily accessible guidance; build the capacity to conduct high-quality, ethical research in all countries and accelerate the scaling-up of innovations and health products; and enhance collaboration with multilateral partners through the Global Action Plan for Healthy Lives and Well-being for All to reinforce equitable access to vaccines, drive the recovery from the pandemic and help Member States to get back on track in achieving the Sustainable Development Goals.

The draft proposed programme budget 2022–2023 and its four key areas of strategic focus reflected the need to forge ahead and build on the lessons learned from the COVID-19 pandemic. Extending the deadline to meet the triple billion targets would allow WHO to identify the specific areas in which countries were lagging behind and develop potential solutions to speed up progress towards the targets. Lastly, he paid tribute to the late Belinda Kasongo, who had been murdered in the Democratic Republic of the Congo as she worked to protect others from Ebola virus disease, and to the late Dr Peter Salama, whose legacy lived on.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, welcomed WHO's leadership in managing global health issues and commended the Secretariat for the support provided to Member States during the COVID-19 pandemic. He welcomed the WHO transformation agenda and the efforts of the Independent Panel for Pandemic Preparedness and Response to evaluate WHO's management of the pandemic. He encouraged WHO to complete its study on the origins of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) as soon as possible and to take the necessary steps to prevent, and improve Member States' response to, future pandemics. To that end, global public health stakeholders must work with WHO and provide it with the necessary resources.

Noting his concern that access to COVID-19 vaccines would be a privilege of a minority of countries, he said that Member States should work in solidarity to ensure the equitable distribution of those vaccines in all countries, regardless of their level of development. The pandemic should not divert attention away from other health priorities, including malaria, tuberculosis, HIV/AIDS, neglected tropical diseases and noncommunicable diseases. He encouraged WHO to seek innovative and sustainable financing and urged Member States to provide the Organization with the resources it needed to finalize its draft proposed programme budget 2022–2023, improve implementation of the Thirteenth General Programme of Work, 2019–2023, and fulfil its mandate.

The representative of AUSTRIA, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro and Albania, as well as Ukraine and the Republic of Moldova, aligned themselves with her statement. She welcomed WHO's global coordination, commitment and leadership, especially in responding to the COVID-19 pandemic, and encouraged the Organization to remain transparent and accountable, expressing support for its role as the leading global health agency during and beyond the pandemic. She praised all stakeholders who had contributed to the development of effective COVID-19 vaccines and the work done to provide equitable access to vaccines and other essential supplies. The same progress needed to be made in the areas of therapeutics and clinical trials. It was crucial that no one was left behind, especially in fragile, low-resource settings.

An effective, transparent and science-based investigation into the origins of SARS-CoV-2 was paramount, and she looked forward to receiving regular, detailed updates on that work. She reiterated her support for the work of the Independent Panel for Pandemic Preparedness and Response, the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme. She looked forward to considering their recommendations through an inclusive process involving all Member States, with a view to developing a resolution on strengthening WHO and global preparedness, facilitated by the European Union. There was an urgent need to invest in and create resilient health systems. She expressed concern about increased inequities and worsened health outcomes over the previous year, particularly in sexual and reproductive health and noncommunicable diseases.

The representative of FINLAND, highlighting the link between health and the economy, welcomed the establishment of the Council on the Economics of Health for All and looked forward to its analyses and recommendations. Scientific, strategic, political and moral leadership was critical to guide the global community and individual countries through the COVID-19 pandemic. Countries should prepare for all types of crises through an all-hazards approach, multisectoral collaboration and multilateralism. To protect both health and the economy in a sustainable and balanced manner, more investment was needed in global and country preparedness. By supporting people's health and well-being, countries could mitigate the pandemic's long-term impacts and help to restore progress towards achieving the Sustainable Development Goals.

The representative of KENYA commended the Director-General and Secretariat for coordinating the global public health response to the COVID-19 pandemic. His Government was pleased that COVID-19 vaccines had recently been included on the list of medical products approved for use in emergency situations, and acknowledged the disproportionate roll-out of COVID-19 vaccines across the world. He called on the Secretariat, Member States and all international stakeholders to work together to guarantee fair and equitable access to COVID-19 vaccines, noting that calls for global solidarity had not been heard concerning the delivery and distribution of vaccines in low- and middle-income countries. His Government supported calls for vaccine manufacturers to facilitate the swift transfer of technology and know-how to other manufacturers, and supported initiatives to ease intellectual property rights that impeded access to affordable medicines and vaccines. He noted the four key areas of strategic focus of the draft proposed programme budget 2022–2023, which he hoped would take account of the needs of the most vulnerable. He requested the Secretariat to maintain its focus on equity and universal health coverage, while also taking account of the new priorities that had emerged as a result of the pandemic.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND thanked WHO for its continued work in coordinating the global health response to COVID-19. His Government was committed to ensuring rapid, equitable access to safe and effective COVID-19 vaccines, therapeutics and diagnostics through multilateral collaboration. His Government was pleased to have helped to raise US\$ 1 billion for the Gavi COVAX Advance Market Commitment, which, combined with the £548 million of aid pledged by his Government, would help to distribute 1 billion doses of COVID-19 vaccines to 92 developing countries in 2021. With new variants of SARS-CoV-2 emerging worldwide, it was essential for the international community to quickly enhance genetic sequence surveillance and reporting. The COVID-19 pandemic had reinforced and exacerbated inequalities within and between countries, further hindering the achievement of the Sustainable Development Goals. Continued collaboration was needed to tackle those inequalities, strengthen health systems and prevent further losses in global health gains. Discussions at the 148th session of the Executive Board should focus not only on COVID-19-related issues, but also on other important health topics. Health systems were key to mitigating the health impacts of climate change as well as being vulnerable to its effects.

The representative of ROMANIA said that global challenges such as the COVID-19 pandemic required common action, solidarity and cooperation. His Government valued WHO's work to address the pandemic, support Member States in implementing health policies and strengthening health systems, and promote the development of, and equitable access to, new COVID-19 diagnostics, therapeutics and vaccines. It was essential to ensure equitable access to COVID-19 vaccines and use the experience gained and lessons learned during the pandemic to strengthen and adapt health systems so that they were better prepared for future global public health emergencies. Efforts at the national, regional and international levels were needed to that end, with WHO playing an active role. Member States should continue to lead the debate on strengthening WHO's pandemic preparedness, taking into account the findings and recommendations of the Independent Panel for Pandemic Preparedness and Response, the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.

The representative of ISRAEL said that international cooperation had been vital in minimizing the negative impacts of COVID-19 on health systems, economies and individuals. The sharing of data and best practices was critical to ensure that organizations like WHO had the tools and expertise needed to guide countries' responses to the pandemic. WHO's COVID-19-related guidance and evidence-based information had been extremely valuable to his Government and its partners. In the light of the emergence of new variants of SARS-CoV-2, it was important to continue to strengthen early detection, verification and warning systems, as well as information-sharing and reporting mechanisms. WHO must be able to disseminate information globally and in a timely manner in order to efficiently deal with future health emergencies. As governments prepared to roll out COVID-19 vaccines, they would again face the challenges of misinformation and uncertainty. WHO should provide important guidance on how to manage anti-vaccination movements through positive messages and transparent, evidence-based information campaigns.

The representative of GERMANY, noting the unprecedented international attention paid to WHO during the COVID-19 pandemic, reiterated that the world's expectations of WHO greatly exceeded the Organization's capacities. There was a serious discrepancy between Member States' political appraisal of WHO and their willingness to finance the Organization. A key task of all Member States was to enable WHO to fulfil its ambitious mandate. Even with limited financial, human and legal resources, WHO had played, and continued to play, a crucial role in the response to COVID-19. The pandemic had the potential to change the structure of global health beyond WHO, and the Global Action Plan for Healthy Lives and Well-being for All should be central in that regard. His Government wished to see a strengthened WHO that was equipped to serve as the leading and coordinating authority in global health. He was fully committed to Board reforms.

The representative of AUSTRIA thanked the Director-General for his constant engagement and WHO staff members for their valuable work during the COVID-19 pandemic. The Organization needed a flexible governance structure to promptly handle issues, in particular during health emergencies. However, the Executive Board had not been performing the role required of it, and he looked forward to the convening of an Executive Board retreat as soon as possible. Furthermore, there were substantial shortcomings in the COVAX Facility, which was slow to progress and had not secured enough agreements to ensure the timely delivery of a high number of vaccines to Member States. He wished to know what the COVAX Facility's management had done to create a transparent and inclusive work process to achieve its goals. He also asked why the COVAX Facility's management had not included mRNA vaccines in the COVAX Facility's vaccine portfolio. Lastly, he asked for the detailed vaccine delivery plans of the COVAX Facility's management and asked when, and how many, vaccines Member States could expect to be delivered.

The representative of CHINA appreciated the thorough and fruitful work carried out by the Director-General and Secretariat in the previous year. His Government had been supporting the Director-General and Secretariat in implementing resolution WHA73.1 (2020) on the COVID-19 response. Members of the international mission studying the origins of SARS-CoV-2 in China had been following quarantine requirements and had been showing a high degree of professionalism and dedication. His Government would take concrete action to ensure that COVID-19 vaccines were treated as global public goods, supporting efforts to enhance the availability and affordability of those vaccines in developing countries. He called on the international community to continue working to control the COVID-19 pandemic, promote economic and social development and safeguard the health of all.

The representative of BANGLADESH thanked the Director-General and his team for their tireless efforts in addressing the COVID-19 pandemic. He appreciated the support provided through the COVAX Facility and by Member States and private-sector partners. It was essential that COVID-19 vaccines were treated as global public goods and that they were made available to all countries in a timely manner. New approaches were needed to promote economic recovery from the pandemic, and low- and middle-income countries needed more support in strengthening their health systems. The pandemic had highlighted the need to invest more in emergency preparedness, strengthen the One Health approach, build a stronger WHO and develop innovative and digital health solutions. The pandemic must not divert attention away from other global health concerns, including antimicrobial resistance, which was a serious political, social and economic problem.

The representative of the RUSSIAN FEDERATION acknowledged WHO's key coordination role in the international response to the COVID-19 pandemic and the mechanisms that had been developed to support Member States in that regard. Her Government would continue to work with others to ensure access to COVID-19 vaccines and to promote local vaccine production. She underscored the importance of pressing ahead with the transformation agenda in order to enhance emergency preparedness. The Secretariat should strengthen its efforts to provide high-quality global statistical data on the societal impact of the COVID-19 pandemic, in order to support Member States in their decision- and policy-making. She commended the WHO Regional Office for Europe for its work, in particular the creation of the Pan-European Commission on Health and Sustainable Development. Turning to the review of the functioning of the International Health Regulations (2005) during the COVID-19 response, she said that it was intended to strengthen application of the Regulations rather than amend them. However, the evaluation mechanisms should not be mandatory, and it was important to avoid duplicating WHO's coordinating role in pandemic response efforts. The report issued by the Independent Panel for Pandemic Preparedness and Response in January 2021 contained a number of inaccuracies and required further work. Future reports on WHO's response efforts must meet the evaluation standards of United Nations organizations. Recalling that, over the previous decade, noncommunicable diseases had been the leading cause of mortality and had had a significant impact on the severity of COVID-19, she said that more attention should be paid to the prevention and control of noncommunicable diseases going forward.

The representative of the REPUBLIC OF MOLDOVA¹ expressed appreciation to all stakeholders that had contributed to the development of, and helped to ensure equitable access to, COVID-19 vaccines and other tools. She highlighted the need for a multisectoral approach to strengthen national and global public health security, and for robust health systems and emergency preparedness. She shared the Director-General's concerns related to immunization against COVID-19, calling for greater solidarity and equity. She underscored the need to further strengthen national capacities for the implementation of the International Health Regulations (2005) based on country-specific contexts and assessments of risks and needs, and by ensuring efficient funding and drawing on the lessons learned from the pandemic. She echoed the Director-General's appeal to enhance the One Health approach, underlining the need to update electronic surveillance systems and introduce information technology

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

solutions for data collection and sharing. She noted the importance of developing and delivering resilient and integrated health services in order to meet a range of needs and provide access to affordable, efficient, effective and high-quality health care to everyone, in particular vulnerable people. The design, delivery, implementation and financing of efforts to achieve universal health coverage required the participation of all stakeholders, both public and private.

The representative of NORWAY¹ thanked WHO for its continued leadership in addressing the COVID-19 pandemic. The deployment of an international mission to China to study the origins of SARS-CoV-2 had been an important development. Member States must ensure that WHO had the tools, resources and authority needed to fulfil its mandate and were encouraged to further increase their support for the four pillars of the Access to COVID-19 Tools (ACT) Accelerator. He called for a thorough discussion on the financing of WHO, noting that the significant imbalance between assessed and voluntary contributions jeopardized WHO's independence. His Government supported proposals to strengthen WHO's sustainable financing, including through increased assessed contributions. He welcomed the efforts made under the WHO Health Emergencies Programme during the pandemic and said that WHO could play a leading role in strengthening research on non-pharmaceutical interventions against COVID-19.

The representative of SWEDEN¹ underscored the need for a strong WHO that was fit for purpose, adapted to countries' needs and supported by sustainable financing and strong governance systems. She reiterated her support for WHO's role and leadership, thanking the Director-General and WHO staff members for their hard work during the pandemic. Member States faced vast challenges in: curbing the spread of COVID-19; ensuring the equitable and swift distribution of safe, affordable and effective vaccines; minimizing the indirect impacts of the pandemic; rebuilding health systems; and reinforcing health emergency preparedness. There was an urgent need to address unmet health needs, including in the areas of noncommunicable diseases, mental health, and sexual and reproductive health and rights. She encouraged the Secretariat to identify lessons learned from the pandemic and areas for improvement. She would welcome a Member State briefing on how the Secretariat's internal processes had been affected by the pandemic and the lessons learned in that regard. She supported the work of the Independent Panel for Pandemic Preparedness and Response, the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, and looked forward to discussing how their recommendations could help to create more resilient health systems, promote healthier lives and improve global health emergency preparedness.

The representative of JAPAN¹ thanked the Director-General and the Secretariat for their hard work and dedication during the pandemic. He highlighted the need to build resilient, efficient and agile health systems, which required a range of resources, including sustainable health financing. An impartial, independent and comprehensive review was needed into the Secretariat's and Member States' responses to COVID-19. He stood ready to work with WHO in addressing global health priorities.

The representative of JAMAICA¹ commended the Director-General and his team on their efforts to promote the equitable distribution of COVID-19 vaccines as global public goods. Highlighting the importance of multilateralism in overcoming the COVID-19 pandemic, he expressed hope that Member States would fulfil their commitments to support the COVAX Facility, the success of which was critical for Jamaica and other countries. He applauded the Director-General for his strong leadership in ensuring that the Organization could continue its work on issues not directly related to COVID-19 during the pandemic. A flexible and sustainable programme budget 2022–2023 would ensure that WHO was fit for purpose and could effectively support Member States. He looked forward to receiving continued

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

support from the Secretariat in national efforts to achieve universal health coverage and the Sustainable Development Goals.

The representative of TURKEY¹ said that her Government would support the Director-General, WHO and all relevant partners in ensuring the equitable distribution of COVID-19 vaccines. The pandemic had provided an important opportunity to reshape national, regional and global preparedness policies based on the lessons learned. She had no doubt that the Director-General would guide the Secretariat and Member States in that work, taking into account the reports of the Independent Panel for Pandemic Preparedness and Response, the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme. She was pleased that the draft proposed programme budget 2022–2023 represented a 5% increase from the previous biennium's programme budget, but would welcome more information on the financing of emergency operations and appeals, including projections and changes in the donor base. Country office expenditure must be transparent. She was confident that the necessary oversight mechanism would be implemented at the country level, and that Member States would be regularly informed of changes to the donor base.

The representative of FRANCE¹ said that, in order to protect global health, it was critical to work together in overcoming health challenges and to have a strong and reputable WHO. The Organization had made important progress in promoting access to COVID-19 vaccines, but must also focus on COVID-19 therapeutics and diagnostics and on health systems strengthening. He thanked WHO, FAO, OIE and UNEP for their engagement and cooperation in establishing a One Health high-level expert council. Furthermore, it was essential to support health workers through training and the promotion of gender equality. He called on Member States to involve more women in health-related decision-making structures and to provide health workers, who were mostly women, with safe and decent working conditions.

The representative of SOUTH AFRICA¹ thanked the Director-General and WHO staff members for their efforts in addressing the COVID-19 pandemic, especially in promoting fair, equitable and timely access to vaccines and other COVID-19 tools for low-resource countries and communities. Highlighting the importance of the Thirteenth General Programme of Work, 2019–2023, and the decisions to be taken during the current session of the Executive Board, she said that the sustainable financing of WHO could not be further delayed. She supported recommendations to strengthen WHO at all three levels of the Organization, in particular at the country and regional levels, to enable WHO to fulfil its mandate. The Secretariat needed to provide more support to Member States to boost health services, build sustainable health systems and thus prevent further losses in health gains. Universal health coverage was critical to improve health outcomes.

The representative of SPAIN¹ said that a more robust global health system with a renewed and stronger WHO at its core was needed. In 2020, her Government had increased its voluntary contributions to WHO and PAHO almost sevenfold and had made other important contributions, including to the ACT-Accelerator. Her Government would support efforts to achieve universal access to COVID-19 diagnostics, therapeutics and vaccines. She underlined the need to strengthen the International Health Regulations (2005) and build an integrated health system based on universal health coverage and continuity of care. To overcome the pandemic, it was necessary to take a global, equity-based One Health approach.

The representative of POLAND¹ expressed appreciation for WHO's efforts and leading role in addressing the COVID-19 pandemic. Rapid mass vaccination was critical to overcome the pandemic, and the international community must ensure that vaccines were available to all countries. A global approach was needed to address the threat of vaccine hesitancy and surmount logistical challenges, such

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as ensuring the timely availability of an adequate number of vaccines. He called on Member States to work together in a spirit of solidarity and trust.

The DIRECTOR-GENERAL thanked Member States for sharing their comments, in particular for expressing gratitude for the efforts of WHO staff members during the COVID-19 pandemic. The Secretariat would continue to work hard until the pandemic was over.

3. REPORT OF THE REGIONAL COMMITTEES TO THE EXECUTIVE BOARD: Item 3 of the agenda (document EB148/4)

The representative of the UNITED STATES OF AMERICA said that her Government had been pleased to sponsor PAHO's governance reform and commended PAHO Member States for adopting the reform unanimously. She expressed gratitude for the leadership of the governments of Brazil, Canada and Mexico on PAHO's Executive Committee and Directing Council, and of the Regional Director for the Americas and Deputy Director of PAHO during the pandemic. Countries in the Region of the Americas must work closely together to improve health in the Region and rebuild their economies. She was confident that Member States in the Region would emerge from the pandemic stronger and more united. She looked to PAHO to take its rightful leadership role in public health issues in the Region of the Americas and the Western Pacific Region, and hoped to learn from Member States and partners that had been able to contain SARS-CoV-2.

The representative of PORTUGAL¹ highlighted the important work carried out by WHO through its regional offices in implementing, supporting and advancing health policies and country-specific priorities. He welcomed the European Programme of Work, 2020–2025, especially its three core priorities. He underlined the importance of universal health coverage and WHO's efforts in promoting countries' emergency preparedness, including through capacity-building and coordinated and effective support to respond to cross-border health threats. The European Union's future work with WHO and the international treaty on pandemics proposed by the European Council would be crucial to better prepare for, and respond to, future health emergencies.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that, at its seventy-third session, the WHO Regional Committee for South-East Asia had adopted a resolution endorsing a ministerial declaration on the collective response to COVID-19. The declaration highlighted Member States' commitment to maintaining essential health services and building on the Region's strengths in order to respond to the pandemic. The declaration called for efforts to ensure the occupational safety of health workers, strengthen health information systems, adopt digital health technologies and advance health policy and systems research. The Committee had discussed the mid-term review of the Decade for health workforce strengthening in the South-East Asia Region 2015–2024 and a report on improving the retention of health workers in rural and remote areas. An annual report on monitoring progress towards universal health coverage and the health-related Sustainable Development Goals in the Region had been launched, and participants had reiterated the importance of achieving the triple billion targets of the Thirteenth General Programme of Work, 2019–2023.

Participants had discussed the progress made in the Region in implementing the WHO transformation agenda. The South-East Asia Regional Health Emergency Fund would be instrumental in accelerating implementation of pillar 2 of the Thirteenth General Programme of Work, 2019–2023 and building community resilience. She noted that, by the end of the biennium 2018–2019, 80% of the regional programme budget had been allocated to Member States, compared with 70% during the

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

biennium 2014–2015. In addition, the Committee had adopted a decision to ensure that priority was given to regional patient safety efforts that aligned with the draft global patient safety action plan, the Region's patient safety strategy and country contexts. Regarding the Region's Programme Budget 2020–2021, the Committee had highlighted the need for renewed momentum in implementing the 2020–2021 workplans while continuing to respond to COVID-19. She thanked the Member States in her Region for contributing to a productive seventy-third session of the Committee, and the Director-General for his input on several strategic matters. She also thanked Member States for participating in a series of virtual meetings convened by the Regional Office for South-East Asia to discuss vaccine deployment.

The representative of GUINEA-BISSAU, speaking on behalf of the Member States of the African Region, thanked Member States for ensuring the continued functioning of the Organization's governance mechanisms at all levels during the COVID-19 pandemic. He welcomed the consultations that had been held on the development of WHO's draft proposed programme budget 2022–2023. He acknowledged the context in which the budget was being developed and encouraged the Secretariat to continue to consult broadly with Member States to ensure that consensus was reached on the budget in time for the Seventy-fourth World Health Assembly. He appreciated the consultations held on the development of a draft global patient safety action plan and looked forward to its finalization. He noted the regional committees' discussions and recommendations regarding the WHO transformation agenda. He supported efforts for poliomyelitis eradication, emphasizing the need to prepare and finance activities and tools such as novel oral polio vaccine type 2 to control outbreaks of circulating vaccine-derived poliovirus in his Region. The WHO Regional Committee for Africa had adopted a strategy on scaling up health innovations in the WHO African Region, providing an opportunity for Member States to build an innovation system that responded to the Region's needs. Other key documents adopted by the Regional Committee included a report on strengthening WHO's country presence to achieve universal health coverage in Africa and a report on the performance of health systems in the Region.

The REGIONAL DIRECTOR FOR EUROPE said that the seventieth session of the WHO Regional Committee for Europe had been held in a new format, providing a platform for free and friendly discussions among Member States. The Committee had reflected on the efforts of the Regional Office for Europe to respond to COVID-19 and its key objectives, which were to maintain direct contact with the Region's Member States to ensure a more targeted COVID-19 response, strengthen partnerships in the Region and restructure the Regional Office to ensure that it was fit for purpose. Other topics considered by the Committee included: the inauguration of the Pan-European Commission on Health and Sustainable Development; the rethinking of health policies in the light of the pandemic; the role of the health workforce during the pandemic; the launch of a mental health coalition; the need for closer coordination and partnerships between international organizations; and the longer-term implications of COVID-19 for Europe's health and social care systems. Member States had shown overwhelming support for the European Programme of Work, 2020–2025, which aligned regional actions and priorities with the global strategic priorities of the Thirteenth General Programme of Work, 2019–2023, and placed people at the centre of efforts. Member States had endorsed the four flagship initiatives of the European Programme of Work, 2020–2025, and appreciated its focus on the pandemic's impacts, lessons learned and the continuity of essential health services, and its alignment with the WHO transformation process.

The CHEF DE CABINET OF THE REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN, speaking on behalf of the Regional Director, said that various global and regional health topics had been discussed at the sixty-seventh session of the Regional Committee for the Eastern Mediterranean. The Committee had considered several reports on the impact of COVID-19 in the Region. Participants had noted that, despite response efforts in the Region, the pandemic had had an alarming impact, including seriously disrupting essential health services. Member States had called for further action to tackle the pandemic and maintain essential health services, and had endorsed a new regional strategic framework on emerging and epidemic-prone infectious diseases. The Committee had

also endorsed a landmark regional strategy to improve access to medicines and vaccines in the Region and had agreed to establish a regional subcommittee on poliomyelitis eradication and outbreaks, noting that the Eastern Mediterranean was the only Region where poliomyelitis was still endemic. Several Member States had expressed strong interest in joining the subcommittee. The Committee had approved a new procedure for accrediting regional non-State actors not in official relations with WHO so that they could attend its meetings, and endorsed a strategic framework to improve access to assistive technology. He expressed appreciation for the solidarity, collegiality and support shown by Member States in the Region during the pandemic.

The CHAIR took it that the Board wished to note the report contained in document EB148/4.

The Board noted the report.

The meeting rose at 13:10.

SECOND MEETING

Monday, 18 January 2021, at 14:20

Chair: Dr H. VARDHAN (India)

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

1. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 14 of the agenda

COVID-19 response: Item 14.1 of the agenda (document EB148/16)

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) provided an overview of the epidemiological situation of coronavirus disease (COVID-19) across the globe. In response to the emergence of new variants of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the Secretariat had been working with Member States and other partners to enhance its risk monitoring framework for virus mutations, variants of interest and variants of concern. It was critical to leverage existing sequencing capacities across reference laboratory networks, the WHO Global Influenza Surveillance and Response System and other networks, including those for poliomyelitis, and academic and private-sector sequencing platforms. Members of the WHO SARS-CoV-2 virus evolution working group had agreed that it was necessary to establish standardized nomenclature for the different variants based on their genetic sequence. The Secretariat had been taking a proactive approach to detecting mutations by drawing up guidance on how to improve SARS-CoV-2 sequencing, reaching out to laboratories with surplus capacity to support lower-capacity countries, and closely linking surveillance, epidemiological and laboratory surveillance systems. He acknowledged that more than 70 donors had provided US\$ 1.5 billion in funding to WHO's COVID-19 preparedness and response activities in 2020, out of the US\$ 1.7 billion requested. WHO's projected utilization was US\$ 1.3 billion, and approximately 90% of funds had been allocated to support operations, the purchase and distribution of essential equipment and other capacity-strengthening activities at the country and regional levels. He thanked all donors who had regularly contributed to the WHO Contingency Fund for Emergencies, which had played a key role in the early response to COVID-19.

WHO's COVID-19 strategic preparedness and response plan for 2021 contained cross-cutting pillars focusing on coordination and planning, operational support, and accelerated research and innovation, and emphasis would be placed on supporting Member States' vaccination efforts. To turn technical knowledge into coordinated action, the Secretariat had published hundreds of guidance documents and leveraged evidence and expertise through expert networks, WHO collaborating centres, strategic advisory groups, online consultations and meetings, the WHO research and development blueprint and multi-country studies. The Secretariat had been working to ensure that guidance materials were high-quality, predictable, adapted to different contexts and constantly re-evaluated. The Secretariat had been pooling information on country experiences, using key performance indicators to drive the WHO Strategic Preparedness and Response Plan monitoring and evaluation framework, and had been monitoring the COVID-19 "infodemic". More than 30 intra-action reviews on response efforts had been completed and another 25 were ongoing, and there had been great support for simulation exercises at the country level to learn lessons. WHO's regional and country offices had provided tailored operational

and technical support to Member States. Regional consultations led by the regional directors and regional emergency directors and engagement with country offices and Member States had proved essential in collecting feedback.

Member States and the Secretariat needed to redouble their efforts to suppress transmission, protect the vulnerable and save lives in a comprehensive, coordinated and equitable manner. Health systems and workers in many countries remained under extreme pressure, surveillance systems were struggling to cope with high infection rates, and nearly all countries had insufficient resources for case and cluster investigation, contact tracing and quarantining. Misinformation and disinformation continued to undermine evidence-based response efforts, and empowering communities had been essential. While science had delivered solutions, the demand for and utilization of such solutions were often suboptimal, as was the case for rapid diagnostic testing. Equitable access to COVID-19 diagnostic tools, therapeutics and vaccines was also under threat, and operational and scientific solutions needed to be applied more comprehensively and evenly. Focus should be placed on ensuring that exposure to SARS-CoV-2 did not lead to infection; vaccination was essential in that regard. The COVID-19 Strategic Preparedness and Response Plan, Access to COVID-19 Tools (ACT) Accelerator and strategies for health systems strengthening should be brought together into a single programme under the Thirteenth General Programme of Work, 2019–2023, that was integrated across the rest of the United Nations system.

The SENIOR ADVISER TO THE DIRECTOR-GENERAL (Organizational Change) said that the Secretariat's work to accelerate access to COVID-19 vaccines cut across various divisions and groups of the Organization. The world was in the early stages of vaccine roll-out, and 95% of vaccines had been administered in 10 countries. Vaccines had been administered in 40 high-income countries, eight upper-middle-income countries, one lower-middle-income country and one low-income country, and most vaccines had been administered in the northern hemisphere. Forty-four countries were relying on the Pfizer-BioNTech vaccine, which, being an mRNA vaccine, was a difficult product to incorporate into vaccination programmes in many countries.

Two COVID-19 vaccines had either been included in WHO's list of vaccines approved for emergency use or had been granted emergency use authorization by a WHO-recognized authority. As a result, countries depended highly on those two mRNA products, pending the regulatory review of other vaccines. The COVAX Facility was in a strong position to begin distributing vaccines, and the aim was to start delivering vaccines in February 2021. Through the COVAX Facility, access had been secured to 2 billion doses, with options on more than 1 billion additional doses, covering six vaccines and five manufacturers. The Secretariat had supported the development of a mechanism for sharing doses with the COVAX Facility, and discussions with potential donors were under way.

Regarding country readiness, he said that 88 of the 92 countries eligible for the Gavi COVAX Advance Market Commitment had submitted vaccine request forms. Through the 100/100 initiative, more than 120 countries, including over two thirds of the Gavi COVAX Advance Market Commitment eligible countries, had completed their readiness assessments. Over 50 of those countries had detailed national vaccine deployment plans in place. Important work had been done to establish regulatory pathways for the rapid import of vaccines and emergency use authorizations. The indemnification of vaccine manufacturers in countries participating in the COVAX Facility posed significant challenges. Gavi had established model indemnification language for all vaccines and had shared it with the 92 Gavi COVAX Advance Market Commitment eligible countries to facilitate the establishment of the necessary indemnification agreements. The Secretariat was in the process of developing a no-fault compensation mechanism to facilitate compensation for serious adverse events associated with vaccines distributed to Gavi COVAX Advance Market Commitment eligible countries by the COVAX Facility, and would roll out the mechanism in the coming weeks. He expressed concern that, despite the progress made in country readiness, key legal frameworks would take time to develop and could be a barrier to access.

A total of 2 billion doses of COVID-19 vaccine would be ready for delivery through the COVAX Facility in 2021. The Oxford-AstraZeneca and Serum Institute of India's AstraZeneca vaccines were of particular importance since they represented a combined contracted volume of more than 130 million

doses to be delivered in the first quarter of 2021; a regulatory review of those vaccines was under way. Important steps were being taken to ensure that the COVAX Facility's vaccine delivery timeline was achieved and that the limited resources available went as far as possible. He said that mRNA vaccines were important but extremely expensive and often difficult to work with, and that many countries preferred to have alternatives. The Secretariat had been expediting the receipt of data and regulatory review of priority contracted products and had been processing the full dossiers received thus far for other vaccine products. The Secretariat, which had been holding discussions with Pfizer, believed that it would soon have access to its Pfizer-BioNtech vaccine, which would expand the COVAX Facility's vaccine portfolio. Opportunities regarding other advanced vaccine candidates were also being explored. The Secretariat had set up a mechanism for dose-sharing, and a plan was being implemented through the COVAX Facility for participating countries to also use donated doses of the Pfizer-BioNTech vaccine if such donations became available. The Secretariat hoped to translate the commitment and interest in dose-sharing into actual agreements, particularly with countries that had significant bilateral agreements for key products.

Regarding the ACT-Accelerator, he said that the Secretariat was in the process of developing a refreshed strategy to adapt to new circumstances such as unmet demand for vaccines, the implications of viral mutations for all COVID-19 tools and the increasing number of bilateral agreements for vaccines. Member States would be briefed on the refreshed strategy and budget before they were presented to the ACT-Accelerator Facilitation Council on 9 February 2021. He urged Member States with bilateral agreements to be transparent, share doses and give priority to the COVAX Facility. He called on manufacturers to rapidly provide full regulatory data to WHO, prioritize COVAX Facility supply contracts, and facilitate donations and dose-sharing. Member States administering vaccines were urged to use only products that met rigorous international standards for safety, efficacy and quality. He called on donors to help to close the funding gaps of US\$ 4.6 billion for vaccine procurement, US\$ 1.8 billion for vaccine delivery, and US\$ 1 billion for vaccine research and development.

The representative of INDIA said that, although WHO's work to build capacities and provide technical guidance on COVID-19 was commendable, there was scope for improvement in other areas, including risk assessments, deployment of international support missions, supply chain management and negotiations with manufacturers and suppliers of COVID-19 products. That work would be critical for ensuring the timely availability of affordable COVID-19 diagnostic tools, therapeutics and vaccines. In the light of the emergence of new SARS-CoV-2 variants, WHO should create a collaborative network of laboratories with the necessary genetic sequencing capacities and support lower-resource countries in the early identification of mutations. It should ensure that large amounts of data could be analysed and that information could be shared with Member States in near-real time. He hoped that WHO would take further measures to develop a robust mechanism for technical support and guidance during future pandemics.

The representative of ARGENTINA urged the international community to avoid a shortage of critical COVID-19 supplies, therapeutics and vaccines. She supported calls for a waiver of intellectual property rights on COVID-19 global public goods.

The representative of BANGLADESH said that WHO should continue to advocate for equitable access to COVID-19 medicines and vaccines, and that COVID-19 vaccines must be considered as global public goods. WHO, Gavi, the Vaccine Alliance, the Coalition for Epidemic Preparedness Innovations and UNICEF should take urgent action to ensure that COVID-19 vaccines and vaccination training were provided to Gavi COVAX Advance Market Commitment eligible countries as soon as possible. He called on WHO to assess the pandemic's impacts on mental health and support Member States in mitigating those impacts. Stronger international collaboration, including in providing technological support, was needed to support low- and middle-income countries.

The representative of the UNITED STATES OF AMERICA said that it was essential that the ongoing investigation on the origins of SARS-CoV-2 in China was credible and conducted objectively and transparently. The expert mission conducting the study must have access to information on: all studies conducted in China on the presence of SARS-CoV-2-related genetic sequences in animals; animal testing results from in and around Wuhan, Hubei Province of China; environmental samples from markets; all studies conducted in China on human data, including, but not limited to, comparison with the earliest genetic sequence from humans; human SARS-CoV-2 serology data from 2019; epidemiological spread; and comparative analyses of animal, environmental and human genetic data. The team would also need access to caregivers, former patients and laboratory workers to conduct interviews, and access to medical data and samples.

In the light of the emergence of new variants of the virus, it was important to continue sharing genetic sequence data, samples and other pertinent information related to SARS-CoV-2 in an open, timely and detailed manner. He expressed concern that some Member States had imposed COVID-19-related restrictions on imports of food and agricultural products. Strong WHO leadership was needed to minimize disruptions to the global food supply chain.

The representative of AUSTRIA, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro and Albania, as well as the Republic of Moldova, aligned themselves with her statement. She welcomed the progress made in implementing resolution WHA73.1 (2020), noting that proactive follow-up would be key to guiding the Secretariat's and Member States' responses to the pandemic. She hoped that the ACT-Accelerator and COVAX, its vaccines pillar, would be used to their full potential to ensure that all countries requiring COVID-19 vaccines would have access. She called on all Member States and other stakeholders to support the ACT-Accelerator by addressing the funding gap and disparities in vaccination, particularly through vaccine donations. The European Union would continue to support the promotion of resilient health systems and universal health coverage, the One Health approach and the Global Action Plan for Healthy Lives and Well-being for All in order to achieve the Sustainable Development Goals and strengthen cooperation among health actors.

The international expert mission studying the origins of SARS-CoV-2 in China was critical and required transparency, access to relevant locations and data, and full cooperation. She asked to receive regular updates on the mission's progress. Given the danger posed by emerging mutations of the virus, it was important to share genetic sequence data; she welcomed WHO's efforts to expand scientific collaboration. The international community needed to continue engaging in multilateral cooperation, maintaining trust and solidarity, learning from mistakes and making bold moves to better prepare for, and respond to, future pandemics.

The representative of INDONESIA appreciated WHO's work in issuing technical guidance and promoting access to COVID-19 vaccines, therapeutics and diagnostic tools during the pandemic. She supported the ACT-Accelerator but expressed concern about the limited supply of COVID-19 vaccine and shortcomings in country readiness, particularly in least developed countries. Gaining the public's trust in the safety and efficacy of vaccines had also been a challenge. The Secretariat, Member States and other stakeholders should: ensure equitable access to vaccines through the COVAX Facility; promote technology transfer to increase global production capacities; encourage vaccine manufacturers to rapidly provide vaccine safety and efficacy data to WHO; and treat COVID-19 vaccines as global public goods.

The representative of AUSTRALIA said that it was essential that no population or potential partners were excluded from the COVID-19 response. Countries' health systems must continue to be strengthened, and the WHO Health Emergencies Programme must be fully implemented. She welcomed WHO's work to support emergency preparedness in the Pacific region and the fundamental role it played in providing authoritative, evidence-based and timely information. Clear and credible information continued to be essential to response efforts. She expected that the international expert mission studying

the origins of SARS-CoV-2 in China would have access to relevant data and locations and that the Secretariat would provide regular updates on the mission's progress. It was crucial that Member States were ready to receive COVID-19 vaccines when they were available. WHO's work to support the development and finalization of national vaccination plans was essential to ensure an equitable global roll-out of COVID-19 vaccines.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, expressed appreciation for the technical and operational support provided by the Secretariat to countries in the Region. He looked forward to receiving updates on the progress of the ACT-Accelerator and was confident that the Secretariat would work with other United Nations agencies and philanthropic organizations to ensure equitable access to critical COVID-19 medical supplies, particularly among low- and middle-income countries. He welcomed WHO's aim to deliver 2 billion doses of vaccine globally, 245 million courses of treatment and 500 million diagnostic tests to low- and middle-income countries by the end of 2021. He noted with concern, however, that the African Region would be the last region in which vaccines would be widely available, and called for global solidarity to prioritize investment in affordable and safe COVID-19 vaccines and their equitable allocation. WHO must continue to ensure that public health researchers and scientists from the African Region were represented in WHO research and development forums. He appreciated the Secretariat's support in assessing Member States' readiness to roll out COVID-19 vaccines, diagnostic tools and therapeutics effectively and efficiently. The Region stood ready to work with the Secretariat to ensure readiness for vaccine deployment.

The representative of COLOMBIA expressed his hope that the Secretariat would continue to support Member States in implementing their national COVID-19 response plans. WHO must strengthen its emergency preparedness, taking into account the lessons learned from the current pandemic. He urged the Secretariat to continue to guide Member States in developing COVID-19 vaccination plans, ensure that COVID-19 products were allocated equitably, monitor the impact of COVID-19 on essential health services and support Member States in providing such services.

The representative of CHINA said that his Government had taken an open, transparent and responsible approach to responding to COVID-19, sharing information on SARS-CoV-2 in a timely manner. His Government had shared its experience in prevention and treatment, and had provided assistance within its capacities. He called for strengthened international cooperation to overcome the pandemic and ensure the health of all. The investigation on the origins of SARS-CoV-2 in China was scientific, and its work should be determined by the experts conducting the study. Member States must trust the work of the expert mission and refrain from exerting any form of political pressure. His Government would continue to support the Global Outbreak Alert and Response Network by providing human resources, funding, technology and supplies, including vaccines.

The representative of KENYA expressed appreciation for WHO's technical and operational support to COVID-19 response efforts, including in building laboratory capacities, infection prevention and control, and case and data management. He acknowledged the Organization's coordinating role in strengthening the global COVID-19 supply chain to ensure that low- and middle-income countries could access the equipment they needed. Outlining some of the measures taken in Kenya to respond to the pandemic, he called on the global community to work together to bring the epidemiological situation under control.

The representative of TONGA welcomed the report and the Director-General's strong stance on the equitable distribution of COVID-19 vaccines. She acknowledged the tremendous support provided to Tonga by partners, in particular the joint incident management team supporting COVID-19 preparedness and response efforts in the Pacific. Outlining some of the actions taken by her Government to prepare for and prevent COVID-19, she said that strong global leadership was needed to ensure that all people would be vaccinated against COVID-19.

The representative of SINGAPORE, stressing the importance of global cooperation to overcome the pandemic, expressed support for WHO's coordinating and leadership role in international response efforts. WHO's regular press conferences and Member State briefings were highly useful, providing transparency and inspiring confidence in WHO's work. In the light of the emergence of new SARS-CoV-2 variants, WHO's continued leadership and technical guidance, including with respect to vaccination, would be essential. Noting that it would be a challenge to verify the vaccination status of travellers, he said that an international authentication mechanism could facilitate the resumption of international travel and trade. His Government stood ready to work with partners to enhance collective resilience against future outbreaks.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that his Government was strongly committed to openness and sharing its experiences. It was essential for Member States to quickly identify significant changes in SARS-CoV-2 to respond in a timely manner. Variants of SARS-CoV-2 presented a global challenge and must be systematically addressed through global processes and structures. His Government, which had strong genomics capabilities, was committed to supporting WHO to provide international leadership in genomics and ensure systematic global surveillance. He appreciated the Organization's coordinating efforts with respect to COVID-19 therapeutics, including through the Solidarity trial. It was important to continue to conduct clinical trials on therapeutics to inform evidence-based global practice. His Government would continue to engage in partnerships to ensure equitable access to safe and effective therapeutics worldwide and to share research findings as quickly as possible. A strong scientific response, international cooperation and transparency were essential to overcome the pandemic.

The representative of SUDAN said that the international community must provide holistic and timely support to developing countries in COVID-19 response efforts and health systems strengthening. Highlighting the need for global solidarity, she called on the international community to adopt a flexible funding strategy to overcome obstacles related to COVID-19 and maintain essential health services. She urged the Secretariat and Member States to ensure that vaccines were equitably distributed worldwide, noting the importance of a multisectoral approach in that regard. Member States already administering COVID-19 vaccines should share information faster both regionally and globally.

The representative of the RUSSIAN FEDERATION commended WHO on its response to the COVID-19 pandemic. Since the emergence of COVID-19, his Government had taken a proactive approach to controlling the disease, adhering to WHO's recommendations and the International Health Regulations (2005). He outlined some of the support that his country had been providing to others, including in the provision of equipment and genome sequencing. Recalling that the Russian Federation had been the first to register a COVID-19 vaccine, he said that his Government was looking forward to a fruitful dialogue with the Secretariat on the vaccine's inclusion in WHO's list of vaccines approved for emergency use. He expressed support for WHO's coordinating role in the global response to COVID-19.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed appreciation for WHO's leadership, coordination and active engagement with Member States, and its strategic, technical and operational support to COVID-19 response efforts. He acknowledged WHO's efforts in leading global research and promoting evidence-based information about COVID-19 to limit the spread of false information. He welcomed the Organization's work to advocate for and facilitate equitable and timely access to high-quality, safe, efficacious and affordable COVID-19 diagnostic tools, therapeutics and vaccines, taking into account existing mechanisms and tools. He called on the Secretariat to support Member States in: improving COVID-19 surveillance and reporting to global platforms, including with regard to emerging variants; strengthening supply chains to ensure the acquisition, equitable allocation and transport of critical items; ensuring that COVID-19 vaccines were equitably distributed and reached the most vulnerable groups

and populations; and implementing and regularly updating national multisectoral COVID-19 action plans based on specific contexts and needs. The Secretariat should also support efforts to: provide timely, culture- and evidence-based information to communities, including on risks and protective measures, with a view to involving communities in preparedness and response and addressing misinformation and stigmatization; develop and maintain national capacities for detection, contact tracing and quarantining; and maintain essential health services, including access to essential medicines and vaccines.

The representative of GUYANA said that additional efforts and commitments were required to ensure the roll-out of safe and effective vaccines. He commended the work being done under COVAX, the vaccines pillar of the ACT-Accelerator. He was pleased about the progress made in acquiring vaccine doses and welcomed the Secretariat's plan to begin deliveries in February 2021. Member States in the Region of the Americas had put in place the administrative and legal measures necessary for the vaccine roll-out. It was hoped that the Secretariat would support Member States in developing a regional risk communication programme to enhance vaccine uptake and push back against anti-vaccine groups. Noting with concern the emergence and spread of new variants of SARS-CoV-2, he urged WHO to help poor countries to gain access to laboratories with genetic sequencing capacities. Doing so would help Member States to gain important insights into COVID-19 and enable the Organization to better understand how the virus was mutating and spreading.

The representative of the REPUBLIC OF KOREA expressed hope that vaccine deliveries through the COVAX Facility would be accelerated. Delivering vaccines through the COVAX Facility would help to reverse the worrisome trend of vaccine nationalism. Countries with overwhelmed health systems should be supported in their vaccination efforts, and countries with lower capacities should be supported in establishing and implementing national vaccination delivery plans. WHO must continue to collaborate with non-State actors and other stakeholders to ensure that such support was provided. Noting the importance of the equitable and prompt supply of COVID-19 diagnostic tools and therapeutics, he said that Member States must redouble their efforts to close the ACT-Accelerator funding gap. WHO should continue to share timely information and develop guidance regarding emerging strains of SARS-CoV-2. He hoped that the reviews and recommendations of the Independent Panel for Pandemic Preparedness and Response, the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme would be finalized prior to the Seventy-fourth World Health Assembly.

The representative of ROMANIA underscored the need for solidarity and experience-sharing to build the resilience of Member States' social, economic and health systems. Outlining some of the steps taken by his Government to strengthen Romania's health system and control COVID-19, he said that it was essential to maintain the momentum of COVID-19 response efforts, continue implementing public health measures and organize vaccination campaigns while ensuring respect for human rights.

The representative of NEW ZEALAND,¹ expressing appreciation for WHO's support in the Pacific region, said that the Secretariat and Member States played an important role in sharing information and expertise in the response to COVID-19. The international expert mission studying the origins of SARS-CoV-2 in China was critical and must have every opportunity to learn about the virus. She hoped that the mission would be successful and that its findings would be released as early as possible. It was essential to meet the COVAX Facility's funding targets to ensure that vaccines reached 20% of developing countries' populations by the end of 2021. She looked forward to seeing continued international cooperation and support.

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

The representative of the PHILIPPINES¹ welcomed Member States' solidarity and work in promoting equitable access to COVID-19 vaccines, diagnostic tools and therapeutics. Risk communication and efforts to foster community engagement should be supported to ensure that medical professionals were fully equipped to administer vaccines, advocate for vaccination and counter vaccine-related misinformation and disinformation. She appreciated WHO's various platforms for guiding country responses and technical and operational guidance on maintaining essential health services during the pandemic.

The representative of CANADA¹ urged the international community to continue to cooperate in the manufacture and fair and equitable distribution of COVID-19 vaccines. Member States should adopt vaccine allocation frameworks that prioritized front-line workers and vulnerable groups. It was important to use lessons learned from the pandemic to strengthen pandemic preparedness and response; he looked forward to discussing that work in the run-up to the Seventy-fourth World Health Assembly. The international expert mission studying the origins of SARS-CoV-2 in China was an important example of global scientific collaboration for improving global health security. Knowledge gained from the pandemic should be used to promote the One Health approach in health emergency preparedness and response. The Secretariat should continue to regularly and meaningfully engage with Member States on the future directions of the Organization.

The representative of NORWAY¹ commended WHO for its leadership in the COVID-19 response; all Member States would benefit from a strong, independent and responsive WHO in times of crisis. She welcomed the Organization's efforts to coordinate and support global scientific studies. The pandemic had underscored the importance of WHO's normative role; the provision of evidence-based guidance to all countries was critical to managing the pandemic. Multistakeholder collaboration and broad support for global access to vaccines, diagnostic tools and therapeutics through the ACT-Accelerator were essential to overcome the pandemic.

The representative of TURKEY¹ said that a major shortcoming of the COVID-19 response had been the lack of a global crisis management mechanism for medical supplies, including personal protective equipment. Such a mechanism should be developed to prevent medical supply shortages in the future. Global access to effective COVID-19 vaccines would be essential to end the pandemic, and she hoped that more COVID-19 vaccines would be included on WHO's list of vaccines approved for emergency use. She encouraged WHO to build the capacities of its country office in Istanbul, which would bring benefits to several countries.

The representative of BRAZIL¹ outlined some of the measures taken by her Government in response to the COVID-19 pandemic. The Executive Board, at its current session, should call on Member States, the Secretariat, other international entities and pharmaceutical companies to deliver on their pledges and commitments to ensure fair and equitable distribution of COVID-19 vaccines worldwide as a matter of urgency.

The representative of DENMARK¹ said that the COVID-19 pandemic had revealed the need to provide clear, transparent and evidence-based information to the public. There was a growing need to counter false and misleading information. He commended WHO's work in that area and welcomed the goals set out in the draft proposed programme budget 2022–2023.

The representative of PORTUGAL¹ underlined the importance of enhancing essential health services and capacities in efforts to strengthen emergency preparedness, response and recovery. Resilient health systems must be built taking into account equity, gender balance, mental health outcomes and rights. He urged Member States to continue to support sustainable development, in line

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

with the Sustainable Development Goals and with the guidance of WHO, to ensure that no one, including migrants and people living in conflict zones or refugee settings, was left behind. Transparency, communication and the International Health Regulations (2005) should serve as the basis for responding to health emergencies. He looked forward to receiving regular, participative and in-depth updates regarding the universal health and preparedness review. Member States must redouble their efforts to respond to COVID-19, promoting solidarity and multilateral action.

The representative of URUGUAY¹ outlined some of the steps taken in her country to respond to the pandemic, noting that efforts were based on leadership, innovation and effective management. She said that solidarity was essential to ensure equitable health care for all, and encouraged WHO to continue to play its fundamental role in the global response to COVID-19.

The representative of JAPAN¹ said that the international expert mission studying the origins of SARS-CoV-2 in China must have access to all the studies and information necessary to conduct a scientific, objective and transparent investigation. Expressing appreciation for the weekly Member State briefings and the guidance provided by the Secretariat, he requested the Secretariat to continue to provide consistent science- and evidence-based information. It was necessary to review and clarify the role of WHO in public health emergencies and strengthen the Organization's transparency and accountability. WHO should maintain its central role in coordinating efforts, norm-setting and providing technical support during health crises. The Organization should enhance its strategic collaboration with other United Nations agencies, philanthropic organizations, civil society and the private sector. He called on WHO to continue to promote health systems strengthening, the provision of essential health services and preventive public health measures during the COVID-19 pandemic.

The representative of PAKISTAN¹ welcomed WHO's proactive role in supporting Member States during the pandemic. He drew attention to some of the measures taken by his Government to respond to COVID-19, and expressed appreciation for the COVAX Facility. He welcomed the progress made by the Independent Panel for Pandemic Preparedness and Response, noting that its tasks were of critical importance. He suggested that the Panel's work should be continued beyond the Seventy-fourth World Health Assembly.

The representative of MYANMAR¹ thanked the Director-General for his leadership in responding to COVID-19 and expressed gratitude for WHO's technical support provided through the Global Outbreak Alert and Response Network. Developing countries faced immense challenges in accessing COVID-19 vaccines. It was imperative to ensure fair and equitable access to affordable vaccines for all; the COVAX Facility would play a key role in that regard. Substantial supplies of vaccine must be secured for developing countries through the COVAX Facility.

The representative of THAILAND¹ said that strong political commitment, leadership, international cooperation and good governance were needed to improve health emergency preparedness and response. To turn commitments into action, resources and technical support needed to be mobilized. Timely information-sharing among the international community was essential to counter public health threats; he urged Member States to enhance their collaboration in generating evidence and detecting misinformation. It was important to ensure the equitable procurement, supply and allocation of adequate personal protective equipment. To overcome the pandemic, a global, multilateral response and constructive multisectoral engagement were needed.

The representative of BELARUS¹ welcomed the WHO-led COVID-19 Partners Platform. He highlighted the importance of WHO's technical guidance in strengthening national health systems. He expressed appreciation for the prompt technical support provided to his Government by the Regional

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

Office for Europe and WHO country office in Belarus. He expected that WHO would strengthen its research on emerging SAR-CoV-2 variants and provide objective data on the effectiveness and safety of COVID-19 vaccines. He supported WHO's efforts in the area of emergency response.

The representative of PERU¹ said that it was Member States' responsibility to strengthen pandemic preparedness and response, the implementation of the International Health Regulations (2005) and the Organization as a whole through WHO's governing bodies and with the support of the Secretariat. Stronger multilateralism was needed to improve health systems and global health governance. It was essential to meet the ambitious targets of the COVAX Facility to ensure that all participating countries, including self-funding countries, had timely access to COVID-19 vaccines. COVID-19 vaccines and therapeutics must be recognized as global public goods. With many countries experiencing a second wave of the pandemic, support from WHO and PAHO was fundamental to address health challenges and maintain essential health services.

The representative of MALAYSIA¹ outlined the measures taken by her Government in response to the COVID-19 pandemic. She emphasized the need for global solidarity and a unified response to the pandemic.

The representative of SPAIN¹ expressed appreciation for WHO's support, guidance and leadership during the COVID-19 pandemic, underscoring the importance of international consensus, cooperation and solidarity. Mechanisms for information-sharing and initiatives such as the COVAX Facility, the review of the functioning of the International Health Regulations (2005) during the COVID-19 response, and the expert mission studying the origins of SARS-CoV-2 in China had provided important opportunities for the Secretariat and Member States to collaborate and build capacities. To emerge stronger from the pandemic, it was important to draw on lessons learned and improve preparedness.

The representative of ECUADOR¹ said that it was critical for countries to work together in developing COVID-19 tools and to strengthen initiatives to ensure equitable access to vaccines. He called on the Secretariat and Member States to continue their response efforts.

The meeting rose at 17:10.

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

THIRD MEETING

Tuesday, 19 January 2021, at 10:25

Chair: Dr H. VARDHAN (India)

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

1. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 14 of the agenda (continued)

COVID-19 response: Item 14.1 of the agenda (document EB148/16) (continued)

The representative of the UNITED ARAB EMIRATES outlined measures taken by her Government in response to the pandemic of coronavirus disease (COVID-19), which took a whole-of-government and multisectoral approach, covering matters such as emergency management, strengthening investigation, testing and detecting procedures, vaccine emergency-use authorization and crisis recovery management. Her Government was proud that the Dubai International Humanitarian City was serving as a hub in the global response. The WHO weekly briefing and COVID-19 publications issued throughout 2020 had been very useful and served as clear guidance.

The observer of PALESTINE called on Member States to support the COVID-19 Vaccine Global Access (COVAX) Facility and the other pillars of the Access to COVID-19 (ACT) Accelerator to guarantee the fair and transparent distribution and availability of vaccines. He underscored the importance of partnerships and multilateralism in facing that challenge. He thanked China, the Russian Federation, the Member States of the European Union and the Arab countries that had supported efforts in the countries in his Region to access diagnostic and therapeutic services. He thanked the Director-General, the Secretariat and its teams working in the Regional Office for the Eastern Mediterranean for their support to Palestine; there was a need for even more solidarity in order to help Palestine deal with the challenges posed by the occupying Power.

The observer of GAVI, THE VACCINE ALLIANCE said that, with 190 participants representing nearly 90% of the global population, the COVAX Facility offered the only global solution for equitable vaccine distribution and deployment and had been laying the foundations for that task. The COVAX Facility had entered into agreements to secure over 2 billion doses of COVID-19 vaccines in 2021, enough to vaccinate 20% of the population of all participating economies. The agreements also ensured that all participating economies could access doses in the first half of the year, prioritizing health workers and vulnerable groups in the initial roll-out phase. Gavi, the Vaccine Alliance and COVAX Facility partners – WHO and the Coalition for Epidemic Preparedness Innovations (CEPI) – would continue to work with partners and countries to ensure rapid and equitable vaccine deployment. Member States were therefore called on: to ensure that COVID-19 vaccines were allocated equitably and in line with the allocation principles of the WHO Strategic Advisory Group of Experts on Immunization; and to fully fund the Gavi COVAX Advance Market Commitment to the amount of at least US\$ 7 billion to help ensure that 92 lower-income economies and territories could access vaccines according to the same timeline as wealthy countries.

The representative of KAZAKHSTAN¹ expressed her appreciation to WHO for its leadership and active support with respect to primary health care, which remained a key element in the response and provision of essential health services during the COVID-19 pandemic, and emphasized the importance of the equitable distribution of COVID-19 vaccines. She called on the Secretariat to support the holding of a side event during the Seventy-fourth World Health Assembly for Member States, international organizations and other stakeholders to discuss further the draft operational framework for primary health care.

The representative of EL SALVADOR¹ said that his country had been working closely with the Secretariat and PAHO in all areas of response since the beginning of the COVID-19 pandemic. Its national vaccine plan was in place and the Salvadorian medicines regulatory authority had authorized vaccines, including those prequalified by WHO. Having worked closely with UNICEF, El Salvador was ready to begin its nationwide vaccination roll-out. It fully supported the COVAX Facility as the right mechanism to ensure that countries tackled the pandemic together.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that there had been reports of alarming increases in acts of violence, threats, insults and stigmatization against health personnel, thousands of whom had already lost their lives. He called on the Secretariat and Member States to take urgent action, including: adequate accountability mechanisms for the perpetrators of violence; recognition of COVID-19 as an occupational illness, providing compensation and other support to health personnel in the event of infection; accurate and systematic data collection on incidents of violence; and ensuring the security of the supply chain of personal protective equipment and safe and effective vaccines for all health personnel on the front line.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, said that countries must expand their vaccination pathways to deliver immunization coverage as quickly as possible. Pharmacists were an important part of robust vaccination strategies; she urged policy-makers to enact enabling legislation to allow pharmacists to prescribe and administer vaccines and for governments to support them through legislation so that they could contribute to bringing the pandemic to an end.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR, called on Member States to: recognize obesity as a disease requiring urgent short- and long-term action; ensure that COVID-19 responses integrated prevention policies for obesity and other noncommunicable diseases; allocate resources to ensure appropriate care for people living with obesity who required COVID-19 treatment; consult people living with obesity when developing guidance and policies affecting their care; include people living with obesity in COVID-19 treatment research and vaccine roll-out; and support calls for a World Health Assembly resolution on obesity.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIR, said that COVID-19 vaccines should be produced in larger volumes, distributed equitably between countries and provided at no cost to the user. That could be achieved by waiving intellectual property rights to vaccines, tests and treatments related to COVID-19, openly sharing vaccine technology and intellectual property through WHO, fully funding the COVAX Facility, stopping bilateral deals and investing in WHO efforts and in the strengthening of national health systems. She urged the Executive Board to take action on the provisions of resolution WHA73.1 (2020) and United Nations General Assembly resolution A/RES/75/130 relating to equitable access to COVID-19 vaccines.

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

The representative of the UNITED NATIONS FOUNDATION, INC., speaking at the invitation of the CHAIR, emphasized the importance of global solidarity in fighting COVID-19, including through initiatives such as the COVID-19 Solidarity Response Fund. The ACT-Accelerator was the only mechanism to ensure that COVID-19 countermeasures were rapidly and equitably available globally, which would be key to enabling all countries to transition out of the pandemic crisis and restart domestic and global economies. Its success would be a test of collective moral leadership. She called for a further commitment to global solidarity through urgent financing for the ACT-Accelerator from all donors. Unless the current funding gap was filled, many more lives would be lost and years of global development gains would be further put at risk.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC., speaking at the invitation of the CHAIR, urged Member States to collaborate with palliative care organizations working on the ground to relieve preventable suffering, particularly among older persons. Such partnerships should be strengthened, especially with regard to knowledge dissemination, capacity-strengthening in countries and coordination between different levels of care. She welcomed the statement of the INCB, WHO and UNODC on access to internationally controlled medicines during the COVID-19 pandemic.

The representative of the TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, said that, to help to protect the health of all people from future pandemics and public health emergencies, it was critical to develop field epidemiology technical capacity. The Task Force's key partners and stakeholders had met to develop effective global field epidemiology capacity and a road map comprising seven recommendations and a strategic leadership group. He urged WHO to support the group's work to ensure that all countries had the necessary applied epidemiology capacities.

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIR, urged Member States to involve family doctors in pandemic response community planning, including vaccine access and distribution, and in the design of primary health care strategies to tackle present and future crises and pandemics. To achieve a high-quality emergency response, primary health care needed to be appropriately funded and workforce numbers should be sufficient to meet country needs, with the educational and skills training necessary to provide the complexity of care required in emergencies.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIR, said that the COVID-19 Technology Access Pool (C-TAP) should publish model agreements for the sharing of rights in inventions, data, biological resources and know-how, including the components of full technology transfer. In addition, WHO should: publish a report on global manufacturing capacity for all relevant COVID-19 medical technologies, including each type of COVID-19 vaccine, with commentary on measures to bring facilities into good manufacturing practice compliance; commit to full transparency of all technology transfer agreements with rights holders and licensees; and hold biweekly public briefings, where news media could hold the Secretariat, Member States, manufacturers and rights holders accountable.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, expressed concern that contributions and expertise from nongovernmental organizations, especially those based in low- and middle-income countries, were not considered relevant. It was surprising that the Director-General's report failed to acknowledge C-TAP, which was a platform that could play a critical role in transferring technology and scaling up production of vaccines, diagnostics and other health goods. The fact that wealthier countries were hoarding vaccine doses while other countries were unable to procure any for their vulnerable groups or health care workers was shameful; WHO should be more vocal in denouncing exclusive deals.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, commended WHO's efforts in creating perhaps the most complex health response in history. She called on Member States to work in solidarity and partnership with the Secretariat to ensure a global response that strove for health equity, focusing on resource mobilization for universal health coverage as the key to health security based on joint and evidence-based decision-making.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, called on the Secretariat and Member States to ensure essential health and cancer services and to make the protection of cancer patients through immunization against COVID-19 a public health priority. She requested Member States to consider in their COVID-19 vaccination strategies: vaccinating all cancer patients in line with WHO principles aiming to reduce deaths and disease burden; diligently collect data via suitable registries and studies; and educate and instil confidence among the public and patients about receiving the vaccines.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that nurses were experiencing mass trauma and mental distress worldwide. More than 1.6 million health care workers had been infected with COVID-19 and more than 2000 nurses had died. The pandemic could lead to shortages of nearly half of the nursing workforce, severely impacting countries' ability to deliver health care to populations. She encouraged governments to establish funds for health, education and retraining opportunities to support the health care workforce and to prioritize health education in recovery plans. Adequate reporting mechanisms and publicly available comparable country data were essential to track the impact on the health workforce and monitor the COVID-19 response.

The representative of HANDICAP INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIR, said that rehabilitation was an important health strategy both for persons affected by COVID-19 and those experiencing loss of function and disability due to other conditions. She urged Member States to: incorporate rehabilitation into health planning; maintain early rehabilitation care for people with injuries or newly acquired impairments, in strict compliance with prevention measures in place; and provide access to tele-rehabilitation as a crucial way to continue provision of essential health services for those in need.

The representative of IAEA said that the COVID-19 pandemic had highlighted the critical importance of international cooperation in a global crisis. The IAEA had a long-standing record of developing and deploying nuclear and related techniques for the rapid and accurate detection of animal and zoonotic diseases such as COVID-19, avian influenza, Ebola virus disease and Zika virus disease, and had built Member States' capacities in the use of real-time diagnostic machines. IAEA was delivering pandemic support to national laboratories in 127 countries around the world, and collaboration with WHO had been essential in reaching more than 4000 professionals from laboratories globally. As a member of the WHO-led COVID-19 United Nations Crisis Management Team, IAEA would continue to cooperate with FAO and WHO.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that inequitable access to COVID-19 vaccines was morally indefensible and practically short-sighted. The vaccines were global public goods developed using public funding, and health must be put before wealth. He called on Member States to ensure the waiver of intellectual property rights to enable the production of COVID-19 vaccines and other technologies to be upscaled, and to guarantee that COVID-19 vaccines would be free and available to all. In order to give meaning to 2021 as the International Year of Health and Care Workers, Member States should prioritize recruitment and training and ensure the workplace safety of health workers.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, said that noncommunicable diseases had been systematically overlooked in preparedness planning and in the response to COVID-19. She called for an assessment of how the reliability of the Global Health Security Index would be improved by considering the prevalence of noncommunicable diseases and risk factors. As services for noncommunicable diseases and mental health had been disrupted far more than other services, deaths from noncommunicable diseases during and after the pandemic could be significantly higher than from COVID-19. Prevention of noncommunicable diseases and continuity of essential health services must become a part of emergency preparedness and be seen as an investment in resilience.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that binding technology and knowledge-sharing commitments would be more effective in meeting the unprecedented demands facing countries. Initiatives like the ACT-Accelerator had already shown the limitations of a multistakeholder approach. Vaccine nationalism had undermined international cooperation, and the COVAX Facility had failed to solve the problem. She called on WHO to strengthen the C-TAP initiative by including binding commitments based on the principle of access and benefit-sharing. She welcomed WHO support for the proposed waiver of certain obligations under the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and urged Member States to extend their support.

The REGIONAL DIRECTOR FOR THE AMERICAS said that the Region of the Americas had long been at the epicentre of the pandemic and all its Member States had been working tirelessly to respond to the challenges and prepare for the COVID-19 vaccine. Nevertheless, the number of cases and deaths continued to increase, overwhelming health services in many countries of the Region. PAHO's Genomic Surveillance Regional Network of 21 laboratories had been tracking the spread of the virus and mutations; the variants previously identified and circulating in other regions had been reported in Brazil, Canada, Chile, Ecuador, Jamaica, Mexico, Peru and the United States of America, and new local variants had been identified in Brazil. Thanks to contributions from partners, PAHO had been able to provide technical support to many countries, purchasing and shipping essential supplies and equipment to 34 countries and territories, securing 21.4 million COVID-19 polymerase chain reaction tests for 36 countries and territories, and providing more than 224 training sessions on testing and tracking. PAHO had also disseminated around 111 technical guidelines and recommendations. Much had been learned about COVID-19, but the most important lessons had come from the countries themselves, given that they were at the forefront of the response. She expressed gratitude to the ministers of health who had shared information on their national and local efforts.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that he and his senior management team attended daily meetings of the regional COVID-19 Incident Management Support Team, and he also engaged daily and directly with ministers of health and other regional leaders and counterparts in the Region and beyond. High-level multisectoral support mechanisms had been established by most Member States to coordinate COVID-19 response activities across the Region and promote strong partnerships with communities and the private sector. The Regional Office continued to enhance preparedness and response capacities in the Region, including working to combat misinformation and rumours and address COVID-19 fatigue. Teams of public health experts from the Regional Office conducted country missions to support the response on the ground. Across the Region, testing capacity for COVID-19 had been expanded, ICU and critical-care capacities had been strengthened and infection prevention and control practices had been improved. Efforts continued to scale up essential health services in all countries to prevent excess morbidity and mortality from other causes. The logistics hub in Dubai had proved instrumental in the response, arranging hundreds of air shipments to countries across all WHO regions. While COVID-19 remained the top priority, the Region would continue to respond to other acute and protracted emergencies. In 2021, more than 100 million people would require humanitarian assistance across the Region; the Regional Office was currently

responding to nine large-scale humanitarian crises. Life-saving work must continue in those settings, expanding access to essential health services, rebuilding health systems and advancing health security.

The REGIONAL DIRECTOR FOR EUROPE said that the Regional Office had based its approach to preparing for and responding to the pandemic on the principles underpinning the European Programme of Work 2020–2025 “United Action for Better Health”. Those involved working through partnerships; having a country focus, anticipating and responding to the requests of Member States and working together to deliver actionable policy guidance; and ensuring a fit-for-purpose WHO, placing equity and the most vulnerable at the forefront of its work and reinforcing health authority leadership. An open dialogue had been created with Member State policy-makers, health professionals and citizens, providing access to the latest verified information and platforms to share experiences and learning. The country offices had been critical in outreach efforts, including through the delivery of hardware. An important role of the Regional Office had been to view science and policy through a political lens at the country level, in order to offer contextualized, implementable recommendations on such issues as school reopening, maintaining essential health services, pandemic fatigue, seasonal influenza or travel movements within the Region. There were three priorities: ensuring equal access to COVID-19 vaccines and vaccination and avoiding a rise in geopolitical tensions through both solidarity and pragmatism; scaling up dual-track health systems; and, in the longer term, rethinking policy priorities in the light of pandemics, through the Pan-European Commission on Health and Sustainable Development.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) thanked participants for their encouraging and constructive statements. On the issue of surveillance and monitoring, he agreed that the ability to create actionable insights from data was a cornerstone of public health practice and a foundation for effective emergency preparedness and response. High-quality, accessible, timely and reliable data across multiple sectors were crucial to decision-making before, during and after emergencies. A dashboard for tracking diseases had been established at the instigation of the Director-General at the beginning of his tenure in 2017, and had been evolving ever since. Senior management had instant access to all the information held by the Secretariat in real time through multiple platforms. In October 2017, working with Member States and the European Union’s Joint Research Centre, the Secretariat had begun developing the Epidemic Intelligence from Open Sources platform, which had constituted the first step in developing a global ecosystem and a data architecture for detecting and monitoring events, as well as the impact of WHO control measures. The Secretariat had developed the platform further, including an initiative for field-based data capture and the Emergency Management and Response System (EMRS), which was used by the Secretariat at all levels for response management and implementation of the Emergency Response Framework. EMRS2 was currently being developed and would have applications that would be available to Member States. Data- and evidence-based surveillance and decision-making constituted the way forward. Many other systems were being developed around the world and the Secretariat was labelling the overall approach as the “epibrain initiative”. The Secretariat was, however, constantly constrained by a lack of resources to develop 21st-century solutions. Lastly, he agreed on the importance of ensuring the security and protection of front-line health workers and, by extension, those most potentially exposed in vulnerable communities, particularly those living in fragile, conflict and vulnerable situations.

The COVID-19 TECHNICAL LEAD (Emerging Diseases and Zoonoses), providing an update on the WHO mission to China, said that team members would have face-to-face meetings and conduct visits in China once their quarantine period was over. Meetings with the Chinese counterparts were currently being held via videoconference, and the first round of studies would focus on the earliest cases in Wuhan.

WHO was establishing a risk-monitoring framework to evaluate SARS-CoV-2 mutations and variants across the world. The framework had several components, which were being enhanced with support from Member States, including: epidemiological surveillance, to ensure robust molecular testing; rapid diagnostics, which were becoming available for worldwide use and performing well; and

genomic sequencing capacities, leveraging existing systems. There was a need to share sequences and metadata, so that phylogenetic analysis and bioinformatics could also be increased. Work was under way to coordinate research studies on the potential variants of interest, as well as the variants of concern. Those included protein modelling studies, in vivo and in vitro laboratory studies, modelling and epidemiological studies and ensuring that the potential impact on diagnostics, therapeutics and vaccines was properly evaluated. The SARS-CoV-2 Virus Evolution Working Group was coordinating all of the information generated through the risk-monitoring framework across the world, which was also used in the WHO rapid risk assessments that were conducted regularly.

The ASSISTANT DIRECTOR-GENERAL (Emergency Preparedness and International Health Regulations) said that WHO had recently published a set of considerations for implementing a risk-based approach to international travel in the context of COVID-19 and an accompanying operational risk assessment tool. The guidance aimed to support countries in the gradual resumption of international travel, with the main objective of reducing travel-associated exportation, importation and onward transmission of SARS-CoV-2. The previous week, on the advice of the Emergency Committee of the International Health Regulations (2005), the Director-General had issued a set of temporary recommendations to the States Parties, which avoided unnecessary interference with international traffic as per the Regulations. One of the recommendations was to implement a coordinated, time-limited, risk-based and evidence-based approach for health measures in relation to international traffic, in line with WHO guidance and the International Health Regulations (2005), with careful consideration to be given to the use of travel bans as a tool to reduce spread. Such decisions should be based on the best available evidence. Another recommendation was that, at the current time, a requirement of proof of vaccination or immunity for international travel should not be introduced as a condition of entry, given the need for studies on the efficacy of vaccination in transmission and the limited availability of vaccines. As advised by the Emergency Committee, WHO would continue to lead the development of risk-based international standards and guidance for reducing SARS-CoV-2 transmission related to international travel, based on current scientific and world practices. It would also develop and disseminate its position on legal, ethical, scientific and technical considerations related to the requirement of proof of COVID-19 vaccination for international travel, in accordance with the relevant article of the International Health Regulations (2005).

The ASSISTANT DIRECTOR-GENERAL (Emergency Response) said that WHO remained highly concerned about inequity in the distribution of COVID-19 vaccines globally, but especially in low- and middle-income countries and humanitarian settings. The Secretariat had therefore been working closely with WHO's humanitarian partners to develop the Global Humanitarian Response Plan, which targeted 63 countries. The Secretariat had also been working to develop the COVID-19 vaccine humanitarian buffer mechanism that would help WHO and its partners to fulfil their commitment to ensuring the fair allocation of COVID-19 vaccines. While the key principle was for national governments to be responsible and accountable for the health and vaccination of all people living within their borders, regardless of their residency and legal status, the humanitarian buffer would enable the allocation and distribution of up to 5% of COVAX Advance Market Commitment funding to a defined set of populations to receive vaccines through the COVAX Facility. There was also a need to prioritize front-line workers working in humanitarian settings.

The SENIOR ADVISER TO THE DIRECTOR-GENERAL (Organizational Change) welcomed the comments of Member States recognizing the crucial role of the ACT-Accelerator in supporting the response across all three lines of defence, namely: vaccine roll-out to help prevent infection; new and scaled up diagnostics to detect cases and guide isolation and quarantine; and treatment to save lives. All three were underpinned by a suitable delivery system and by the guidance on equitable allocation.

The CHIEF SCIENTIST said that WHO had hosted the first global forum for research and development under the R&D Blueprint in February 2020, which had resulted in a research road map outlining the key priorities. Nine working groups had since worked on areas including epidemiology

and transmission of the virus, infection prevention and control, social and behavioural science, and research on diagnostics, therapeutics and vaccines. The overarching recommendation from recent meetings involving thousands of experts from around the world was that WHO should continue to be the lead and provide the platform for the sharing of knowledge and research. WHO's clinical data platform hosted data from 78 000 individual patients with COVID-19 from 45 countries and was a resource that fed into WHO guidance and gave more insight into the disease. It was therefore important for Member States to share data much more in real time, as it became available. Another example was the GISAID platform for genomic sequencing data and C-TAP, as well as the BioHub, which provided a mechanism for countries to share samples and specimens. It was vital to continue with research and clinical trials on vaccines and therapeutics, as there was still a need for more products, including a drug that worked against the virus, and single-dose vaccines that were not only safe and efficacious and could be used across different populations, but were also affordable and easy to scale. Thus, it was important, while the first vaccines were being rolled out, not to lose sight of the numerous other vaccines under clinical development and at the preclinical stage.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines and Health Products) said that a dry run of the allocation mechanism for vaccines and therapeutics under the COVAX Facility had been carried out in December 2020; the necessary adjustments had been made, and it was ready to be operationalized. A more detailed briefing for Member States could be organized as required. An independent allocation of vaccines group would become operational by the end of January 2021 after the members had been selected from the 140 nominations received.

With regard to the WHO Emergency Use Listing procedure (EUL), she said that the WHO COVID-19 webpage contained a link to the status of COVID-19 vaccines within the EUL procedure and prequalification evaluation process, which was updated weekly. The Pfizer-BioNTech vaccine was currently listed, and the full dossiers of three further manufacturers were under assessment. A mission to China to carry out inspections on the Sinopharm and Sinovac vaccines was under way. While core data from AstraZeneca had already been received and assessed, data from the AstraZeneca SK Bioscience site in the Republic of Korea was expected by the end of January. As for the Russian vaccine, EUL processing was awaiting additional information from the Gamaleya Center, which was expected the following week.

The management of intellectual property was a sensitive issue that was always raised whenever access to medicines, vaccines and health products was discussed. She welcomed the statements of support from Member States for C-TAP, which the Secretariat considered to be the right platform for the voluntary sharing of knowledge and licensing of intellectual property through the Medicines Patent Pool and for enabling technology transfer to become a reality. There was currently a need to strengthen engagement from governments and industry. Two consultations had been held recently with the private sector, and support had been received not only from Costa Rica and other countries that had signed the solidarity call to action, but also from the Government of the United Kingdom of Great Britain and Northern Ireland, which had hosted consultations with the private sector in December 2020. The Secretariat would keep Member States updated on developments with respect to C-TAP.

The DIRECTOR (Immunization, Vaccines and Biologicals) said that the support provided by the Secretariat to ensure the deployment and roll-out of vaccines was centred on ensuring that all countries had the necessary vaccination programme components in place. Country offices and WHO representatives were working with countries on all aspects that were critical to deployment and roll-out, and the regional offices were addressing issues that had arisen, primarily around vaccine access and the components of readiness. WHO was fully engaged in collaboration and coordination with UNICEF, Gavi, the Vaccine Alliance, nongovernmental organizations and the World Bank to promote a whole-of-community, whole-of-government and whole-organizational approach in countries. The Secretariat was providing guidance and training, tools and materials and direct technical support in countries. Beyond regulatory issues, there were issues around legal requirements, indemnification, the cold chain, and the development of a policy on who would be vaccinated initially given the limited number of doses.

To address communication, misinformation and hesitancy issues, the Secretariat had taken a number of steps. Simulation exercises had been made available, including on roll-out and regulatory and safety components, vaccination strategies and communication, and supply and logistics. The Secretariat had also developed training modules and had already trained over 25 000 individuals worldwide on vaccine roll-out. It was engaging with social media companies to address misinformation, conspiracy theories and the other issues that were being propagated through social media to threaten the vaccination roll-out.

There were a number of areas where the Secretariat was promoting innovation, including vaccination certificates, not for international travel but for programme monitoring and individuals' awareness. Vaccination bar codes for tracking and tracing, as well as the use of electronic monitoring, were being developed. The Secretariat was also setting up a learning platform for sharing information on barriers encountered by countries and possible solutions, providing an opportunity to leverage the lessons learned in different countries.

While the COVAX Facility had set as a goal to provide enough doses to cover 20% of populations in 2021, the intent was not to stop there. Depending on the funding available and interest from countries, especially self-financing countries, the COVAX Facility had been set up to deliver beyond 20%, and was designed to provide vaccine doses in response to the epidemiology and to the vaccine policies necessary to achieve protection of all in order to end the pandemic.

The SENIOR ADVISER TO THE DIRECTOR-GENERAL (Organizational Change) said that the Secretariat would step up communication of information to Member States. For example, from 19 January, the Secretariat would publish on the COVAX Facility website the delivery plans in terms of the total volume of COVAX vaccines by month and by WHO region, as well as the split by COVAX Advance Market Commitment and self-financing participants. On 18 January, the Secretariat had provided a view on vaccine-specific products and would continue to provide regular updates. However, there were very important caveats to that timeline. There were 145 million doses contracted for release during the first quarter of 2021, which depended on getting through regulatory support and continuing the financing to the COVAX Facility, and on cooperation from the countries and entities that had large bilateral deals. Choices had to be made as to which contracts were served, in which order, and on dose-sharing. The COVAX Facility could, and must, be successful, but its success depended on the countries that currently held large contracts and on the producers. There was no question that the Director-General's vision of vaccinating all countries' highest-risk populations by World Health Day on 7 April 2021 could be achieved. However, a new level of cooperation and coordination would be required. The COVAX Facility was operational and was ready to deliver vaccines, but some work was still required at the country level. Any failure to cooperate with the COVAX Facility in terms of volumes of assured doses could lead to delays, which would not be the fault of the COVAX Facility because it would deliver to scale. Delivery as soon as possible was in the power of Member States. He thanked Member States for their advice and guidance and for their support for the COVAX Facility.

The Board noted the report.

Mental health preparedness and response for the COVID-19 pandemic: Item 14.3 of the agenda (document EB148/20)

The CHAIR invited the Board to consider the report contained in document EB148/20 and drew attention to a draft decision on promoting mental health preparedness and response for public health emergencies proposed by Argentina, Bangladesh, Bhutan, Brazil, Canada, Guyana, Indonesia, Maldives, Myanmar, Norway, Peru, Qatar, Switzerland, Thailand, United States of America and the Member States of the European Union:

(PP1) The Executive Board, having considered the report on mental health preparedness and response for the COVID-19 pandemic;¹

(PP2) Recalling that the Constitution of WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and declares that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition;

(PP3) Recalling also that public health emergencies may be a significant risk factor for mental health problems;

(PP4) Recognizing that the COVID-19 pandemic has major direct and indirect ramifications on the mental and psychosocial health of all people, in particular health and care workers, frontline workers, those in vulnerable situations who have been disproportionately affected by the COVID-19 pandemic as well as those with pre-existing mental health conditions;

(PP5) Taking note of the actions recommended by the United Nations in *Policy brief: COVID-19 and the need for action on mental health*,² *United Nations comprehensive response to COVID-19: saving lives, protecting societies, recovering better*,³ *UN framework for the immediate socio-economic response to COVID-19*,⁴ as well as the associated *UN research roadmap for COVID-19 recovery*;⁵

(PP6) Noting the WHO survey on impacts of COVID-19 on mental, neurological and substance use services, in which 93% of the 130 countries participating in the survey reported disruptions in one or more services for mental, neurological and substance use disorders, while the demand for mental health services is increasing, decided:

(OP1) to recommend that the Seventy-fourth World Health Assembly endorse the updated comprehensive mental health action plan 2013–2030, with due consideration for the plan's updated implementation options and indicators, given the need to support recovery from COVID-19, including through promoting mental health and psychosocial well-being, building mental health services and psychosocial supports, and strengthening preparedness, response capacity and resilience for future public health emergencies;

(OP2) to urge Member States:⁶

(a) to develop and strengthen as appropriate, as part of a broader whole-of-society approach, the timely and quality provision of the whole range of comprehensive and integrated mental health services and psychosocial supports which, as stated in the Political Declaration of the high-level meeting on universal health coverage (2019),⁷ are essential components to achieving universal health coverage, including promotion of mental health literacy and awareness and elimination of stigmatization, as well as promotion, prevention,

¹ Document EB148/20.

² Policy brief: COVID-19 and the need for action on mental health. 13 May 2020. (<https://unsdg.un.org/resources/policy-brief-covid-19-and-need-action-mental-health>, accessed 16 January 2021).

³ United Nations comprehensive response to COVID-19: saving lives, protecting societies, recovering better. September 2020. (<https://www.un.org/sites/un2.un.org/files/un-comprehensive-response-to-covid-19.pdf>, accessed 16 January 2021).

⁴ A UN framework for the immediate socio-economic response to COVID-19. April 2020. (<https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19>, accessed 16 January 2021).

⁵ UN research roadmap for the COVID-19 recovery: leveraging the power of science for a more equitable, resilient and sustainable future. November 2020. (<https://www.un.org/en/pdfs/UNCOVID19ResearchRoadmap.pdf>, accessed 16 January 2021).

⁶ And, where applicable, regional economic integration organizations.

⁷ United Nations General Assembly resolution 74/2 (2019).

early detection, treatment and rehabilitation, and follow-up care that are respectful of human rights and dignity, to all people with an emphasis on health, care and frontline workers, and with extra effort to reach people at high risk and those in vulnerable situations, leveraging innovative technologies, including remote mental health services through promoting equitable access to telehealth and other essential and cost-effective technologies, when feasible, in the context of the COVID-19 pandemic and beyond, and considering the lasting impacts of the pandemic;

(b) to allocate adequate funding for mental health, to take action to mainstream knowledge of mental health among other health professionals, and to study the impact of COVID-19 on mental, neurological and substance use conditions and their consequences and share lessons learned with the Secretariat and Member States;

(OP3) to request the Director-General:

(a) to provide technical support to Member States to monitor changes and disruptions in services, and to promote and expand access to inclusive, integrated, evidence-based primary and community mental health services and psychosocial supports, which boosts community resilience and engagement, especially in the context of public health emergencies, while sustaining and scaling up, as appropriate, the provision of existing mental health services;

(b) to strengthen WHO's capacity in respect of work on mental health at global, regional and country levels and to systematically integrate mental health into all aspects of the work of the Secretariat on universal health coverage;

(c) to report on the implementation of this decision as part of the progress report on the implementation of the comprehensive mental health action plan 2013–2030, in line with the reporting requirements of decision WHA72(11) (2019).

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

Decision: Promoting mental health preparedness and response for public health emergencies
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>2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities 2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings</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>Five 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\$ 33.6 million (staff US\$ 18.3 million, activities US\$ 15.3 million).</p>

2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions: US\$ 8.7 million (staff US\$ 3.6 million, activities US\$ 5.1 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: US\$ 12.4 million (staff US\$ 7.3 million, activities US\$ 5.1 million).
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions: US\$ 12.5 million (staff US\$ 7.4 million, activities US\$ 5.1 million).
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\$ 0.50 million.
– Remaining financing gap in the current biennium: US\$ 8.2 million.
– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium: Not applicable.

Table. Breakdown of estimated resource requirements (in US\$ millions)^a

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	0.67	0.67	0.35	0.67	0.38	0.38	0.48	3.60
	Activities	0.50	0.50	0.50	0.50	0.50	0.50	2.10	5.10
	Total	1.18	1.18	0.86	1.18	0.89	0.89	2.58	8.70
2020–2021 additional resources required	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	1.36	1.36	0.72	1.36	0.77	0.78	0.95	7.30
	Activities	0.60	0.60	0.60	0.60	0.60	0.60	1.50	5.10
	Total	1.96	1.96	1.32	1.96	1.37	1.38	2.46	12.40
2024–2025 resources to be planned	Staff	1.37	1.37	0.74	1.38	0.78	0.78	0.98	7.40
	Activities	0.60	0.60	0.60	0.60	0.60	0.60	1.50	5.10
	Total	1.97	1.97	1.34	1.98	1.38	1.38	2.48	12.5

^a The row and column totals may not always add up, due to rounding.

The representative of AUSTRIA, speaking on behalf of the Member States of the European Union, said that it was worrying to note that, due to COVID-19, mental health and psychosocial support services had been severely disrupted in many countries, and that human rights violations against people

with mental health conditions were widespread. People living in fragile countries and humanitarian settings had seen their mental health conditions severely impacted by the COVID-19 crisis. Although all categories of people, age and gender were affected, certain population groups were more impacted than others. The long-term mental health impact of the social restrictions imposed would be difficult to address, and there were a number of risk factors in the COVID-19 pandemic that would add to the distress in societies. The increased awareness among policy-makers of the need to address the mental health crisis as a matter of priority was encouraging. The Secretariat and Member States should use the current momentum to catalyse mental health reforms and ensure that mental health was part of universal health coverage. The Secretariat should also ensure that mental health and psychosocial support was considered as a cross-cutting component in emergency preparedness and response, including by increasing public awareness and combating stigmatization.

The representative of GABON, speaking on behalf of the Member States of the African Region, welcomed the guidelines and recommendations adopted by WHO, in collaboration with other organizations, to reduce the impact of the COVID-19 pandemic on mental health. The goal of universal health coverage could not be achieved unless sufficient attention was paid to mental health and psychological support in relation to COVID-19. The Member States of the African Region welcomed the activities carried out to promote mental health in emergencies, and called on the Secretariat to further support Member States in implementing emergency and disaster risk management strategies, particularly with regard to the establishment of functioning multisectoral mental health and psychosocial support coordination platforms. They also supported updating the comprehensive mental health action plan 2013–2030 and requested the Secretariat to provide support to the Regional Office and Member States, in view of the challenges facing the Region.

The representative of BANGLADESH, speaking on behalf of the Member States of the South-East Asia Region, said that the COVID-19 pandemic had highlighted the importance of being prepared to respond to new challenges emerging in an uncertain and rapidly changing situation. It was unfortunate that the impact of the pandemic on mental health was not specifically recognized in the 2020 version of the Strategic Preparedness and Response Plan. Member States should include mental health preparedness and response in their public health emergency response, with due regard to both short-term and long-term mental health services. He introduced the draft decision on promoting mental health preparedness and response for public health emergencies, which had been sponsored by a number of Member States, and noted that the Government of Chile also wished to be added to the list of sponsors. He commended Thailand's leadership in developing the draft decision, which would be an important tool for Member States, and thanked the Secretariat for its support in the development process.

The representative of AUSTRALIA said that her Government supported the recommended actions for minimizing the mental health consequences of the COVID-19 pandemic and ensured that mental health was at the forefront of its disaster preparedness, response and recovery planning. Outlining measures taken to safeguard mental health in her country, she said that her Government, which took a whole-of-society approach to mental health, supported the inclusion of recommendations to adapt service-delivery models to treat substance use disorders in response to the COVID-19 pandemic given the high prevalence of comorbidity between substance abuse and mental illnesses. It also supported the planned activities by the Secretariat, particularly on the collection, analysis and reporting of data on substance abuse. It acknowledged the impact of the pandemic on the mental health and well-being of WHO staff and hoped that the actions taken by the Organization to support its staff would continue. Her Government thanked Thailand for its leadership on the draft decision and wished to be added to the list of sponsors.

The representative of TONGA said that, while most of the Pacific island countries remained free of COVID-19, or without community transmission, the pandemic had affected its people in many ways. Some had lost incomes, families and friends living abroad, and others had been separated due to border closures in many countries. Lockdown had left some people in isolation and others in crowded or unsafe

environments, and domestic violence had increased. In addition, stress among frontline workers who were at risk of exposure to the virus every day and sometimes discriminated against by the community was tremendous. She outlined a range of measures taken by her Government to strengthen the country's mental health system to respond to the challenges of COVID-19 and enhance the mental health and well-being of the people of Tonga.

The representative of INDIA gave details of initiatives taken by her Government to provide mental health and psychosocial support during the pandemic, showing its commitment to addressing the growing need for such support, even more so after the COVID-19 pandemic. The initiatives included setting up a helpline for the provision of psychosocial support; online training for health workers; issuing guidelines and materials, including through various media platforms; developing programmes and policies to promote mental health, enable recovery from mental illness, promote destigmatization and desegregation and ensure socioeconomic inclusion of persons affected by mental illness; and enacting legislation to address the huge burden of mental disorders and the acute shortage of qualified professionals. Her Government supported the draft decision.

The representative of COLOMBIA said that the strategic focus of mental health care during and after the pandemic should be operationalized through the revision of the comprehensive mental health action plan 2013–2030 to facilitate the practical implementation of recommendations emanating from the pandemic. He highlighted some of the policies and measures developed by his Government to address COVID-19-related mental health issues. He called on the Secretariat to continue providing technical support to help Member States improve implementation of mental health programmes and projects, which would build capacity in responding to the rise in cases as a result of the current health emergency.

The representative of ISRAEL said that his Government supported placing the issue of mental health at the forefront of discussions, especially during the COVID-19 pandemic, which had had such a negative impact on mental health worldwide. WHO's work during the pandemic had been critical for health systems everywhere, not least in providing sufficient advice on how countries could ensure that mental health and well-being were properly addressed in the pandemic response. He expressed his Government's support for the recommended actions set out in the report, and outlined some of the steps being taken to ensure the best possible mental health care in Israel.

The representative of the UNITED STATES OF AMERICA, noting the impact of the COVID-19 pandemic on mental and psychosocial health, encouraged the Secretariat and Member States to follow the recommendations in the report and draft decision. Countries would be more effective when they worked together and shared all experiences and lessons learned to defeat the pandemic, rebuild economies and prepare for future pandemics and other public health emergencies. He highlighted in that regard the important contributions of Taiwan¹ to the discussions and to other aspects of the COVID-19 response if it were allowed to participate fully as an observer in WHO's technical work. In implementing the recommendations, he emphasized the importance of continuing to gather information on COVID-19's effect on mental health and psychosocial support infrastructure, continuity of care, ramifications of severe COVID-19 illness on neurological health, and the support of primary and community mental health services. Particular attention should be paid to vulnerable populations.

The representative of INDONESIA said that mental health preparedness and response should be included in the public health emergency response. The mental health of many health workers had been affected during the COVID-19 pandemic for a number of reasons; his Government condemned any attack on health workers. Furthermore, mental health problems in the wider population had been exacerbated due to imposed physical distancing and quarantine measures. However, mental health

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

services had been significantly disrupted. He outlined measures taken by his Government to facilitate access to mental health services during the pandemic. Supporting the draft decision, he emphasized that solidarity at the global level was essential in promoting mental health preparedness and responding to public health emergencies.

The representative of CHINA said that his Government attached great importance to providing psychological support in emergencies and outlined numerous national measures it was taking in that area during the COVID-19 pandemic. With support from the Secretariat, it had also conducted online exchanges with other countries to share its experiences and practices during the pandemic. It requested the Secretariat to focus on two areas: psychological changes seen in adolescents during the pandemic; and comprehensive psychological support that included not only financial investment in remote interventions and crisis hotlines, but also in ensuring adequate numbers of professionally trained human resources and systematic infrastructure capacity-building.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed strong commitment to putting mental health and psychosocial support services at the forefront of preparedness, response and recovery plans for the COVID-19 pandemic, particularly given the need for the global community to remain focused on accelerating implementation of the 2030 Agenda for Sustainable Development and humanitarian agendas. Efforts must be redirected to the immediate challenge of strengthening collective action to redress chronic underinvestment in mental health, ensuring that mental, neurological and substance use disorders were included in universal health coverage benefit packages and building human resource capacity in order to prevent a massive increase in mental health conditions and to prevent long-term social and economic costs to society. She encouraged WHO to take the lead in developing a strategy to ensure that governments had the support they needed to mitigate the impact of COVID-19 on mental health.

The representative of ARGENTINA said that, historically, there had always been gaps in mental health care, including for problems related to alcohol and other psychoactive substance abuse. A major challenge during the COVID-19 pandemic was to ensure that mental health treatments continued without interruption and that new treatments could go ahead, especially for the most vulnerable groups. She outlined some of the steps taken by her Government to ensure the continued and improved provision of mental health services. Thanking Thailand for its leadership on the draft decision, she emphasized the need to support post-pandemic recovery efforts, in particular by promoting mental health and psychosocial well-being, establishing support services, and strengthening preparedness, response capacity and resilience to future public health emergencies. It was also important to strengthen WHO's capacity to address mental health issues at the global, regional and national levels.

The representative of AUSTRIA said that the psychological stability of the population was an important prerequisite for people's participation in crisis management and subsequent societal regeneration. Mental health monitoring and measures aimed at maintaining or improving mental health were an indispensable part of his Government's crisis plans and strategies, including for the COVID-19 pandemic. He emphasized the importance of public information and communications strategies in times of crisis to ensure that the messages conveyed were comprehensible to different target groups, facilitated appropriate action and gave meaning and perspective. His Government supported the draft decision.

The representative of KENYA said that, like most countries, Kenya had adopted a whole-of-society approach to promote, protect and care for mental health as an essential component of its national COVID-19 response, and outlined some of the actions taken. The mental duress and anguish caused by the pandemic had underscored the need for more investment in mental health services and support. Her Government welcomed the proposed strategic objectives and activities and requested the Director-General to ensure that mental health needs and support were adequately captured in the next budget. Thanking Thailand for its initiative in developing the draft decision, she said that her Government wished to be added to the list of sponsors.

The representative of SINGAPORE said that although mental health was essential to people's overall well-being, it was one of the most neglected areas of health. With COVID-19, more people around the world were experiencing increased and protracted stresses, pressures and disruptions to their lives and livelihoods. He outlined measures taken in Singapore to address mental health issues during the pandemic and improve mental health services. He appreciated the hard work and dedication of WHO staff, who like many others working remotely over an extended period of time, were showing signs of mental fatigue affecting their overall mental health negatively, and emphasized the importance of collaboration and caring for one another during such difficult times.

The representative of THAILAND¹ said that more attention should be paid to the long-term effects of pandemics, which lasted long after the end of a crisis and could manifest themselves in depression and suicide. Furthermore, mental health services provision should be expanded from hospital-based to community-based services to ensure comprehensive continuity of care. Moreover, mental health literacy and awareness should be promoted to enhance resilience in all people and reduce stigmatization. He thanked the Secretariat at the headquarters and regional levels and Member States for their support and significant contribution to developing the draft decision, which would lead to a broader, whole-of-society approach to mental health services and psychosocial support during public health emergencies.

The representative of JAPAN¹ said that, while disclosure of infected status should not cause stigmatization of individuals or communities, there had been cases where human rights had been infringed, including those of people who had been infected with COVID-19 and their families, hospital workers or other health care workers. He outlined measures taken by his Government to address and prevent such situations, as well as other measures to protect the mental health of all segments of society affected by the pandemic. He expressed appreciation to the WHO Regional Office for the Western Pacific for its work to provide guidance on mental health and psychosocial support aspects of the COVID-19 response. Further technical support from the Secretariat in addressing mental health issues and a progress report in the future would be welcome.

The representative of NORWAY,¹ noting that mental health was one of the most neglected areas of health, said that there was a need to rethink how to ensure services for the most vulnerable groups in a crisis. Including mental health services in primary health care was no less important during the pandemic, and investment in continuity of service provision was a cost-effective way to prevent an increased need for services in the long term, after the pandemic. In addition to immediate measures to prioritize the most vulnerable, the focus must be on preventing problems in younger generations. She thanked Thailand for putting forward the draft decision, which provided a clear direction for increased joint efforts to promote mental health and psychosocial well-being.

The representative of BELGIUM¹ said that the COVID-19 pandemic had a considerable impact on the mental health of the population, particularly the most vulnerable. Particularly concerning was the disproportionate way in which women had been affected, including through increased cases of sexual and domestic violence as a result of lockdown measures. While it was essential to ensure access to mental health services and psychosocial support, it was also important to take preventive measures, which should be proportionate. Steps must be taken to guarantee access to care and maintain a deinstitutionalized and multidisciplinary approach to mental health services. He thanked WHO staff for their resilience.

The representative of PORTUGAL¹ said that the harmful impact of the COVID-19 pandemic could be measured not only by mortality and morbidity caused by the disease, but also by its indirect effects on people's mental health. Preparedness and response to mental health issues should focus on

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

prevention strategies, psychosocial support and community-based, people-centred services. The Secretariat should redouble its efforts on promoting human rights in the context of mental health, including through its QualityRights initiative. There was a need for a paradigm shift towards comprehensive and holistic actions in order to mitigate the negative mental health impacts of the pandemic.

The CHAIR suggested that consideration of the item should be suspended.

It was so agreed.

(For continuation of the discussion, see the summary records of the fifth meeting, section 1.)

The meeting rose at 13:05.

FOURTH MEETING

Tuesday, 19 January 2021, at 14:15

Chair: Dr H. VARDHAN (India)

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

1. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 14 of the agenda (continued)

WHO's work in health emergencies: Item 14.2 of the agenda (documents EB148/17 and EB148/INF./4)

- **Strengthening WHO's global emergency preparedness and response** (document EB148/18)
- **Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)** (document EB148/19)

The CHAIR drew attention to a draft decision on strengthening WHO's global health emergency preparedness and response, proposed by Australia, Canada, Chile, Iceland, India, Indonesia, Japan, Maldives, Monaco, Montenegro, New Zealand, Norway, Peru, Republic of Korea, Singapore, Thailand, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay and Member States of the European Union, which read:

(PP1) The Executive Board, having considered the report on strengthening WHO's global emergency preparedness and response,¹ the interim progress report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response,² the reports of the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme³ and the interim report of the Independent Panel on Pandemic Preparedness and Response,⁴ referred to in document EB148/INF./4;

(PP2) Recalling resolutions WHA73.1 (2020) on COVID-19 response and WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005);

(PP3) Acknowledging the ongoing work to review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19 in order to improve

¹ Document EB148/18.

² Document EB148/19.

³ Document A73/10 and the Interim report on WHO's response to COVID-19, January–April 2020 (available at <https://www.who.int/publications/m/item/ioac-interim-report-on-who-s-response-to-covid-19>, accessed 16 January 2021).

⁴ Available at https://live-the-independent-panel.pantheonsite.io/wp-content/uploads/2021/01/Independent-Panel_Second-Report-on-Progress_Final-15-Jan-2021.pdf.

capacity for global health emergency prevention, detection, preparedness, and response, including through strengthening, as appropriate, the WHO Health Emergencies Programme;

(PP4) Taking into account the recommendations in the reports of the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme (document A73/10 and the Committee's interim report on the WHO response to COVID-19), in particular recommendations related to the WHO Health Emergencies Programme, and recognizing the importance of ongoing efforts of the Secretariat to implement the recommendations of the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme;

(PP5) Recognizing the need to improve global, regional and country preparedness and response capabilities and capacities for health emergencies, and taking note of the proposals made by Member States, groups of Member States and other stakeholders in this regard, as well as of WHO's work in emergencies;

(PP6) Noting the need to assess and strengthen WHO's capacity for health emergency preparedness and response within the overall mandate and resources of WHO, while enhancing collaborations with relevant United Nations agencies and other partners;

(PP7) Emphasizing that WHO-strengthening efforts must be led by Member States, and reaffirming the fundamental decision-making role of the Executive Board and Health Assembly;

(PP8) Mindful of the ongoing impartial, independent and comprehensive evaluation work of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the Independent Panel for Pandemic Preparedness and Response, and without prejudice to their current and future recommendations; decided:

- (1) to call for the development of a resolution, with full participation of WHO Member States¹ for consideration by the Seventy-fourth World Health Assembly, on strengthening WHO's health emergency preparedness and response capacities, including to address the recommendations of the Independent Panel and the two committees mentioned above.

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

Decision:	Strengthening WHO's global health emergency preparedness and response
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:	Concerns all outputs of strategic pillar 2.
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:	Three months.

¹ And, where applicable, regional economic integration organizations.

B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 0.05 million.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 0.05 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.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:	Not applicable.
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\$ 0.05 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	–	–	–	–	–	–	0.00	0.00
	Activities	–	–	–	–	–	–	0.05	0.05
	Total	–	–	–	–	–	–	0.05	0.05
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 DIRECTOR-GENERAL said that both the Secretariat and Member States had lessons to learn from the coronavirus disease (COVID-19) pandemic. The Organization was committed to accountability and would continue to learn, change and listen. Several review processes were under way to examine different aspects of the COVID-19 response. The Independent Panel for Pandemic Preparedness and Response had been established in accordance with resolution WHA73.1 (2020) to review experience gained and lessons learned from the pandemic, and to make recommendations to improve national and global preparedness and response. He was grateful for the Independent Panel's work to date and looked forward to its final report and recommendations.

The CO-CHAIRS OF THE INDEPENDENT PANEL FOR PANDEMIC PREPAREDNESS AND RESPONSE, speaking in turn to present the Panel's second progress report, provided an overview of the main findings and messages contained in the report. The scale and impact of the continuing COVID-19 pandemic were unprecedented in living history. At the global level, more decisive action to stem the pandemic was needed, together with fundamental changes to preparedness and response systems. The Panel would continue to gather feedback from a wide range of stakeholders, including Member States, to form the evidence base required for its comprehensive, impartial and independent review of the international health response to the COVID-19 pandemic, and would continue to host public exchanges. A recent meeting with the global nursing community had highlighted the crisis facing health care facilities and the shortages in the health care workforce, which had been exacerbated by the pandemic. The speaker acknowledged the commitment of dedicated professionals to detecting and tackling the pandemic and emphasized that the report was focused on learning lessons for the future.

The current course of action to handle the pandemic must be corrected now. All countries should immediately and consistently adopt and implement public health measures to reduce the spread and impact of COVID-19. The Panel had identified a series of critical early failings in the global and national responses to COVID-19, including the failure to prepare adequately for a pandemic threat. Preparedness at the country level had been influenced by a combination of government effectiveness, concerted leadership, capacity to work with communities and adherence to scientific guidance.

The pandemic had spread rapidly across countries. When WHO had declared the outbreak a public health emergency of international concern, too many countries had failed to act decisively and quickly enough to apply necessary and recommended public health measures. The current international system for alert and response was outdated. The Panel was examining the elements required for a modern, fit-for-purpose pandemic preparedness and response system and for mechanisms that would ensure the necessary speed and capacity to integrate signals into real-time, globally available data-gathering and decision-making tools. Future work should be viewed through the lens of the systemic and structural inequalities within and between nations, which had been deepened by the pandemic. The unequal plans

for vaccine roll-out between wealthy and poorer countries were unacceptable. Access to vaccines should be based on public health needs, not narrow national interests, and vaccination programmes should be accelerated to ensure coverage for everyone, including front-line health workers.

She expressed deep concern at the level of implementation of recommendations issued in previous reports on other major health threats. That mistake must not be repeated. Member States had called for implementable, costed recommendations with clear timelines and had recognized the need for action, as well as the opportunity to reset the current system. To ensure real change in global and national health systems, the voices of health care workers, people managing local responses, and those on the margins of society must be heard and corresponding action taken.

Although the world was more reliant on an effective WHO than ever before, Member States had kept the Organization underpowered and under-resourced to enable it to effectively carry out its work. If assessed contributions remained low, WHO's ability to focus on pandemic preparedness and response, among other core priorities, would be curtailed. Financing for pandemic preparedness should be treated as a global public good. The international community was at a crossroads with respect to pandemic threats and responses: the choices made in the coming months would show whether it was determined to be more prepared, health-secure, equitable and resilient.

The DIRECTOR-GENERAL said that the International Health Regulations (2005) were an essential legal instrument and the foundation of global health security. Even before the COVID-19 pandemic, emergencies such as the Ebola virus disease outbreak in the eastern Democratic Republic of the Congo had demonstrated that some elements of the Regulations might need to be reviewed, including the binary nature of the mechanism for declaring a public health emergency of international concern. In accordance with resolution WHA73.1 and the provisions of the Regulations, he had convened a review committee to examine the functioning of the Regulations during the COVID-19 pandemic. He welcomed the work undertaken to date by the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response.

The CHAIR OF THE REVIEW COMMITTEE ON THE FUNCTIONING OF THE INTERNATIONAL HEALTH REGULATIONS (2005) DURING THE COVID-19 RESPONSE recalled that the Review Committee had been convened by the Director-General in accordance with resolution WHA73.1 to make technical recommendations regarding the functioning and possible amendment of the International Health Regulations (2005). To date, the Review Committee had held 16 closed meetings and five open meetings, which had been attended by numerous representatives of Member States, international agencies and non-State actors, and had reported on progress made to the Health Assembly at its resumed Seventy-third session in November 2020. The Review Committee would continue to interact regularly with the Co-Chairs of the Independent Panel for Pandemic Preparedness and Response and the Chair of the Independent Oversight and Advisory Committee.

Summarizing the preliminary findings of the Review Committee contained in document EB148/19, he underlined the overwhelming support for the Regulations among Member States and experts as a cornerstone of international public health and health security law but noted the need for improvements in several areas, most of which could be achieved through more effective implementation of the existing provisions rather than changes to their design. National IHR focal points should be further empowered to ensure more effective implementation of the Regulations at the national and subnational levels, including where necessary through national legislation, and should be integrated into national emergency plans and health committees. The possible need for an intermediate level of alert was being considered, including the possible introduction of a grading system. The Review Committee was also examining how regular and regional risk assessments could be better used to drive earlier and more targeted response measures at all levels so as to prevent the need to declare a public health emergency of international concern.

In addition, the Review Committee was looking at new ways of monitoring and evaluating compliance with the Regulations and strengthening existing tools without overburdening countries. The WHO Universal Health and Preparedness Review was a peer-review mechanism that would shortly be

piloted as a tool to increase intersectoral and international coordination and encourage good practices. Political support and resources for implementation of the Regulations remained insufficient and irregular at all levels, and further detailed information on the funding mechanisms for implementation was required. Digital technology was increasingly becoming available as a means of strengthening cooperation during and after health emergencies, enhancing transparency and increasing the regular, detailed exchange of reliable real-time data.

Although the Review Committee was scheduled to submit its final report to the Seventy-fourth session of the World Health Assembly, its findings and recommendations would not necessarily be complete, in view of the continuing nature of the pandemic, and further deliberations might be required. He recalled that the Regulations were a shared instrument; in order for them to be effective, WHO must be given the necessary tools and resources to better prepare and protect humanity against public health risks through an effective, coordinated, multisectoral and evidence-based public health response.

The DIRECTOR-GENERAL said that the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme had been established to provide oversight and monitoring of the development and performance of the WHO Health Emergencies Programme and to guide its activities. He welcomed the Committee's continued work both before and during the pandemic, which had contributed to strengthening the Programme.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE FOR THE WHO HEALTH EMERGENCIES PROGRAMME said that the Committee had been tracking progress made in the implementation of the recommendations set out in its interim report on WHO's response to COVID-19 from January to April 2020 and in document A73/10. It would continue to monitor WHO's performance in emergencies and would submit a comprehensive annual report to the Health Assembly at its Seventy-fourth session.

The Committee recognized the tireless efforts of Member States and the Secretariat in response to the COVID-19 pandemic and called on all parties to work together to ensure equitable access to therapeutics and vaccines. It was pleased to note the progress made since its interim report, in particular the speed and quality assurance of WHO's technical guidance. Member States, with the support of the Secretariat, must fully implement all public health measures. Surveillance testing and research efforts should be strengthened to rapidly assess the impact of new variants of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

With respect to the recommendation that the WHO Health Emergencies Programme should be based on the principle of a single structure, single budget, single staff workplan and common results framework with clear reporting lines across WHO headquarters and all regional offices, she urged the Global Policy Group to further clarify accountability for health emergency management and recruitment of senior emergency personnel between the regional directors and the Executive Director of the WHO Health Emergencies Programme and to institutionalize the managerial authorities and processes that had already been agreed. She was pleased to note the consensus among management at WHO headquarters on the recommendation of putting in place dedicated teams within the centralized functional divisions to support emergencies, with key performance indicators to track their impact on WHO emergency operations, implementation of which was under way.

The Committee had repeatedly expressed concern regarding the lack of predictable and flexible funding for the WHO Health Emergencies Programme, competing priorities, heavy dependence on a limited number of donors and the current mechanism for the WHO Contingency Fund for Emergencies. The low level of funding for preparedness was of particular concern. She welcomed Member States' commitment to and ongoing discussions on the adequacy and suitability of WHO financing, and called for an increased proportion of WHO core flexible funding to be allocated to the WHO Health Emergencies Programme.

She expressed deep concern about the lack of clarity regarding accountability and reporting lines for WHO security functions between field, country and regional offices and WHO headquarters. As WHO's role in major emergencies grew and its operations in conflict settings expanded, it was of paramount importance to institutionalize a functional security apparatus with a clear accountability

framework across the Organization. While awaiting the findings of the independent commission established by the Director-General in response to the allegations linked to the Ebola virus outbreak response in the Democratic Republic of the Congo, high priority should be given to identifying areas of high risk for potential sexual exploitation and abuse in WHO's current areas of operation and immediately implementing preventive measures, drawing on the guidance of the United Nations Inter-Agency Standing Committee and lessons learned from other organizations of the United Nations system and humanitarian partners. WHO should adopt a people-centred approach to prevent and address any such incidents in the future by strengthening whistle-blower and redress mechanisms, building community trust and putting in place the right local partnerships in high-risk settings. The Committee was reassured by the action taken thus far by the Secretariat and would closely monitor and measure progress in the implementation of the Committee's recommendations.

The Committee would continue to provide oversight of WHO's work in emergencies and report to Member States. It would also continue to support the work of the Independent Panel, the Review Committee and the Global Preparedness Monitoring Board.

The DIRECTOR-GENERAL said that the Global Preparedness Monitoring Board had been established to provide an independent and comprehensive appraisal of global preparedness and response capacities and had published two reports to date. He thanked the Monitoring Board for its work.

The CO-CHAIRS OF THE GLOBAL PREPAREDNESS MONITORING BOARD, speaking in turn to present the Monitoring Board's statement, said that the Monitoring Board was an independent monitoring body, established in 2018 by the Director-General and the President of the World Bank in response to a recommendation issued by the United Nations Secretary-General's Global Health Crises Task Force. It comprised political leaders, heads of agencies and international experts who advocated for greater investment and engagement in health crisis preparedness.

The Monitoring Board's first report, published in September 2019, had warned of the risk of a pandemic of a respiratory pathogen that could kill millions of people, and of its widespread social and economic consequences. It had also warned of the inadequacy of the systems and financing needed to detect and respond to health emergencies. Those fears had been realized in the COVID-19 pandemic. The Monitoring Board's second report had described the catastrophic health, economic and social consequences of the pandemic.

The pandemic had demonstrated that global preparedness was greater than the sum of individual countries' national preparedness. Countries must invest in common goods to ensure mutual accountability. To end the COVID-19 pandemic, countries must ensure fair and equitable access to vaccines, allocating vaccines and other countermeasures according to need and impact, not the ability to pay. To that end, Member States should support the COVID-19 Vaccine Global Access (COVAX) Facility.

Bold reforms of global health emergency preparedness and response must be implemented without delay. Multilateral institutions, including WHO, must be strengthened and empowered. Inadequate and unpredictable financing threatened WHO's capacity to play a central role in global health emergencies and to deliver on its broader mandate; Member States must address that need and strengthen the International Health Regulations (2005) to ensure that they were fit for purpose. Member States and the Secretariat, in collaboration with the United Nations and international financing institutions, should develop mechanisms for sustainable, predictable financing, which in turn should support national capacities and enable the development of global goods. Financial mechanisms to mitigate and prevent the economic and socioeconomic consequences of pandemics and epidemics were also required.

The Monitoring Board called for a summit on global health security to agree on an international framework for health emergency preparedness and response. The framework should consolidate and harmonize existing mechanisms and facilitate coordination between actors and stakeholders, providing platforms for multisectoral engagement and community involvement and strengthening capacity and accountability. The decision to prioritize health security and invest in preparedness was a political one. The world would not be safer unless leaders committed to preparedness, based on solidarity and

sustainability. The global community must take the necessary steps and harness its collective strengths to ensure that no future pandemics could ever occur.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that the draft decision on strengthening WHO's global health emergency preparedness and response provided a basis for discussions on the matter, including on how to move forward. In addition to the ongoing guidance provided by the Independent Oversight and Advisory Committee, the Global Preparedness Monitoring Board, the Review Committee and the Independent Panel, multiple formal and informal consultations, engagements, reviews and assessments had taken place at the global, regional and national levels, which had helped to define some key emerging themes.

Those key areas included: ensuring an unbreakable chain of strengthened national health emergency preparedness and response systems, with each nation playing a central role in protecting the health of its citizens and engaging with others in the pursuit of global health security; and developing an enhanced global early warning, alert and emergency response system using state-of-the-art technology to drive decision-making. The pandemic had also highlighted the need for a robust global health emergency end-to-end supply chain and logistics system, incorporating innovation, testing, prequalification, manufacturing, distribution and supply, which would require a comprehensive solution. A global health emergency workforce that was rapidly deployable nationally, regionally and globally to detect and respond to health emergencies was also essential, as was the need to establish comprehensive communities of practice to manage misinformation and disinformation that caused harm and undermined public health, evidence-based approaches, and personal and community compliance with public health measures.

Global platforms, networks and standards should be put in place to harness knowledge and expertise, translating evidence into effective health emergency policy, especially for epidemic- and pandemic-prone diseases, high-threat pathogens, emerging zoonoses and biorisks. That global good would involve information-gathering, assessment, the creation of guidance, dissemination, implementation and review and would require internal multidisciplinary action, external networks and the participation of all actors. Networks, mechanisms and incentives for the sharing of pathogens, biological samples and genomic data should be enhanced and expanded, building on the experience gained from using existing mechanisms; the BioHub initiative launched by the Director-General would contribute to that work.

Work must continue on platforms such as the research and development blueprint for action to prevent epidemics, which was currently underfunded, and research and innovation must be accelerated between, before, during and after epidemics. In addition, a coordinated global platform to ensure rapid, equitable access to the fruits of research and innovation during health emergencies was needed. The systems and partnerships built within the framework of the Access to COVID-19 Tools (ACT) Accelerator must be maintained.

It was also crucial to ensure sustained, predictable funding for health emergency preparedness and response. There was a huge gap between the expectations placed on WHO and its partners and the amount of funding actually received. Additional investment was needed to deliver a high-quality system to prevent, predict, detect and ensure an early response and planned recovery from agents that threatened global health security.

To move forward, political will and international cooperation among all relevant stakeholders and across sectors were needed, in addition to strengthened accountability in the pandemic preparedness system, building on the International Health Regulations (2005). WHO must be empowered and adequately resourced at all three levels to enable it not only to coordinate the global health emergency response but also to direct global pandemic preparedness efforts. Lastly, a multisectoral, One Health approach should be followed, encompassing the interface between humans, animals and the natural world.

The representative of AUSTRIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, North Macedonia, Montenegro and Albania, as well as Ukraine, the Republic of Moldova and Armenia, aligned themselves with her statement. She

commended WHO staff for their tireless work, courage and commitment to continuously improving the WHO Health Emergencies Programme and recalled the need for transparent and regular follow-up by the Secretariat on progress made in the implementation of the recommendations issued by the Internal Oversight and Advisory Committee. Emphasizing the importance of the evaluation mechanisms, she highlighted the need to strengthen WHO to enable it to remain the lead international agency on global health within a strengthened multilateral system. To better align Member States' expectations with WHO's current capacities, ambitious but realistic decisions must be taken regarding the future biennial budget and sustainable financing in general, while enhancing the transparency and accountability of the Organization.

It was necessary to rethink prevention, control and response to global health crises. The European Union and its Member States stood ready to explore ways to reinforce implementation of the International Health Regulations (2005), including through an effective system to evaluate compliance, and to engage in strengthening Member States' accountability, WHO's prerogatives, and equitable access to health technologies. Transparent, swift, reliable and timely communication was vital. Discussions were needed on how Member States could be better included in decision-making when health events of concern were detected and declared, including by enhancing the role played by the Executive Board. The draft decision would pave the way for further action to strengthen WHO's work in emergencies. A draft resolution on a way forward to address the recommendations of the evaluation groups would be circulated at a later date.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, commended WHO's management of emergencies through the WHO incident management system. Noting that his Region experienced the majority of WHO higher-graded public health emergencies, he requested the Secretariat to prioritize the allocation of resources to improve capacities for emergency preparedness and response and to enable Member States to detect events at an early stage. He welcomed the use of WHO benchmark tools to support the building of core capacities required by the International Health Regulations (2005).

The delivery of quality health services during health emergencies, especially in the African Region, continued to be hindered by limited funding, humanitarian and human resources capacities, mass population movements during crises and ongoing insecurities. He called on the Secretariat to harness political leadership among countries, the African Union and all major stakeholders to enable health emergencies in challenging environments to be controlled and contained. Although States Parties' performance in relation to a number of core capacities required by the Regulations had improved, further support was needed to improve human resources capacity. He looked forward to the roll-out and expansion of national resource mapping and impact analysis on health security investment using the tool developed by WHO. He welcomed the second progress report of the Independent Panel, and looked forward to its forthcoming report to be submitted to the Seventy-fourth World Health Assembly.

The representative of the REPUBLIC OF KOREA, speaking on behalf of the eight core members of the Support Group for Global Infectious Disease Response, namely Kenya, Mexico, Morocco, Peru, Singapore, the Republic of Korea, Turkey and the United Arab Emirates, expressed appreciation for the updates provided by the chairs of the three review mechanisms and looked forward to their final recommendations. The Support Group had identified the following areas for consideration: improving and actively carrying out periodic joint external evaluations of national core public health capacities; strengthening the information-sharing mechanism under the International Health Regulations (2005); establishing principles on facilitating the essential movement of people; establishing an intermediate level of alert for health emergencies; providing more detailed guidelines to Member States on using digital technologies for health purposes; and ensuring that national IHR focal points were well equipped to fulfil their mandate. The Support Group was strongly committed to actively engaging with all stakeholders to better support WHO in fulfilling its mandate.

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the work of the Review Committee and looked forward to its final report. The Member States of the Region had developed national action plans for health security in response to gaps in preparedness revealed by the COVID-19 pandemic. However, those plans had been inconsistently implemented and should be updated. Additional, more effective support should be provided to countries dealing with humanitarian crises alongside health crises, many of which were situated in her Region, including to build national response capacity, which in turn would help to strengthen the humanitarian–development–peace nexus and expand coverage of quality health services.

Further measures were needed to facilitate a more effective and transparent response to epidemics. Data-sharing guidelines should be established, in particular in the context of trade and travel, to enable an accurate reflection of the global health situation. She welcomed the support provided by the Secretariat to enhance national early warning systems but highlighted the need for additional efforts to tackle the dissemination of misinformation. A minimum level of alert for health emergencies must be ensured. Turning to the report on strengthening WHO’s global emergency preparedness and response (document EB148/18), additional key areas for consideration were the need to enhance health emergency management capacities at the regional level and to examine restrictions on movement during pandemics.

The representative of INDONESIA said that the deep inequalities and lack of equitable access to tools to tackle COVID-19 should be of collective concern. Multilateral processes to coordinate and monitor global health emergency preparedness and response must be strengthened and supported, including through sustainable and predictable financing and reinforced multilateral leadership. The Independent Panel should examine the economic impacts of the COVID-19 pandemic and the lessons learned, including the challenges faced at the regional and national levels. The three review mechanisms should continue to explore measures to enhance detection and surveillance systems to enable real-time data collection and the sharing of timely information. Principles of inclusivity, fairness and equity must be incorporated in the development of information-sharing mechanisms. Support should be provided to strengthen and harmonize the network of national IHR focal points. She expressed support for the development of a robust system to evaluate compliance with the International Health Regulations (2005).

The representative of BANGLADESH said that, in order to prevent the recurrence of a crisis such as the COVID-19 pandemic, WHO must continue to work with all stakeholders to mobilize predictable and sustainable funding, technical support and technology know-how. There must also be an extensive drive and committed support to strengthen and prepare health systems, increase the coverage and quality of health services, and respond to health emergencies, particularly in the most vulnerable countries. He called for increased engagement with commercial and business entities to ensure access to medicines, vaccines and other tools at an affordable price for low- and middle-income countries. The Organization should pay due attention to the issue concerning allegations of sexual exploitation and abuse and implement its zero-tolerance policy towards such behaviour. WHO should also enhance its engagement with international and national entities to explore innovative ways of harnessing global support and mobilizing resources to implement visible and effective measures in conflict settings that were particularly vulnerable to health emergencies.

The representative of INDIA commended WHO’s response to Grade 3 emergencies. However, concerted efforts were required to deal with the challenges faced in implementing emergency response operations at the country level, particularly in crisis-affected and vulnerable countries. To ensure equitable access to vaccines, WHO should strongly push for intellectual property rights to be waived. Core capacities, such as surveillance networks and sample shipment mechanisms, could be leveraged in the COVID-19 response, but care must be taken to avoid any disruptions to routine surveillance and the functioning of global systems and capacities. Appropriate guidance should be provided by the Organization in that regard. Although progress had been made in the monitoring and evaluation of the core capacities required by the International Health Regulations (2005), the capacity of national health

systems should be enhanced to address weaknesses in point-of-entry surveillance and preparedness against chemical, zoonotic and radiological hazards.

The representative of KENYA outlined the health emergency preparedness and response measures taken by his Government. He looked forward to the final report of the Review Committee and welcomed the work undertaken by the Independent Panel. He reiterated the importance of reinforcing the central role of WHO and its governing bodies in future global health governance. Member States should continue to support the three review mechanisms to ensure that their recommendations would guide future reform of WHO financing and the global public health emergency preparedness and response architecture.

The representative of the UNITED STATES OF AMERICA said that efforts to strengthen WHO must be led by Member States, be fully inclusive and transparent, and provide a strong platform to consider and implement the recommendations issued by the three review mechanisms. It was important to listen to the recommendations of all Member States on the matter. In addition, it was the duty of Member States to provide WHO and the broader international system with the tools to carry out its work effectively, efficiently, independently and transparently. Any additional funding requests must be justified and directed towards areas that required strengthening, such as pandemic preparedness and response. His Government would work with other Member States to strengthen WHO to ensure that it was fit for purpose.

The representative of SINGAPORE expressed support for a multilateral approach to health emergency preparedness and response, and in particular the role of WHO as the leading global health authority. It was in the interests of all Member States to ensure that WHO was more effective and able to respond more quickly to outbreaks and health crises. He looked forward to further information on the summit called for by the Global Preparedness Monitoring Board. Turning to the International Health Regulations (2005), one of the key challenges in the context of the COVID-19 pandemic was the global need to verify the vaccination status of travellers. In that regard, an international authentication mechanism could be useful to aid the resumption of global trade and travel. The Secretariat and Member States must work together to improve global capacity to prevent, respond to and overcome pandemics.

The representative of ARGENTINA said that it was important to learn lessons from the response to the COVID-19 pandemic, which had highlighted the need to prioritize the International Health Regulations (2005) on the international agenda. It was necessary to strengthen application of the Regulations rather than amend them. While the evaluation mechanisms were important, it was essential for them to remain voluntary, and the focus should be on responses rather than diagnostics. To avoid a possible duplication of efforts among the various evaluation and review processes, strategies should be developed that took account of the organizational gaps and availability of resources in individual countries. She was not in favour of introducing an intermediate level of alert that would increase the administrative burden or hinder implementation of the Regulations. Therefore, any changes to the alert system must be further clarified. Regarding the recommendations of the International Health Regulations (2005) Emergency Committee, it was important that a clear position was established on the requirements of essential and non-essential travel, and alternatives should be sought to the adoption of additional measures in situations of high uncertainty. Lastly, no information had been provided to Member States on the international treaty proposed by the President of the European Council to allow for analysis and discussion of the issue. She would welcome the more timely publication of reports in future.

The representative of COLOMBIA welcomed the support provided by the Secretariat to help Member States deal with the COVID-19 pandemic, but called on the Organization to redouble its efforts and the support provided in view of the significant increase in the number of cases at the country level and the emergence of new variants. Measures to strengthen national health systems should be based on

scientific evidence and lessons learned. A report on regional management of emergencies could be useful as a means of exchanging experiences and good practices. His Government stood ready to participate in discussions on the subject, including: strengthening preparedness and response at all levels; developing the Universal Health and Preparedness Review; sustainable financing; and managing disinformation. He welcomed the work of the Independent Panel and the Review Committee and looked forward to their future reports. Highlighting the need for cooperation and solidarity, he expressed support for the draft decision.

The representative of AUSTRALIA said that a step change was needed to meet current and future health crises. She expressed appreciation for the work of the evaluation and review mechanisms and looked forward to the recommendations of the Independent Panel. Consideration should be given prior to the Seventy-fourth World Health Assembly to the comprehensive and systemic approach required to implement the necessary reforms. There was a critical need for an independent, authoritative, more responsive and better-resourced Organization and for stronger WHO operations at the country level. Urgent action was required to reduce the risks of zoonotic disease transmission through an enhanced One Health approach. A strategic plan should be developed in collaboration with UNEP to strengthen that approach. Effective implementation of the International Health Regulations (2005) required sustained political will, leadership and prioritization. Collaborative efforts were needed to reinforce the Regulations to ensure that they were fit for purpose. Global cooperation was also key to enhancing global health security and to ensuring that global systems for preparedness, prevention, detection and response to health emergencies were in place. National health systems should also be strengthened. A sense of urgency and ambition for reform must be maintained.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking on behalf of the G7, Australia and the Republic of Korea, welcomed the updates and interim reports provided by the Independent Panel and the Review Committee but noted that they had not been issued in time to enable their full consideration. She recognized the need to strengthen and reform the Organization to ensure that it remained fit to tackle evolving challenges. The global health architecture should increase its focus on preparedness and response to health emergencies, and on building more resilient, quality and inclusive health systems.

She looked forward to the final recommendations of the review mechanisms, which should be ambitious, evidence-based and with clear, prioritized areas for action. While awaiting the outcomes of those reviews, the Organization could advance work in several areas where action was urgently needed, including: strengthening communication surrounding the decisions of the emergency committees; setting up the One Health High-Level Expert Council jointly with OIE, FAO and UNEP; facilitating greater access to global public health intelligence; implementing the recommendations on management of the WHO Health Emergencies Programme; establishing the foundation needed to fully implement an early warning or intermediate public health alert system; enhancing the Organization's normative role with respect to guidance on handling health emergencies; providing clearer and more updated guidance on travel and trade restrictions and their impact; and improving Member State engagement in public health emergencies, including by strengthening the role of the Executive Board. She expressed support for the draft decision and stood ready to participate in efforts to strengthen emergency response.

The representative of the RUSSIAN FEDERATION, highlighting the importance of collective efforts, said that WHO's central coordinating and leadership role in efforts to control epidemics must not be undermined by the creation of mechanisms that duplicated the Organization's functions. Instead of reviewing the International Health Regulations (2005), priority should be given to: enhancing mechanisms for implementation of the Regulations, including by providing support to bolster national capacity; providing technical and consultative support to national IHR focal points; improving the mechanisms and rules for conducting reviews of the Regulations; and improving the work of the emergency committees established under the Regulations. The Regulations should be used as a tool to develop health systems and protect public health; it was unacceptable to use them to put pressure on countries to monitor their biosafety capabilities and ways of controlling epidemics. The sovereignty of

Member States must be fully respected. He strongly opposed the introduction of a mandatory mechanism for the external evaluation of implementation of the Regulations. That position was shared by the countries of the Eurasian Economic Union. The recommendations to be issued by the relevant expert bodies would be important but must be objective and unbiased. He supported the call set out in the draft decision for the development of a draft resolution on strengthening WHO's health emergency preparedness and response capacities for consideration by the Seventy-fourth World Health Assembly.

The representative of GERMANY said that the work of the evaluation and review mechanisms was essential in order to learn lessons from the worst global health crisis in recent history. The COVID-19 pandemic must be understood as a turning point for global health and global health security. All necessary action must be taken to ensure that such a crisis could never happen again. Joint responsibility and investment in global health preparedness were required. To achieve successful outcomes, it was critical to rethink existing practices. A common political will and a willingness to learn from past mistakes and implement recommendations were necessary to make the world less vulnerable to global health crises. He had high expectations that the four evaluation and review mechanisms would push Member States to overcome the inadequate status quo in relation to global health preparedness and to fully implement ambitious and truly needed improvements.

The representative of FINLAND said that strong and resilient health systems and the continued provision of health services were critical during a crisis, as was the need for gender-responsive approaches and community engagement. She welcomed the updates provided by the four evaluation and review mechanisms and looked forward to the assessment of the Review Committee. The COVID-19 pandemic had highlighted the importance of strengthening cooperation across all sectors of society and promoting the health of humans and animals, illustrating the need for a One Health approach. The lessons learned to date could provide a valuable basis to further improve monitoring and evaluation of the International Health Regulations (2005). A better understanding of how countries could ensure the appropriate resources and political leadership and commitment required to strengthen preparedness was necessary. More permanent, inclusive platforms for cooperation, innovation and delivery should be developed to ensure a rapid response to evolving health threats. Investing in preparedness was a necessity, and must not be overlooked.

The representative of CHINA expressed appreciation for the work of the three review mechanisms and firmly supported a response to global public health emergencies within the framework of the International Health Regulations (2005). The Regulations should be updated and refined to support collective efforts to tackle the COVID-19 pandemic. His Government had taken immediate action to notify WHO of the previously unknown SARS-CoV-2 epidemic, share the genomic sequence of the virus and implement strict prevention and control measures. Turning to document EB148/19, the information in paragraph 25 regarding delays in response was inaccurate; his Government had communicated with the Secretariat between 1 and 3 January 2020. It was also regrettable that, despite the wide range of information provided by his Government to the Independent Panel, two paragraphs of the Panel's report were also inaccurate; when cases of pneumonia of unknown origin had been reported in Wuhan, experts had begun to comprehensively study the situation, and a range of strict and unprecedented public health measures, including travel restrictions, had been implemented. Such swift action had provided both China and the international community with valuable time to fight the virus. The current understanding of the COVID-19 pandemic must not be used to judge the action taken in the early days of its emergence. The reports of the Review Committee and the Independent Panel must be based on scientific, objective, fair, comprehensive and balanced assessments. He called on Member States to support the Panel in its work and to ensure equitable access to vaccines.

The representative of OMAN outlined the national measures taken in his country to tackle the COVID-19 pandemic, based on principles of equity. He reiterated his Government's commitment to supporting WHO's leadership role in dealing with emergencies and to exchanging data and information. Equitable access to vaccines must be ensured.

The representative of AUSTRIA commended the work of the three review mechanisms and supported the proposed reform measures. Effective and timely communication and information-sharing between the Secretariat and Member States was crucial. Greater transparency regarding the criteria for the declaration of a public health emergency of international concern was necessary to ensure consistency in the decisions of the International Health Regulations (2005) Emergency Committee for COVID-19 and to enhance support for those decisions among Member States. The criteria for a possible intermediate level of alert for health emergencies should be explored and discussed in more detail.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed proposed measures on: updating and modernizing the early warning system; enhancing transparency with respect to the International Health Regulations (2005) Emergency Committee; and piloting the Universal Health and Preparedness Review. The role of the national IHR focal points should be strengthened and the existing framework for the Regulations enhanced. She encouraged the Chairs of the review mechanisms to work more broadly with the regional committees and offices. The investigation into the origins of SARS-CoV-2 must be open, robust and scientifically rigorous. WHO must continue its efforts to strengthen the operational and administrative resilience of the WHO Health Emergencies Programme, including by: implementing all recommendations issued by the Internal Oversight and Advisory Committee; ensuring strong leadership in complex contexts; further developing recruitment and administrative capacity; ensuring a sensitive approach to conflict settings; and safeguarding staff and communities.

The representative of the REPUBLIC OF KOREA expressed appreciation for the work of the three review mechanisms, whose final recommendations would guide future collective action. Member States must promote early detection of a public health emergency of international concern and notification to WHO. He emphasized the importance of surveillance required under the International Health Regulations (2005), in particular the establishment of an evidence-based surveillance system, the reinforcing of diagnostic capacity and the strengthening of the functions of national IHR focal points. The discussions on improving the Regulations would help to ensure WHO's effective and proactive response to future global infectious diseases. He encouraged Member States to support the work of the Support Group for Global Infectious Disease Response. His Government would continue to actively engage in discussions on reform.

The representative of CHILE expressed appreciation for WHO's capacity to adapt in response to the challenges posed by the COVID-19 pandemic; its work had highlighted the important role played by the Organization. Collaborative work on the Access to COVID-19 Tools (ACT) Accelerator must continue to ensure global access to tools to fight COVID-19, including equitable access to vaccines through the COVAX Facility. He welcomed the Organization's work in implementing resolution WHA73.1, in particular regarding the evaluation process, which should strengthen WHO and result in measures to enable both Member States and the Secretariat to respond more effectively and efficiently in the future. Emphasizing the importance of multilateralism, he thanked the Secretariat and other Member States in the Region of the Americas for their support in his country's response to the pandemic. The pandemic had underscored the vulnerability of older populations; the Decade of Healthy Ageing (2020–2030) would contribute to ensuring that older people had better, healthier and longer lives. He reiterated his Government's commitment to contributing to global health objectives and to ensuring healthy lives and well-being for all.

The representative of JAPAN¹ said that, to improve preparedness, Member States should strengthen the role and functioning of the Internal Oversight and Advisory Committee as a legitimate oversight body for the WHO Health Emergencies Programme. In addition, Member States should consider strengthening networking and early reporting mechanisms and surveillance capacities during crisis-free times, including through increased collaboration with other countries and regional crisis management centres, so as to enable a swift initial response. His Government was committed to contributing to global efforts to improve health for all people, including by promoting universal health coverage through resilient and inclusive health systems, sustainable financing for health and strengthened multilateral and bilateral cooperation.

The representative of PAKISTAN² said that the Review Committee must focus on minimizing all factors that could cause delays in response. The COVID-19 pandemic should be used as a catalyst for lasting and systemic change to improve preparedness and response to future incidents. More decisive and effective steps were needed to develop the core capacities required by the International Health Regulations (2005). Collaboration and support should be scaled up and aligned with national efforts to enable countries to build strong, resilient and integrated health systems. Any discussions on the Regulations must focus on technical assistance, financing and capacity-building to enable developing countries to achieve their public health goals. Vaccines against COVID-19 must be distributed early and equitably among all countries, with priority given to older people and health care workers.

The representative of ZAMBIA¹ commended the work carried out under the ACT-Accelerator and the COVID-19 Technology Access Pool (C-TAP), as well as the initiatives of the Global Preparedness Monitoring Board. Although progress had been made, inequities persisted, particularly among the most vulnerable members of society. It was therefore crucial to ensure that the COVAX Facility attained the purpose for which it had been established. He recognized the Secretariat's efforts to support Member States and applauded its commitment to redoubling efforts in the evaluation work of the three review mechanisms. His Government supported the draft decision and wished to be added to the list of sponsors.

The representative of CHINA, speaking in exercise of the right of reply, said that Taiwan³ was part of China, as recognized by the broad consensus among the international community. United Nations General Assembly resolution 2758 (XXVI) (1971) and World Health Assembly resolution WHA25.1 (1972) provided the legal basis for WHO to observe the one-China principle. Member States had made irresponsible remarks challenging the one-China principle and undermining global collective efforts to fight against the COVID-19 pandemic and to which he firmly objected. Participation of the Taiwan region² in the activities of international organizations should be guided by the one-China principle and organized on the basis of cross-Strait consultations. The Taiwan² authorities refused to accept the one-China principle and the political foundation for the participation of the Taiwan region¹ in the meetings of the Health Assembly therefore no longer existed.

The Government of China attached great importance to the health and well-being of the people of Taiwan² and special arrangements had been made for the Taiwan region² to participate in related activities. Since the outbreak of COVID-19, cross-Strait channels of communication between the Taiwan region² and WHO, including for exchanging technical information, had remained open and arrangements during the pandemic had been reasonable and effective, with no gaps in prevention and control. Attempts by Member States to use the meetings of the governing bodies to push for a two-China or one-China, one-Taiwan solution would not succeed. The Member States in question should instead

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

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

³ World Health Organization terminology refers to "Taiwan, China".

focus on prevention and control of epidemics and safeguarding the health of their populations and the international community through cooperation and solidarity.

The meeting rose at 17:00.

FIFTH MEETING

Wednesday, 20 January 2021, at 10:15

Chair: Dr H. VARDHAN (India)

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

1. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 14 of the agenda (continued)

WHO's work in health emergencies: Item 14.2 of the agenda (documents EB148/17 and EB148/INF./4) (continued)

- **Strengthening WHO's global emergency preparedness and response** (document EB148/18) (continued)
- **Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)** (document EB148/19) (continued)

Mental health preparedness and response for the COVID-19 pandemic: Item 14.3 of the agenda (document EB148/20) (continued from the third meeting, section 1)

The representative of MEXICO¹ endorsed the remarks delivered by the representative of the Republic of Korea on behalf of the Support Group for Global Infectious Disease Response and expressed support for the draft decision. Given the apparent consensus, he hoped that discussions on the creation of a peer review mechanism, among other proposals, would continue to advance in the coming weeks. The various review bodies must be allowed sufficient time to cover all areas of inquiry, especially regarding the effectiveness of travel restrictions, possible amendments to the International Health Regulations (2005) and a graded alert system for declaring health emergencies of international concern.

The representative of CANADA¹ endorsed the statements delivered by the representatives of Australia and the Republic of Korea. The draft decision would help Member States to reach a consensus. There should be further reflection on the content of the reports under consideration, with a view to drawing up a draft resolution for the next Health Assembly. Further work from the Independent Panel on Pandemic Preparedness and Response should include recommendations on a new global pandemic framework encompassing institutions from across the policy spectrum; inquiry into how the global alert system could be modernized; and investigation of how metrics for assessing national preparedness capacity could be improved.

The Secretariat should engage transparently with Member States on the proposed universal health and preparedness review and provide additional details. Any new review mechanisms should build on or incorporate existing mechanisms, such as the joint external evaluations. The Independent Panel and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response should also continue to mainstream gender and equity considerations.

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

The representative of SRI LANKA,¹ speaking on behalf of the Member States of the South-East Asia Region, said that the complexity of WHO's role during the COVID-19 pandemic required strong collaboration and coordination at the national, regional and global levels. The ongoing WHO-led discussions and initiatives were therefore welcome. It would be essential to engage with a wide range of stakeholders when deliberating and collecting information, and to recognize each stakeholder's respective role and area of responsibility. The focus should be on promoting universal implementation of the International Health Regulations (2005) while striking a balance between economic concerns and public health when it came to international travel and trade. WHO was facing expectations that were arguably beyond its capacity; Member States in her Region were therefore committed to doing their part to strengthen global health security.

The representative of the PHILIPPINES¹ outlined legislation enacted in her country to strengthen the whole-of-government approach to implementing the International Health Regulations (2005) in response to public health threats, adding that the limited authority of national IHR focal points often led to delayed reporting. She expressed appreciation for the logistical and technical assistance provided to her country and encouraged other governments, even those with limited capacity to contribute financially, to support the WHO Contingency Fund for Emergencies.

The representative of DENMARK¹ expressed strong support for the independent evaluation of the COVID-19 response; it would be important for all recommendations to be reflected in future work. The COVID-19 pandemic had shown the need for a strong, sustainably funded WHO. Her Government therefore planned to double its voluntary contribution. Emergency preparedness and response was a key objective, but the Organization's capacity to carry out other key tasks set forth in its Constitution must also be safeguarded. She stressed the importance of improving emergency alert and reporting mechanisms, sharing outbreak information in timely fashion, increasing international cooperation on zoonotic diseases and strengthening WHO's normative role.

The representative of NEW ZEALAND¹ said that, given that the COVID-19 pandemic had exacerbated inequalities and stalled progress towards the Sustainable Development Goals, equity must be put at the centre of health protection initiatives and emergency response. The Secretariat should provide Member States with guidance and support that were tailored to their unique circumstances, particularly for lower- and middle-income countries and small island developing States. While it was important to make existing national capacity reporting mechanisms more transparent, she was open to considering a new mechanism for reviewing countries' preparedness. Immediate intersession work should be carried out to strengthen WHO and identify quick wins to improve the global health emergency response system.

The representative of JAMAICA¹ said that WHO must continue to support targeted government action to provide access to safe, high-quality essential health services, particularly in smaller, resource-constrained countries. Multilateral work should also be maintained on priority issues such as noncommunicable diseases, human resources for health and the health impacts of climate change. He welcomed the key areas for action that had been identified and proposed that support packages to Member States should include adaptable communication strategies for addressing issues such as vaccine hesitancy.

The representative of MONACO¹ said that, while the full economic and health impacts of the COVID-19 pandemic remained to be seen, a multilateral response would clearly be needed to prevent and control future epidemics and pandemics. The reports under discussion contained useful recommendations for the way forward. Her Government was committed to working over the coming

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

months to strengthen implementation of the International Health Regulations (2005), improve the global emergency alert system, fight misinformation and, most importantly, save human lives.

The representative of NORWAY¹ expressed support for the draft decision and for raising assessed contributions and strengthening WHO's authority, including through an independent investigation into the origins of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The Secretariat should also develop a programme for generating knowledge on non-pharmaceutical interventions and how they might be applied effectively.

The representative of SWEDEN¹ welcomed the proposed universal health and preparedness review and the ongoing reviews of WHO's role in emergencies. All Member States must work together to deliver on the reviewers' recommendations once finalized. The COVID-19 pandemic and recent Ebola virus disease outbreak had highlighted the need for better prevention and well-equipped country offices. It was also crucial to boost donor trust so as to secure flexible funding for the WHO Emergencies Programme and the WHO Contingency Fund for Emergencies. Despite the increased focus on global health security, the Organization must not lose sight of its important role in promoting health and supporting resilient health systems.

The representative of AFGHANISTAN¹ said that the Secretariat and Member States must prepare for future emergencies by supporting countries with weak and fragile health systems and helping them to build resilience. He commended the Secretariat and its partners for working to develop the Access to COVID-19 Tools (ACT) Accelerator and the COVID-19 Vaccine Global Access (COVAX) Facility; the emerging variants of the disease made a rapid and equitable rollout of COVID-19 vaccines all the more important.

The representative of CUBA¹ expressed support for WHO's work, particularly on implementation of the International Health Regulations (2005). However, a more exact definition of implementation was required. The Organization should focus on vulnerable populations and achieving universal access to medicines, avoiding impartial or excessive criticism of specific countries in its reports. He looked forward to receiving the final reports from the review bodies at the following Health Assembly.

The representative of FRANCE¹ expressed support for the ongoing evaluations and proposed reforms, in particular in respect of reinforcing WHO's role in coordinating emergency preparedness and response; scaling up alert systems; strengthening implementation of the International Health Regulations (2005); and establishing an on-the-ground investigation mechanism. The COVID-19 crisis had thrown into relief the need for reliable, science-based information on the link between human, animal and environmental health, which must be better understood and taken into account by governments and civil society. She therefore supported the establishment of the One Health High-Level Expert Council. It would be particularly important to decide on a timeline for implementing the proposed reforms once the review bodies issued their final reports.

The representative of the SYRIAN ARAB REPUBLIC¹ agreed with the representative of China that the evaluation of emergency preparedness and response efforts must be objective, global and balanced. She hoped that WHO's work in that regard would concentrate on international cooperation and joint efforts to defeat the COVID-19 pandemic.

The representative of SWITZERLAND¹ said that there must be coordination between the various ongoing evaluations. Member States should be consulted with a view to forming common recommendations. Her Government favoured an approach based on a universal health architecture and would continue to provide input in that regard. The recommendations of the report contained in

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

document EB148/18 were welcome, but Member States needed more information regarding some of them. The WHO Emergencies Programme required better tools and more sustainable financing. She therefore supported the draft decision.

The representative of THAILAND¹ said that it was urgent to reinforce risk communication and community engagement. The WHO Emergencies Programme should strengthen not only its operations but also its governance and management of health emergency systems, which would require a whole-of-government approach and coordination across sectors, among other considerations. The Programme also required predictable, reliable and sustainable financing. Improved epidemiological and laboratory data would help to address the root causes of public health emergencies, identify weak links and improve early warning systems. He called on the Board to adopt the draft decision.

The representative of BRAZIL¹ said that Member States' role in oversight and decision-making should be strengthened by clarifying mandates; fostering mutual trust; using resources more effectively and aligning funding with the priorities set by the full membership; and putting equitable access to high-quality medicines and other health products at the centre of the Organization's work.

The initiatives launched by the Secretariat in parallel to the review processes would have benefited from prior discussions with Member States to avoid duplication of efforts and pre-emption of Member-State-led negotiations; WHO must not risk according privileges to States with greater financial resources. In that regard, the Secretariat should provide more details on expanded pathogen-sharing networks, in particular the new WHO BioHub. Collaborative structures that took advantage of countries' existing capacities would be a more inclusive way forward. She also requested more information on the planned global strategy on arboviruses.

The representative of BELGIUM¹ said that it was urgent to revise the Organization's approach to international travel recommendations, especially given the emergence of new variants of COVID-19. The low correlation between the outcomes of assessments on implementation of the International Health Regulations (2005) and the real effectiveness of countries' responses to the pandemic was a reason fundamentally to rethink the concept of preparedness. WHO, OECD, the European Union and other relevant organizations should align their visions and actions on emergency preparedness into a coherent global approach.

The representative of TURKEY,¹ observing that the presentations on the review processes had set forth key areas for action and ways forward at the national and international levels, expressed confidence that an achievable roadmap could be developed, and that the Independent Panel would take into consideration the shortcomings and strengths of WHO's current work in health emergencies.

The representative of SPAIN¹ said that the COVID-19 pandemic had shown the need to improve WHO's capacities, preparedness, guidance and support for Member States. The Organization should strengthen its efforts to coordinate international health emergencies, take coherent action and avoid duplication of efforts. The work of the various review bodies must be promoted. It was important not to neglect events that did not meet the criteria of a public health emergency of international concern under the International Health Regulations (2005) but nonetheless required an urgent, large-scale response tailored to the country in question. A strong and well-trained network of national IHR focal points was also essential. Tangible results of the WHO transformation process should be presented at the next Health Assembly.

The representative of ECUADOR¹ said that the respective functions and responsibilities of the Secretariat and Member States should be more clearly defined in the International Health Regulations (2005). Political support and resources for implementing the Regulations were insufficient and inconsistent at both the national and international levels, and major gaps in pandemic preparedness

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

remained, particularly in terms of surveillance and other essential public health functions; the role of national IHR focal points; and risk communication and management.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that collective efforts from all stakeholders were needed to save lives and minimize the impact of public health emergencies. Member States should therefore work more closely with non-State actors (including youth-led organizations), establish a comprehensive strategy, encourage data-sharing and transparent communication, and ensure the safety and well-being of all health care workers in emergency settings, including students.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, condemned the killing of health workers in conflict zones. Community health workers were being deployed in the COVID-19 response without proper pay or personal protective equipment; Member States must ensure their safety and security, and invest in improving their working conditions.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, expressed concern that palliative care was not included in the report on health emergencies. Surveys showed that the vast majority of people living through humanitarian crises did not receive the palliative care they needed, despite the inclusion of palliative treatments on WHO's list of essential medicines. It was crucial that palliative care should be integrated into WHO's work in emergency situations and its response to health emergencies.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that WHO was uniquely placed to deliver a democratic and equitable emergency response, but was underfunded. The Organization should raise the amount of assessed contributions and not let powerful donors shape its priorities. The International Health Regulations (2005) should be amended to include the Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights, and the Secretariat should support implementation to avoid placing an unfair burden on lower- and middle-income countries. She called on Member States to endorse the COVID-19 Technology Access Pool and the waiver to the Agreement on Trade-Related Aspects of Intellectual Property Rights.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, said that it was critical to develop technical capacity in field of epidemiology to protect the world from future pandemics and other health emergencies and that, to that end, the Secretariat and Member States should support the work of his association's strategic leadership group.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIR, said that the ability of health systems to respond to current and future public health emergencies would remain limited until investment in anaesthesia and perioperative care was prioritized. Member States should develop national anaesthesia plans, invest in training the necessary workforce and adopt the recommendations of the WHO essential medicines list and the International Standards for a Safe Practice of Anesthesia drawn up by WHO and her federation.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that his statement was also on behalf of the Global Self-Care Federation. The COVID-19 pandemic had proven the importance of timely pathogen-sharing. However, sharing of samples and data was hampered by the burdensome bilateral system set forth under the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological

Diversity. He therefore supported the approach recommended by the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response.

The representative of THE COCHRANE COLLABORATION, speaking at the invitation of the CHAIR, said that timely, evidence-informed global health policy was essential in the era of COVID-19. As the world began to look beyond the pandemic, it should reflect on what preparedness for future emergencies should involve, which surveillance systems were needed and what the research community could do to support WHO and countries. Her association would continue to provide WHO with evidence syntheses for the remainder of the pandemic and contribute to global health emergency preparedness in the future.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, described the challenges faced by front-line health workers in emergency situations, including protecting civilians and adhering to medical neutrality. Those issues must be incorporated into discussions of public health emergency policy. She called on Member States to promote and implement the Ethical Principles of Health Care in Times of Armed Conflict and Other Emergencies; implement United Nations Security Council resolution 2286 (2016); and support WHO efforts to document attacks on health workers and facilities.

The CO-CHAIR OF THE INDEPENDENT PANEL FOR PANDEMIC PREPAREDNESS AND RESPONSE noted the call for the Independent Panel and other review bodies to be complementary and agreed with the Board's view that the Independent Panel should produce a practical, robust, contextualized and implementable report. The Independent Panel's second progress report had been informed by the review of hundreds of documents, cross-sectoral expert consultations, peer studies and submissions from Member States, academia, civil society and individuals. The Independent Panel had also collected nearly one hundred interviews from people working on the front lines of the pandemic and would continue to access data from China as it worked to establish an exact chronology of the emergence of SARS-CoV-2.

Investment in pandemic preparedness was an investment in collective health security. The massive loss of life and gross domestic product around the world should be argument enough for governments to invest in real change. She looked forward to working with all Member States to achieve that shared objective.

The EXECUTIVE DIRECTOR (Emergency Preparedness and Response) said that Member State comments on the importance of risk communication and community engagement were particularly pertinent. In response to concerns over strained health infrastructure and workers, the Secretariat was tracking working conditions, training and provision of personal protective equipment for front-line health workers. The Cochrane Collaboration's collaboration with WHO to synthesize evidence was greatly appreciated; it was crucial to use every resource on the global stage to support that process and quickly enhance the Organization's capacity. The Independent Oversight and Advisory Committee had also played a fundamental role, providing regular input and constructive guidance on WHO's field response.

As one representative had noted, regional platforms were essential to translating the global health architecture into national and local action. The Secretariat was working with the regional directors and regional emergency directors to ensure that regional platforms, which provided the bulk of real-time support to Member States and were a huge asset to the Organization, were effective.

In response to comments on transparency and data reporting by the WHO Health Emergencies Programme, he reminded representatives that the Programme received its initial epidemic alert data from an open-source platform that generated 9 million hits every month on potential epidemics around the world; artificial-intelligence-driven engines reduced that number to 500 000 hits requiring review, of which 7000 had to be followed up with Member States, with 300 then requiring on-the-ground investigation. WHO and its partners were thus constantly conducting field investigations, and it was up to Member States whether teams were deployed. Facilitating global and regional platforms to access the

field was thus an important driver of success for epidemic alert and response, and for health emergencies management more generally. Representatives should take that into consideration as they continued their deliberations.

The ASSISTANT DIRECTOR-GENERAL (Emergency Preparedness and International Health Regulations) said that the COVID-19 pandemic had revealed gaps in evaluation tools that needed to be complemented and enhanced by initiatives such as the proposed universal health and preparedness review. A number of Member States were already involved in developing the review; comments, contributions and expressions of interest in joining were all welcome. Simulation exercises also provided useful perspectives on national and regional preparedness, as did after- and intra-action reviews. WHO would continue to consult with all parties in 2021 to draw lessons from the current pandemic and translate them into action.

Member States should carry on building their local, national and regional capacities, especially in urban centres, where weaknesses remained. More than 70 national health plans had been identified as being insufficiently implemented and financed. Sustainable financing at the local and international levels would enable the Secretariat to better map out resources and channel them to support those national plans. The Secretariat would also continue to support Member State efforts to build their capacity to contain outbreaks and empower local communities to engage with their health systems.

On the One Health approach, he agreed that it was important to strengthen the prevention and early detection of zoonotic diseases and related health issues affecting humans, animals and the environment. All available technologies must be used to contain emerging zoonotic diseases and determine their sources. Oversight of health measures must also be improved in collaboration with parliaments, the health sector and the private sector.

Member States had made it clear that they considered the International Health Regulations (2005) to be the cornerstone of global health emergency preparedness. However, as the Independent Panel stated in its report, some aspects of the Regulations might require reconsideration if the world was to be better prepared. He agreed that the national IHR focal points played a fundamental role in promoting the Regulations and should be further empowered; the Secretariat would continue working with the regional and country offices to that end, drawing lessons, sharing up-to-date knowledge and exchanging information, expertise and best practices.

The ASSISTANT DIRECTOR-GENERAL (Emergency Response) said that, while responding to COVID-19 was the current priority, WHO emergency response teams were also responding to other health crises and to natural and human-caused disasters such as the explosion in Lebanon. Their work was science-based and guided by openness to learning. While the WHO R&D Blueprint had been discussed primarily in the COVID-19 context, it had also led to the development of the Ebola virus disease vaccine, the ultra-cold-chain technology for transporting it, and vaccines for other priority diseases.

The Emergency Response Framework was being updated to take into account lessons learned during the current pandemic, including in terms of operational support and risk management. The updated edition also gave pre-eminence to prevention of sexual abuse and exploitation; WHO was determined to ensure that the issue was given the same importance as technical considerations. The global network of emergency response centres was also being strengthened, to create a more direct link between alerts, verification and response.

Thanks to the Member States' support, WHO was able to respond to most emergencies within 24 to 48 hours. The Organization worked with over 900 partners on health situations in humanitarian crises, and he hoped for a strengthened presence in the countries concerned so that the WHO country offices could provide a front-line response. The idea of a global emergency workforce that went beyond WHO was also being developed. The Organization would continue to respond to all emergencies and to update its approach to national preparedness.

The EXECUTIVE DIRECTOR (Emergency Preparedness and Response), continuing to respond to points raised, assured Member States that the Secretariat was very conscious that gender was both a risk factor for disease and a driver of inequitable access to health services, particularly in emergency situations. All data collected by WHO were disaggregated by gender in order to track those inequities. He thanked the Government of Denmark for its increased voluntary contribution and focus on emerging zoonoses. Roles and responsibilities under the One Health approach to zoonotic diseases were shared across the Organization, with the Deputy Director-General leading WHO's participation in the One Health High-Level Expert Council. Regarding the spread of misinformation, he said that "infodemic" management was becoming a major part of WHO's activities in risk communication and community engagement. For the first time, WHO had aligned one of its specific operations – not merely shared ideas – with UNICEF and the International Federation of Red Cross and Red Crescent Societies to provide collective risk-communication and community-engagement services during health emergencies. He agreed that better understanding was needed of how non-pharmaceutical interventions were being adopted, how to measure compliance, and how to implement and monitor their use. Insufficient understanding of non-pharmaceutical interventions could damage the relationship between WHO and communities. The influenza programme, in particular, was focusing on the issue.

The DIRECTOR (Global Infectious Hazard Preparedness) said that many countries had already offered to share samples and viruses through the WHO BioHub on a voluntary basis. The Secretariat was therefore working with the Swiss Government on how to operationalize the platform rapidly and contacting laboratories where samples might be sent. The plan was to take concrete steps within the coming weeks, starting with limited sharing of SARS-CoV-2 samples, before potentially scaling up the system. She hoped to provide more details at the next Health Assembly. The requisite discussions with Member States on access and benefit-sharing would take place in parallel to operationalization.

The Secretariat had begun to develop a global strategy on arboviruses, which could well cause a future pandemic. While a global strategy was needed, the diseases spread by arthropod vectors were diverse; for some, vaccines were already available, and strengthened prevention and control – including a comprehensive and coordinated approach to vector control – were required. WHO would build on its previous achievements to address the remaining gaps and challenges.

The EXECUTIVE DIRECTOR (Emergency Preparedness and Response) added that dealing with arboviruses involved not only epidemic alert and response operations but also prevention, environmental control and vector control. Such diseases required a multidepartmental, multiagency, multisectoral response.

The DIRECTOR-GENERAL observed that there was a clear consensus that WHO must be strengthened, repositioned and recalibrated so that it could deliver better results to the people it served. The considerable changes that had taken place over the past three years, including on emergency preparedness and response, had been in line with Member State requests. In response to regular calls since the start of his tenure to take emergencies seriously, the Secretariat had created the Global Preparedness Monitoring Board, the Emergency Preparedness Division, the Division of Data, Analytics and Delivery for Impact, and the Science Division (and position of Chief Scientist), to address the normative angle. Such efforts took time but would continue to be built upon.

The current pandemic was unprecedented, and while the various review bodies were still developing their recommendations, certain steps could be taken immediately. One such initiative, the WHO BioHub, functioned as a platform for voluntary sharing. Having been part of a Member State delegation, he knew that the sharing of genetic material could be contentious, but nonetheless called on all Member States to join. The universal health and preparedness review would likewise be piloted as a voluntary mechanism. As with the BioHub, Member State support and cooperation would be key to its success in translating national preparedness into strong global preparedness.

Drafting a treaty on epidemic preparedness and response was an excellent way to generate political impetus for the International Health Regulations (2005). He requested Member States to form a working group to move the idea forward and, at a minimum, to prepare a draft resolution for the next

Health Assembly. The Global Preparedness Monitoring Board had proposed holding a summit, which was another excellent idea that could be implemented immediately. Member States should form a team to work alongside the Secretariat and the Monitoring Board to prepare for the summit, which would also generate momentum for a possible treaty and rally political support behind other ongoing changes at WHO.

In response to the comments on gender considerations, he noted that gender parity had been achieved at the executive management level, and gender equity was taken seriously in all aspects of the Organization's work. He thanked Member States for their support in that regard. Multilingualism was another area receiving attention, and much of the documentation related to COVID-19 was translated into up to 41 languages; Member State support would also be important to that effort.

The Board noted the reports and adopted the decision.¹

Mental health preparedness and response for the COVID-19 pandemic: Item 14.3 of the agenda (document EB148/20) (continued from the third meeting, section 1)

The representative of the REPUBLIC OF KOREA emphasized the fact that there could be no health without mental health and said that, while anxiety and fear had been the most common mental health issues in the early stages of the COVID-19 pandemic, socioeconomic disruptions were the current cause of widespread depression and anxiety. The following areas required attention: long-term monitoring of a range of mental health issues; continuous sharing of national policy interventions, which WHO should facilitate; the importance of sharing case studies on country interventions for mental health and psychosocial support and for WHO to support that exchange to support the mental health of staff in medical institutions; and the creation and distribution of messaging and press communications aimed at helping people with COVID-19 and other members of the public manage their own mental health and directing them to services where necessary.

The representative of BRAZIL² said that his Government attached great importance to mental health promotion, as evidenced by its participation in various international initiatives, the integration of mental health services into its unified health system, and its strengthened national reintegration programme for people who had been resident in psychiatric hospitals over a long period and whose social networks had been broken. As a recent WHO survey had shown, health emergencies risked disrupting existing mental health services in addition to being a risk factor for mental health issues.

The representative of CANADA² welcomed the report and its recommendations and agreed that COVID-19 response and recovery efforts should prioritize mental health and psychosocial support. The current crisis had revealed gaps in mental health services and demonstrated the need for effective tools to support mental health and well-being, for reliable information and for access to services without stigma or discrimination. People whose mental well-being had been disproportionately affected by the pandemic, including front-line health and care workers, must remain a priority. There was no health without mental health, and no recovery without mental health recovery. In anticipation of future crises, people-centred mental health services and psychosocial support should be integrated into all aspects of preparedness and response. All interventions must be evidence-based, and innovative ways should be developed of reaching people in vulnerable situations and remote communities.

The representative of JAMAICA¹ thanked the Secretariat for developing technical guidance, other resources and the recommended actions outlined in the report. Her Government remained committed to reducing stigma, discrimination and other barriers to accessing mental health services, especially during

¹ Decision EB148(2).

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

the pandemic, and she called on Member States to redouble their efforts to ensure their populations had access to essential mental health services.

The representative of FRANCE¹ said that mental health had been a worrisome issue worldwide even before the COVID-19 pandemic, which had only worsened the situation. She was pleased that it was being made a priority. She described action taken in her country and said that the third Global Ministerial Mental Health Summit, to be held in France in October 2021, would focus on the promotion of good-quality mental health systems that were based on human rights and best practices, thereby creating momentum for better integrating mental health into the global health agenda.

The representative of the PHILIPPINES,¹ noting the importance of legislation in standardizing and enabling remote mental health interventions, said that the available data did not capture the full spectrum of the pandemic's impact on mental health, but that indicators pointed to the need for improved access to, and delivery of, mental health services, especially among vulnerable populations such as seafarers. His Government, which wished to be added to the list of sponsors of the draft decision, supported the recommendations made in United Nations policy briefs on COVID-19, including on the need for greater investment in mental health infrastructure and workforce to improve service delivery. Continued technical guidance from WHO would be appreciated; the WHO Special Initiative for Mental Health and the results of the mental health investment case would help his country scale up efforts to build a mental health system that was resilient even during pandemics.

The representatives of CHILE and COLOMBIA said that their Governments wished to be added to the list of sponsors of the draft decision.

The representative of DENMARK¹ thanked the Secretariat for the actions taken to mitigate the effects of the COVID-19 pandemic on mental health. It was urgent to address the tragic fact that mental well-being was among the most neglected areas of health. Access to mental health services must be maintained for those who needed them most. The current momentum should be used to strengthen efforts for the future.

The representative of SPAIN¹ agreed with the Director-General's assessment that mental health should occupy an essential place in COVID-19 response measures. The pandemic had affected in particular the mental health and well-being of people suffering from COVID-19, their families, health care workers and people with mental disorders. She outlined her Government's approach to mental health care during the pandemic, which was in line with the recommendations contained in the report and would continue to be adapted and improved for the post-pandemic future.

The representative of EDUADOR¹ said that his Government had developed its COVID-19 preparedness and response plan based on the model provided by the international community and conducted annual self-assessments of its capacities in accordance with the International Health Regulations (2005). It was vitally important that the Secretariat and Member States join forces and take concrete steps to develop effective COVID-19 treatments and make vaccines available.

The representative of PERU¹ said that mental health was an ongoing challenge that merited greater attention. She was pleased that it had been included on the Board's agenda and supported the recommendations on maintaining mental health services and psychosocial support in emergencies. Measures taken by her Government included the establishment of telephone consultations, emotional support helplines and support groups for the bereaved.

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

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIR, expressed disappointment that the report failed to mention the long-term symptoms affecting roughly 10% of COVID-19 patients. Family doctors played a key role in delivering and coordinating mental health care and advocating for better integration of specialized and community-based services. Like all front-line health workers, family doctors required support to manage their mental well-being during the pandemic.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that mental health and well-being could only be achieved by shifting from an individualistic, clinical approach to a holistic, people-centred one that took social and economic factors into account. She urged WHO to develop effective guidelines so that health care workers were provided with decent working conditions and access to personal protective equipment and mental health helplines. Mental health services should be integrated into universal, solidarity-based, publicly funded systems.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that nurses all over the world were experiencing rising rates of mental distress. Service disruptions, underfunding and continued neglect of nurses' mental health risked making workforce shortages worse. Nurses were invaluable to mental health promotion, prevention and care, especially during the COVID-19 response. She urged governments to place mental health at the centre of their national COVID-19 response and recovery, and to scale up investment in sustainable, community-based mental health services.

The DEPUTY DIRECTOR-GENERAL, noting that the current discussion was a historic moment in that it marked the first time mental health was being considered under an emergency agenda item by the Executive Board, said that the Secretariat shared the concerns expressed by the European Union, the African Union and others, notably that mental health must be an integral part of preparedness, response and recovery from emergencies. She took note of the calls for a multisectoral, whole-of-society approach, better data and a consensus-based strategy. Mental health must be an unquestionable priority for all parties moving forward. She welcomed France's announcement that the third Global Ministerial Mental Health Summit would focus on the human rights dimension; the Secretariat would collaborate in the preparations.

One of the critical lessons learned from previous public health emergencies was that mental health care and psychosocial support were essential to short- and long-term recovery plans. Major stressors like the COVID-19 pandemic were a risk factor for a range of mental health conditions, especially when coupled with separation from social support networks, loss of loved ones and economic turmoil caused by the pandemic. COVID-19 infection was itself associated with mental and neurological complications, and pre-existing mental disorders increased the risk of severe illness, long-term complications or death from COVID-19. Human rights violations were also of particular concern.

The WHO Health Emergencies Programme and the Department of Mental Health and Substance Use had been working together closely during the COVID-19 pandemic to ensure that mental health and psychosocial support were an integral component of the response across the Organization's different areas of work, including case management, risk communication, community engagement, continuity of health service and coordination within countries and operations. It was an excellent example of intra-organizational cooperation that she expected to continue.

The Director-General had sent a message to all regional directors in April 2020 with a recommendation that they should integrate mental health and substance abuse into their emergency preparedness, response and recovery plans. Among other directives, the message had stressed that mental health care and psychosocial support in emergency situations should, at a minimum, feature cross-sectoral coordination and situation analysis, and that services must be maintained for people with severe mental health conditions. She assured Member States that funds had been allocated for mental health initiatives in 2020 and that the Secretariat would continue to monitor needs and communicate

with donors and partners to ensure that the mental health and substance abuse component of emergency preparedness and response plans was sufficiently funded. The next step would be to make sure that Member States received sufficient support at the level of primary health care and communities. In that regard, she was pleased to note the request to include a side event on the implementation of operational plans for primary health care at the next Health Assembly.

The EXECUTIVE DIRECTOR (Emergency Preparedness and Response) said that the Secretariat was actively working to better understand long-term symptoms of COVID-19 (“long COVID” syndrome) and collaborating with technical experts in mental health, neurology and rehabilitation across departments and units. A chapter on the syndrome had been included in the new expanded guidance on COVID-19 rehabilitation and management. A case definition was being developed, and the Chief Scientist was working to create a code under the International Statistical Classification of Diseases. The Secretariat was conducting global surveillance of the syndrome and would soon provide a formal definition for Member States. The Director-General had personally engaged with people suffering from long-term symptoms of COVID-19, and various departments across the Organization were working together to explore the issue and develop cohort studies in collaboration with patient groups and research institutions.

The DIRECTOR (Mental Health and Substance Use) said that emergencies presented the opportunity to strengthen mental health services, as had been demonstrated in a number of countries. The Secretariat was committed to demonstrating interagency leadership on mental health and to helping Member States build resilient mental health care systems capable of responding to the current crisis and future emergencies. Safeguarding the mental health of front-line health workers was an essential, collective priority.

Her Department had designed technical tools to guide the COVID-19 response on each of the aforementioned issues and would pursue those efforts. The Secretariat would also continue to provide documentation on lessons learned and train emergency staff at all three levels of the Organization on mental health issues. WHO and its partners were developing a range of technical tools and specialized materials on mental health as part of the response to the current crisis, including a package of minimum services for mental health and psychosocial support in emergencies, to be published shortly in partnership with UNICEF and UNHCR.

The Board noted the report and adopted the decision.¹

The meeting rose at 13:00.

¹ Decision EB148(3).

SIXTH MEETING

Wednesday, 20 January 2021, at 14:15

Chair: Dr H. VARDHAN (India)

later: Mr B. KÜMMEL (Germany)

later: Dr H. VARDHAN (India)

1. **REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD:** Item 4 of the agenda (document EB148/5)

The CHAIR reminded the Board that, in addition to discussing matters that fell under its mandate, the Programme, Budget and Administration Committee of the Executive Board had also issued concrete guidance on specific items on the agenda of the current session of the Board. The Board would be invited to consider the Committee's recommendations on each relevant item as it came under discussion by the Board.

The representative of TUNISIA, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee had welcomed the work of the Independent Expert Oversight Advisory Committee, in particular in the areas of cybersecurity, fraud prevention and the mental health of WHO staff. It had expressed support for the establishment of an independent commission to investigate allegations of sexual exploitation and abuse and the hiring of an external company to conduct fact-finding regarding allegations of such behaviour in the Democratic Republic of the Congo.

The Committee had expressed appreciation for the two-stage approach to the preparation of the draft proposed programme budget 2022–2023. It had supported the four key areas of strategic focus but had emphasized the need for WHO to strengthen its enabling functions and had requested a breakdown of how the proposed increase in the base segment would be allocated to WHO regions and countries. It had welcomed the continued prioritization of the transition of poliomyelitis (polio) assets, as well as efforts to update budget projections to reflect the extended polio eradication timeline. The Committee had expressed support for a sustainable financing approach that first identified the critical functions of the Organization and costed them and then identified appropriate sources of funding. It had urged the Secretariat to take corrective measures to address challenges related to implementation of the Programme budget 2020–2021 at the country level and to maintain the strong implementation of planned activities. In addition, the Committee had recommended that consideration of the proposed scale of assessments for 2022–2023 and the status of assessed contributions should be deferred to its thirty-fourth meeting. He also outlined the Committee's guidance on the WHO transformation agenda, the mobility policy, gender parity and geographical representation among WHO staff, human resources policies and implementation of the Framework of Engagement with Non-State Actors.

The representative of BANGLADESH emphasized the importance of implementing the recommendations issued by the Programme, Budget and Administration Committee and welcomed the progress made in that regard. The proposal to establish a working group on sustainable financing was welcome. He accepted the rationale for the two-stage approach to the preparation of the draft proposed programme budget 2022–2023, the proposed budget increase and the proposed extension of the date for achievement of the triple billion targets under the Thirteenth General Programme of Work, 2019–2023, to 2025. He requested the Secretariat to provide updates on the implementation status of the

recommendations issued by the Independent Expert Oversight Advisory Committee, including any challenges faced during the implementation process, as well as information on the steps the Secretariat would take to overcome funding gaps in the implementation of the WHO transformation strategy at the country level. He called for improved geographical representation from unrepresented and underrepresented countries and requested the Secretariat to keep Member States informed of the development of the diversity and inclusion strategy for the WHO workforce.

The representative of GHANA, speaking on behalf of the Member States of the African Region, commended the Secretariat's active engagement with Member States in the development of the draft proposed programme budget 2022–2023. The Secretariat should keep countries and people at the centre of all decisions and allocate the largest proportion of budgetary resources to country-level programmes to enable country offices to address the huge gaps in capacity. With regard to sustainable financing, Member States should align their expectations of the Organization with the level of resources provided. He requested the timely publication of governing bodies documents to allow adequate time for their review.

The representative of MEXICO¹ welcomed the recommendations issued by the Programme, Budget and Administration Committee and expressed his Government's willingness to participate in the proposed working group on sustainable financing.

The Board noted the report.

The CHAIR invited the Board to consider a draft decision on preventing sexual exploitation, abuse and harassment proposed by Australia, Belgium, Canada, Croatia, Denmark, Finland, France, Germany, Ireland, Israel, Italy, Japan, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Portugal, Romania, Slovenia, Spain, Sweden, Switzerland, United Kingdom of Great Britain and Northern Ireland and United States of America, which read:

The Executive Board, taking into account the report of the Programme, Budget and Administration Committee of the Executive Board,²

Noting the standards that WHO Member States require all international organizations to adhere to relating to the prevention of sexual exploitation and abuse and sexual harassment and their shared zero tolerance of sexual exploitation and abuse and sexual harassment, as well as for inaction in relation to sexual exploitation and abuse and sexual harassment, and concerned about the chronically limited resources and capacities of enabling functions of the WHO, including in, but not limited to, prevention capacities and the ethics and investigation function;

Bearing in mind that sexual exploitation, abuse or harassment may have negative physical and mental health consequences for the survivors; and stressing that the WHO has a responsibility to take measures to prevent sexual exploitation and abuse and sexual harassment, decided to request the Director General:

- (1) to enhance and implement a values-based, ethical and gender-mainstreamed organizational culture and environment, founded on the basis of accountability, transparency, fairness, inclusion and risk management in the context of the fight against sexual exploitation and abuse, sexual harassment and other misconduct at all levels of the Organization, including by:

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

² Document EB148/5.

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- (a) finalizing and adopting as soon as possible the WHO policies on preventing and addressing abusive conduct, upon adequate consultation with WHO Member States with an emphasis on effective preventive and protective measures;
 - (b) strengthening WHO's current prevention capacity in emergencies as well as globally when sexual exploitation and abuse and sexual harassment may be at greater risk of occurring in order to raise awareness and strengthen systems to prevent and respond to sexual exploitation and abuse and sexual harassment overall, but also from occurring within WHO operations;
 - (c) ensuring a safe, accessible and confidential reporting mechanism in order to facilitate and encourage reporting of sexual harassment, without fear of retaliation, as well as timely and comprehensive support for the survivors;
 - (d) raising the WHO's current investigative capacity from five investigators to bring it in line with that of other United Nations organizations of equivalent size and ensure that all instances of misconduct, including sexual exploitation and abuse and sexual harassment, are investigated without undue delay and all responsible individuals are held to account by the Organization;
 - (e) ensuring that WHO's investigations team:
 - (i) has the requisite specialist skills and experience to investigate sexual exploitation and abuse and sexual harassment allegations in a survivor-centred manner;
 - (ii) is composed of both female and male investigators, to ensure gender-sensitivity when dealing with survivors, alleged perpetrators and witnesses;
 - (f) ensuring WHO's policies and procedures are survivor-centred and align with United Nations system-wide and Inter-Agency Standing Committee (IASC) initiatives, including through:
 - (i) full implementation of the IASC Minimum Operating Standards on Preventing Sexual Exploitation and Abuse, including ensuring that community-based complaint mechanisms are adapted to local contexts by ensuring community participation;
 - (ii) the United Nations Protocol on Allegations of Sexual Exploitation and Abuse involving Implementing Partners;
 - (iii) the United Nations Implementing Partner Protection from Sexual Exploitations and Abuse Capacity Assessment;
 - (iv) recommended measures of the Chief Executives Board for Coordination (CEB) Task Force on Addressing Sexual Harassment within the organizations of the United Nations system, including on accelerated use of the ClearCheck database to prevent individuals who are found to have engaged in sexual exploitation and abuse and sexual harassment, threatened or attempted to intimidate survivors or witnesses from coming forward with sexual exploitation and abuse and sexual harassment allegations or otherwise violated WHO's sexual exploitation and abuse and sexual harassment policies, from working for any United Nations organization;
 - (g) ensuring corporate risk and compliance functions are enhanced at all three levels of the Organization;
 - (h) progressively ensuring integration of risk management and prevention of sexual exploitation and abuse and sexual harassment awareness and understanding into the recruitment and the performance management agreements of all staff, consultants and contractors, and require and provide necessary training to support this;
 - (i) ensuring that business integrity, accountability and oversight functions are adequately resourced to carry out their mandates;

- (2) to ensure sufficient service delivery to organizations to which WHO provides services related to prevention of sexual exploitation and abuse and sexual harassment, in accordance with relevant service-level or other agreements;
- (3) to provide updates to Member States via quarterly briefings on the actions above and on WHO's wider work to prevent sexual exploitation and abuse, sexual harassment and other misconduct, including progress on the Independent Commission on Allegations of Sexual Exploitation and Abuse in the Democratic Republic of Congo and the implementation of recommendations from the Prevention of Sexual Exploitation and Abuse Senior Support Mission to the Democratic Republic of Congo;
- (4) to include the above in the annual reports of the enabling functions to Member States at the World Health Assembly.

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

Decision:	Preventing sexual exploitation, abuse and harassment
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:	4.2.2. The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation
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:	<ul style="list-style-type: none"> • To undertake and coordinate training and prevention activities (awareness-raising, communication, development of background materials) on sexual exploitation and abuse and sexual harassment; and • To manage “reports of concern” involving abusive conduct (that is sexual exploitation and abuse and sexual harassment, as well as other types of abusive conduct addressed in the upcoming policy). <p>Note: There are additional elements related to the implementation of the draft decision that require further analysis, including in relation to “strengthening WHO’s current prevention capacity in emergencies”. These and other related elements towards achieving the objectives of the draft decision are being developed in the context of a holistic and integrated approach to preventing sexual exploitation, abuse and harassment</p>
4. Estimated time frame (in years or months) to implement the decision:	Three years as costed, then continuing indefinitely as a policy integrated into each Programme budget.
B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 4.31 million.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 0.17 million.

2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions: US\$ 0.76 million.
3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions: US\$ 3.38 million.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions: To be determined.
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\$ 0.18 million. Note: Re-programming of the existing activities funds. – Remaining financing gap in the current biennium: US\$ 0.75 million. – Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium: Funding gap to be dealt with through the re-programming of existing funding.

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	–	–	–	–	–	–	0.16	0.16
	Activities	–	–	–	–	–	–	0.01	0.01
	Total	–	–	–	–	–	–	0.17	0.17
2020–2021 additional resources	Staff	–	–	–	–	–	–	0.65	0.65
	Activities	–	–	–	–	–	–	0.11	0.11
	Total	–	–	–	–	–	–	0.76	0.76
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	3.23	3.23
	Activities	–	–	–	–	–	–	0.15	0.15
	Total	–	–	–	–	–	–	3.38	3.38
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The DIRECTOR (Compliance and Risk Management and Ethics) underscored the Secretariat's commitment to its zero-tolerance policy on sexual exploitation and abuse. All members of the independent commission established by the Director-General to investigate allegations of sexual exploitation and abuse in the Democratic Republic of the Congo had now been appointed and the procurement process for an external company to conduct investigations was under way. The independent commission's first progress report was expected at the end of January 2021. WHO was actively involved in the work of the Inter-Agency Standing Committee with a view to strengthening the network for protection against sexual exploitation and abuse in the Democratic Republic of the Congo and

establishing a United Nations system-wide strategy on prevention of sexual exploitation and abuse in the country, and was also supporting the network by recruiting a coordinator in Goma. The Secretariat was fully committed to implementing the Standing Committee's recommendations, in particular the deployment of a sexual exploitation and abuse prevention unit within the epidemic response team. In cooperation with its Standing Committee partners, WHO would also refine its scale-up and response model with a focus on maintaining sufficient oversight of recruitment, procurement and other activities to limit the risk of sexual exploitation and abuse and ensuring a victim-centred approach in investigations, reporting mechanisms, victim-protection measures and the deployment of personnel during emergencies.

Nearly 95% of all WHO staff and affiliated personnel had completed mandatory training on the prevention of sexual exploitation and abuse and WHO's implementing partners had minimum standards in place to prevent and respond to such behaviour. WHO's general contractual conditions had been updated to underpin the Organization's zero-tolerance policy and a question on sexual exploitation and abuse policies and investigations had been added to the checklist for emergencies sent to implementing partners. The Secretariat was in the process of finalizing a report on all allegations of sexual exploitation and abuse involving WHO staff and affiliated personnel to be submitted to the United Nations Secretary-General.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the rapid establishment of the independent commission and emphasized that it should become fully operational and complete its work as soon as possible. Noting that accountability, responsibility and oversight were vital to the Organization's reputation, he welcomed the progress made in several areas, as well as WHO's increasing engagement in successful United Nations system-wide initiatives, but expressed concern at remaining gaps such as the inadequate resourcing of its enabling functions. Several recently conducted reviews and reports, including those of the Independent Expert Oversight Advisory Committee and the United Nations Joint Inspection Unit, contained recommendations relevant to WHO's work on the subject. The Secretariat should work more closely with Member States to support collective efforts to prevent sexual exploitation and abuse. With regard to the draft decision, he proposed that all text after the word "misconduct" in paragraph 3 should be deleted to avoid singling out a particular Member State.

The representatives of AUSTRIA, CHILE and NORWAY¹ said that their Governments wished to be added to the list of sponsors of the draft decision.

The representative of INDONESIA expressed appreciation for the Secretariat's efforts to address sexual exploitation and abuse and looked forward to receiving a progress report on the matter. Her Government wished to be added to the list of sponsors of the draft decision.

The representative of GHANA, speaking on behalf of the Member States of the African Region, expressed support for the draft decision. Sexual abuse was a global problem and not specific to one WHO region or country office. The Secretariat should review and strengthen existing mechanisms to prevent sexual abuse, exploitation and harassment at all three levels of the Organization.

The representative of the UNITED STATES OF AMERICA welcomed the work of the independent commission. All forms of sexual exploitation, abuse and harassment were unacceptable and undermined the mission of and trust placed in the organizations of the United Nations system. She welcomed the development of a new policy on the prevention of abusive conduct, and would appreciate the opportunity to view the text of the policy before its publication. Appropriate mechanisms and systems should be put in place to support the effective implementation of such policies. The Secretariat should implement a survivor-centred approach to enable survivors and those at risk to safely report such behaviour through strengthened reporting mechanisms and access support. Perpetrators must be held

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

accountable and prevented from working within the United Nations system or with implementing partners. She welcomed the Secretariat's efforts to respond to and address reported incidents. However, in addition to training staff on their obligations, the Secretariat should enhance efforts to prevent and mitigate sexual exploitation, abuse and harassment, including by conducting comprehensive risk analysis, increasing the proportion of female staff and ensuring robust staff oversight.

The representative of ISRAEL said that the draft decision contained action-oriented solutions and sent a clear message that all international organizations should share a zero-tolerance policy towards sexual exploitation, abuse and harassment. The Secretariat must allocate the necessary resources to tackle the issue, which was often underreported, and ensure that all staff upheld the highest standards in line with principles of transparency, fairness and inclusion. WHO now had an opportunity to lead by example in the United Nations system by taking decisive action on preventing sexual exploitation, abuse and harassment in its operations, holding perpetrators to account and providing support and protection for survivors.

The representative of the RUSSIAN FEDERATION said that, given the importance of preventing sexual exploitation, abuse and harassment to the success of WHO's work, the Secretariat should submit a separate document on the topic to the 149th session of the Executive Board indicating the mechanisms in place, identifying any weaknesses and gaps in those mechanisms and exploring how to improve current practices in line with those introduced by other organizations of the United Nations system. Member States would then be better placed to make informed decisions on the issue. He took note of the draft decision but requested that its consideration should be deferred to a subsequent session of the Board.

The representative of CANADA¹ said that the draft decision would provide the basis for tangible progress to be made in the prevention of sexual exploitation, abuse and harassment. She welcomed the steps taken by the Secretariat to date and would support its continued efforts to tackle the issue. She firmly condemned all forms of sexual exploitation and abuse in the provision of international aid and encouraged the Secretariat to adopt a victim- and survivor-centred approach. Lessons must be learned from recent experiences. WHO's credibility hinged on the conduct of all staff and affiliated personnel, which must be beyond reproach and centred on principles of equality and diversity. She called on the Secretariat to work with other entities of the United Nations system and humanitarian organizations to share best practices within the context of United Nations reform.

The representative of the NETHERLANDS¹ said that, in order to build trust in the Organization's important work, the Secretariat should share information on sexual exploitation, abuse and harassment more frequently and clearly. WHO's enabling functions must be adequately resourced to better support the Organization and its partners, including UNAIDS and IARC, in their work. She requested clarification on resourcing, both in the context of the draft proposed programme budget 2022–2023 and in comparison with similar multilateral organizations, in order to enable a comprehensive discussion on the sustainable financing of WHO's operations.

The representative of MONACO¹ said that, since the draft proposed programme budget 2022–2023 would be finalized at the current session of the Executive Board, the draft decision should also be adopted during the current session in order to enable implementation of the work set out therein.

The DIRECTOR (Compliance and Risk Management and Ethics) thanked Member States for their support for the Secretariat's work. He had taken note of the calls for: greater cooperation and sharing of experiences with entities of the United Nations system and other organizations; a survivor-centred approach; greater accountability for perpetrators; a comprehensive risk analysis; and

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

strengthened oversight of WHO staff and affiliated personnel, including to prevent the rehiring of perpetrators. The Secretariat was committed to tackling the persistent problem of unreported and underreported sexual exploitation and abuse.

Mr Kümmel took the Chair.

The CHEF DE CABINET said that, despite the myriad challenges posed by the coronavirus disease (COVID-19) pandemic, the Secretariat remained committed to the ambitious agenda that had been set at the 146th session of the Executive Board and to its zero-tolerance policy on sexual exploitation and abuse. One of the key challenges in the fight against sexual exploitation and abuse was the breadth of organizational activity it encompassed. The Secretariat would address the issues highlighted in the draft decision, such as investigations, training and adequate resourcing of WHO's accountability functions, and would increase momentum to ensure that those resources were deployed quickly and effectively. It would report to Member States on progress made in that regard.

It had been decided to establish an independent commission to investigate and address the allegations of sexual exploitation and abuse in the Democratic Republic of the Congo rather than refer the cases to investigators, so that the Secretariat could learn why women had been reluctant to report such misconduct and to use that knowledge to uncover the truth, protect and support victims, and prevent abuse in future. The ambitious approach taken by WHO was the first of its kind in the United Nations system. A report on the commission's work would be submitted to Member States at the Seventy-fourth World Health Assembly.

The Organization's work to tackle sexual exploitation and abuse was underpinned by the need to change the existing attitudes and culture. Achieving best-in-class processes was at the heart of the review process and the WHO transformation agenda. It was only by taking the necessary and appropriate action that a true difference could be made to the lives of those served by the Organization, as well as WHO staff. The Secretariat had taken on board Member States' comments and would report on sexual exploitation and abuse more regularly and work harder to drive change.

The SECRETARY read out the proposed amendment to the draft decision. Paragraph 3 would be amended to read: "to provide updates to Member States via quarterly briefings on the actions above and on WHO's wider work to prevent sexual exploitation and abuse, sexual harassment and other misconduct".

The representative of GHANA said that, in the light of the amendment to paragraph 3, his Government wished to be added to the list of sponsors of the draft decision.

The CHAIR took it that the Board wished to adopt the draft decision, as amended.

The decision, as amended, was adopted.¹

Dr Vardhan resumed the Chair.

¹ Decision EB148(4).

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES**2. BUDGET AND FINANCE MATTERS:** Item 17 of the agenda

Proposed programme budget 2022–2023: Item 17.1 of the agenda (documents EB148/25 and EB148/25 Add.1)

- **Sustainable financing** (documents EB148/26, EB148/26 Add.1 and EB148/26 Add.2)

Update on the financing and implementation of the Programme budget 2020–2021: Item 17.2 of the agenda (document EB148/27)

The CHAIR invited the Board to consider the reports contained in documents EB148/25, EB148/25 Add.1 and EB148/27. He also drew attention to the recommendations of the Programme, Budget and Administration Committee set out in paragraphs 21 and 26 of the Committee's report, contained in document EB148/5.

The representative of GHANA, speaking on behalf of the Member States of the African Region, noted with satisfaction the significant improvements in the utilization of the approved Programme budget 2020–2021 compared with the previous biennium and the appreciable increases in resources invested in WHO. He commended the Secretariat's response to calls for funding to be more equitably distributed across regional and country offices. Future reports should also provide a summary of the benefits and challenges related to regular reviews of the distribution of global voluntary contributions; implementation of a contributor engagement management system; and strengthening the review of donor proposals and agreements to ensure alignment with the Thirteenth General Programme of Work, 2019–2023. He called on the Director-General to take steps to address the African Region's US\$ 483 million financing shortfall in order to avoid a reversal of the gains made in the Region and to enable its Member States to respond to the COVID-19 pandemic without jeopardizing the achievement of their commitments under the triple billion targets.

He welcomed the draft proposed programme budget 2022–2023 and supported its four key areas of strategic focus and the three streams of additional budgetary elements. However, to make the necessary impact at the country level, the Secretariat should maintain a people- and country-centred approach to all programme budget decisions and allocate the largest proportion of budgetary resources to country offices. Commending the progress made on several indicators of the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women, he called for further progress on the remaining indicators, in particular on capacity assessment.

The representative of the RUSSIAN FEDERATION, speaking on behalf of the Member States of the European Region, said that Member States had a unique opportunity to reflect on the direction, tools and resources required to ensure a global, coherent and coordinated approach to health protection in the light of the COVID-19 pandemic. The Organization must be equipped with the necessary tools and provided with flexible funding to enable it to fulfil its mandate effectively and independently. She supported the proposal to extend the Thirteenth General Programme of Work, 2019–2023, to 2025, which would help to align WHO's work with the wider United Nations system planning cycle. The Secretariat should provide regular updates throughout that process and strengthen its communication with Member States on the proposed increases to the base and total programme budget, ideally in advance of the governing body meetings scheduled for May 2021.

Turning to the sustainable financing of WHO, she emphasized that Member States should have the opportunity to make an informed decision on the budget for the biennium 2022–2023 at the Seventy-fourth World Health Assembly, including with regard to how any further budget increases would be financed. In the absence of any proposed increase in assessed contributions, Member States would need

to decide whether the budget increase should be funded entirely through voluntary contributions. Further discussions were needed to reach consensus on the sustainable financing of WHO. In view of WHO's vital role in health emergencies and in achieving universal health coverage and health equity, all regions should work together to strengthen WHO's financial situation, taking into consideration the United Nations funding compact.

The representative of CHINA supported the proposal to extend the date for achievement of the triple billion targets under the Thirteenth General Programme of Work, 2019–2023, to 2025. He requested further information regarding the proposal to integrate elements of the Access to COVID-19 Tools (ACT) Accelerator into the base budget since that initiative was already mobilizing funds independently. Clarification was also needed on whether the proposed budget increase would affect the overall level of assessed contributions, and on the relationship between the WHO Foundation and the regular budget. He expressed appreciation for the Secretariat's efforts to mobilize funding for the approved Programme budget 2020–2021 but highlighted the need for Member States to continue providing support through assessed and voluntary contributions to ensure predictable funding in the long term. Once the COVID-19 pandemic was no longer an acute challenge, activities impacted by the crisis should be gradually stepped up in order to ensure the implementation of base programmes in the approved Programme budget 2020–2021.

The representative of GERMANY expressed concern at the information on the draft proposed programme budget contained in the report of the Programme, Budget and Administration Committee. The results-based budgeting approach should continue to be used. He highlighted the cyclical nature of discussions on the programme budget, including on: whether it would be fully financed; funding sources; the use of available flexible resources; inadequate financing, including of WHO's enabling functions and key issues; the lack of new donors and wholly flexible resources; and the overreliance on individual donors. The continual frustration expressed by Member States at the challenges related to the financing of the Organization would only be alleviated by adapting the current WHO financing model. He therefore expressed appreciation for the Secretariat's efforts to address the issue by prompting a discussion on sustainable financing and was confident that a common solution could be found.

The representative of AUSTRALIA said that the revised draft proposed programme budget 2022–2023 should provide further detail on the proposed increase in the base segment, including how it would be financed; how the stocktakes would help to resolve the bottlenecks created by the COVID-19 pandemic; and how the additional budgetary elements identified would support programme budget priorities. Member States needed to be assured that the budget had been developed in a cost-conscious manner. She supported the proposed mid-term revision of the programme budget and the extension of the timeline for the achievement of the triple billion targets and thanked the Secretariat for confirming that reporting on the results framework for the Thirteenth General Programme of Work, 2019–2023, would include a reflection on how the pandemic had affected targets and shifted priorities. She encouraged the Secretariat to continue its focus on integrating equity, gender and human rights into its work.

The representative of KENYA congratulated the Secretariat on the financing and implementation of the Programme budget 2020–2021, but expressed deep concern regarding the financing shortfall in the African Region. She therefore welcomed the mitigation measures to improve the equitable and timely allocation of resources, in particular the establishment of a resource allocation committee, the composition of which should uphold the principles of transparency and balanced regional representation. She looked forward to increased engagement with Member States and WHO country and regional offices in the process of finalizing the draft proposed programme budget 2022–2023 and urged the Secretariat to allocate resources towards enhancing the capacities of country offices. In addition, she looked forward to the full implementation of the recommendations resulting from the functional reviews carried out in the African Region.

The representative of BANGLADESH, welcoming the proposed increases in the base and total programme budget for the biennium 2022–2023, requested a breakdown of how the increment would be allocated at the regional and country levels. He welcomed the inclusion of lessons learned from the COVID-19 pandemic in the development of the draft proposed programme budget 2022–2023. In the light of the significant disruption caused by the pandemic, he supported the proposal to extend the Thirteenth General Programme of Work, 2019–2023, to 2025 and requested the Secretariat to take the WHO transformation strategy into account in its implementation and to refine its strategies and approaches accordingly. He called on the Secretariat to continue its efforts to ensure predictable, sustainable funding in close collaboration with Member States, prioritizing underfunded areas such as health emergencies and healthy populations, and supported the proposed establishment of a working group on sustainable financing. Lastly, he expressed appreciation to the Secretariat for its support in extending health care services to the displaced Rohingya people in his country and urged the Secretariat to continue providing the necessary resources until their safe, dignified and voluntary return to Myanmar.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed support for the proposed approach to the preparation of the draft proposed programme budget 2022–2023 and broadly supported its four key areas of strategic focus and the proposal to extend the Thirteenth General Programme of Work, 2019–2023, and the achievement of the triple billion targets to 2025. Efforts should be redoubled to achieve the Sustainable Development Goals. Member States must be given sufficient time and information to comprehensively review the draft proposed programme budget before the Seventy-fourth World Health Assembly. Further clarification was needed on several aspects, including on the extent to which the Secretariat had been able to incorporate lessons learned without pre-empting the findings of the anticipated forthcoming reviews; whether the proposed budget increase was realistic given that further costs could emerge from the recommendations resulting from those reviews; whether it was the right time to consider significant increases to the base budget before the imminent presentation of the new WHO investment case; and how the new investment case would be reflected in the development of the draft proposed programme budget. She welcomed the Secretariat's assurances that initiatives such as the WHO Foundation and the WHO Academy were expected to be cost-neutral in the longer term but underlined the need for transparency regarding all new initiatives and their inclusion in a clear transformation strategy to avoid such surprises in future.

The representative of ARGENTINA supported the proposal to extend the achievement of the triple billion targets to 2025. She expressed appreciation for the proposed increase in funding for quality essential health services and emergency operations in response to the COVID-19 pandemic but requested further details on how it would be allocated. She called for a more equitable distribution of funding across the four strategic priorities and a diversification of the donor base. The winding down of polio eradication activities was of concern. Although the proposed 28% increase in funding allocated to the Regional Office for the Americas was welcome, the latter continued to receive the lowest budgetary allocation among regional offices and required a significant increase in funding in the year 2021 to enable it to meet its needs. All regional offices should receive equitable financing.

The representative of INDONESIA called for a more balanced distribution of financing across the four strategic priority areas to ensure a more equitable implementation and achievement of activities. He expressed support for the Secretariat's proposals to maximize the secure and ethical use of digital technology for health and to extend the Thirteenth General Programme of Work, 2019–2023, to 2025, implementation of which had been hampered by the COVID-19 pandemic. In that regard, the Secretariat should strengthen the support provided to Member States to implement transformative initiatives in order to enable them to get back on track. Highlighting that the achievement of the triple billion targets under the Thirteenth General Programme of Work, 2019–2023, would be contingent on the strengthening of WHO's role as the leading authority for global health policy, he expressed appreciation

for the Secretariat's advancements in the use of science and data, in particular to respond to and mitigate the effects of the COVID-19 pandemic. The inclusion of the new COVID-19 lessons-learned initiative and the delivery of the WHO transformation agenda in the draft proposed programme budget 2022–2023 would also accelerate progress towards achieving those targets.

The representative of the UNITED STATES OF AMERICA said that Member States should seize the opportunity presented to envisage new ways of working to avoid replicating the cyclical discussions surrounding effective financing of the Organization. It was essential to ensure that the proactive initiatives being proposed by the Secretariat had strong support among Member States and financial oversight. He welcomed the two-stage approach to the preparation of the draft proposed programme budget 2022–2023 and supported the recommendation of the Programme, Budget and Administration Committee on convening intersessional consultations. He looked forward to further information on the implications of the proposed extension of the Thirteenth General Programme of Work, 2019–2023, to 2025, including on how it would be linked to the discussions on sustainable financing. His Government looked forward to participating in those discussions.

Turning to the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women, he expressed appreciation for the progress made in advancing gender equality and women's empowerment at WHO in the areas of leadership, equal representation and organizational culture. However, he encouraged the Secretariat to continue to address the representation of women in the professional and higher job categories, in particular in the major offices in the African and Eastern Mediterranean Regions, to ensure that WHO continued to meet performance indicator 12 under the Action Plan framework.

The representative of the RUSSIAN FEDERATION noted with satisfaction the agreements reached on the draft proposed programme budget 2022–2023 during the thirty-third meeting of the Programme, Budget and Administration Committee, but said that more could have been done. Noting the Committee's recommendation that the Secretariat should submit preliminary estimates by outputs, broken down by staffing and activity costs, for information purposes, he called for additional financial assessments on each key item of expenditure in order to enhance the transparency of WHO's work and increase confidence among Member States in the Organization's use of assessed contributions. Such assessments could also provide the basis for an analysis of the general trends in expenditure and facilitate a comparative analysis of the resources required and used. He stressed that, in seeking such information, he was not calling for changes in the programme budget development process, but rather improvements in the provision of financial information.

The representative of FINLAND said that the discussions on the draft proposed programme budget 2022–2023 and sustainable financing were interlinked, and a clear road map was therefore required. The proposed two-phase approach could serve as a good basis in that regard. In the light of the budgetary pressures faced by WHO, she supported the proposed extension of the Thirteenth General Programme of Work, 2019–2023, to 2025 and would welcome an update on the results framework. She strongly supported efforts to provide sufficient resources for WHO's enabling functions. Further information on the proposed investments in science, research and digitalization, which would strengthen WHO's normative functions, should be provided in advance of the Seventy-fourth World Health Assembly. The draft proposed programme budget must remain flexible and adaptable to future developments. Adequate and sustainable financing were crucial to enable a strong Organization that could deliver on its mandate and meet Member States' expectations in the long term. Effective interaction between the budget, sustainable financing and other processes was also required. Lastly, she looked forward to regular updates on the implementation of the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women.

The representative of FRANCE¹ said that the COVID-19 pandemic had underscored the importance of a fully funded WHO with sufficient resources to fulfil its mandate. In that context, her Government had increased its financial support for the biennium 2020–2021. She supported in principle the proposed increases in the draft proposed programme budget 2022–2023, but further justification of those increases should be provided, in particular regarding the funds allocated to the COVID-19 lessons-learned initiative and activities at WHO headquarters. Her Government could only accept a limited budget increase at present; any major increases should be discussed during the biennium 2022–2023 and be informed by the recommendations from the forthcoming reviews on the COVID-19 response and the proposed working group on sustainable financing, the establishment of which her Government supported. Discussions on increasing WHO's expenditure should take place together with those on the restructuring of the Organization's resources and sustainable financing, given the intrinsic links between those processes.

The representative of the PHILIPPINES¹ expressed appreciation for the mitigation measures proposed in the draft proposed programme budget 2022–2023 to ensure the implementation of base programmes, in particular universal health coverage, given the significant impact of the COVID-19 pandemic on the execution of country support plans during the biennium 2020–2021. She highlighted the value of hiring local contractors and the increased reliance on local partners in the delivery of WHO programmes during the pandemic and requested an update on the savings yielded from travel restrictions. She expressed support for the proposal to extend the achievement of the triple billion targets under the Thirteenth General Programme of Work, 2019–2023, to 2025, emphasizing that empirical evidence from the pandemic should be used to guide any adjustments to its outcome indicators and to inform the monitoring and evaluation framework for universal health coverage. The draft proposed programme budget should take account of refugees, internally displaced and undocumented persons and other marginalized populations in efforts to attain the highest possible standard of health for all.

The representative of MONACO,¹ expressing support for the recommendations of the Programme, Budget and Administration Committee under discussion, said that she shared many of the concerns and recommendations of the representatives of Germany, the United Kingdom of Great Britain and Northern Ireland and the United States of America. She hoped that all outstanding queries would be addressed in the revised draft proposed programme budget 2022–2023 and the related consultations. Further clarification should be provided on the proposed extension of the Thirteenth General Programme of Work, 2019–2023, including on whether a related draft resolution or draft decision would need to be adopted. A draft resolution on the adoption of the draft proposed programme budget should be submitted as soon as possible for consideration by Member States, particularly given that there appeared to be consensus that it should be provisional in nature. She supported the proposal to establish a working group on sustainable financing, whose work should be closely aligned with the revision of the draft proposed programme budget.

The representative of JAPAN¹ supported the four key areas of strategic focus of the draft proposed programme budget 2022–2023 and the proposal to revise its content based on the recommendations issued by the Independent Panel for Pandemic Preparedness and Response and the experiences of Member States in the COVID-19 response, as well as the proposed extension of the Thirteenth General Programme of Work, 2019–2023. He encouraged WHO representatives to discuss the expansion of fiscal capacity for health with their host country government. WHO should demonstrate its leadership by exercising its normative role and providing evidence-based technical support. He requested the Secretariat to examine needs, prioritize programmes, improve cost-efficiency, clarify the Organization's role in the international community, and explain how it would revise the draft proposed programme budget taking into account the discussion on sustainable financing.

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

The representative of CANADA¹ said that WHO had been underpowered to carry out its work and that expectations continued to outweigh the Organization's capacities and available resources. To enable Member States to make informed decisions, further details were needed on the proposed investments outlined in the draft proposed programme budget 2022–2023. She supported the proposal to conduct a mid-term review and the four key areas of strategic focus. WHO must take global leadership of those areas, providing evidence-based guidance and upholding the highest standards of scientific excellence. The mainstreaming of essential public health functions previously carried out by the polio eradication programme into the base budget would be critical to polio transition, as well as to outbreak prevention, preparedness and response activities. She welcomed the progress made in implementing the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women but called for the concerning reduction in the number of staff appointed to gender-mainstreaming activities to be rectified in the revised draft proposed programme budget. She looked forward to reviewing implementation of the Action Plan at all levels of the Organization on a yearly basis.

The representative of SPAIN¹ said that, based on the findings of the reviews conducted into the COVID-19 response, which had highlighted the need to strengthen WHO's capacities and ensure sustainable financing, his Government had provided additional and more flexible contributions, with a particular focus on the WHO Health Emergencies Programme. While acknowledging the challenges involved in the preparation of the draft proposed programme budget 2022–2023, he recalled that WHO had one of the largest budgets among the organizations of the United Nations system and trusted that cost savings would result from the implementation of the WHO transformation agenda. He called for further information on the proposed budget increase and how it would be financed. He welcomed the proposed information sessions on transition of the polio programme and requested further details on the operation and financing of the WHO Academy. He strongly supported the establishment of a working group on sustainable financing, which should seek to identify alternative funding sources, create incentives for flexible funding and define the role of the WHO Foundation in that area.

The representative of BRAZIL¹ said that the disruption caused by the COVID-19 pandemic had prevented Member States from adequately scrutinizing the draft proposed programme budget 2022–2023 during its development. He therefore supported its revision and requested the provision of additional information on specific outputs such as staffing and activity costs. Given the sizeable financial strain imposed on countries as a result of the COVID-19 pandemic, there was minimal scope for an increase in assessed contributions. The Secretariat should instead focus on identifying and scaling up efficiency gains, consider reducing earmarking of voluntary contributions and work according to its clearly established mandates. Timely and substantive consultations with Member States should precede the launch of any new initiatives, especially those with cost implications. Member States and the Secretariat must equip the draft proposed programme budget with the necessary tools to ensure the highest levels of transparency and accountability with respect to all revenue streams, including those from new funds and the WHO Foundation.

The representative of TURKEY¹ said that the proposed 5% increase in the total budget was reasonable considering the current situation and the importance of WHO's global technical and normative leadership. Member States must take immediate action to address the chronic financing gap and equip WHO with the resources required in line with global public health needs. The process of prioritizing programmes should be led by Member States and be informed by the recommendations issued by the three review mechanisms. To enhance the flexibility of funds, transparency and accountability must be ensured in the implementation of the draft proposed programme budget 2022–2023, especially at the country level. Emphasizing the importance of sustainable financing, she strongly supported the proposed establishment of a working group on sustainable financing and noted that the specialized WHO office for health emergencies, which was hosted by her Government, was well

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

placed to attract new donors and increase sustainable financing by sharing examples of quality, transparent work undertaken.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) said that country investment and functional reviews should be considered together, as should sustainable financing and the draft proposed programme budget 2022–2023. The Secretariat would strengthen engagement with Member States and ensure the linkages between country offices, the functional reviews and sustainable financing. It would also work to address the issues surrounding WHO's enabling functions, including with respect to the inadequacy of financing, accountability, human resources and comptroller functions. The Deputy Director-General was chairing the resource allocation committee and the Secretariat would ensure adequate representation in that body. He underscored that equitable resource allocation across WHO regions, country offices and outputs would hinge on the flexibility of the resources made available.

Responding to a query regarding the presentation of financial information, he said that the financial information in the draft proposed programme budget needed to be examined alongside the information in the Organization's financial reports and statements for a fuller perspective. However, the Secretariat had taken on board the request for additional information and would present further details together with the draft proposed programme budget to provide Member States with a more comprehensive overview.

In response to a concern raised by the representative of Argentina, he recalled that the Regional Office for the Americas received funding from both the WHO and PAHO budgets; the funding allocation from the WHO budget should therefore not be viewed in isolation. Member States would receive a full picture of funding allocated to the Regional Office to inform discussions on the draft proposed programme budget. The financing and budget for the Regional Office had increased steadily, and the proposed funding increase for the biennium 2022–2023 was the largest among all major WHO offices.

The DIRECTOR (Planning, Resource Coordination and Performance Monitoring) said that the members of the Programme, Budget and Administration Committee had received an updated presentation regarding the financing and utilization of the Programme budget 2020–2021. Indeed, the Organization's overall financial situation had greatly improved since the figures published in September 2020: by the end of December 2020, the base segment had been 105% funded, the same level as at the equivalent stage during the biennium 2018–2019, despite the increase in the budget for the biennium 2020–2021. Furthermore, almost US\$ 8 billion of funding had been raised in the past year, demonstrating WHO's capacity to raise funds. Based on an assessment of performance regarding the Programme budget 2020–2021, the figures in the draft proposed programme budget 2022–2023 were therefore realistic. He explained that the WHO Foundation was an innovative response to the persistent challenges related to WHO's financing; however, as a potential rather than concrete source of funding, it had not been included as a revenue stream in the draft proposed programme budget.

He had noted the overall support for the two-stage approach; the four key areas of strategic focus; the outcomes of the proposed budget increases; the mainstreaming of polio assets; and the maintenance of the results-based budgeting approach. The Secretariat would seek to take account of Member States' requests for additional information in the revised draft proposed programme budget, including on the proposed budget increases; a breakdown of preliminary estimates by staffing and activity costs; the budget allocation by country; the projected funds for the biennium 2022–2023; estimates of efficiency savings; and the practical implications of the proposed extension of the Thirteenth General Programme of Work, 2019–2023. He had also noted the requests for increased investment in the enabling functions, in particular the accountability functions; more frequent and timely consultations; and an advance version of the draft resolution on the draft proposed programme budget, to be made available before the Seventy-fourth World Health Assembly to allow sufficient time for its analysis. As to whether the budget increases should be proposed only after the recommendations of the Independent Panel on Preparedness and Response had been issued, the Secretariat believed that the increases were needed now in order to enable the Organization to act quickly to respond to urgent country needs.

The EXECUTIVE DIRECTOR (External Relations and Governance), responding to comments regarding the feasibility of the draft proposed programme budget 2022–2023, reassured Member States that alongside efforts to address the long-term challenges on sustainable financing, the Secretariat was working in accordance with the quality financing principles established at the Inaugural WHO Partners Forum, namely predictability, flexibility, lower administration costs and diversification of the donor base, and had implemented initiatives under the four pillars of the WHO resource mobilization strategy, demonstrating the Organization’s capacity for additional resource mobilization. The greatest incentive for flexible funding was the ability to successfully deliver the programme budget. However, the Secretariat was both aware of, and would consider ways of tackling, the challenges related to increased flexibility of funding, including the issue of attribution; donor concerns about relationships between experts within Member States and technical programmes being diminished; the need to report in sufficient detail to enable Member States to report back to their governments on the use of flexible resources; and the issue of greater transparency regarding the use of resources at the country level.

The DIRECTOR-GENERAL said that, since the start of the WHO transformation agenda, the Secretariat had endeavoured to implement initiatives with speed and quality, on a large scale and in line with Member States’ guidance, a role it had taken very seriously from the outset. In response to a concern raised regarding the launching of initiatives without consulting Member States, he recalled that the Secretariat had announced its intention to launch both the WHO Academy and the WHO Foundation in 2018, followed by an official announcement in 2019 with the involvement of all regional directors. Extensive and transparent consultations on the two initiatives had been held with Member States in 2020. After addressing any concerns raised and based on the support provided, the WHO Academy had been established by the Secretariat, while the WHO Foundation was an independent institution with which the Organization had signed a memorandum of understanding.

The WHO Foundation was a long-term solution to a strategic problem: at the start of the WHO transformation agenda, it had been apparent that WHO’s financing model was unsustainable and inflexible with a narrow donor base, meaning that the withdrawal of a key donor could disrupt the Organization’s work. As part of efforts to address that issue, the Secretariat had developed an investment case and the WHO resource mobilization strategy, held the Inaugural WHO Partners Forum and launched the WHO Foundation to broaden the donor base. The goal was not just to secure financial resources but to ensure financial independence. The WHO Foundation was projected to attract US\$ 1 billion over the next three years without the need for investment from the WHO budget and would report to Member States on a regular basis in the interest of transparency.

In a similar vein, the WHO Academy had been established with the aim of future-proofing the Organization and making it fit for purpose. It would need start-up capital but had been designed in such a way that it would not extract any funding from the budget; the end goal was to make it self-sustaining. Once the COVID-19 pandemic was over, the WHO Academy would serve as the Organization’s internal and external training hub, moving training from informal workshops to formal, well-designed courses. The WHO Academy would be at the centre of efforts to build capacity for epidemic preparedness and response. Its launch was an element of the Secretariat’s response to calls for investment in WHO staff and the Organization’s working environment. The WHO Academy would use smart technology to train millions of people, initially through virtual training until in-person training was possible, and would expand into research in future.

Both initiatives had been launched with the aim of preparing the Organization for the future, consistent with the objectives of the Thirteenth General Programme of Work, 2019–2023, and the WHO transformation agenda. Many of the changes being implemented were relevant to the COVID-19 response and had been accelerated as a result of the pandemic. He looked forward to continued consultations with Member States to refine those initiatives and discuss the overall vision, including at the forthcoming Executive Board retreat. The draft proposed programme budget 2022–2023 would be revised in line with Member States' inputs.

(For continuation of the discussion, see the summary records of the seventh meeting, section 2.)

The meeting rose at 17:00.

SEVENTH MEETING

Thursday, 21 January 2021, at 10:10

Chair: Dr H. VARDHAN (India)

later: Mr B. KÜMMEL (Germany)

later: Dr H. VARDHAN (India)

1. REVERSAL OF WITHDRAWAL OF THE UNITED STATES OF AMERICA FROM THE WORLD HEALTH ORGANIZATION

The CHAIR invited the representative of the United States of America to make a statement.

The representative of the UNITED STATES OF AMERICA praised the scientists, public health officials, front-line health care workers and community health workers who had worked over the preceding year to fight coronavirus disease (COVID-19), developing medical countermeasures, adapting policy responses, and treating the millions of people affected. Precisely one year before, the first case of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) had been confirmed in the United States of America; to date, infections had surpassed 90 million cases worldwide, a devastating number that continued to grow. WHO's role in leading the global public health response to the pandemic was appreciated. The Organization had rallied the scientific and research and development communities to accelerate vaccines, therapies and diagnostics; had conducted press briefings to track global developments; had provided health care workers with vital supplies, from laboratory reagents to protective equipment; and had worked tirelessly with nations in their fight against COVID-19.

In that context, he announced that the United States would remain a Member State of WHO; letters to that effect had been transmitted to the Secretary-General of the United Nations and to the Director-General of WHO. In addition, his Government would cease the drawdown of staff seconded to WHO and its personnel would resume regular engagement with WHO, both directly and through WHO collaborating centres. His Government also intended to fulfil its financial obligations to WHO, seeing technical collaboration at all levels as a fundamental part of its deeply valued relationship with the Organization. It would work constructively with partners to strengthen and reform WHO, to help lead the collective effort to bolster the international COVID-19 response and address its secondary impacts on people, communities and health systems around the world. Furthermore, it intended to be fully engaged in advancing global health and supporting global health security. It intended to join the COVID-19 Vaccine Global Access (COVAX) Facility and support the Access to COVID-19 Tools (ACT) Accelerator.

He said that his Government would work with WHO and Member States to counter the erosion of major gains in global health achieved through decades of research, collaboration and investments in health and health security, including in HIV/AIDS, food security, malaria and epidemic preparedness. It would be his Government's policy to support women's and girls' sexual and reproductive health and reproductive rights in the United States and globally, including by revoking the Mexico City Policy.

Responding to COVID-19, rebuilding global health and advancing health security around the world would not be easy. In that regard, his Government was committed to transparency concerning the events of the early days of the pandemic. It was imperative to learn and build upon important lessons about how future pandemic events could be averted. The international investigation should be robust and clear, and his Government looked forward to evaluating its results. It would also work with WHO and partners to improve mechanisms across the United Nations system for responding to health

emergencies, and to strengthen the International Health Regulations (2005); commit to building global health security capacity, expanding pandemic preparedness, and supporting efforts to bolster health systems worldwide and to advance the Sustainable Development Goals; and work with partners to develop new international financing mechanisms for health security. In addition, it would seek an improved, shared system for early warning and rapid response to emerging biological threats; support scientifically robust and ethically sound collaborative research, and the rapid sharing of research results, pathogen samples and data; seek to strengthen pandemic supply chain networks; and work with partners around the world to build a system that enabled better pandemic preparedness. Given the effort that would be required by all to achieve those goals, the United States Government stood ready to work with others in partnership and solidarity.

The DIRECTOR-GENERAL thanked the representative of the United States of America for his personal support for, and participation in, WHO activities since the start of the pandemic, and his leadership of the pandemic response in the United States. He welcomed the new Administration's decision to remain in WHO, and its commitment to join the ACT-Accelerator and COVAX. Member States must work together as one family to ensure that all countries could start vaccinating health workers and other high-risk groups within the first 100 days of 2021, and the Government's commitment would have a positive impact on reaching that goal. He looked forward to continuing WHO's partnership with the Government of the United States, as there was much work to do and many lessons to learn in order to end the pandemic and to meet the long list of global health challenges. He assured the United States Government that WHO would continue to provide support in the form of science, solutions, solidarity and service.

The DIRECTOR (Governing Bodies) said that any Member State wishing to respond to the statement made by the representative of the United States should do so in its regular interventions in the course of the meeting.

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

2. BUDGET AND FINANCE MATTERS: Item 17 of the agenda (continued)

Proposed programme budget 2022–2023: Item 17.1 of the agenda (documents EB148/25 and EB148/25 Add.1) (continued)

- **Sustainable financing** (documents EB148/26, EB148/26 Add.1 Rev.1 and EB148/26 Add.2) (continued from the sixth meeting, section 2)

Update on the financing and implementation of the Programme budget 2020–2021: Item 17.2 of the agenda (document EB148/27) (continued from the sixth meeting, section 2)

The CHAIR invited Member States to comment on the report on sustainable financing (document EB148/26), and drew attention to the draft decision on sustainable financing contained in document EB148/26 Add.1 and its financial and administrative implications, contained in document EB148/26 Add.2.

The representative of AUSTRIA, speaking on behalf of the European Union and its Member States, welcomed the announcement by the representative of the United States of America of his Government's support for WHO, and the new Administration's commitment to multilateral diplomacy and international alliances. The European Union looked forward to working closely with the United States Government to boost the ability of the United Nations to address global challenges and to

renewing joint efforts between the European Union and that Government aimed at strengthening and reforming international organizations such as WHO.

The representative of CHILE, welcoming the announcement by the representative of the United States of America, said that the social economic and health crises generated by the COVID-19 pandemic required joint, coordinated work by all health actors. Pooling efforts was the only way to overcome current and future international health emergencies, and WHO had a fundamental leadership role to play in that task. The renewed commitment of the Government of the United States reflected the will of all Member States to use multilateralism to find the tools needed to overcome pandemics and achieve universal health coverage. He invited the United States Government to join the initiative to strengthen the International Health Regulations (2005), on the basis of lessons learned from the current pandemic.

The representative of FINLAND said that strong multilateral cooperation was critical in responding to one of the most severe crises of recent times, in strengthening future preparedness and response capacities, and in promoting health and well-being. In that regard, the continued support, expertise and engagement of the Government of the United States of America were highly valued. With respect to the proposed stepwise approach to developing solutions for WHO sustainable financing, she said that the establishment of an open-ended working group should be reserved for the second phase of the process, and proposed that a smaller cross-regional group should be created to work on initial options. She proposed delaying consideration of the draft decision until the Secretariat could produce a revised proposal.

The representative of GABON, speaking on behalf of the Member States of the African Region, welcomed the announcement made by the representative of the United States of America of his Government's continued cooperation with WHO. Regarding sustainable financing, the COVID-19 pandemic had highlighted the discrepancy between what was expected from WHO and what the Organization was able to achieve, as well as the low level of funding that had been allocated to underfunded priority areas such as noncommunicable diseases and health emergencies. He expressed concern regarding the achievement of the Sustainable Development Goals and the triple billion targets set out in the Thirteenth General Programme of Work, 2019–2023, as sustainable financing was a major challenge. The date for achieving the triple billion targets should be postponed to 2025, to allow Member States to examine their priorities in line with the four key areas of strategic focus of the draft proposed programme budget 2022–2023. The assurance of sustainable financing for only 17% of the budget was of concern, especially given WHO's strong reliance on voluntary contributions from donors. Improving emergency preparedness and response, achieving the Sustainable Development Goals and improving the resilience of health care systems should be priorities. In that regard, he expressed support for the proposed process and the timetable for reaching a tangible solution to the sustainable financing of WHO, which would consider the nature and sources of funding in particular. He also supported the establishment of an inclusive intergovernmental working group for that purpose, in which his Government would participate. Further consideration should be given to the flexibility of funding allocated to programmes.

The representative of TONGA, welcoming the announcement, thanked the Government of the United States of America for its commitment to the COVAX Facility and to the sustainable financing of WHO. That would undoubtedly ensure equitable access to vaccines, especially in low-income countries, including those in the Pacific.

The representative of the RUSSIAN FEDERATION said that sustainable financing was essential if WHO was to carry out its work. A thorough analysis of programme activities must be conducted to identify WHO's priority activities and remove those that were obsolete or ineffective or did not fit the Organization's profile. In addition, activities that duplicated the functions of other international organizations should be avoided, allowing WHO to focus on the issues where its mandate gave it a clear advantage. The Secretariat should also increase the amount of financial information it provided.

Moreover, using the term “flexible funding” in relation to assessed contributions might lead to confusion; assessed contributions should only be spent according to the levels approved by Member States. He welcomed the proposal to create an open-ended intergovernmental working group, with support from the Secretariat. Decisions should be made by consensus and reflect the wishes of all Member States, which should help to ensure WHO’s independence and strengthen its financial sustainability. He supported the draft decision and asked the Secretariat to provide information on how it would be implemented.

The representative of INDONESIA, noting the trend of increased expenditure in several United Nations agencies over the preceding 20 years, acknowledged WHO’s ongoing efforts to secure financing for its approved programme budget. He asked the Secretariat to clarify the issues relating to budgeting with flexible funding, which would be used to finance functions such as core leadership, management, data and administrative and technical support. The proposed working group should consider which functions should be funded sustainably, how much funding should be guaranteed, and who should provide the funding. Answering those questions would guide WHO on how to support Member States effectively and efficiently. WHO should continue to seek concrete solutions to ensure sustainable financing based on the current level of assessed contributions. Recalling that the Board must remain apprised of the financial implications of its decisions, he supported the draft decision to establish an open-ended intergovernmental working group on sustainable financing.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the decision of the new Government of the United States of America to retract its withdrawal from WHO; to give its financial and political support in defeating the COVID-19 pandemic and to join the COVAX Facility; and to work to advance sexual and reproductive health and rights, and gender and equality. With respect to sustainable financing, WHO had to find smarter and more strategic ways of taking account of the cost implications of resolutions and other planned decisions. He urged Member States and other donors to give flexible financing wherever possible, to provide WHO with the agility to deliver its agreed objectives. He supported a stepwise approach that separated the prioritization of activities from how they would be funded; however, links would need to be made between those decisions at a later stage of discussions. Expressing support for a working group, he said that the proposed open-ended working group might become unwieldy and lose momentum. An alternative model could be a small working group with strong links to the regions, offering opportunities for other Member States to contribute their views.

The representative of the UNITED STATES OF AMERICA, reaffirming his Government’s commitment to fulfilling its financial obligations to WHO, encouraged countries to provide robust voluntary contributions. The establishment of the WHO COVID-19 Solidarity Response Fund and the appointment of a Chief Executive Officer for the WHO Foundation were welcome steps that would help to broaden and diversify WHO’s donor base. WHO was carrying out a global mandate on a limited budget. Deliberations on the Organization’s future should include an assessment of how it could improve the efficiency of its existing budget and the work that Member States could expect it to achieve with that budget, and a prioritized business case for the additional resources needed to fulfil its current or proposed expanded mandate. He therefore agreed with the need for transparent collaboration and the involvement of Member States across all regions, and supported the proposal that a core group of representative Member States should conduct a first stage of consultations, providing recommendations and building consensus through an inclusive process. Finally, he reiterated that the discussions on sustainable financing could not be separated from those on how to strengthen WHO.

The representative of AUSTRALIA said that the Government of the United States of America played an important leadership role in the multilateral system, especially in global health, in terms of its policy and technical advice and its financial contributions. Therefore, she welcomed its decision to remain a member of WHO and she looked forward to working together to strengthen and reform WHO and the global health security system as part of collective COVID-19 response and recovery efforts. She

expressed support for the proposal to establish a process to develop options to ensure sustainable, reliable and predictable funding; however, she suggested that the third guiding question should be amended to specify that WHO should determine the mechanisms of funding that could be used in addition to the sources. She requested more information regarding how the Secretariat would support the development of options and when the process would start. In the draft decision, where possible, further clarity should be provided as to the form, scope, work and time frames of the proposed working group. She supported the proposed establishment of a core group with strong links to the regions, to facilitate timely action and ensure the involvement of all Member States.

The representative of SINGAPORE welcomed the announcement by the representative of the United States of America, and said that global solidarity was key to addressing global challenges and strengthening and reforming WHO. It was hoped that the challenging times created by the COVID-19 pandemic would lead governments towards addressing the need for changes to the Organization's financing, which, unlike that disease, was not new. The health crisis had magnified the long-recognized mismatch between expectations of WHO and its resources. Sustainable financing would be required for WHO's budgetary adequacy, predictability and stability; and the key element to achieving that was political will of Member States. Recalling the principle of equitable geographical representation, he supported the establishment of the open-ended intergovernmental working group and said that his Government was ready to contribute to the process.

The representative of KENYA welcomed the statement made by the representative of the United States of America, which was especially important at a time when the entire global community was dealing with the greatest health challenge of its time. Her Government looked forward to continuing strong multilateral and bilateral engagement with the Government of the United States in the public interest. Regarding sustainable financing, she supported the draft decision.

The representative of the REPUBLIC OF KOREA welcomed the announcement made by the representative of the United States of America and looked forward to strengthening cooperation among WHO Member States, including the United States. He supported the establishment of a working group, which should consider all possibilities and conduct a broad review of which particular areas needed sustainable financing, how much was needed and how the financing would be delivered. There should be a timeline for discussing each theme, and his Government would continue to engage in the discussion.

The representative of TUNISIA welcomed the announcement by the representative of the United States of America that his Government was committed to remaining in WHO and participating in the COVAX Facility and the ACT-Accelerator.

The representative of CANADA¹ expressed appreciation for the re-engagement of the Government of the United States of America with WHO and the strong commitment expressed to multilateralism, global health and the COVID-19 response. That was especially welcome in the context of the draft decision. It was timely to initiate a discussion on sustainable financing and to take a comprehensive look at WHO's functions, work and associated costs. There was a growing gap between Member States' expectations of WHO and the resources that were available to meet those expectations. The challenges arising from the current funding model were evident from the persistent "pockets of poverty" across various technical areas, as well as in the chronic underfunding of particular WHO functions, including core science and normative work, emergency preparedness, and some enabling functions. The COVID-19 pandemic had thrown those challenges into stark relief. She welcomed the recommendation by the Programme, Budget and Administration Committee to enhance transparency by providing costings for new initiatives proposed by the Secretariat. An inclusive, transparent process driven by Member States would be key to the success of the working group, which would also need

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

strong support and guidance from the Secretariat. She looked forward to a review of WHO activities as they related to its critical functions.

The representative of MONACO¹ said that her Government looked forward to restarting its constructive multilateral cooperation with the Government of the United States of America. She supported the draft decision in principle; however, previous discussions should not be repeated and additional information about the Programme budget 2020–2021 would be needed to carry out a complete assessment of WHO's activities. As the COVID-19 crisis would undoubtedly have an adverse impact on budgets, new means of financing needed to be envisaged. The proposed working group needed to be responsive and quick to set up, but the current proposal seemed procedurally burdensome. However, the working group should be open to all Member States to maintain transparency while seeking consensus. She requested a preliminary timetable of the processes that needed to be carried out.

The representative of JAPAN,¹ welcoming the announcement made by the representative of the United States of America, said that the role played by WHO in solving global health issues, including the COVID-19 response, was critical. His Government would continue to collaborate with the Governments of the United States and other Member States to support the ongoing WHO reform process and to proactively tackle global health issues. Turning to the draft decision, he said that financial sustainability and predictability should be discussed in light of an understanding of the Organization's genuine needs; the Board should identify those needs by reviewing WHO's core functions. The Board should take the lead in guiding the global health agenda and WHO, with the active participation and contribution of Member States. In addition, the context of discussions must be broader. New funding mechanisms should be designed to avoid duplication and to be complementary to existing mechanisms. Therefore, the open-ended working groups should discuss all financing mechanisms and their governance.

The representative of BELGIUM,¹ welcoming the announcement made by the representative of the United States of America, said that his Government supported the Secretariat's courageous proposal to have an open and principled debate on the core WHO functions requiring sustainable financing, before discussing how to finance those core functions. He supported the previously expressed view that a stepwise process, beginning with a limited working group, seemed best, as it would allow deep and inclusive discussion in order to develop proposals, which could then be considered by all Member States. The discussion should be open and cover the full package of WHO's core functions, not just a limited number of functions or topics.

The representative of SWEDEN¹ welcomed the announcement by the representative of the United States of America. The results and recommendations from the parallel reviews conducted by the Independent Panel for Pandemic Preparedness and Response, the Independent Expert Oversight Advisory Committee for the WHO Health Emergencies Programme and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response would be crucial for the adequate funding of WHO in the longer term. In that regard, she looked forward to the presentation of a revised draft proposed programme budget for 2022–2023 and a mid-term review of the programme budget at the Seventy-fifth World Health Assembly. Sustainable financing and the need for an increased donor base were key issues. Many Member States had stated that WHO needed more resources to be able to respond to health needs and build a more resilient response to health emergencies; now it was time to act. She welcomed the planned discussion on which WHO functions needed to be financed sustainably, but shared concerns about the format of the proposed open-ended working group. She expressed a preference for a smaller, more agile and operational working group to issue recommendations, with fair regional representation and in dialogue with Member States. The recommendations resulting from the Inaugural WHO Partners Forum in 2019 regarding sustainable

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

financing remained highly relevant, and they should provide a foundation for the ongoing work. Her Government was ready to contribute to those discussions.

The representative of SWITZERLAND,¹ welcoming the announcement made by the representative of the United States of America, said that her Government looked forward to working with the new Administration to strengthen WHO and build an effective global health security system to respond to future pandemics. As a donor of core voluntary contributions, her Government supported the predictable and flexible funding of WHO. However, the pandemic had not only changed the world but also the Organization and what was expected of it. It was up to the Member States to determine their expectations and to consider how those priorities should be financed across the three levels of WHO. The discussion on sustainable financing must also take into account the recommendations of the various reviews underway and the reform process. All regions must be involved in those discussions in order to submit recommendations to the 150th session of the Executive Board that reflected a global agreement on the essential functions of WHO and a sustainable finance mechanism. The proposal to establish a smaller working group with links to the regions should be considered further.

The representative of NEW ZEALAND¹ said that her Government and that of the United States of America had shared interests in addressing global challenges, including climate change, the COVID-19 economic recovery, and the security, prosperity and sustainability of the Indo-Pacific and Pacific Island regions. They also had a common investment in the international rules-based order and welcomed the United States Government's intention to re-join the Paris Agreement and halt its withdrawal from WHO.

The representative of THAILAND,¹ welcoming the decision of the Government of the United States of America to remain a Member State of WHO, said that sustainable financing did not necessarily have to mean increased contributions, but must include more efficient and equitable use of resources. Savings could be made by, for example, amending the travel policy on business class travel. His Government was committed to being actively involved in the open-ended working group on sustainable financing.

The representative of BRAZIL¹ said that any final decision on sustainable funding made at the current session of the Executive Board would be premature, as several review processes and negotiations were still under way. Therefore, establishing an inclusive and transparent process, open to all Member States and with representatives from all the WHO regions, was a sensible stepwise approach towards consensus. The working group should first concentrate on how to optimize WHO's performance at the current funding level, which would require an increased focus on the mandates established by Member States and further efficiency gains, and more transparency and accountability regarding the sources and allocation of all funds channelled to WHO. The working group should also identify credible ways to ensure that any funding went to the programmatic priorities determined by the whole membership, taking into full account the fiscal constraints that would be imposed on many, if not all, countries, in the aftermath of the COVID-19 pandemic. Lastly, she welcomed the decision of the Government of the United States of America to remain a Member State of WHO and stood ready to work with the Governments of that State and other Member States to reform and strengthen the Organization.

The representative of TURKEY,¹ reiterating the comments made previously on sustainable financing, supported the draft decision.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) thanked Member States for their comments and their recognition of the mismatch between what was expected from WHO, and its level of financing. In response to Member States' requests, the Secretariat would provide a timetable for the next steps of the process.

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

The CHAIR took it that the Board wished to note the reports contained in documents EB148/25, EB148/25 Add.1, EB148/26 and EB148/27, as recommended by the Programme, Budget and Administration Committee, and concur with the proposed guidance contained in paragraphs 21 and 26 of the Programme, Budget and Administration Committee report.

It was so agreed.

The VICE-CHAIR, summarizing the comments on the draft decision at the request of the CHAIR, recognized that Member States were in agreement concerning the discrepancy between expectations from WHO and its capacity. There was also a clear consensus that the historical challenge of sustainable financing should be addressed through a suitable process, with emphasis on ensuring transparency, inclusiveness and regional input, and he noted that Member States had expressed a strong readiness to participate in that process. Support was divided between the proposed open-ended working group, which would make decisions on a consensual basis, and an alternative model of a smaller, more agile working group that would feed back to the Organization's full membership. However, he emphasized that the decisions on sustainable financing could only be taken by WHO's governing bodies. The working group, in whichever format, would only explore options and make recommendations on sustainable financing that would then be fed back to the governing bodies. The key questions that had arisen concerned the time frame for the working group; its format; how and when it would meet; and its scope. A specific proposal had also been made to amend the guiding questions. As those proposals concerned the content of the draft decision, he proposed asking the Secretariat to produce a revised text of the draft decision for discussion during a later meeting, in consultation with Member States.

(For continuation of the discussion, see the summary records of the eleventh meeting, section 1.)

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

3. GLOBAL ACTION ON PATIENT SAFETY: Item 5 of the agenda (documents EB148/6 and EB148/6 Add.1)

The CHAIR drew attention to the draft decision on global patient safety, contained in paragraph 24 of document EB148/6. The financial and administrative implications of the draft decision were contained in document EB148/6 Add.1.

The representative of the UNITED STATES OF AMERICA said that patient safety remained an important national priority, especially in view of the COVID-19 pandemic and the continued threat of antimicrobial resistance. Irrespective of the level of resourcing, a robust and resilient health care system must include proper training and standards relating to infection prevention and control. In that regard, she welcomed the work undertaken by the G20, under the presidency of Saudi Arabia, to highlight patient safety and to establish a global patient safety leaders group. While she supported the draft global patient safety action plan 2021–2030, several key components should be strengthened to ensure its successful implementation. The Secretariat should clearly define the key health outcome targets to be used, which should be measurable and meaningful and drive the implementation of the draft global action plan. The Secretariat should also evaluate the importance of patient safety at the country level and call on all Member States to invest adequately in patient safety, and identify benchmarks for government spending to enhance infection prevention and control. Her Government would work with all relevant stakeholders to finalize the draft global patient safety action plan.

The representative of the RUSSIAN FEDERATION expressed support for the draft global action plan and the draft decision. He emphasized that a quality control system was a key part of patient safety. He outlined the relevant strategy being implemented in his country, which included staff training, the development of a system of accountability and the planned development of an accreditation system for medical institutions in line with the draft global action plan and existing international standards. His Government was prepared to share its experience with interested parties in order to achieve the targets of the draft global action plan.

The representative of CHINA said that patient safety was a priority for his Government, guided by the principles of prevention, systematic and continuous improvement, and full stakeholder engagement. Supporting the adoption and implementation of the draft global action plan, he said that detailed targets should be defined and reporting mechanisms established in order to track progress. WHO's recognition of the fact that Member States were at different stages in their efforts to reduce patient harm in health care was appreciated. He recommended that the Secretariat should provide targeted support to Member States to evaluate their domestic situation in order to understand their baselines before identifying priority areas requiring further attention. Noting the statement made at the start of the current meeting by the representative of the United States of America, he reiterated his Government's commitment to multilateralism and its support for WHO's scientific, fair and professional leading role in global public health. He welcomed all efforts that contributed to global solidarity to fight COVID-19 and enabled WHO to strengthen its capacity to improve global health governance.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that patient safety was a global health priority, especially given the additional strain on health systems caused by the COVID-19 pandemic. Highlighting key initiatives that his Government had spearheaded to help reduce the high levels of morbidity and mortality associated with unsafe health care, he welcomed the draft global action plan, which had been developed pursuant to resolution WHA72.6 (2019) on global action on patient safety. The Secretariat should support Member States in the development and implementation of national patient safety action plans, according to their national contexts. The draft global patient safety action plan and initiatives like the G20 global patient safety leaders group would ensure that momentum was maintained to tackle the truly global issue of patient safety.

The representative of TONGA expressed support for the draft global action plan, as the safety of patients and health care workers across the globe was more important than ever. Commending the action of the Secretariat and health leaders during the COVID-19 pandemic, she said that health care staff and front-line workers must be protected from the risks of COVID-19 through personal protective equipment, infection prevention and control, and training. Patient safety was not only of utmost importance for the mass vaccination campaign, but was a crucial component of achieving universal health coverage and Sustainable Development Goal 3. Each Member State should improve its safety standards, and the draft global action plan would assist and guide Member States in that task. Describing action taken by her Government at the national and regional levels, she said that it would work with WHO to implement the draft global action plan for patient safety in Tonga and the Pacific.

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the COVID-19 pandemic had highlighted vulnerabilities in health systems, especially in respect of patient safety and infection and prevention and control. Patient safety interventions must be implemented urgently if health emergency preparedness and response were to be effective. Recognizing the importance of patient safety in achieving universal health coverage, she emphasized that the Secretariat must support the development of national patient safety policies and plans that were consistent with the draft global patient safety action plan and were tailored to the varying contexts and capacities in the Region, taking into consideration conflict, post-conflict and emergency settings. She supported the draft decision.

The representative of INDIA said that his Government was committed to patient safety as a national priority and commended the consultative efforts that had led to the draft global action plan, which would enable all stakeholders to avoid risk and harm to patients and health workers. Outlining the national measures taken, he encouraged greater international cooperation, consensus and information exchange to eliminate avoidable harm to patients when planning and delivering health care. The Secretariat should support Member States in finding local and sustainable solutions to build reliable health systems and health organizations that protected patients from harm.

The representative of BANGLADESH, welcoming the announcement made by the representative of the United States of America, said that the United States Government's participation in the COVAX Facility and the ACT-Accelerator would have a huge impact on the equitable access and availability of COVID-19 vaccine, especially in low- and middle-income countries. Patient safety, as the cornerstone of health care services and an essential component in achieving universal health coverage and the Sustainable Development Goals, was a global health priority and deserved urgent attention and concerted action. The COVID-19 pandemic had exposed the vulnerabilities of health systems, including patient safety, and had provided a stark reminder of the importance of personal protection, health worker safety, medication safety and patient engagement. The draft global action plan should guide the necessary investment and enable Member States to track progress across various patient safety interventions. He highlighted national action on patient safety and said that Member States must appropriately assess their situation to identify areas to be strengthened, policy opportunities and gaps in practice. Awareness also needed to be raised among all sections of the population to promote patient safety. Sustained multisectoral and multinational collaboration and partnership would be instrumental in the implementation of the draft global action plan, and best practices, success stories and lessons learned during implementation should be shared.

The representative of ARGENTINA said that patient safety was a national priority and vital in health care delivery in all areas, especially in the context of the global COVID-19 response. She described national action taken to improve patient safety, highlighting that her Government would participate in the G20 global patient safety leaders group. Global multisectoral collaboration would improve patient safety worldwide, build political momentum and highlight the socioeconomic impact of patient safety. She supported the draft decision.

The representative of AUSTRALIA, affirming her Government's commitment to improving patient safety, said that it was critical to support patients with best-practice approaches across all health care settings. Her Government relied on a wide range of medical and scientific expert groups to support development of guidance for clinicians and the general public. WHO should better coordinate such guidance and reduce duplication of effort through supporting standardized best-practice approaches, which should be gradually integrated to ensure sufficient resources and capacities. She supported the draft decision.

The representative of GUINEA-BISSAU, speaking on behalf of the Member States of the African Region, commended the consultations to develop the draft global patient safety action plan. The adoption of resolution WHA72.6 (2019) had been a milestone in global efforts to reduce harm caused to patients through unsafe health care. The COVID-19 pandemic was severely affecting health care delivery systems worldwide, had major implications for patient safety, and was undermining the physical and psychological safety of health workers. After the pandemic, safer and more resilient health systems should be built that minimized harm to patients and health workers, promoting safety strategies and innovations.

The representative of CHILE, outlining measures taken by her Government, highlighted the need for additional measures to protect patients and health care workers during the COVID-19 pandemic. It was important to step up efforts in patient safety, including strengthening the culture of patient safety

and involving patients, families and communities in health care safety initiatives. She supported the draft decision.

The representative of GERMANY commended the Secretariat for the broad consultation process to develop the draft global action plan but observed that the current version of the draft had only been made available less than one week before the start of the current session of the Board. In spite of that, he supported the draft decision. He asked the Secretariat to confirm that Member States could submit comments on the draft global action plan until 15 February 2021 and that the final draft would be made available at least six weeks prior to the Seventy-fourth World Health Assembly.

The representative of the REPUBLIC OF KOREA endorsed the draft global patient safety action plan, developed pursuant to resolution WHA72.6 (2019). The seven strategic objectives were a good framework for action to achieve patient safety, and he hoped that Member States would take a systematic approach to their implementation. Monitoring global patient safety targets was essential for tracking progress on the action plan. While indicators such as policy development might be relatively easy to monitor, others such as reduction in patient harm could be more challenging, since data collection was not uniform. Notwithstanding, during the first stages of implementing the draft global action plan, transparent reporting should be the top priority.

The representative of INDONESIA, highlighting actions taken by her Government on patient safety, especially during the COVID-19 pandemic, said that continuing high-level commitment and implementation of tangible actions were critical to improve patient safety. Therefore, she supported the adoption of the draft global action plan by the Seventy-fourth World Health Assembly.

The representative of ISRAEL, welcoming the statement by the representative of the United States of America, said that the United States Government had an important leadership role in global health and his Government looked forward to enhancing multilateral action in that regard. The draft global action plan was a solid basis for patient safety promotion globally, and he commended the inclusive consultation process that had led to the current version. Strong emphasis should be placed on the inclusion of mental health as part of the broad framework of patient safety. The safety of patients and health care providers should not be limited to physical conditions, but should also include providing a safe work environment, proper workload, adequate training and evaluation and intervention in cases of burnout. Member States should tailor national patient safety plans in accordance with the specific needs of clinicians, patients and institutions and implement them with the engagement of health care workers. He requested further information regarding the establishment of a formal mechanism for global, regional and national reporting on the draft global action plan indicators; in particular, which indicators would be used and how they would be measured.

The representative of AUSTRIA, welcoming the decision of the new Administration of the United States to remain a member of WHO, said that multilateralism was an indispensable strength in global action. The COVID-19 pandemic had shown the fragility and vulnerability of social structures, in particular of the health care system, even in high-income countries. However, it had also highlighted that a well-functioning system based on solidarity was fundamental in dealing with such an extraordinary situation. Patient safety was paramount for every health care system, and the lessons learned from the COVID-19 crisis should be used to make health care safer by promoting vaccination initiatives and medication safety; avoiding infections associated with health care and antimicrobial resistance; and strengthening patient health literacy. Emphasizing the importance of international and cross-sectoral cooperation, he said that the draft action plan had the potential to profoundly strengthen patient safety worldwide. He therefore supported the draft decision.

The representative of KENYA, emphasizing the importance of patient safety, welcomed the draft action plan and looked forward to its implementation. Describing the action taken on patient safety in his country, he called on the Secretariat to continue to provide technical support to Member States for

the development and implementation of national patient safety policies and action plans, to accelerate the achievement of global patient safety targets.

The representative of SUDAN recognized the preventable nature of many deaths and said that improving patient safety had become a national concern. She therefore supported the draft global action plan, and noted that it would also contribute to achieving universal health coverage. In view of the challenging conditions of health care workers in Sudan, strategic objective 5 would be important in reducing avoidable harm owing to unsafe health care. Additionally, it was crucial to build the capacity of national health systems in order to eliminate avoidable risk to patients and health workers. In that regard, she emphasized the importance of strategic objective 2 on improving the reliability of health systems and strategies 1.1 and 1.2 to develop, fund and implement patient safety policy. She requested that the Secretariat provide support to enhance information reporting, and to develop policies and procedures and strategies for their effective implementation. Finally, she said that effective partnerships were vital in ensuring patient safety, as indicated in strategic objective 7, and she therefore called on the international community to share experience and expertise.

The representative of OMAN welcomed the draft global action plan, which would be a comprehensive reference for Member States in developing national strategies and plans to enhance patient safety. He noted with satisfaction that the draft global action plan was fully aligned with the Sustainable Development Goals and responded to resolution WHA72.6 (2019). Patient safety was linked to work on people-centred health care, hygiene, access to information and technology, innovation, expanded health care coverage, infrastructure, international cooperation and emergency preparedness and response. He outlined his Government's action to improve patient safety and said that significant improvements could only be achieved through both horizontal and vertical strengthening of national health systems. In particular, primary health care services must be more comprehensive and responsive to the needs of people, and quality health care must be made available, accessible and affordable. He supported the draft decision.

The representative of JAMAICA¹ said that quality health care was vital to achieving universal health coverage and the Sustainable Development Goals, especially Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Describing the action on patient safety taken in Jamaica and the challenges facing health service delivery and quality, he noted that the pandemic had further exposed the vulnerability of the health systems of all Member States. Improved patient safety at health care facilities would require diverse measures, including budgetary and other technical support, and revised standards, guidelines and tools and processes. The draft global action plan provided strategic direction to eliminate avoidable harm in health care and improve patient safety, and would support the development of national patient safety action plans. He expressed the hope that the draft global action plan would lead to greater alignment of existing patient safety strategic instruments.

The representative of JAPAN¹ supported the draft decision and looked forward to the implementation of the draft global action plan in each Member State. He noted that the consultations had incorporated concepts from the Tokyo Declaration on Patient Safety, including people-centred care and health systems strengthening. He emphasized the importance of incident reporting and learning systems, as referred to in strategy 6.1. His Government had contributed to the development of the 2020 WHO technical report on patient safety incident reporting and learning systems and was a member of the G20 patient safety leaders group. He welcomed the adoption of the Regional Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030), which would also contribute to achieving universal health coverage. The Secretariat should continue to support Member States to develop laws, secure budgets and establish sustainable mechanisms for implementing patient safety policies, aligning with national contexts and priorities.

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

The representative of the PHILIPPINES,¹ welcoming the draft decision, said that her Government had taken various measures to strengthen patient safety at the national level and looked forward to the Secretariat's support to align national patient safety programmes and targets with the draft global action plan. Her Government was committed to actively engaging with the proposed formal global and regional mechanisms for reporting on patient safety indicators.

The representative of THAILAND,¹ outlining her Government's actions to promote patient safety as part of universal health coverage, said that no patient was safe until the health workforce was safe. During the COVID-19 pandemic, personal safety, in particular infection prevention and control, had become more critical than ever. The patient safety agenda must be implemented together with front-line worker protection, and all stakeholders should be involved in continuous actions to develop patient and personal safety. The Secretariat should support the sharing of knowledge and experience across countries and regions, especially in relation to strengthening patient safety information systems and linking with policy actions. The draft global action plan was welcome, and she looked forward to its effective implementation worldwide.

The representative of NORWAY¹ welcomed the decision of the Government of the United States of America to remain in WHO, join the ACT-Accelerator and the COVAX Facility and support women's and girls' sexual and reproductive health and reproductive rights. Member States must work together to achieve the common goal of ensuring healthy lives and promoting well-being for all at all ages. Expressing support for the current version of the draft global action plan, she reiterated that strengthening patient safety culture should be more explicitly identified as one of the guiding principles. In addition, as the COVID-19 pandemic had illustrated, it was important to address patient safety in work on health, safety and environment, and human resources, in order to improve the patient safety culture and promote a healthy work environment. Furthermore, the draft global action plan should have a greater focus on digitalization, given that it covered the period to 2030. She supported the draft decision.

The representative of BRAZIL¹ said that patient safety was key in achieving universal health coverage and promoting safety, quality and affordability in health settings. Outlining its action on patient safety nationally and regionally, he expressed his Government's support for the draft global action plan, and encouraged Member States to implement it, in accordance with their national contexts. Lastly, he highlighted the importance of World Patient Safety Day.

The representative of SPAIN,¹ expressing support for the draft global action plan, said that the plan would make managers, clinicians, patients and the public more aware of the importance of patient safety. As the COVID-19 pandemic burdened health systems in Spain and elsewhere, posing a risk to both patients and health professionals, it was more essential than ever to prioritize patient safety. Describing national measures to improve patient safety, she said that the draft global action plan provided a renewed and necessary framework to drive improvements in safety culture, incident reporting and learning systems, and safe, effective practices at the national and global levels.

The representative of the INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS, speaking at the invitation of the CHAIR, welcomed the draft global action plan and the fact that her organization had been consulted on its development and implementation. Prioritizing the safety of patients and health workers and eliminating avoidable harm in health care must be central to every Member State's COVID-19 response. To achieve sustainable universal health coverage by 2030, health systems could not afford to expend critical financial, human and other resources on expensive and punitive litigation, compensation and rectification of avoidable harm. Governmental and nongovernmental organizations should shape and accelerate patient safety efforts to prevent harm and ensure safe and respectful care.

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

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIR, welcomed the draft global action plan. He encouraged governments to invest in strong and safe primary care, health workforce support and health information systems to advance towards achieving safe, universal health coverage.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that WHO's work on patient safety and its draft global action plan were positive steps. Affordability and the pursuit of profit in the health and care sectors could adversely affect the level of patient care. Regulation and inspection could help to ameliorate the situation but might not be sufficient. Moreover, patient safety and health care delivery were undermined by public funding cuts in health and social care. Member States should invest in safe and effective staffing for health and universal public health care to enhance patient safety for all patients.

The representative of the INTERNATIONAL ERGONOMICS ASSOCIATION, speaking at the invitation of the CHAIR, said that Member States and all relevant stakeholders should prioritize the implementation of the draft global action plan; work with experts to incorporate ergonomics into the design of health care systems, linking health worker safety and patient safety; and provide technical support and guidance on ergonomics training for designers and managers of health care system processes and health care workers.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, welcomed the draft global action plan and the inclusion of her organization in its development. As they played a central role in improving health care quality and safety, nurses should be involved in the design and operation of national patient safety plans and interventions, and her organization was supporting nurse leaders to that end. World Patient Safety Day was an instrumental awareness-raising tool, and the introduction of the Charter on health worker safety, which she encouraged all Governments to sign, highlighted the links between health worker safety and patient safety.

The representative of THE INTERNATIONAL SOCIETY FOR QUALITY IN HEALTH CARE, speaking at the invitation of the CHAIR, said that achieving universal health coverage would require multistakeholder engagement to provide person-centred, safe care. His organization supported WHO's initiative to develop national policies and strategies for safe health care, in line with the Decade of Patient Safety 2020–2030.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIR, said that the adoption of the Charter on health worker safety was welcome. She urged Member States to prioritize front-line caregivers, including anaesthesia providers, in their national COVID-19 vaccination programmes, and ministries of health to work with member societies of her organization to develop and implement national patient safety action plans.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that quality of care and patient safety were interlinked and required a strong, well financed public health system with decent work conditions, and adequate regulation of the private health sector. WHO should prepare a comprehensive document that considered the intersection of patient safety and quality of care before adopting the draft global action plan. He said that the draft plan did not include: medication overuse and misuse; over- and under-servicing; lack of regulation in the private sector; the lack of systemwide coordination of care; and the lack of staff workload regulation and nurse-to-patient ratios. WHO must also address the risk of conflicts of interest resulting from private funding.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that universal, safe health coverage was a vital goal. Although the need to implement consistent and sustainable safety measures was widely recognized, ensuring safer care remained a challenge across the globe, especially in low- and middle-income countries and in populations facing emergencies and extreme adversity. In his Region, up to 18% of hospital admissions were associated with adverse events, 80% of which were preventable. Unsafe care not only harmed patients, but also wasted precious resources, undermined trust in the health system and hindered progress towards universal health coverage nationally, regionally and globally. Noting the importance of safe care in fragile, conflict-affected and vulnerable settings in particular, he highlighted various steps and initiatives taken globally and regionally to promote and advocate for patient safety.

The COVID-19 pandemic had underscored the need to establish sound national and facility-level infection prevention and control programmes to reduce preventable infections among health care workers and patients. He welcomed the fact that the draft global action plan included the safety of health workers, without which patient safety was impossible. Member States should adopt the draft plan, adapting it to national health priorities and emphasizing infection prevention and control in health care settings. Bold leadership and commitment, a safety-oriented culture that promoted reporting and learning from errors rather than blame, and the involvement and empowerment of society and service users in planning, implementing and evaluating those services, were pivotal in the journey to safe health care. The International Health Regulations (2005) referred explicitly to infection prevention and control, and strong national capacities in that area would greatly support safe, good quality health care and safeguard against future outbreaks and pandemics.

The REGIONAL DIRECTOR FOR THE WESTERN PACIFIC said that a regional action framework for achieving universal health coverage, based on quality, efficiency, equity, accountability, and sustainability and resistance, had been developed, and patient safety was vital to each of those elements. His Region did not approach patient safety as a stand-alone initiative, but rather incorporated and promoted it as an important component of programmes such as antimicrobial resistance, health security and maternal and child health. In addition, the Regional Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030) recognized the importance of patient safety. The Member States of his Region had contributed to the development of the draft global action plan and were committed to implementing it once it had been adopted.

The DEPUTY DIRECTOR-GENERAL thanked Member States for their guidance on, and support for, the draft global action plan. Apologizing for the delay in circulating the current draft version, she confirmed that the deadline for submitting comments on the document was 15 February 2021 and encouraged Member States to also contribute to the online consultation. The final draft would be published six weeks before the Seventy-fourth session of the World Health Assembly.

Responding to Member States' comments, she confirmed that infection prevention and control was part of the draft global action plan. The Secretariat would define measurable progress indicators and link them with the strategic objectives, and would produce an implementation progress report using baseline data for comparison. Normative guidance and tools to support Member States were also being developed, including with regard to: patient safety assessment; surveillance; minimum safety standards; organizational safety culture; leadership competency; education and training; medication safety; patient and family engagement; and adverse event reporting and learning systems. The draft global action plan had a clear country focus, and the Secretariat would work with Regional Offices to evaluate and update national patient safety plans. On governance, she noted the request for regular opportunities to share experiences and lessons learned, such as the G20 global patient safety leaders group. A summit on patient safety, aimed at raising awareness, promoting advocacy, political leadership and a multisectoral approach, and addressing global, regional and country-level funding issues had been postponed as a result of the COVID-19 pandemic.

The long-term impact of COVID-19 on health care delivery systems would be quantified over time. However, its impact on patient safety was clear. The physical and psychological safety of health workers had been widely compromised, as had the capacity and financial stability of health care delivery

systems, and situational factors such as staff shortages and redeployment. Despite that, the pandemic had proven a catalyst for future improvement strategies. Shared commitment and responsibility had united health care stakeholders as never before, and many had spontaneously adopted key safety attributes such as transparency, active communication, collaboration and rapid adoption of patient safety practices. Eliminating patient harm could boost global economic growth by more than 0.7% per year. Investment in the draft global action plan was minuscule against that economic benefit.

The DIRECTOR-GENERAL thanked Member States for their dedication to patient safety efforts. World Patient Safety Day 2020 had focused on the critical link between health worker safety and patient safety, which COVID-19 had thrown into sharp relief, and he thanked the Steering Committee for its advice and strategic guidance. WHO would continue working with partners to raise public awareness of patient safety and promote focused action for safer clinical practices. The Charter on health worker safety had been launched in 2020, which called for urgent and sustainable action through a set of key measures. The Charter was dedicated to the efforts of the millions of health workers across the globe who had placed themselves and their families at risk to fight COVID-19. WHO Member States and all relevant stakeholders were invited to sign up to the Charter. Lastly, he thanked the WHO Envoy for Patient Safety for his strategic guidance to the WHO Patient Safety Flagship initiative, with particular regard to the draft global patient safety action plan 2021–2030.

The CHAIR took it that the Board wished to note the report contained in document EB148/6.

It was so agreed.

The CHAIR took it that the Board wished to approve the draft decision, contained in document EB148/6.

The draft decision was approved.¹

The meeting rose at 13:10.

¹ Decision EB148(5).

EIGHTH MEETING

Thursday, 21 January 2021, at 14:15

Chair: Dr H. VARDHAN (India)

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

1. POLITICAL DECLARATION OF THE THIRD HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES: Item 6 of the agenda (documents EB148/7, EB148/7 Add.1, EB148/7 Add.2)

- **Oral health** (document EB148/8)

The CHAIR drew attention to the draft decision on addressing diabetes as a public health problem proposed by Canada, Costa Rica, Eswatini, France, Indonesia, Jamaica, Norway, Qatar, Russian Federation, Sudan, Uruguay and Vanuatu, 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;¹

(PP2) Expressing deep concern at the lack of progress in addressing diabetes as a public health problem and recognizing that necessary efforts for the prevention and control of diabetes are hampered by, inter alia, lack of universal access to quality, safe, effective, affordable essential health services, medicines, diagnostics and health technologies, as well as a global shortage of qualified health workers;²

(PP3) Noting with deep concern that the effectiveness of efforts to reduce, halt and reverse the main risk factors for diabetes (tobacco use, unhealthy diet, overweight and obesity, and physical inactivity), included in the global action plan for the prevention and control of noncommunicable diseases 2013–2020, have been insufficient and not uniform;

(PP4) Noting also that more than 422 million people were living with diabetes worldwide in 2014,³ and that this number is estimated to rise to 570 million by 2030,⁴ and 700 million by 2045,⁵ and that diabetes was among the top 10 causes of death in 2019, following a significant

¹ Document EB148/7.

² United Nations General Assembly resolution 75/130.

³ WHO fact sheet. Diabetes, 8 June 2020 (available at <https://www.who.int/news-room/fact-sheets/detail/diabetes#:~:text=Key%20facts,in%20premature%20mortality%20from%20diabetes>, accessed 18 January 2021).

⁴ Wild S, Roglic G, Green A, Sicree R, King S. Global prevalence of diabetes. *Diabetes Care*. 2004;27(5):1047–53. doi 10.2337/diacare.27.5.1047.

⁵ International Diabetes Federation. About diabetes: diabetes facts and figures (available at <https://www.idf.org/aboutdiabetes/what-is-diabetes/facts-figures.html#:~:text=Diabetes%20facts%20%26%20figures,-Last%20update%3A%2012&text=In%202019%2C,low%2D%20and%20middle%2Dincome%20countries>, accessed 18 January 2021).

increase of 70% since 2000,¹ and alarmed that the probability of dying from diabetes between the ages of 30 and 70 years increased by 5% between 2000 and 2016;²

(PP5) Recognizing that people living with diabetes are at higher risk of developing severe COVID-19 symptoms and are among those most impacted by the pandemic;³

(PP6) Recognizing also the centenary of the discovery of insulin and acknowledging the significant health gains made possible through research and innovation, decided:

(OP1) to urge Member States⁴ to intensify, where appropriate, efforts to address the prevention and control of diabetes as a public health problem as part of universal health coverage, by advancing comprehensive approaches on prevention, management, including its complications, and integrated service delivery, while emphasizing the importance of early and childhood prevention and ensuring that no one is left behind, within the framework of the global action plan for the prevention and control of noncommunicable diseases 2013–2020;

(OP2) to encourage Member States⁴ and the Secretariat to recognize and to celebrate in 2021, as appropriate, including in the margins of the Seventy-fourth World Health Assembly, the centenary of the discovery of insulin, and to update public awareness and education campaigns about diabetes prevention and treatment and associated risk factors;

(OP3) to request the Director-General to update the report to be submitted for consideration to the Seventy-fourth World Health Assembly by adding an annex on major obstacles to achieving the diabetes-related targets in the global action plan;

(OP4) to request the Director-General to ensure the efficient implementation of diabetes-related objectives of the global action plan and to report on progress as part of the consolidated reporting on noncommunicable diseases.

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

Decision: Addressing diabetes as a public health problem
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:
1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results
3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multisectoral action
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.

¹ WHO fact sheet. The top 10 causes of death, 9 December 2020 (available at <https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death>, accessed 18 January 2021).

² World health statistics 2020: monitoring health for the SDGs. Geneva: World Health Organization; 2020 (available at <https://www.who.int/data/gho/publications/world-health-statistics>, accessed 18 January 2021).

³ United Nations General Assembly resolution 74/306.

⁴ And, where applicable, regional economic integration organizations.

<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: Development of a workplan 2021–2023 to promote and monitor global action on the implementation of the diabetes-related objectives in WHO’s global action plan for the prevention and control of noncommunicable diseases 2013–2030 and promote the implementation of the workplan (three years). Development of an annex to the Director-General’s report to be submitted to the Seventy-fourth World Health Assembly on the follow-up to the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, setting out major obstacles in meeting the diabetes-related targets in WHO’s global action plan for the prevention and control of noncommunicable diseases 2013–2030 (three months).</p>
<p>B. Resource implications for the Secretariat for implementation of the decision</p>
<p>1. Total resource requirements to implement the decision, in US\$ millions: US\$ 76.0 million (staff US\$ 38.0 million, activities US\$ 38.0 million).</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions: US\$ 32.0 million (staff US\$ 16.0 million, activities US\$ 16.0 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: Not applicable.</p>
<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions: US\$ 44.0 million (staff US\$ 22.0 million, activities US\$ 22.0 million).</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 decision in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: US\$ 16.0 million. – Remaining financing gap in the current biennium: US\$ 16.0 million.
<ul style="list-style-type: none"> – 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	2.2	1.8	2.2	1.8	2.2	1.8	4.0	16.0
	Activities	2.0	2.0	2.0	2.0	2.0	2.0	4.0	16.0
	Total	4.2	3.8	4.2	3.8	4.2	3.8	8.0	32.0
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	3.3	2.7	3.3	2.7	3.3	2.7	4.0	22.0
	Activities	3.0	3.0	3.0	3.0	3.0	3.0	4.0	22.0
	Total	6.3	5.7	6.3	5.7	6.3	5.7	8.0	44.0
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The CHAIR drew attention to the draft decision on the follow-up of the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases proposed by Costa Rica, Eswatini, Jamaica, Norway, Qatar, Russian Federation, Sudan and Uruguay, which read:

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 diseases¹ and its annexes on the mid-point evaluation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030² and the final evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases,³ decided to recommend to the Seventy-fourth World Health Assembly the adoption of the following decision:

The Seventy-fourth World Health Assembly, 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, and its annexes on the mid-point evaluation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the final evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases, decided:

(OP1) to request the Director-General to present, in response to the global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the recommendations of the mid-term evaluation of the global action plan, an implementation roadmap 2023–2030 for the global action plan through the Executive Board at its 150th session, and subsequent consultations with Member States⁴ and relevant stakeholders, for consideration by the Seventy-fifth World Health Assembly;

(OP2) to request the Director-General, in response to the recommendations of the final evaluation of the WHO global coordination mechanism on the prevention and control of

¹ Document EB148/7.

² Document EB148/7 Addendum 1.

³ Document EB148/7 Addendum 2.

⁴ Regional economic integration organizations.

noncommunicable diseases, to develop, in consultation with Member States⁴ and relevant stakeholders, an options paper on the global coordination mechanism, for further guidance by the Seventy-fourth World Health Assembly

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

Decision: Follow-up of the Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable 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:</p> <p>1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p> <p>3.2.1. Countries enabled to develop and implement technical packages to address risk factors reduced through multisectoral action</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>14 months.</p> <p>Development of a road map 2023–2030 for the WHO’s global action plan for the prevention and control of noncommunicable diseases 2013–2030 (February 2021–May 2022).</p> <p>Development of an options paper for the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases (February–December 2021).</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\$ 2.2 million (staff US\$ 1.15 million, activities US\$ 1.05 million).</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>US\$ 2.1 million (staff US\$ 1.1 million, activities US\$ 1.0 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\$ 0.1 million.</p>

4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:
Not applicable.
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\$ 2.1 million.
– Remaining financing gap in the current biennium: Zero.
– 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	0.15	0.10	0.10	0.10	0.15	0.10	0.40	1.10
	Activities	0.10	0.10	0.10	0.10	0.10	0.10	0.40	1.00
	Total	0.25	0.20	0.20	0.20	0.25	0.20	0.80	2.10
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	0.05	0.05
	Activities	–	–	–	–	–	–	0.05	0.05
	Total	–	–	–	–	–	–	0.10	0.10
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The CHAIR drew attention to the draft resolution on oral health proposed by Bangladesh, Bhutan, Botswana, Eswatini, Indonesia, Israel, Jamaica, Japan, Kenya, Peru, Qatar, Sri Lanka, Thailand and the Member States of the European Union, which read:

The Executive Board,
Having considered the report on oral health,¹ ensuring basic oral health for all,

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

The Seventy-fourth World Health Assembly,
(PP1) Having considered the report by the Director-General on oral health, ensuring basic oral health for all;
(PP2) Recalling resolutions WHA60.17 (2007) on oral health: action plan for promotion and integrated disease prevention, WHA69.3 (2016) on the global strategy and

¹ Document EB148/8.

action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life, WHA72.2 (2019) on primary health care; and decisions WHA72(11) (2019) on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and WHA73(12) (2020) on the Decade of Healthy Ageing 2020–2030;

(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 oral health and other Sustainable Development Goals, including Goal 1 (End poverty in all its forms and everywhere), Goal 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture), Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) and Goal 12 (Ensure sustainable consumption and production patterns);

(PP4) Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011), recognizing that oral diseases pose a major challenge and could benefit from common responses to noncommunicable diseases;

(PP5) Recalling the political declaration of the high-level meeting on universal health coverage (2019), including the commitment therein to strengthen efforts to address oral health as part of universal health coverage;

(PP6) Mindful of the Minamata Convention on Mercury (2013), a global treaty to protect the human health and the environment from anthropogenic emissions and releases of mercury and mercury compounds, calling for phase-down of the use of dental amalgam taking into account domestic circumstances and relevant international guidance; and recognizing that a viable replacement material should be developed through focused research;

(PP7) Recognizing that oral diseases are highly prevalent, with more than 3.5 billion people suffering from them, and that oral diseases are closely linked to noncommunicable diseases, leading to a considerable health, social and economic burden,¹ and that while there have been notable improvements in some countries, the burden of poor oral health remains especially among the most vulnerable in society;

(PP8) Noting that untreated dental caries (tooth decay) in permanent teeth occurs in 2.3 billion people, more than 530 million children suffer from untreated dental caries of primary teeth (milk teeth) and 796 million people are affected by periodontal diseases,² and that early rates of childhood caries are highest among those in vulnerable situations; and aware that these conditions are largely preventable;

(PP9) Noting that oral cancers are among the most prevalent cancers worldwide with 180 000 deaths each year,³ and that in some countries they account for the most cancer-related deaths among men;

(PP10) Noting the economic burden due to poor oral health and that oral diseases worldwide account for US\$ 545 billion in direct and indirect costs,⁴ ranking poor oral health among the most costly health domains like diabetes and cardiovascular diseases;

¹ Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet* 2018; 392: 1789–8583 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6227754/>.

² Global Burden of Disease 2017 Oral Disorders Collaborators, Bernabe E, Marcenes W et. al. Global, regional, and national levels and trends in burden of oral conditions from 1990 to 2017: A systematic analysis for the Global Burden of Disease 2017 study. *J Dent Res.* 2020;99(4):362-373 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7088322/>.

³ <https://gco.iarc.fr/today/data/factsheets/cancers/1-Lip-oral-cavity-fact-sheet.pdf>.

⁴ Righolt AJ, Jevdjevic M, Marcenes W, Listl S. Global-, regional-, and country-level economic impacts of dental diseases in 2015. *J Dent Res.* 2018;97(5):501-507.

(PP11) Also taking into account that poor oral health apart from pain, discomfort and lack of well-being and quality of life, leads to absenteeism at school and the workplace,¹ leading to shortfalls in learning and productivity losses;

(PP12) Concerned about the effect of poor oral health on the quality of life and healthy ageing in a physical and mental context; and noting that poor oral health is a regular cause for pneumonia for elderly people, particularly those living in care facilities, and for persons with disabilities;

(PP13) Aware that poor oral health is a major contributor to general health conditions, and noting that it has particular associations with cardiovascular diseases, diabetes, cancers, pneumonia, and premature birth;²

(PP14) Noting that Noma, a necrotizing disease starting in the mouth, is fatal for 90% of affected children in poor communities, mostly in some regions in Africa, and leads to lifelong disability and often social exclusion;

(PP15) Concerned that the burden of poor oral health reflects significant inequalities, between and within countries, disproportionately affecting low- and middle-income countries, mostly affecting people from lower socioeconomic backgrounds and other risk groups, such as persons who cannot maintain their oral hygiene on their own due to their age or disability;

(PP16) Acknowledging the many risk factors that oral diseases share with noncommunicable diseases, such as tobacco use, harmful use of alcohol, a high intake of free sugars, poor hygiene, and therefore the necessity to integrate strategies on oral health promotion, prevention and treatment into overall noncommunicable disease policies;

(PP17) Recognizing that adequate intake of fluoride plays an important role in the development of healthy teeth and in prevention of dental caries; and the need to mitigate the adverse effects of excessive fluoride in water sources to the development of teeth;³

(PP18) Concerned about the potential environmental impact caused by the use and disposal of mercury-containing dental amalgam, and the use of toxic chemicals for developing x-ray photographs;

(PP19) Concerned that oral health services are among the most affected essential health services because of the COVID-19 pandemic, with 77% of the countries reporting partial or complete disruption;

(PP20) Highlighting the importance of oral health and interventions with a life course approach from the mother's gestation and the birth of the children and in addressing shared risk factors;

(PP21) Noting that a number of oral and dental conditions can act as indicators of neglect and abuse, especially among children, and that oral health professionals can contribute to the detection of child abuse and neglect,

(OP1) URGES Member States, taking into account their national circumstances:

- (1) to understand and address the key risk factors for poor oral health and associated burden of disease;
- (2) to foster the integration of oral health within their national policies, including through the promotion of articulated interministerial and intersectoral work;

¹ Peres MA, Macpherson LMD, Weyant RJ, Daly B, Venturelli R, Mathur MR, Listl S, Celeste RK, Guarnizo-Herreño CC, Kearns C, Benzian H, Allison P, Watt RG. Oral diseases: a global public health challenge. *Lancet*. 2019 Jul 20;394(10194):249-260. Link: <https://pubmed.ncbi.nlm.nih.gov/31327369/>.

² Seitz MW, Listl S, Bartols A, Schubert I, Blaschke K, Haux C, et al. Current Knowledge on Correlations Between Highly Prevalent Dental Conditions and Chronic Diseases: An Umbrella Review. *Prev Chronic Dis* 2019; 16:180641 https://www.cdc.gov/pcd/issues/2019/18_0641.htm.

³ Petersen PE, Lennon MA. Effective use of fluorides for the prevention of dental caries in the 21st century: the WHO approach. *Community Dent Oral Epidemiol* 2004; 32: 319-21 https://www.who.int/oral_health/media/en/orh_cdoe_319to321.pdf?ua=1.

- (3) to reorient the traditional curative approach, basically pathogenic, and move towards a preventive promotional approach with risk identification for timely, comprehensive and inclusive care, taking into account all stakeholders in contributing to the improvement of the oral health of the population with positive impact on overall health;
- (4) to promote the development and implementation of policies to promote efficient workforce models for oral health services;
- (5) to facilitate the development and implementation of effective surveillance, monitoring systems;
- (6) to map and track the concentration of fluoride in drinking water;
- (7) to strengthen the provision of oral health services delivery as part of the essential health services package that deliver universal health coverage;
- (8) to improve oral health worldwide by creating an oral health-friendly environment, reducing risk factors, strengthening a quality assured oral health care system and raising public awareness for the needs and benefits of a good dentition and a healthy mouth;

(OP2) CALLS ON Member States:

- (1) to frame oral health policies, plans and projects for the management of oral health care according to the vision and political agendas in health projected for 2030, in which oral health is considered as an integral part of general health, responding to the needs and demands of the public for good oral health;
- (2) to strengthen cross-sectoral collaboration across key settings, such as schools, communities and workplaces to promote habits and healthy lifestyles, integrating teachers and the family;
- (3) to enhance oral health professionals' capacities to detect potential cases of neglect and abuse, and provide them with the appropriate and effective means to report such cases to the relevant authority according to the national context;

(OP3) REQUESTS the Director-General:

- (OP3.1) to develop, by 2022 a draft global strategy, in consultation with Member States, on tackling oral diseases aligned with the Global action plan for the prevention and control of noncommunicable diseases 2013-2030 and pillars 1 and 3 of WHO's Thirteenth General Programme of Work, for consideration by the WHO governing bodies in 2022;
- (OP3.2) to translate this global strategy, by 2023, into an action plan for public oral health, including an framework for tracking progress with clear measurable targets to be achieved by 2030, encompassing control of tobacco use, betel quid and areca nut chewing, and alcohol use; community dentistry, health promotion and education, prevention and basic curative care, providing a basis for a healthy mouth where no one is left behind; this action plan should also contain the use of provisions that modern digital technology provides in the field of telemedicine and teledentistry;
- (OP3.3) to develop technical guidance on environmentally friendly and less-invasive dentistry to support countries with their implementation of the Minamata Convention on Mercury, including supporting preventative programmes;
- (OP3.4) to continue to update technical guidance to ensure safe and uninterrupted dental services, including under circumstances of health emergencies;
- (OP3.5) to develop 'best buys' interventions on oral health, as part of an updated Appendix 3 of the WHO Global action plan on the prevention and control of noncommunicable diseases and integrated into the WHO UHC Intervention Compendium;

(OP3.6) to include noma in the planned WHO 2023 review process to consider the classification of additional diseases within the road map for neglected tropical diseases 2021–2030;

(OP3.7) to report back on progress and results until 2031 as part of the consolidated report on noncommunicable diseases, in accordance with paragraph 3(e) of decision WHA72(11).

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

Resolution: Oral health
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>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>1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p> <p>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>1.3.4. Research and development agenda defined and research coordinated in line with public health priorities</p> <p>3.1.2. Countries enabled to address environmental determinants of health, including climate change</p> <p>3.2.1. Countries enabled to develop and implement technical packages to address risk factors through multisectoral action</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>Seven years.</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>Biennium 2020–2021: US\$ 1.7 million.</p> <p>Biennium 2022–2023: US\$ 3.6 million.</p> <p>Period 2024–2027: US\$ 7.2 million.</p> <p>Total cost: US\$ 12.5 million over seven years.</p>

2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions: US\$ 1.7 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: US\$ 3.6 million.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions: US\$ 7.2 million.
5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions – Resources available to fund the resolution in the current biennium: US\$ 1.05 million. – Remaining financing gap in the current biennium: US\$ 0.65 million. – Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium: On course to raise US\$ 0.2 million in the current biennium.

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	0.6	0.0	0.0	0.0	0.0	0.0	1.1	1.7
	Activities	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Total	0.6	0.0	0.0	0.0	0.0	0.0	1.1	1.7
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	0.6	0.0	0.4	0.0	0.4	0.0	1.4	2.8
	Activities	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.8
	Total	0.7	0.1	0.5	0.1	0.5	0.1	1.6	3.6
Future bienniums resources to be planned	Staff	1.2	0.0	0.8	0.0	0.8	0.0	2.8	5.6
	Activities	0.2	0.2	0.2	0.2	0.2	0.2	0.4	1.6
	Total	1.4	0.2	1.0	0.2	1.0	0.2	3.2	7.2

The representative of SRI LANKA¹ said that, despite being largely preventable, oral diseases, which shared many risk factors common to noncommunicable diseases, posed significant public health and economic challenges. There was an urgent need for political commitment to integrate oral health into primary health care as part of universal health coverage benefit packages and to develop a comprehensive and integrated global strategy on oral health. The draft resolution initiated by his Government, which had met with strong support, was an important cornerstone in achieving good oral

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

health for all and he hoped that it would translate into global action with clear, measurable targets to be achieved by 2030.

The representative of the RUSSIAN FEDERATION said that the importance of improving noncommunicable disease management had been highlighted in the context of the pandemic of coronavirus disease (COVID-19). However, many national prevention and control efforts had been severely disrupted during the pandemic, and noncommunicable diseases must be made a priority to achieve progress in implementing the Global action plan for the prevention and control of noncommunicable diseases 2013–2030. His Government welcomed the evaluations of the Global action plan and of the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases. The worsening situation with regard to diabetes was a particular concern and he drew attention to the draft decision on that subject initiated by his Government. He supported the draft resolution on oral health.

The representative of AUSTRIA, speaking on behalf of the European Union and its Member States, said that North Macedonia, Montenegro, Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement. The large global oral disease burden disproportionately affected marginalized and poor populations. However, oral diseases, which had many of the same risk factors as noncommunicable diseases, were largely preventable, and she highlighted the importance of good oral health. The European Union would continue to act in line with the Minamata Convention on Mercury.

The representative of CHINA noted that overall progress on the prevention and control of noncommunicable diseases, particularly on mental health, remained insufficient. The Secretariat should make greater efforts to address persistent problems in financing for noncommunicable diseases and strengthen research efforts. It should also present an analysis of successful approaches to multisectoral action. She supported the Secretariat's efforts to update operational guidance for maintaining essential health services during an outbreak. Noting the importance of mental health in the context of COVID-19, she welcomed the adoption of the draft decision on promoting mental health preparedness and response for public health emergencies. She welcomed the results achieved by the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases and called for a comprehensive assessment to determine whether or not to keep that important platform operational. She welcomed the report on oral health.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, said that, despite initiatives such as the regional oral health strategy 2016–2025, only around 30% of countries in the Region had oral health policies. Failure to consider oral health in follow-up and monitoring systems made it difficult to develop evidence-based strategies. Member States should: prioritize oral health in national plans; ensure more financing for oral health; develop a normative framework on oral health in cooperation with academic partners and non-State actors with a focus on poor and marginalized populations; integrate oral health into other cross-cutting initiatives, including those on neglected tropical diseases; build human resources capacity in the area of oral health; and strengthen digital information systems and surveillance activities. Governments should be supported in implementing the Minamata Convention.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, despite renewed commitments and new initiatives, progress on reducing premature mortality from noncommunicable diseases was inadequate. Since people living with noncommunicable diseases were at higher risk of severe complications from COVID-19, recovery from the pandemic must be accompanied by a dramatic acceleration in the implementation of the Global action plan for the prevention and control of noncommunicable diseases 2013–2030. Noting that the Eastern Mediterranean Region was facing multiple emergencies, he expressed support for the guidance

set out in annex 9 of document EB148/7. Much more work was needed to treat people living with noncommunicable diseases and prevent and control their risk factors in humanitarian emergencies.

He supported the draft decision on addressing diabetes as a public health problem. A better understanding of the major obstacles to achieving diabetes-related objectives in the Global action plan for the prevention and control of noncommunicable diseases would be useful, as would the development of the global diabetes compact.

The Member States of the Eastern Mediterranean Region reaffirmed their commitment to the Salalah Declaration on Universal Health Coverage and renewed their call for decision-makers to establish a national vision towards achieving universal health coverage.

The representative of TONGA, speaking also on behalf of Fiji and the Pacific, said that oral health was an important part of clinical care and public health interventions, and should be integrated into other health programmes, including on noncommunicable diseases, school health and maternal and child health. Having outlined measures taken to improve oral health, she welcomed the WHO global oral health programme and looked forward to the launch of the global oral health report. Significant data gaps remained in her Region owing to the absence of national oral health plans in many countries.

The representative of INDIA said that his Government had taken all necessary measures to address the risks and challenges posed by noncommunicable diseases. Those measures included programmes to improve screening, prevention and management, as well as initiatives to strengthen infrastructure and human resource development and provide mental health services in a rights-based manner. Health promotion and prevention, including lifestyle modifications, were critical to addressing the noncommunicable disease burden. There was a need for greater interaction and the sharing of experiences and knowledge on noncommunicable diseases. His Government wished to be added to the list of sponsors of the draft resolution on oral health.

The representative of BANGLADESH said that the findings of the evaluations of the Global action plan for the prevention and control of noncommunicable diseases 2013–2030 and of the Global Coordination Mechanism deserved special attention. It was concerning that the Global Coordination Mechanism had not been able to deliver on its stipulated functions and that the comparative successes achieved on noncommunicable diseases between 2015 and 2019 would be lost if resource mobilization limitations persisted. WHO should devise means to address challenges associated with noncommunicable diseases within its existing support system and resource base. Political commitment and concerted international efforts were required to address conflicts of interest, including with the tobacco and alcohol industries. WHO should look into the matter in the context of its transformation agenda.

It was concerning that oral health issues were not covered by primary health care. Creating public awareness of oral health in developing countries was challenging since a culture of negligence persisted. Policies and action plans to reduce smokeless tobacco demand and supply should be adopted, and affordable medical consumables, generic medicines and other equipment for oral disease management should be made available. All stakeholders should adopt the necessary policies for accelerated action on oral health as part of universal health coverage.

The representative of INDONESIA welcomed the statement made by the representative of the United States of America during the previous meeting, and hoped that further engagement with that country would strengthen multilateral cooperation. Recognizing the importance of oral health in the prevention of noncommunicable diseases and in achieving universal health coverage, she said that her Government wished to be added to the list of sponsors of the draft resolution.

Essential health services for diabetes must remain a priority, particularly during the current health crisis, and in the future. The disease not only affected health, but also caused substantial economic losses and was heavily concentrated in low- and middle-income countries. She outlined some of the actions being taken by her Government to reduce the diabetes burden and supported the draft decision on diabetes as a public health problem.

Surveillance, prevention and control efforts for noncommunicable diseases must be maintained and strengthened, including through the appropriate representation of all stakeholders. Her Government would welcome the development of an options paper on the Global Coordination Mechanism and wished to support and sponsor the draft decision pertaining to the follow-up of the political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases.

The representative of BOTSWANA welcomed the statement made by the representative of the United States of America at the previous meeting. Despite the major oral disease burden, oral health had not been prioritized, leading to a lack of resources, policies and actions at country level. Oral health services were among the most disrupted essential health services during the COVID-19 pandemic. Access to essential oral health services in Botswana remained a challenge because of limited oral health practitioners and other resources, and priorities included: integrating essential oral health indicators into the health information system, promoting good dietary and lifestyle habits, and investing in human resources for oral health. The Secretariat should allocate resources to strengthen national advocacy, leadership and partnerships for addressing oral diseases as part of work to tackle noncommunicable diseases through a multisectoral approach.

The representative of AUSTRALIA, noting the significant impact of COVID-19 on the prevention, detection and management of noncommunicable diseases, said that it was vital to maintain momentum in addressing the global burden of noncommunicable diseases, their underlying causes and risk factors. Mental health must also be at the forefront of disaster preparedness, response and recovery planning. Inadequate progress on premature deaths from noncommunicable diseases was a significant issue for the Western Pacific Region, and although the Secretariat had provided some technical guidance, greater joint action was required. Prevention was a key priority for her Government. Australia supported the proposed development of an implementation road map 2023–2030 for the Global action plan and emphasized that any future work on the Global Coordination Mechanism must clearly identify ways to support all Member States. She supported the development of best buys on oral health, as proposed in the draft resolution.

The representative of the UNITED STATES OF AMERICA supported the draft decisions before the Board, emphasizing that the implementation road map 2023–2030 should remain focused on achieving the objectives of the Global action plan. He welcomed WHO's efforts to include a more diverse set of stakeholders in the conversation about noncommunicable diseases and to develop partnerships. Despite being underutilized, the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases had already produced valuable results and should continue to add value as a neutral platform for all stakeholders to come together for better health outcomes. He welcomed intensified efforts to address the prevention and control of diabetes. He looked forward to receiving information at the Seventy-fourth World Health Assembly on the major obstacles in achieving diabetes-related targets in the Global action plan and to an updated public awareness and education campaign about diabetes prevention and treatment.

Expressing support for the draft resolution on oral health, he welcomed efforts to integrate oral health into the noncommunicable disease agenda. Best buy interventions should be presented as a non-exhaustive menu of options for Member States to consider in developing comprehensive strategies tailored to their national circumstances. Policy options must go beyond punitive measures and include positive approaches, such as health literacy plans. Human papillomavirus was a causative agent of oropharyngeal cancers and vaccination an evidence-based tool to prevent oropharyngeal cancer.

The representative of UNITED ARAB EMIRATES said that her Government had a high political commitment to noncommunicable diseases, and had adopted a range of measures, including a multisectoral national action plan that set out actions on mental health and air pollution. She outlined efforts made to ensure the continuity of essential services for noncommunicable disease patients during the COVID-19 pandemic. Her Government endorsed the draft resolution on oral health.

The representative of CHILE said that, despite significant progress in Chile on the important issue of oral health, challenges remained, including the high prevalence of oral disease and oral health inequalities. He emphasized the importance of reducing risk factors, strengthening the health system, improving surveillance and enhancing national and international partnerships in order to improve oral health. His Government wished to be added to the list of sponsors of the draft decision on the follow-up of the political declaration.

The representative of COLOMBIA said that her Government had been implementing some of the main aspects of the priorities of the WHO global oral health programme for the previous 20 years, and outlined some of the progress made. As those priorities were likely to generate more political commitment, support and resources for oral health, WHO should provide countries with support in transferring technical knowledge, building human resource capacities and improving infrastructure. Many countries, including her own, had made huge strides in oral health, and the report might include the progress made by governments in that regard in recent years. She welcomed the draft resolution and trusted that a future global strategy would include a commitment to include oral health in the public policy agenda of countries by making it a priority in the context of noncommunicable diseases.

The representative of ISRAEL said that the process of integrating oral health into universal health coverage should build on existing noncommunicable disease programmes, and prevention and proper health education should be a focus from a young age. It was important to ensure that oral health interventions were not interrupted and were provided safely after the pandemic. He welcomed the publication of the guidance on considerations for the provision of essential oral health services in the context of COVID-19, which should be updated by the Secretariat as appropriate. The Secretariat should provide further information on the global oral health report to be launched later in the year, particularly on the scope and planned outcomes, and the involvement of Member States. Israel would also welcome more information on the joint WHO/ITU Be He@lthy, Be Mobile initiative, including on progress thus far as well as planned activities and timelines for 2021.

The representative of AUSTRIA said that health literacy, which was equally important for the prevention and management of noncommunicable diseases, should be a focus of health care systems. Patient-centred communication and adequate information should be provided to support proper self-management. Member States must urgently introduce prevention and control measures for noncommunicable diseases, including diabetes, and particular focus should be given to socioeconomic and commercial determinants, diagnostic practices and screening.

He welcomed the report on oral health contained in document EB148/8. In particular, his Government supported efforts to prevent noma, a disease that led to lifelong disability, and would welcome the development of a global strategy on tackling oral diseases.

The representative of OMAN said that, despite facing multiple challenges, his Government was committed to controlling the growing burden of noncommunicable diseases, including diabetes, and had worked on strengthening its primary health care facilities. During the COVID-19 pandemic, patients continued to receive their medication and were often given care at home.

The representative of JAPAN¹ said that her country would welcome the integration of oral health into universal health coverage. She highlighted the importance of: developing human resources and legal regulations for improving dental health; raising awareness of oral health behaviours; and promoting oral health throughout the life course. Japan looked forward to WHO's leadership to tackle the increasing global burden of oral cancer associated with the use of chewing tobacco. Noting the importance of noncommunicable disease prevention and management, she said that her Government shared the vision

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

of the Regional Office for the Western Pacific on promoting multisectoral and integrated measures in that regard.

The representative of PAKISTAN¹ welcomed the report contained in document EB148/7. Noncommunicable diseases had overtaken infectious diseases as the world's leading cause of morbidity and mortality, and such a paradigm shift called for across-the-board changes in the working parameters of public health. He highlighted some of the actions taken by his Government to promote better access to health services, including for vulnerable populations. Inconsistent political commitment, lack of risk factor surveillance, failure to integrate health service delivery mechanisms, inadequate information systems for noncommunicable diseases and out-of-pocket spending constituted major difficulties in developing countries. A whole-of-government approach was imperative, and enhanced interest and investment by donors and partners could serve as a catalyst for progress.

The representative of NORWAY¹ said that it was important to step up global efforts to prevent, diagnose and treat noncommunicable diseases. Mindful of the burden of noncommunicable diseases and the very low level of development funding for them, her Government had taken actions to tackle noncommunicable diseases in low-income countries, including by committing financial resources, and urged other donors to do the same. She supported the work of WHO on integrating noncommunicable diseases into primary health care, reducing risk factors and strengthening mental health efforts. Air pollution and mental health should be fully integrated in the follow-up to the evaluations of the Global action plan and the Global Coordination Mechanism. Action must also be taken on diabetes. It was unacceptable that half of those living with diabetes were unaware that they had the disease, and that only 50% of people who needed insulin had access to it.

The representative of BRAZIL¹ said that tackling noncommunicable diseases should be a priority and outlined some of the steps taken by his Government in that regard. Member States should take stock of achievements and gaps in the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases and provide guidance on the future of the Mechanism. Brazil supported the draft decision on the follow-up of the political declaration, as well as the draft decision on diabetes. Expressing support for the draft resolution on oral health, he said that Brazil would welcome the development, by 2022, of a global strategy aligned with the Global action plan for the prevention and control of noncommunicable diseases and the Thirteenth General Programme of Work, 2019–2023.

The representative of THAILAND¹ said that, although noncommunicable diseases had received plenty of political attention, action had clearly been inadequate, particularly for diabetes prevention and control. Insulin should be a common good available at an affordable price.

Member States should integrate the neglected areas of oral health promotion and prevention into basic essential health service packages. They should, in particular, encourage people to reduce their oral health risks by cutting down on sugary foods, tobacco and alcohol. Her Government supported the draft resolution on oral health, in particular the request that the Director-General develop cost-effective oral health interventions.

The representative of CANADA¹ supported the priorities and opportunities outlined in the report on oral health and looked forward to continued collaboration with WHO's global oral health programme in connection with the associated resolution.

She noted the ongoing work of WHO to address the health impact of air pollution globally in the context of noncommunicable diseases and beyond. Multisectoral action, including an expanded approach considering linkages between noncommunicable diseases and the environment-related targets of the Sustainable Development Goals, was important in that regard. The Global action plan for the prevention and control of noncommunicable diseases 2013–2030 remained a timely and relevant

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

blueprint for action, and Canada welcomed the recommendations of the midpoint evaluation. A prioritization exercise could be useful to further guide Member States in concentrating effort and resources. Canada looked forward to the consultations on options for the Global Coordination Mechanism. Greater understanding of the Mechanism's funding model and of how it compared to the scientific and normative budget of the WHO technical units on noncommunicable diseases would be useful.

The representative of SPAIN¹ said that surgical care was an important element in the treatment and control of many noncommunicable diseases, including cancer, and should, along with anaesthesia, be considered an essential intervention to which all people should have access regardless of where they lived. Progress made in relation to resolution WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage should be included in future reports of the Director-General on noncommunicable diseases and in the Global action plan. The Secretariat should provide guidance to Member States, strengthen its emergency and essential surgical care programme, update data on surgical procedures carried out and on the availability of qualified personnel to ensure access to relevant services.

The representative of FRANCE¹ welcomed the decision of the United States of America to remain a Member State of WHO and participate in the COVID-19 response efforts. Having recalled the major global public health challenge of noncommunicable diseases, she said that statistics concerning diabetes were alarming. A strong, inclusive global response with an emphasis on efficacy, equity, prevention and care was required. Civil society and people living with noncommunicable diseases should be involved in the design of national strategies and guidelines. Although the centenary of the discovery of insulin marked an important milestone, many people throughout the world remained without access to insulin, diagnostic tools or other types of care. France reaffirmed its full commitment to that issue and welcomed the global diabetes compact to be launched in April 2021.

The representative of SLOVAKIA¹ welcomed efforts to prioritize oral health. Given the economic and social impact of oral diseases, accelerated action was needed to strengthen universal health coverage by including oral health. Action should be taken to reverse the decrease in the number of children and adults attending general and dental check-ups. She welcomed the guidance on considerations for the provision of essential oral health services in the context of COVID-19 and looked forward to the development of a draft global strategy. Effective prevention measures and reduced treatment costs were essential since good oral health could reduce the risk of developing serious complications from other diseases.

The representative of JAMAICA¹ gave details of a national programme for the prevention and control of noncommunicable diseases. Insufficient progress had been made in addressing diabetes as a global public health problem due in part to limited funding, and the centenary of the discovery of insulin provided an opportunity to give greater priority to diabetes. Her Government welcomed the opportunity to take stock of the implementation of the Global action plan for the prevention and control of noncommunicable diseases. It would support the development of an implementation road map 2023–2030 and of an options paper for the Global Coordination Mechanism, including the possibility of an extension. It would welcome the development of a global strategy on tackling oral diseases aligned with the Global action plan and its translation into an action plan for public oral health.

The representative of ZIMBABWE¹ said that progress in preventing and controlling premature death from noncommunicable diseases had been inadequate, and many countries were not on track to meet the related Sustainable Development Goals. She called for enhanced political and financial commitment to noncommunicable diseases. Diabetes was a particular concern as a public health

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problem, including in low- and middle-income countries, and she expressed support for the draft decision on diabetes.

The high prevalence of oral diseases and high out-of-pocket expenditures were worrying. Her Government called for increased mobilization of resources, especially flexible funds, including in the context of discussions on the draft proposed programme budget and sustainable financing. Oral health should be properly integrated into other relevant programmes. Training for the oral health workforce should be designed to foster integrated, people-centred health services, with the involvement of mid-level community health workers and the development of best buy interventions.

The representative of the PHILIPPINES¹ said that actions to prevent and control modifiable and behavioural risk factors of noncommunicable diseases were crucial in ensuring better oral health. Highlighting the importance of strengthening interventions related to noncommunicable diseases, she said that her Government had taken a number of cost-effective measures to tackle noncommunicable diseases in the context of the COVID-19 pandemic, including issuing several interim guidelines. It was imperative to strengthen multisectoral collaboration on noncommunicable diseases with a view to providing services for all people of all ages, including prevention, management and long-term care.

The representative of MYANMAR,¹ noting the high levels of disruption of oral health services due to the COVID-19 pandemic, said that adequate protective equipment must be provided so that essential oral health services could resume. She called for efforts to prioritize the provision of effective oral health care services; implement appropriate programmes to address the lack of dental care; adopt a common risk factor approach to prevent noncommunicable diseases including oral cancer; use digitalization in oral health education programmes, routine data collection and aggregation processes; and develop a standard operating procedure for dental treatment including up-to-date information regarding the COVID-19 pandemic. Establishing or increasing oral health budgets would also support the provision of essential oral health services during the pandemic. Her Government welcomed the draft resolution on oral health and wished to be added to the list of sponsors.

The representative of SOUTH AFRICA¹ said that noncommunicable diseases remained a public health challenge, particularly in the context of the COVID-19 pandemic. She underscored the importance of sustainable and predictable funding for noncommunicable disease programmes, including at the country level, and called for efforts to strengthen implementation of a range of different initiatives, in particular for diabetes and hypertension. Greater attention should be given to expanding access to effective, affordable treatments for cancers and rare and orphan diseases. She supported the draft decisions.

The representative of URUGUAY¹ said that the international community must focus its efforts on achieving the Sustainable Development Goals, particularly the targets linked to noncommunicable diseases. Although such diseases were a major cause of premature death and disability in the Americas, they could be prevented and controlled through lifestyle changes, public policies and health interventions using an intersectoral and integrated approach. Her Government remained committed to working with the international community to tackle noncommunicable diseases.

The observer of PALESTINE supported the statement made by the representative of Oman on behalf of the Eastern Mediterranean Region. Mortality linked to noncommunicable diseases remained very high in Palestine despite initiatives to raise awareness of the population. He welcomed WHO's cooperation with Palestine's health authority and its reports and research on the matter. Further cooperation with the participation of all health partners was essential to strengthen institutional capacity.

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

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR, expressed concern at the slow progress made on diet-related noncommunicable diseases. Member States should recognize obesity as a disease, not a risk factor, and include its prevention, management and treatment as a priority in universal health coverage. WHO should review the implementation of the report of the Commission on Ending Childhood Obesity and develop a resolution on obesity. Evidence showing a close association between COVID-19 complications and obesity provided new urgency for global action.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, reaffirmed the urgent need for global multisectoral action on noncommunicable diseases, noting the important role that young people could play in prevention and control. She called on all stakeholders to recognize noncommunicable diseases as a major public health threat and commit to surveillance, prevention, control and management at all levels, meaningfully involving young people at every step of the process.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, said that it was concerning that many Member States were not on track to achieve the Sustainable Development Goals or the goals of the political declaration, particularly given the clear, actionable blueprints provided by relevant resolutions. Governments should prioritize investments in affordable, essential health services, fully integrate cancer into noncommunicable disease plans and universal health coverage packages, and take stronger prevention measures that addressed social, economic, environmental determinants. She welcomed efforts on health literacy, which empowered individuals to make informed, healthy choices.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the report on oral health, particularly the sections on noma. WHO should recognize noma as a neglected tropical disease of the highest importance to raise awareness of its burden and trigger more action on prevention and detection. He would welcome the establishment of global targets for diabetes care based on the 90-90-90 targets used for HIV programming. Member States must support a resolution to make tools for diabetes care widely accessible and prioritize efforts to improve access to insulin.

The representative of the MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the report on the political declaration but was deeply concerned about the lack of progress made towards the target on reducing alcohol use. Noting the potential of alcohol policy solutions in preventing noncommunicable diseases, he called on Member States to make alcohol policy a priority, implement the WHO SAFER technical package, and raise and allocate resources in an amount commensurate with the health and development burden of alcohol.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIR, welcomed the report on oral health and supported the actions contained therein. People suffering from chronic kidney disease experienced complications that could contribute to poor oral health. Moreover, poor oral health could also contribute to increased morbidity and mortality in chronic kidney disease patients. The inclusion of oral health care in universal health care packages was vital to ensure equitable access to medical treatment. He called on WHO to take the recommended actions to tackle the global burden of oral diseases and increase access to primary oral health care as part of universal health coverage packages.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR, welcomed the draft resolution on oral health. She called on Member States to: engage with oral health professionals and dental associations when developing national plans; integrate essential oral health services into benefit packages on universal health coverage, including community-based fluoridation programmes, and secure equitable access to affordable fluoridated toothpaste; prioritize

research on viable material to replace dental amalgam; address cleft lip and palate to prevent long-term oral health issues; and allocate sufficient oral health budgets and improve oral health surveillance, data collection and monitoring.

The representative of the INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH, speaking at the invitation of the CHAIR, said that his association strongly supported the report and draft resolution on oral health. Research must be prioritized to strengthen the evidence base for oral disease prevention and oral health promotion, and cleft lip and palate must be included in any comprehensive oral health plan. The automatic administration of fluoride should be expanded to drinking-water, salt and milk and affordable fluoride toothpaste should be made available. Financial resources must be adequate to meet the goals of the draft resolution on oral health.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR and on behalf of the International Diabetes Federation, the International Society of Nephrology and the World Stroke Organization, said that poor oral health was often connected with higher rates of cardiovascular and circulatory problems. Integrating oral health into agendas on noncommunicable diseases and universal health coverage was critical to the successful delivery of the Sustainable Development Goals. She welcomed the report set out in document EB148/8 and supported the draft resolution on oral health.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIR and on behalf of the Union for International Cancer Control and World Obesity Federation, said that progress in ending malnutrition and preventing noncommunicable diseases was off-track. Although the leadership of WHO was commendable, the policy responses of Member States to obesity and diet-related noncommunicable diseases had been inadequate. Member States should: accelerate efforts to develop and implement policies for diet-related noncommunicable diseases; raise and allocate adequate resources to promote healthy diets and address obesity; include policies for diet-related noncommunicable diseases in the COVID-19 pandemic response; recognize and address actions by the food and beverage industry that undermined health; and engage civil society to strengthen action networks and monitor progress towards targets.

The representative of the INTERNATIONAL DIABETES FEDERATION, speaking at the invitation of the CHAIR and on behalf of the International Society of Nephrology, the World Heart Federation and the World Stroke Organization, said that efforts to prevent and control diabetes could have a positive impact on circulatory health. She therefore urged Member States to approve the draft decision on diabetes and develop a draft resolution, for consideration by the Seventy-fourth World Health Assembly, on strengthening efforts to address diabetes as a public health concern as part of universal health coverage.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that the Region was committed to preventing and controlling noncommunicable diseases, including by identifying and implementing high impact and cost-effective best buy interventions. Since 2014, the battle against noncommunicable diseases had been among the Region's flagship priorities, and had since been aligned with its "Sustain. Accelerate. Innovate" vision. Its efforts were consistent with the Thirteenth General Programme of Work, 2019–2023 and built on global momentum to tackle noncommunicable diseases.

In 2016, all Member States of the Region had adopted the Colombo Declaration on strengthening health systems to accelerate delivery of noncommunicable disease services at the primary health care level. By 2018, all Member States had begun implementing national multisectoral action plans to address what they unanimously agreed was an immense threat to health, well-being and sustainable development. The Region's 2019 update on monitoring progress on universal health coverage highlighted the continued efforts in collecting and monitoring high-quality data on noncommunicable diseases and providing services for their detection, treatment and control. Governments had developed and applied innovative service delivery models for noncommunicable disease care throughout the

COVID-19 response, including the expansion of telemedicine and doorstep delivery of essential medical products. The Secretariat would continue to support all countries in identifying and implementing innovative ways to strengthen health systems and ensure that all people could access the services they needed for noncommunicable disease prevention and control.

The Region would focus increasingly on enhancing access to mental health services and welcomed the draft decision on promoting mental health preparedness and response for public health emergencies. It would continue cross-sectoral efforts to reduce the health impacts of indoor and ambient air pollution. All countries of the Region were committed to identifying and implementing population-based interventions that would improve the food environment and reduce the incidence of the four major noncommunicable diseases.

The Secretariat would continue to mobilize political commitment on issues that were often overlooked, such as oral health, and help Member States overcome remaining policy and implementation challenges. The Region looked forward to continuing to contribute to global monitoring and evaluation of noncommunicable diseases and to accelerating progress towards achieving its flagship priorities.

The DEPUTY DIRECTOR-GENERAL, thanking participants for their valuable guidance, said that the Secretariat had taken good note of all the issues raised. Noting that new global health estimates launched by WHO highlighting the leading causes of mortality and loss of health in all regions had shown noncommunicable diseases to be seven of the 10 leading causes of global mortality, she said that noncommunicable diseases and mental health constituted a priority for the Secretariat across all three levels of the Organization and across departments. An internal coordination mechanism had been established to ensure an integrated approach both horizontally and vertically.

Although progress had been made since the report on the political declaration set out in document EB148/7 had been finalized, work must be scaled up to achieve the Sustainable Development Goals and the targets of the Thirteenth General Programme of Work, 2019–2023. Outlining some of the actions undertaken, she said that the Secretariat had launched the WHO Global strategy to accelerate the elimination of cervical cancer with the ambitious but achievable 90-70-90 targets, and had provided additional normative guidance for all the pillars and initiated country support. It had also announced the global diabetes compact and developed a new initiative for small island developing States covering issues including noncommunicable diseases. Efforts had also continued to develop tools and monitor air pollution. WHO had celebrated “The Big Event for Mental Health” as well as the milestone of three million people across 18 countries better protected from heart disease. The Secretariat had convened an informal consultation on people living with noncommunicable diseases. The United Nations General Assembly had adopted a resolution on global health and foreign policy: strengthening health system resilience through affordable health care for all, which noted with concern that people living with noncommunicable diseases were more susceptible to developing severe COVID-19 symptoms and recognized the numerous factors hampering necessary prevention and control efforts.

The evaluations of the Global action plan and Global Coordination Mechanism on the prevention and control of noncommunicable diseases provided an opportunity to innovate and develop a more strategic implementation plan. The implementation road map and the options paper were good ways forward, and the Secretariat would consult Member States in that regard.

In 2020, the negative effect of the COVID-19 pandemic on people’s mental health had become clear, as had the particular vulnerability of people living with noncommunicable diseases. It was therefore vital to ensure that screening and treatment programmes, including those for cancer, diabetes and heart diseases, were accessible to all whenever needed and to build preparedness for any new pandemic. The inclusion of noncommunicable diseases in the primary health care road map would be a major focus in 2021, and she highlighted the relevance of the new global diabetes compact and the “Commit to Quit” campaign in that regard. It had been 14 years since oral health had last been considered by the Executive Board, and the draft resolution provided a strategic opportunity to reposition oral health as part of the global health agenda in the context of universal health coverage.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that financing for noncommunicable diseases had been a long-standing problem. Governments should provide more support to WHO and other relevant organizations to support work on noncommunicable diseases, including mental health, especially in low-income countries, and he thanked Norway for its efforts in that regard. The Secretariat had done a great deal of work to develop an integrated approach to noncommunicable diseases. The various separate departments created under the WHO reform, including on HIV/AIDS, tuberculosis and malaria, were working together and preparing guidelines on the topic.

The great shortages in the health workforce, particularly in low- and middle-income countries, had particular implications for noncommunicable diseases. Urgent efforts were required to ensure the availability of sufficient health workers so that quality care could be delivered to people living with noncommunicable diseases, and thus avoid premature deaths.

The weaknesses in public health systems exposed by the COVID-19 pandemic must be addressed, and the prevention and control of noncommunicable diseases, including mental health, should be integrated into all response and recovery measures. The Secretariat had already issued guidance, including for maintaining essential health services during an outbreak, which would continue to be updated as the pandemic evolved. As the targets of the mental health action plan 2013–2020 had not been met, the plan would be extended to 2030. The Secretariat was also working on integrating oral health as part of universal health coverage benefit packages. The global oral health report would be released in the second quarter of 2021. The report would focus on oral health as a public health issue within the framework of noncommunicable diseases and universal health coverage, helping to pave the way for a renewed global oral health agenda for 2030. The Be He@lthy, Be Mobile digital initiative had been set up jointly by WHO and ITU in 2012 to provide important health information by text message to millions of people without internet access. The Secretariat considered digital health a priority and was scaling up the initiative to better support noncommunicable diseases and other important public health programmes.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations), thanking participants for their comments and support, said that noncommunicable diseases affected all aspects of health and were influenced by many factors, including environment, climate change and socioeconomic development. It was therefore important to tackle air pollution and accelerate access to clean energy. The Secretariat continued to work with partners on the Health and Energy Platform of Action. In relation to commercial determinants, the Secretariat recommended introducing regulatory measures such as fiscal policies, marketing controls and measures to provide information to consumers, including labelling. WHO fostered economic interests that were beneficial for health. In order to support Member States in addressing noncommunicable diseases using a comprehensive, multisectoral approach, the Secretariat had developed an implementation framework for pillar 3 of the triple billion targets, which would support social, behavioural, economic and environmental interventions for healthier populations, contributing to the prevention and control of noncommunicable diseases. Member States would be kept informed about the framework through relevant briefings.

The Secretariat had worked on guidelines and tools for improving diet, such as the action framework for developing and implementing public food procurement and service policies for a healthy diet. Obesity was listed as a disease under the International Classification of Diseases 11th Revision. The Secretariat would continue working with Member States to limit health inequities and address oral health, especially for the elderly, as a part of the Decade of Healthy Aging 2021–2030.

The specific needs of each country and region needed to be addressed to strengthen efforts for health promotion and prevention of noncommunicable diseases. The Secretariat was working to address the situation of small island developing States and was planning to hold a health summit for those States in June 2021 to address the interplay between noncommunicable diseases, climate change and nutrition.

The DIRECTOR (Noncommunicable Diseases), thanking participants for their important guidance on diabetes and noncommunicable diseases, said that the Secretariat was ready to tackle diabetes, which was turning into a global epidemic, in a more active way. Recalling that around

80 countries had reported complete or partial disruption to diabetes services during the COVID-19 pandemic, she said that health systems must be able to respond to noncommunicable diseases, including diabetes, to build preparedness. The Secretariat hoped to engage with those living with diabetes in low-income countries and humanitarian settings to create more appropriate solutions. She hoped that the global diabetes compact would lead to more innovative solutions. The Secretariat would advocate strongly for sufficient, appropriate and well-coordinated resources, and seek to avoid duplication in its engagement with non-State actors and organizations of the United Nations system. There was also a need to improve coordination in alignment with the WHO transformation at all levels and assist countries to ensure impact. Ensuring multistakeholder dialogues and accountability for all partners was important. The Secretariat had received clear guidance to focus on the prevention side of diabetes. In particular, it would work on reducing obesity in children and adolescents and supplement the implementation of the WHO guidelines on physical activity and sedentary behaviour to scale up prevention.

The DIRECTOR-GENERAL said that the draft resolution on oral health was a landmark document that set out the work of the Secretariat for many years to come, and welcomed the two draft decisions proposed. In November 2020, WHO had announced the development of the global diabetes compact, which would bring together in one package all WHO materials for the prevention and management of diabetes. On the prevention side, particular focus would be given to reducing obesity, especially among young people. On the treatment side, emphasis would be on improving access to diabetes medicines and technologies, particularly in low- and middle-income countries. Key to its success would be alignment and united action across the public, private and philanthropic sectors. It would be launched on 14 April 2021, and he invited all Member States to be part of the compact.

The CHAIR took it that the Board wished to note the reports contained in documents EB148/7, EB148/7 Add.1, EB148/7 Add.2, and EB148/8.

It was so agreed.

The CHAIR took it that the Board wished to adopt the draft decisions and the draft resolution.

The decisions^{1,2} and the resolution³ were adopted.

The meeting rose at 17:10.

¹ Decision EB148(6).

² Decision EB148(7).

³ Resolution EB148.R1.

NINTH MEETING

Friday, 22 January 2021, at 10:10

Chair: Dr H. VARDHAN (India)

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

- 1. EXPANDING ACCESS TO EFFECTIVE TREATMENTS FOR CANCER AND RARE AND ORPHAN DISEASES, INCLUDING MEDICINES, VACCINES, MEDICAL DEVICES, DIAGNOSTICS, ASSISTIVE PRODUCTS, CELL- AND GENE-BASED THERAPIES AND OTHER HEALTH TECHNOLOGIES; AND IMPROVING THE TRANSPARENCY OF MARKETS FOR MEDICINES, VACCINES, AND OTHER HEALTH PRODUCTS:** Item 7 of the agenda (document EB148/9)

The representative of the RUSSIAN FEDERATION said that there was a need to make greater use of generic medicines for cancer treatment and to simplify market access procedures. It was particularly important to ensure the transparency of clinical studies and publish negative results to prevent duplication of research. His Government appreciated WHO's substantial contribution to improving procurement and price transparency, and was using similar approaches for reference pricing of basic medicines included in its State procurement system. Access to the latest generation of medicines and medical technologies could be enhanced through the provision of support to national regulators, and efforts to develop local scientific and technological capacity and technology transfer. The extremely high cost of health products for orphan diseases was a barrier to access, and he outlined some of the actions being taken by his Government to promote access to medicines for patients with orphan diseases and cancer, including children.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, highlighted the importance of expanded access to medicines and health technologies and affordable pricing for achieving universal health coverage. In many countries of the Region, however, access to screening, detection, diagnosis and treatment of cancer and rare and orphan diseases was challenging. The high cost of treatment, including novel medical products, increased pressure on already strained national health budgets, caused unnecessary financial hardship and could serve as a barrier to access, and she underscored the need for transparency and fair pricing. At its sixty-seventh session, the Regional Committee of the Eastern Mediterranean Region had endorsed a regional strategy, consisting of eight strategic objectives, to improve access to medicines and vaccines by 2030. A proposal to establish mechanisms for improved collaboration and information exchange on prices of medicines and vaccines was being considered in her Region and a number of strategies with direct and indirect effects on prices had been suggested for enhancing efficiency and improving access to medicines.

The representative of CHINA, welcoming the progress made, said that the report should better reflect the substantive cooperation activities across all three levels of WHO. Although some countries had made progress in expanding access to effective treatments for cancer and rare and orphan diseases and in improving transparency of markets, low- and middle-income countries, in particular, continued to face many challenges. Those included: insufficient investment in research and development, poor financial management, lack of regulatory capacity, weak infrastructure and the inappropriate

prescription of health products. He outlined the actions being taken by his Government to improve the supply of antineoplastic drugs and medicines for treating rare diseases. His Government stood ready to share its experience and work with WHO to enhance accessibility to relevant treatments and facilitate fair access to them.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, said that the burden of noncommunicable diseases in the Region constituted a major public health challenge and undermined socioeconomic development, and noted that mortality from noncommunicable diseases, including cancer, was projected to increase most rapidly in his Region. Recalling the high prevalence rate of hepatitis B in the population, the unacceptably low number of countries providing the birth dose of the vaccine, and the limited number of countries in the Region with human papillomavirus vaccination programmes, he welcomed the support provided by the Secretariat in implementing and monitoring hepatitis B and human papillomavirus vaccination programmes and in improving procurement practices. The Global strategy to accelerate the elimination of cervical cancer would increase vaccination coverage and promote access to affordable cancer medicines.

He recognized the specific challenges associated with the management of rare and orphan diseases, including the fact that such diseases might be left out of public procurement and reimbursement schemes. He welcomed the Secretariat's collaboration with Rare Diseases International and the Worldwide Network for Blood and Marrow Transportation, and said that the Member States of his Region would be pleased to benefit from such initiatives, as appropriate. He highlighted the fact that many in vitro diagnostic and assistive products were designed only for high-income settings. He welcomed the Secretariat's efforts to raise awareness of the pricing of cancer medicines through the Pharmaceutical Pricing and Reimbursement Information networks and said that the Member States of his Region looked forward to participating in the 2021 Fair Pricing Forum. They remained committed to working with the Secretariat to strengthen capacities in access to health products through transparency, information-sharing and networking.

The representative of the UNITED STATES OF AMERICA said that access to medicines and treatments for rare and orphan diseases, which was a high priority, would benefit from closer regulatory cooperation and capacity-building, particularly in light of the global pandemic of coronavirus disease (COVID-19). Cancer prevention and control were also vital, and she supported expanding access to and worldwide investment in treatment. Transparent and open markets were important, including in promoting the availability and affordability of safe, effective and quality-assured COVID-19 diagnostic tests, vaccines, treatments and devices; continued cooperation on clinical trials and research was also required. Although many resources had been diverted to the pandemic response out of necessity, the Secretariat and Member States should continue their work on the important topics raised in the report in order to build a more equitable world after the pandemic ended. She looked forward to continued engagement, including at the 2021 Fair Pricing Forum, and to the release of WHO's third global report on access to hepatitis C treatment.

The representative of BANGLADESH said that equitable access to safe, effective, quality-assured and affordable vaccines, medicines and medical devices was a global priority, in particular for achieving the health-related Sustainable Development Goals. The absence of treatment for many rare diseases was concerning, as was the fact that certain treatments were limited to high-income countries because of their high price and patent barriers. Furthermore, some diseases that were rare in developed countries but prevalent in developing countries were also labelled as rare diseases, which was unhelpful.

His Government, recognized the need for fair pricing and domestic investment in universal health coverage schemes. Although demand for medical products in Bangladesh was mostly met through local production of generic medicines, treatment for cancer and rare diseases was limited. WHO and other international partners should establish research, innovation and training and development facilities for the management and prevention of noncommunicable diseases. Noting the importance of good governance, transparency and accountability throughout the supply chain, he requested WHO to build the capacity of Member States to regulate medical devices, in vitro diagnostics and assistive products.

He also called on the Secretariat to assist Member States in promoting local production and fair and affordable pricing, and to provide assistance, education, training and necessary equipment for rehabilitation and palliative care for patients with cancer and other rare diseases.

The representative of the REPUBLIC OF KOREA said that, while medicines and vaccines were economic goods, they were also public goods and their pricing had to be transparent in order to achieve universal health coverage. Political commitment remained essential for progress towards transparency of markets for health products, and he trusted that Member States and the Secretariat would continue their efforts to ensure fair pricing. Although definitions of a rare disease varied widely between countries, all patients with such diseases faced difficulties in accessing advanced therapies and health technologies. The absence of a harmonized regulatory framework for cell and gene therapies was a challenge. His Government, which had recently strengthened its national policies and legislation on rare diseases, supported the Secretariat's collaboration with Rare Disease International and the work on developing international nonproprietary names. A robust model of international cooperation should be developed for the sharing of relevant information, experience and best practice in order to guarantee access to innovative health products for patients with rare diseases.

The representative of INDIA, noting that the current agenda item was of particular relevance in the current global health care scenario, said that he concurred with the particular challenges identified in the report. His Government was in the final stages of developing a national rare disease policy and recognized that some cell and gene therapies might have the potential to meet the medical needs of individuals with certain cancers and rare and orphan diseases. He welcomed the Secretariat's support in the implementation and monitoring of hepatitis B and human papillomavirus vaccination programmes and in improving procurement practices, and the guidance for increased access to medical devices. While commending the Organization's tireless efforts, he said that WHO should support the use of flexibilities offered by the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) to promote high-quality and sustainable local production, generic competition and access to medicines. It should also provide increased support for international technical collaboration in the regulation of medical devices. His Government would be pleased to cooperate in those efforts.

The representative of TONGA said that, although her country remained free of COVID-19, the pandemic had catalysed the Government's action to achieve universal health coverage. The whole-of-government approach adopted, which included a commitment to accessible, effective and sustainable treatment, medicines and vaccines, sought to strengthen health care delivery and health security, including the response to future outbreaks. While the provision of certain essential services had stalled at the global level since the beginning of the pandemic, her Government had endeavoured to continue building human capacity and redistributed its health resources to support decentralization and the safe continuation of existing services. The strengthening of health care systems and local research was pivotal to economic recovery, security, sustainability and resilience. She thanked the developed countries for their financial commitment to WHO and to ensuring equitable distribution of and access to COVID-19 vaccines in the developing nations, including in the Pacific.

The representative of ARGENTINA, while noting progress made with respect to cancer treatments, called for continued efforts to promote equitable and timely access to quality-assured health products and strengthen research and development. There was a need to redouble efforts to develop a comprehensive cancer treatment approach, including by strengthening vaccination and screening in populations where prevalence remained high. Market supply shortages of certain cancer treatments was a concern, as were the factors that posed barriers to equitable access of products on the WHO Model List of Essential Medicines, including unaffordable prices and fragmented procurement processes. The lack of transparency and information on production costs remained a challenge and she called for further progress in that regard under resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines and other health products. Her Government was working with WHO to organize the 2021 Fair Pricing Forum, which she hoped would provide an opportunity for all stakeholders to

engage in a frank discussion and reach agreement on the need to achieve the fair pricing of medicines, vaccines and other health products.

The representative of INDONESIA said that ensuring access to safe, effective, quality and affordable vaccines, medicines, in vitro diagnostics, medical devices and assistive products was an important factor in strengthening the global health system. Efforts to expand access to effective treatments for cancer and rare and orphan diseases were ongoing in Indonesia, and prices for medicines and medical devices had been publicly accessible since 2013. The Secretariat and Member States should strengthen collaboration to improve transparency and affordability of medicines, vaccines, and high-cost innovative health products, especially essential cancer medicines and patented products, including cell- and gene-based therapies.

The representative of COLOMBIA said that her Government's priorities with respect to cancer and rare and orphan diseases were aligned with those set out in the report. Many public health indicators, including those directly related to cancer, had improved with increasing health insurance coverage and investment in cancer control in her country over the last five years. Furthermore, out-of-pocket expenditure was comparatively low in Colombia, and she outlined some of the progress made by her Government in relation to the international reference price for prescription medication. WHO's efforts to improve the transparency of markets for medicines, vaccines and other health products were welcome and she encouraged continued implementation of the global strategy and plan of action on public health, innovation and intellectual property, and the Roadmap for access to medicines, vaccines, and other health products 2019–2023. Interaction with patient associations and scientific societies in Colombia was facilitating better governance of rare and orphan diseases, and she outlined some of the steps taken by her Government to promote access to relevant treatments and technologies, including cell- and gene-based therapies.

The representative of AUSTRIA said that, although safety concerns were not a major issue in Austria because of strong regulatory capacity and pharmacovigilance, her Government had taken steps to improve transparency and deal with supply shortages. As a member of the Benelux Initiative and the host of the Secretariat of the Pharmaceutical Pricing and Reimbursement Information networks, her Government took a special interest in supporting cross-country collaboration. In terms of next steps, WHO should consider the volume data, fragmentation of health systems as a potential barrier, and the value of cross-country collaboration in improving access to medicines and transparency.

The representative of the PHILIPPINES,¹ noting that access to high-cost treatments presented a challenge for the achievement of universal health coverage, said that mechanisms such as health technology assessment, pooled purchasing and price negotiation were used to support implementation of legislation pertaining to cancer control and rare diseases in her country. She welcomed the initiatives undertaken by WHO to strengthen Member States' capacity to address cancer, orphan diseases and other noncommunicable diseases, and outlined measures introduced by her Government in that regard. She supported WHO's initiatives to improve market transparency, and expressed the hope that the scope of the WHO Price Information Exchange for Medicines would be expanded to include high-cost medicines and medical devices of common interest in the South-East Asia Region.

The representative of NORWAY¹ said that the high and increasing prices of new medicines constituted a major concern and a challenge to the sustainability of health systems and the provision of universal health coverage, even in high-income countries. Industry's demands for confidential prices made it difficult to justify decisions on new medicines to the public. Transparent pricing of essential testing equipment, treatment and vaccines was essential to end the COVID-19 pandemic. Her Government had supported resolution WHA72.8 (2019) and called for further collaboration with national health authorities, international organizations and other stakeholders to that end.

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

The representative of ZIMBABWE¹ said that his Government welcomed the earlier announcement by the representative of the United States of America regarding the latter Government's decision to remain in WHO. Turning to the current item of the agenda, he said that it was concerning that critical gaps still remained in access to effective treatments for cancer and rare and orphan diseases. More needed to be done to increase price transparency and clarify the relationship between development costs and pricing, as the ongoing COVID-19 pandemic had shown. The Secretariat should expedite the updating of the WHO guidelines on evaluation of similar biotherapeutic products (2009) to reflect technological advances, in line with resolution WHA67.21 (2014) on access to biotherapeutic products including similar biotherapeutic products and ensuring their quality, safety and efficacy. It should also consider convening an expert panel to establish a technical and scientific regulatory pathway for non-originator vaccines.

The representative of TURKEY,¹ noting the trend in recent years towards value-based health care, said that his Government had initiated various studies on the effectiveness and efficiency of advanced technology treatments for cancer and rare diseases, which benefited from transparency. Treatment processes should be sustainable, and he called for analysis of innovative payment and risk-sharing measures to ensure that health services met urgent needs. Reporting systems should also be established for the treatment of rare diseases, and access to new health technologies should be prioritized, particularly for cancer and rare and orphan diseases. The issue of expanding access to effective treatments was global in nature, which made WHO's leadership necessary. He thanked the WHO Regional Office for Europe and Norway for their efforts on the Oslo Medicines Initiative.

The representative of PORTUGAL¹ welcomed the renewed commitment of the Government of the United States of America to WHO and to multilateral diplomacy. With regard to regular access to health products, he said that significant challenges were associated with access to innovative pharmaceutical products that offered new treatments for cancer, rare and orphan diseases. He commended WHO's important role in international cooperation for the harmonization of standards in regulation and health technology assessment, which promoted greater transparency, and looked forward to the discussions at the 2021 Fair Pricing Forum. Improved patient access to medicines was a programmatic priority for his Government. The international community should build on the momentum for collaboration generated by the pandemic in order to make further progress on ensuring access to safe, effective, quality and affordable essential medicines, which was vital for achieving universal health coverage and the Sustainable Development Goals.

The representative of BRAZIL¹ encouraged the Secretariat to further its analysis to better assist Member States in identifying sustainable ways of providing cutting-edge health care for all in need. To that end, it should make full use of relevant Health Assembly resolutions, including resolution WHA72.8 (2019), the Roadmap for access to medicines, vaccines, and other health products 2019–2023 and the global strategy and plan of action on public health, innovation and intellectual property. Having underscored the close relationship between growing transparency on medicine prices and the ability of Member States to cope with the growing burden on national health systems, he noted some of the steps taken by his Government to promote price transparency, including publishing maximum prices and regulating public medicine pricing policies. The national regulatory authority had developed capacities to assess and monitor technologies, including some cell and gene therapies, and some had received market authorization. His Government stood ready to share its experience with the Secretariat and Member States.

The representative of JAPAN,¹ noting the importance of access to quality, safe and effective medicines and vaccines for achieving universal health coverage, said that it was essential to ensure access to pharmaceuticals and health technologies for cancer and rare and orphan diseases and to offer incentives to develop new therapeutic tools to meet unmet needs. Action to strengthen regulatory

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

capacity and harmonization was essential, and training was provided in Japan for officials of regulatory authorities in Asia and elsewhere. His Government was committed to regional and international regulatory harmonization and recognized the importance of dialogue with all relevant stakeholders. New guidelines, enhanced regulatory capacity and incentives were required for cell and gene therapy products.

The representative of THAILAND¹ said that advancements in medical technology, such as cell- and gene-based therapies, could significantly benefit individuals, but their high prices were a barrier to access. When considering access to essential medicines and treatments, it might be preferable to aim for good treatment for most, rather than the best treatment for a few. The Government of Thailand called on the Secretariat and Member States to accelerate their work on the global strategy and plan of action on public health, innovation and intellectual property, prioritizing research and development on rare and orphan diseases in order to narrow health inequities and promote health for all.

The representative of JAMAICA¹ said that his Government continued to sustain its strong commitment to cancer prevention and treatment, including by pledging to reduce premature deaths due to breast cancer by 25% by 2025. However, with its designation as an upper-middle-income country, Jamaica faced several obstacles, and cell- and gene-based therapies remained inaccessible due to high prices and other barriers. Despite the progress made, much more remained to be done in implementing resolutions WHA70.12 (2017) and WHA72.8 (2019). His Government welcomed the Secretariat's support on hepatitis B and human papillomavirus vaccination programmes and its collaborative work on rare diseases. It would support further efforts to develop affordable solutions for low- and middle-income primary health care settings and called for political commitment, including resource mobilization, to improve transparency and expand access to health products and technologies.

The representative of SPAIN¹ said that her Government was committed to ensuring the accessibility, availability and quality assurance of medicines, promoting innovation and improving health emergency preparedness and response mechanisms. Recognizing the importance of price transparency in that regard, her Government had sponsored resolution WHA72.8 (2019), and called on all Member States to improve transparency to ensure universal health coverage and strengthen public health systems.

The representative of the INTERNATIONAL ATOMIC ENERGY AGENCY said that, in seeking to minimize the double burden of COVID-19 and cancer on patients, it was essential to ensure that work on cancer reached those in need. She drew attention to IAEA's work with WHO and the International Agency for Research on Cancer and its support for key global cancer initiatives, and outlined some of IAEA's activities in cancer control at country level. She said that IAEA looked forward to continuing its collaboration with partners, and to contributing to the WHO-led global efforts towards achieving an integrated approach to cancer control and the Sustainable Development Goals.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIR, said that the report should be amended to include a paragraph on issues of procurement and pricing of the essential medicines for pain and palliative care included in section 2 of the WHO Model List of Essential Medicines, which were in short supply. Member States should heed the INCB, WHO and UNODC statement on access to internationally controlled medicines during the COVID-19 pandemic, and fund initiatives that would enable the Department of Essential Medicines and Health Products of WHO to continue its work with other United Nations organizations.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, emphasized the need for sufficient training on access to medicines, including on procurement and funding. The Secretariat and Member States should partner with pharmacists to strengthen regulatory systems and national pharmaceutical pricing policies

and to establish a well-coordinated comprehensive infrastructure and improved access to medicines and innovation.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, said that the WHO prequalification of biotherapeutic products initiated in 2018 was helping to improve access. The information made available on in vitro diagnostics would be useful to address other noncommunicable diseases such as diabetes. Noting the importance of transparency, he said that it was difficult to identify how the Secretariat was engaged in implementing resolution WHA72.8 (2019), other than through initiatives instigated by WHO regions and existing programmes. The 2021 Fair Pricing Forum could provide an opportunity for specific action on transparency. The pharmaceutical industry should uphold its responsibility to make relevant information available.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIR, said that the disparities in access to the most effective treatments for cancer were severe and called on WHO to propose remedies, with particular regard to the knowledge required for manufacturing biologics and cell therapies. WHO should, in collaboration with WIPO and WTO, provide technical advice on flexibilities in international agreements to create exceptions to patent rights for treatments that could be classified as services. The WHO Global Observatory on Health Research and Development should collect information on the costs associated with clinical trials for new treatments. The WHO Model List of Essential Medicines should include a category for those treatments that would be essential if they were available at affordable prices.

The representative of the INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS, speaking at the invitation of the CHAIR, said that access to innovative, safe, effective, quality-assured and affordable treatments was a fundamental human right of every patient. Member States should work in solidarity to leverage the humanitarian spirit developed during the 2003 Human Genome Project to develop affordable solutions for the management of cancer and other noncommunicable and rare diseases in low- and middle-income primary health care settings.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, said that mechanisms to ensure sustainable and affordable access to breakthrough cancer treatments in low- and middle-income countries were a long way off. Her organization was working to apply its partnership model based on voluntary licensing with industry to noncommunicable diseases. It had included new essential cancer medicines in its free patent database MedsPaL and stood ready to provide support in addressing the challenges of the growing cancer burden in low- and middle-income countries.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, welcomed expanded access to effective treatments for cancer and rare and orphan diseases. Drawing attention to three tools available on her organization's website to assist Member States in appropriately selecting and prescribing cancer medicines, she said that her organization would be pleased to use its expertise to contribute to a global network of centres of excellence for rare diseases and to participate in the 2021 Fair Pricing Forum.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, said that the global cancer burden could be significantly reduced with timely diagnosis and access to appropriate treatment. Member States should ensure affordability and availability of quality-assured essential medicines and diagnostics based on national need; promote alignment in national lists for essential medicines, diagnostics and technologies; utilize international support to develop effective regulatory systems, procurement strategies and policies for transparent and fair pricing, including the use of flexibilities offered by the TRIPS Agreement; and support policies to increase the uptake of generics, build the capacity of local manufacturers and facilitate technology transfer.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that action was required to tackle monopolies on biotherapeutics, streamline regulatory approval for generic medicines and eliminate data exclusivity in order to prevent unjust inequalities in access to treatment. Technology transfer must be accelerated and intellectual property barriers removed, including by using flexibilities offered by the TRIPS Agreement. The lack of transparency on research and development costs and the public financing of research prevented fair pricing, and it was a concern that transparency of pricing was currently prevented by commercial and competition laws in many countries. Member States and research institutions should put public interest conditions into funding for research into cancer and orphan and rare diseases.

The representative of RAD-AID INTERNATIONAL, speaking at the invitation of the CHAIR, highlighted the challenges associated with access to diagnostic imaging and radiation oncology, particularly in low- and middle-income countries. WHO should make access to radiology a priority and develop frameworks and guidance to support procurement and use of those critical tools.

The ASSISTANT DIRECTOR-GENERAL (Medicines and Health Products) thanked participants for their support for WHO's efforts on expanding access, which were guided by resolution WHA72.8 (2019) and the Roadmap for access to medicines, vaccines, and other health products 2019–2023. Access to safe, affordable, quality-assured medicines and health care products was a global concern addressed by many WHO departments in their work. Challenges in regulatory harmonization would increase as technology progressed, particularly in the area of medical devices and assistive technologies, and the Secretariat would look to increase its work in that field. WHO was on the verge of granting prequalification to an additional human papillomavirus vaccine manufacturer, which would help to diversify a very concentrated market. WHO would be pleased to increase its support for policies and recommendations at country level for the hepatitis B birth dose and would shortly be launching an updated report on access to hepatitis C medicines that included intellectual property and in vitro diagnostic issues. Given the limited length of the reports, the Secretariat would be pleased to organize information sessions on specific topics.

Shortages, particularly of medicines for pain and palliative care, were a concern, and she welcomed the positive experience of certain countries in managing price and transparency across the supply chain, and initiatives to promote cross-country collaboration. She looked forward to discussions at the 2021 Fair Pricing Forum. A decision on equitable access was a political choice by countries and had to be supported by good public health policies and a coordinated approach with other stakeholders, including industry. Balancing the incentives needed for innovation with affordable access and fostering the transfer of technology to generate increased manufacturing capacity constituted key challenges requiring cooperation and dialogue.

The representative of the REGIONAL DIRECTOR FOR EUROPE said that all Member States in the European Region had expressed serious concerns about ever-increasing prices for new medicines entering the market, and restricted access to potentially effective novel medicines, including advanced therapy medicinal products. However, the COVID-19 pandemic had shown that, with commitment and collaboration, critical products could become available as soon as possible. The European Programme of Work 2020–2025 set out a commitment to work with all stakeholders to ensure access to safe, affordable and innovative medicines while leaving investors in the pharmaceutical industry sufficiently incentivized to develop and manufacture them. He trusted that participants would support the Oslo Medicines Initiative developed by the WHO Regional Office for Europe and the Government of Norway, which would present a new vision for collaboration between the public and private sectors to ensure better access to novel, effective medicines. The initiative, which had a strong focus on equity and leaving no one behind, was framed by the themes of solidarity, transparency and sustainability.

The Board noted the report.

2. GLOBAL STRATEGY AND PLAN OF ACTION ON PUBLIC HEALTH, INNOVATION AND INTELLECTUAL PROPERTY: Item 8 of the agenda (document EB148/10)

The CHAIR drew attention to the report on the global strategy and plan of action on public health, innovation and intellectual property set out in document EB148/10 and to a draft resolution on strengthening local production of medicines and other health technologies to improve access, proposed by China, Eswatini, Ethiopia, Ghana, Kenya, Namibia, Rwanda, South Africa, Sudan, Togo and Zimbabwe, which read:

The Executive Board,

Having considered the report on the global strategy and plan of action on public health, innovation and intellectual property,¹

(PP1) Recalling resolutions WHA60.20 (2007), WHA61.21 (2008), WHA62.16 (2009), WHA63.12 (2010), WHA65.17 (2012), WHA65.19 (2012), WHA66.22 (2013), WHA67.20 (2014), WHA67.21 (2014), WHA67.22 (2014), WHA68.7 (2015), WHA71.8 (2018), and WHA72.8 (2019), all of which encompass aspects of the need to promote access to the quality, safe, effective and affordable medicines and other health technologies;²

(PP2) Recalling resolution WHA61.21 (2008), decision WHA71(9) (2018), and document A71/12 (2018), insofar as they address the role of technology transfer and local production of medicines and other health technologies in improving access;

(PP3) Recalling also United Nations General Assembly resolution 74/30 (2020) and resolution WHA73.1 (2020) on the response to the coronavirus disease (COVID-19) pandemic, which call for intensified international cooperation and solidarity to contain, mitigate and overcome the pandemic and its consequences through responses that are people-centred and gender-responsive, with full respect for human rights;

(PP4) Recalling also the Human Rights Council resolution 12/24 (2009) on access to medicine in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

(PP5) Recalling further the 2030 Agenda for Sustainable Development and its aim of ensuring that no one is left behind;

[(PP5 bis) Recalling [the WTO Doha; add] Declaration on the TRIPS Agreement and Public Health ([WTO; add]; delete] Doha Declaration), adopted on 14 November 2001; add; delete; retain]

[(PP5 bis alt) Recalling the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), which provides flexibilities for the protection of public health and [the promotion of; add] [promotes; delete] access to medicines for all, in particular for developing countries [and least-developed countries, as affirmed by; add] [, and; delete] the Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property protection is important for the development of new medicines. (Source: A/RES/74/20 (OP29) GHFP – previous resolution on TRIPS and public health); add; delete/reserve]

[(PP5 bis alt alt) Reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also reaffirming the 2001 WTO Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that the TRIPS Agreement should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, [which recognizes that intellectual property protection is important for the development of new medicines; reserve] [, including considering [as appropriate; add] time limited waivers of

¹ Document EB148/10.

² Medicines and other health technologies includes pharmaceuticals, vaccines, biopharmaceuticals, medical devices.

some specified provisions related to COVID-19 products and technologies; add; reserve; no objection]; add and replace PP5bis, PP5bis alt and request removal of mention of TRIPS IP in PP8bis, OP1.10, OP2.9; support PP5bis alt alt]

(PP6) Acknowledging Member States' commitment to achieve the Sustainable Development Goals including those that relate to local production of medicines and other health technologies in various ways (e.g. Goals 3, 8 and 9);

[(PP6 bis) Recognizing that some countries face problems in accessing medicines, vaccines and other essential health technologies, [such as [the overwhelming demand; delete/move], low manufacturing capacity, high prices, among others, [condition; delete] [can affect; add] access; add] and that such problems are exacerbated in times of pandemic [and/or overwhelming demand; add] such as COVID-19. [The overwhelming demand, low manufacturing capacity, high prices, among others, [condition; delete] [can affect; add] access; move]; add; reserve; question on source of language]

(PP7) Recalling WHO's roadmap for access to medicines, vaccines and other health products 2019–2023 as part of comprehensive support for access, and strategic local production, while considering regional plans and initiatives such as the Pharmaceutical Manufacturing Plan for Africa;

(PP8) [Considering that there is a need to emphasize; delete] [Emphasizing; add] the possibility of [realizing; delete] [promoting; add] access to [quality-assured; add] [safe, effective and affordable; add] medicines and other health technologies through building capacity for local production, especially in LMICs, [effective technology transfer [on voluntary and mutually agreed terms; add; reserve] and cooperation, [development of patent pools[, and promoting generic competition; add] [in order to promote generic competition,; delete]; delete]; add; delete] [based on; delete] [in line with; add] WHO's road map for access to medicines, vaccines and other health products 2019–2023 as comprehensive support for access;

[(PP8 bis) Recognizing [that; delete] intellectual property protection [has a significant role in the pharmaceutical industry; add; reserve; delete] [is important for the development of new medicines; delete] [while also [recognizing that public health-sensitive intellectual property rules and mechanism can help address the misalignment between profit driven innovation models and public health priorities; add; reserve; delete] [recognizing the need to ensure the financial sustainability of health systems; delete]; delete] [and also recognizes the concerns about its effect on prices; add]; add; reserve; reserve on first part] [delete entire PP8bis]

[(PP8 ter) Mindful of concerns about the current patent system, especially as regards access to medicines in developing countries and reaffirming that public health interests are paramount in both pharmaceutical and health policies; add; reserve; delete PP8ter]

(PP9) Recognizing that integration of local production into overall health systems strengthening can contribute to sustainable access to quality-assured, safe, effective and affordable medicines, help prevent or address medical product shortages, achieving universal health coverage and strengthening national health security;

(PP10) Recognizing also that local production can contribute to other national development goals, such as catalysing local capacity in innovation, strengthening human capital and expertise and building a knowledge-based economy;

(PP11) Recognizing further that the COVID-19 pandemic has highlighted the critical need to prepare for potential disruptions of the supply chain for essential medicines and other health technologies, including through the strengthening of local production;

[(PP11 bis) Recognizing the importance of promoting competition to improve availability and affordability of health technologies consistent with public health policies and needs, inter alia, through the production and introduction of generic versions, in particular of essential medicines, in developing countries; add; reserve]

(PP12) Noting that the local production of medicines and other health technologies can provide for greater [security; question; delete] [sustainability; add] of supply chains, especially in public health emergencies;

(PP13) Noting that the inter-agency statement on promoting local production signed by the six organizations (The Global Fund, UNAIDS, UNCTAD, UNICEF, UNIDO and WHO) calls for a holistic approach, close partnership, inter-ministerial and relevant stakeholder cooperation, and global synergy in promoting quality and sustainable local production of safe, effective, quality and affordable medicines and other health technologies;

(PP14) Recognizing the work of the inter-agency pharmaceutical cooperation group hosted by the WHO and the role of Unitaid and the Medicines Patent Pool to help countries enhance [their local production capacities; delete] [the access to medicines particularly for HIV/AIDS, tuberculosis and malaria, etc.; add], strengthen their regulatory systems and help producers meet pre-qualification standards;

(PP15) Recalling also the launch of the Access to COVID-19 Tools (ACT) Accelerator [and C-TAP; add; delete], which is a global collaboration that seeks to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines;

(PP16) Noting that, with globalization and the variety of country contexts, there is no “one size fits all” approach in promoting local production;

(PP17) Recognizing that conditions in the challenges faced by Member States are suitable for embarking on local production as a strategy to improve access to safe, effective, quality and affordable vaccines, medicines and other health technologies;

(PP18) Recognizing that the small economic size of some Member States’ economies poses a challenge for local production, which could be addressed by regional market integration;

(PP19) Emphasizing the need to ensure the quality, safety, efficacy, effectiveness and affordability of locally-produced medicines and other health technologies including through effective manufacturing and regulatory systems;

(PP20) Recognizing that an effective regulatory system is a necessary component to ensure the quality, safety and effectiveness of medicines and other health technologies; [propose to delete]

[(PP20 bis) Recognizing [the relevance of exercising; delete] [the Doha Declaration, which affirms that; add] the TRIPS [Agreement can and should be interpreted in a manner supportive of WTO members’ right to protect public health and promote access to medicines for all, and reaffirms the right of WTO members to use, to the full, the provisions of the TRIPS Agreement, which provides; add] [flexibilities; delete] [flexibility for this purpose; add] [in order to promote research and development as well as local production; delete]; add; reserve] [propose one mention in document in PP5bis alt alt; propose one para in PP and in OP; propose one para in PP; propose mention in OP; delete]

[(PP 20 bis alt) Recognizing the need to promote access to medicines and other health technologies for all, including through the use of the TRIPS flexibilities, recognizing the importance of protection of intellectual property for the development of new medicines as well as the concern[s; add] about its effect on prices; add; delete]

(PP21) Noting that the benefits and sustainability of local production is dependent on a functioning pharmaceutical value chain: from research and development, manufacturing and regulation through to pricing and reimbursement, supply chains and prescribing and dispensing by health workers as well as stewardship to ensure judicious use and prevent inappropriate use;

(PP22) Acknowledging with appreciation the many existing national, regional and global efforts, as well as the achievements made by the Member States, to quality and sustainable local production of safe, effective and affordable medicines and other health technologies to benefit public health needs;

(PP23) Noting that local production can contribute towards achieving the triple billion goals of WHO’s Thirteenth General Programme of Work;

(PP24) Noting with concern that Member States still face many challenges in establishing and strengthening sustainable local production of quality-assured, safe, effective and affordable medicines and other health technologies to benefit public health need and health security,

(OP1) URGES Member States, where appropriate, based on the national context:¹

(OP1.1) to strengthen their leadership, commitment and support in promoting to establish and strengthen quality and sustainable local production of medicines and other health technologies that follows good manufacturing practices;

(OP1.2) to align their national and regional policies and strategies related to local production, and to leverage regional economic integration and coordination platforms to agree upon support for products with sizeable regional demand to expand access to markets and enhance sustainability of local production;

(OP1.3) to develop evidence-based holistic national and regional policies, financing mechanisms, strategies and plans of action, in collaboration with stakeholders, for strengthening the local production of quality-assured medicines and other health technologies;

(OP1.4) to explore the mechanism to establish [a; delete] national/regional pooled fund[s; add] to [ensure; delete and propose “facilitate”; support] sustainable support for the implementation of the national/regional strategies for local production; [question on OP1.4; suggest to integrate into OP1.3; delete OP1.4; retain but can also merge with OP1.3] [reserve/delete; retain]

[(OP1.4 alt) to explore appropriate mechanisms to support the sustainable implementation of the national/regional strategies for local production [, which may include national/regional pooled funds; add; reserve]; add]

(OP1.5) to enhance inter-ministerial policy coherence and to create incentives and an enabling business environment for local production to be quality-assured and sustainable;

(OP1.6) to apply a holistic approach in strengthening local production by considering, for example, promoting research and development, price transparency, regulatory systems strengthening, access to sustainable and affordable financing, development of skilled human resources, access to technology [on voluntary and mutually agreed terms; add; delete] for production and needs-based innovation [and/or in line with international and multi-lateral frameworks; add; delete]; the aggregation of national and regional demand; appropriate incentives for private-sector investment; and [procurement decisions based on quality and not only lowest cost [and following good manufacturing practice; add]; delete], particularly in the context of achieving universal health coverage;

(OP1.7) to engage in global, regional and subregional networks related to promoting quality and sustainable local production of quality, safe, effective and affordable medicines and to further enhance multistakeholder collaboration;

(OP1.8) to further engage in North–South and South–South development cooperation, partnerships and networks to build and improve the transfer [and localization; add] of technology related to health innovation [[on [voluntary and; add] mutually-agreed terms; delete] and/or in line with [international [and multi-lateral; add] frameworks; reserve]; add]

(OP1.9) to promote [sustainable; add] local production of [safe and effective [and evidence-based; add]; add] [knowledge-based; add] traditional medicines as alternative source of medicines especially through research and manufacturing of local herbal medicines [according to national contexts and priorities; add]; [delete OP1.9; retain OP1.9]

[(OP1.10) to [fully; add] use the flexibilities [provided in; delete] [embedded in the TRIPS Agreement and; add] [affirmed by the Doha Declaration [on TRIPS and Public Health; add], which affirms that; add] the TRIPS Agreement [[in order to promote local production; delete], [generic competition; delete; retain] and access to medicines.; delete] [can and should be interpreted in a manner supportive of WTO members’ right to protect public health and promote access to medicines for all, and reaffirms the right of WTO members to use, to the full, the provisions of the TRIPS Agreement, which provides flexibility for this purpose; add]; add; reserve]

¹ And, where applicable, regional economic integration organizations.

[(OP1.10 alt) to acknowledge the possibility to use in urgent cases the flexibilities provided in the TRIPS Agreement in order to ensure access to medicines.; propose OP1.10alt or delete OP1.10] [delete OP1.10 and in other OP related to TRIPS; delete OP1.10; propose para mentioned once in document]

(OP2) REQUESTS the Director General:

(OP2.1) to continue to support Member States by strengthening actions related to resolutions WHA61.21, WHA66.22 and WHA67.20;

(OP2.2) to strengthen the WHO's role in providing leadership and direction in promoting the strategic use of quality, accessible and affordable and sustainable local production of medicines and other health technologies, by using a holistic approach and following good manufacturing practices;

(OP2.3) to raise awareness of the importance of sustainable local production of safe, effective, quality and affordable medicines and other health technologies in improving access;

(OP2.4) to continue to support Member States, upon their request, in promoting quality and sustainable local production of active pharmaceutical ingredients, medicines and other health technologies, including, as appropriate, by:

(OP2.4.a) providing technical support to Member States in developing and/or implementing national policies and evidence-based comprehensive strategies and plans of action for local production;

(OP2.4.b) supporting Member States to foster strategic and collaborative partnerships, particularly for research and manufacturing;

(OP2.4.c) building the capacity of Member States towards policy coherence and creating an enabling business environment; [agreed to retain as it is under OP2.4; will propose text; propose to merge with OP2.4a]

(OP2.4.d) building the capacity of governments and other stakeholders to strengthen local production towards quality assurance, regulatory approval and WHO prequalification as appropriate; [text agreed but will propose new text]

(OP2.4.e) strengthening regulatory system and regional regulatory collaboration;

(OP2.4.f) supporting Member States in [facilitating; add] [research and development and; delete; retain] technology transfer [[on voluntary and mutually agreed terms; delete; retain] [and/or in line with international and multi-lateral frameworks; add; delete/retain, retain] add] for local production of [quality-assured; add] prioritized medicines and other health technologies to [prevent and; add] address shortages and/or specific local public health needs [to continue to support Member States in the exchange and transfer of technology and research findings, in the context of paragraph 7 of the Doha Declaration which promotes and encourages technology transfer; add; delete];

(OP2.4.g) exploring a mechanism for collecting and disseminating local production-related market intelligence; [question; retain]

(OP2.5) to encourage greater participation on the part of Member States in existing regional and global initiatives for collaboration and cooperation, in line with WHO principles and guidelines;

(OP2.6) to foster and coordinate with relevant international intergovernmental organizations in promoting local production in a strategic and collaborative approach;

(OP2.7) [to [establish a; delete; retain] [leverage existing; add; delete]; delete] [to leverage existing and, if needed, establish new; add] global platforms to promote need-based transfer of technology [on voluntary and mutually agreed terms; add; delete] [and/or in line with

international and multi-lateral frameworks; add; delete] and local production under North–South and South–South cooperation;

(OP2.8) to allocate sufficient resources to carry out activities under this resolution at all three levels of the Organization;

[(OP2.9) to [continue to support the application of; delete] [affirm the right of WTO Members to use; add] TRIPS flexibilities in order to [protect public health and, in particular; add] promote [local production, [generic competition; delete] and; delete] access to medicines [for all; add]; add; reserve] [delete OP2.9; propose mention this type of para once]

[(OP2.9 alt) [to continue to [support; delete] [recognize; add] the application of TRIPS flexibilities in [urgent cases to ensure; add] [order to promote local production, generic competition and; delete] access to medicines; add; reserve]; add]

[(OP 2.9 bis) to continue support transparency of prices and cost of medicines (including the supply chain) in order to promote access and affordability; add]

[(OP2.10) to report [on progress in the implementation of this resolution; add] [back; delete] to the World Health Assembly [yearly from 2023–2027; add] [in 2023; delete], through the Executive Board [and to ensure that strengthening local production is included as part of regular reporting on access to medicines.; add] [, on WHO efforts to support the strategic use of local production of medicines and other health technologies, including the consideration of factors such as quality standards and cost; delete]; add]

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

Resolution:	Strengthening local production of medicines and other health technologies to improve access
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>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>1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved</p> <p>2.1.2. Capacities for emergency preparedness strengthened in all countries</p> <p>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:	10 years, from 2021 to 2030.

B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	US\$ 69.54 million, for the period 2021–2030.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 5.16 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:	US\$ 13.32 million.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:	US\$ 51.06 million for the remaining seven years.
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\$ 0.56 million.
– Remaining financing gap in the current biennium:	US\$ 4.60 million.
– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:	Discussions are ongoing with donors for mobilizing resources as well as for redistribution of underutilized funds within the existing Programme budget.

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	0.07	0.12	0.05	0.08	0.04	0.06	1.09	1.51
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	3.65	3.65
	Total	0.07	0.12	0.05	0.08	0.04	0.06	4.74	5.16
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	0.30	0.50	0.21	0.34	0.18	0.26	4.72	6.51
	Activities	0.18	0.18	0.18	0.18	0.18	0.18	5.73	6.81
	Total	0.48	0.68	0.39	0.52	0.36	0.44	10.45	13.32
Future bienniums resources to be planned	Staff	1.08	1.82	0.78	1.23	0.66	0.93	25.78	32.28
	Activities	0.70	0.70	0.70	0.70	0.70	0.70	14.58	18.78
	Total	1.78	2.52	1.48	1.93	1.36	1.63	40.36	51.06

The representative of ARGENTINA welcomed the decision of the Government of the United States of America to remain a Member State of WHO and participate in the COVID-19 Vaccine Global Access (COVAX) Facility. Many of the challenges that had led to the development of the global strategy and plan of action on public health, innovation and intellectual property persisted, in particular regarding access to medicines, and its eight elements remained valid. The 33 priority actions should be fully funded. He reaffirmed the importance of the WHO Global Observatory on Health Research and Development in generating evidence, and of the role of Member States in determining health research and development priorities, particularly in developing countries. Noting the importance of access to scientific knowledge for building capacity in low- and middle-income countries, he supported the steps to be taken in response to recommendation 7 of the review panel established to conduct an overall programme review of the global strategy and plan of action, and on the recommendations to promote transfer of technology. The WHO prequalification programme was key in facilitating access to expensive technologies in developing countries, and he drew attention to regional mechanisms for addressing procurement issues, including PAHO's Strategic and Revolving Funds. He also underscored the importance of using flexibilities offered by the TRIPS Agreement to increase local production and capacities. He supported the draft resolution.

The representative of CHINA said that she looked forward to the publication of the Secretariat's findings on the Member State questionnaire on implementation progress. The feasibility of the implementation plan 2020–2022 to guide further action on the prioritized recommendations of the review panel was a concern in view of the impact of COVID-19, and the Secretariat should give due regard to human and financial challenges that could affect the priority actions and elaborate on the timeline. The implementation plan should be based on available resources, and consideration might be given to decreasing the number of activities in order to ensure substantive and prompt action. Activities concerning development of and improved access to new vaccines should be aligned with steps to be taken by the Secretariat in response to the recommendations.

The representative of KENYA, speaking on behalf of the Member States of the African Region, said that the challenges of the COVID-19 pandemic had shown the global strategy's main objective of increasing access to medicines and other new health products to be highly relevant and a priority in the global health agenda. Although progress had been made in implementing the global strategy in recent years, more needed to be done to strengthen research, innovation and access to medical products to address priority health challenges, particularly those that disproportionately affected the African Region. The Member States of the Region therefore called for continued resource mobilization efforts to address the recommendations of the review panel. They welcomed the development of the implementation plan 2020–2022, which should be financed from the core budget and included in the programme budget 2022–2023. They supported the draft resolution and called on all Member States to strengthen local production of essential medicines and commodities.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the planned activities and recommendations would be useful in reviewing progress and setting benchmarks for achieving target 3.8 of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). The Member States of the Region remained committed to supporting the global strategy and plan of action and appreciated the continued technical support provided by the Secretariat to ensure comprehensive, focused and sequential implementation of the planned activities, with particular emphasis on the COVID-19 response.

The representative of BANGLADESH said that the COVID-19 pandemic had demonstrated the importance, value and relevance of implementing the global strategy and plan of action in line with their measurable indicators. Progress on a number of recommendations was necessary in order to combat diseases that disproportionately affected low- and middle-income countries, and he looked forward to receiving a detailed report on implementation progress at the Seventy-fourth World Health Assembly.

WHO should ensure that the funds required for the effective implementation of the global strategy and plan of action were available through its core budget. The flexibilities offered by the TRIPS Agreement should be used to ensure that intellectual property rules did not hamper the development of local production capacity. In addition, developed countries should provide incentives to enterprises for technology transfer to the least developed countries, as provided for in Article 66.2 of that Agreement.

The representative of the UNITED STATES OF AMERICA said that he looked forward to the Secretariat's report on its findings from Member States' responses to the questionnaire. WHO's efforts to make progress on the goals and objectives of the global strategy and plan of action were welcome, particularly in the high-priority areas of regulatory systems strengthening and research capacity-building. It was, however, disappointing that several elements that were not part of the global strategy and plan of action remained in the implementation plan without any clear linkage to their original mandates, and that matter should be addressed. WHO should continue to coordinate with WIPO and WTO on matters relating to international trade and intellectual property. The COVID-19 pandemic had highlighted the importance of strengthening domestic and regional supply chains, including through local production and facilitation of trade in key health products, and the draft resolution provided Member States with many areas of collaboration.

The representative of INDIA said that he fully supported the eight elements of the global strategy and plan of action and welcomed the progress made in implementing the recommendations of the review panel. He acknowledged the efforts of the WHO Global Observatory on Health Research and Development in collaboration with the WHO Global Malaria Programme in devising methodology for prioritizing research and development for malaria. WHO's work on improving research capacity was appreciated, and the Organization should continue to support Member States in generating evidence-based policies and strategic plans to strengthen the role of traditional and complementary medicines in health systems. It should also continue to assist Member States in managing intellectual property issues to enable them to safeguard their public health interests while adhering to their obligations under international trade agreements.

The representative of the RUSSIAN FEDERATION outlined a number of elements necessary to increase access to medicines on the global market, including transparency, voluntary licensing mechanisms, scientific capacity-building, enhanced cooperation, and use of the flexibilities offered by the TRIPS Agreement, including under pandemic conditions. The COVID-19 pandemic had demonstrated the need for a coordinated approach by governments to improve access to innovative and effective medicines, including vaccines and various medical technologies. The draft resolution would provide an additional instrument to assist WHO in its further work.

The representative of ETHIOPIA¹ said that there were huge disparities in access to safe, effective, quality-assured and affordable medicines necessary to achieve universal health coverage in line with target 3.8 of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Moreover, in certain low-resource settings, including Africa, the availability of such medicines was heavily dependent on imports. The COVID-19 pandemic had shown that sustainable local production of quality-assured medicines was a vitally important strategy that could help to ensure reliable access and catalyse knowledge-based economic growth, research and development, while strengthening national regulatory systems to control the influx of substandard medicines. That strategy would also empower Member States and make health systems more resilient in responding to health emergencies.

Although some progress had been made in developing local pharmaceutical industries and promoting local production, many challenges remained. Accordingly, her Government was proposing the draft resolution on strengthening local production of medicines and other health technologies to

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

improve access, which sought to strengthen WHO's role in providing leadership and in continuing to support Member States in promoting sustainable local production. She thanked the Secretariat for facilitating consultation on the text, and noted that general consensus had already been reached on many paragraphs. She expressed her gratitude to the governments that had sponsored the draft resolution, and noted that the Governments of Botswana and Brazil had been added to the list of sponsors. She looked forward to its adoption at the Seventy-fourth session of the World Health Assembly.

The representative of the PHILIPPINES¹ expressed support for the recommendations of the review panel and the elements of the global strategy and plan of action, which remained highly relevant in the context of the COVID-19 pandemic and which would guide future initiatives of Member States on innovation, research and development towards the achievement of other public health goals. Having outlined a number of challenges that her Government faced in tackling the pandemic, she said that the need for global cooperation to build a better system that left no one behind had become clear. Initiatives such as the Solidarity clinical trial and the COVAX Facility, in which her Government was participating, were highly appreciated as a means of ensuring equitable access to COVID-19 medicines and vaccines, especially for low- and middle-income countries.

The representative of JAPAN¹ said that his Government, which highly valued universal health coverage, had contributed to the international collaborative COVID-19 response efforts and was considering making a donation to Unitaid to support collaboration with the Medicines Patent Pool. Intellectual property acted as an incentive for research and development and should be respected and appropriately protected.

The representative of MALAYSIA¹ said that it was important to ensure that people in all countries had access to new medicines and health products. She noted the guiding principles of the implementation plan and the elements of the global strategy and plan of action, which should be applied subject to national law. Furthermore, the Secretariat must recognize existing limitations when seeking to apply the implementation plan before the deadline of 2022.

The representative of THAILAND,¹ noting with concern the slow progress made in implementing the global strategy and plan of action, called on the Secretariat to accelerate efforts and provide a progress report to the Seventy-fourth World Health Assembly as well as a time frame for strategic implementation. Technology transfer, management of intellectual property rights and improved access to medicines, vaccines and medical products were key actions associated with the global strategy and plan of action that were of benefit in the context of the COVID-19 response.

The representative of BRAZIL¹ said that access to affordable, safe, effective and quality-assured medicines, which was essential for sustainable and resilient health systems and should be the cornerstone of efforts to ensure health for all, was assuming even greater importance, particularly in the context of the COVID-19 response and recovery, and the challenges of antimicrobial resistance. Full implementation of the global strategy and plan of action could be achieved with the goodwill and engagement of all stakeholders. He therefore called upon the Secretariat to accelerate action on the implementation plan with the appropriate level of funding and in synergy with the Roadmap for access to medicines, vaccines and other health products 2019–2023 and relevant Health Assembly resolutions.

The representative of INDONESIA¹ said that her Government looked forward to the publication of the findings of the Member State questionnaire, which it hoped would promote further discussion on the implementation of the global strategy and plan of action and help to address barriers to the development of safe, quality and affordable health products. The COVID-19 pandemic had magnified vulnerabilities in global supply chains and had highlighted the strong need to build capacity for local production of medicines, vaccines and medical equipment. Her Government, which was developing its own road map to strengthen local production of health products, supported the draft resolution and would

welcome South–South and North–South collaboration to facilitate the transfer of knowledge and technology, particularly to developing countries.

The representative of GABON,¹ emphasizing the importance of local production of medicines, said that his Government would be pleased to sponsor the draft resolution.

The representative of ECUADOR¹ said that the implementation plan 2020–2022 would promote innovation and access to medicines and support needs-driven essential health research and development, including for diseases that disproportionately affected developing countries, and in accordance with the objectives of the 2030 Agenda for Sustainable Development. He welcomed the steps taken by WHO to promote the successful implementation of the global strategy and plan of action and highlighted the importance of sustainable financing in that regard.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, noted with satisfaction that all eight elements of the global strategy and plan of action had been deemed valid by the review panel, since the document remained an essential tool for making health innovations available, accessible and affordable to those in need. In the current circumstances, all stakeholders should engage in promoting production in low- and middle-income countries and in increasing transparency, and advantage should be taken of all relevant platforms such as the COVID-19 Technology Access Pool.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR, said that in order to overcome persistent challenges, WHO should continue providing support to strengthen the capacity of national and regional regulatory systems and, as recommended by the review panel, develop target product profiles for missing antibiotics and in vitro diagnostic tools for priority pathogens and medical devices. WHO should also strengthen the Global Observatory on Health Research and Development.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, called on the Secretariat and Member States to give young people opportunities in training, research and development to facilitate the effective use of health technologies, and to organize consultations with youth representatives as part of the decision-making process. He urged Member States to implement an ethical approach to innovation and access to health technologies, particularly in light of the ongoing COVID-19 pandemic.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had shown that it was possible to accelerate research and development based on health needs with public funding, notwithstanding intellectual property limitations. The initiative to seek a temporary waiver of intellectual property rights for COVID-19 health technologies, which could provide a new approach to managing intellectual property in a pandemic, should be reflected in the implementation plan, and WHO should continue to provide institutional support for the waiver proposal. He expressed concern that the report failed to mention recommendation 4 of the review panel on promoting transparency in, and understanding of, the costs of research and development. He called on Member States to address intellectual property barriers and lack of transparency and improve access to medical tools for COVID-19.

The representative of MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, said that her organization was committed to contributing to implementation of the global strategy and plan of action, including in the context of recommendation 18 of the review panel. Her organization was working with 21 generic manufacturers in five low- and middle-income countries to

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

promote the production and supply of affordable treatments in those countries and was developing new relationships in other countries. Any manufacturer could apply for a licence, provided that key criteria were met, including stringent quality standards.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, drew attention to a number of shortcomings in the implementation plan. He expressed support for the draft resolution and, highlighting the importance of transparency regarding research, development and production costs, called on WHO to ensure that all entities receiving public funding for research and development made all the associated data publicly available.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIR, said that the WHO Global Observatory on Health Research and Development had yet to play a useful role in the collection and dissemination of information about the economics of research and development. A priority for the Observatory should be the implementation of paragraph 2(4) of resolution WHA72.8 (2019), which concerned the establishment of a web-based tool to share information relevant to the transparency of markets for health products, including information on investments, incentives, and subsidies.

The ASSISTANT DIRECTOR-GENERAL (Medicines and Health Products), thanking the Government of Ethiopia for proposing the draft resolution, said that the COVID-19 pandemic had shown that the production of types of ingredients was concentrated in certain countries and how beneficial it would be to diversify and increase manufacturing capacity in different locations in the world to match the globalized supply chain. She drew attention to the COVID-19 Technology Access Pool, championed by the Government of Costa Rica, as a platform to enhance capacity through the sharing of knowledge and use of all available resources to increase the voluntary licensing of safe, effective and quality-assured technologies to assist in the acute phase of the pandemic. While WHO was engaged in tripartite collaboration with WIPO and WTO on intellectual property issues, it also collaborated with various other United Nations agencies to support Member States. The Secretariat would present its findings on the responses to the questionnaire received from 65 Member States by the end of January 2021. It would continue to report on the implementation plan 2020–2022 and had noted the request for more information, including on the next steps and on the WHO Global Observatory on Health Research and Development. With regard to concerns about financial sustainability, she said that the provision of support for any of the activities outlined in the recommendations would be welcome. The Secretariat was seeking to strengthen the convergence between relevant WHO resolutions to move the equitable access agenda forward and would be pleased to organize information sessions on specific topics.

The DIRECTOR-GENERAL said that rapid and efficient innovation and equitable access to affordable, safe, efficacious and quality medicines and health care products was more critical than ever. The global strategy and plan of action promoted new thinking on innovation and access to medicines, vaccines and diagnostics for all countries, including in response to emergencies, and reinforced new initiatives, such as the Access to COVID-19 Tools (ACT) Accelerator and the WHO COVID-19 Technology Access Pool. The COVID-19 pandemic had provided an opportunity to rethink interaction between health and other policy domains, such as intellectual property and international trade, and to work collaboratively across all sectors to reinforce and strengthen synergies that advanced scientific progress, innovation and access to medical technologies. WHO was committed to working with Member States, United Nations agencies and other stakeholders to intensify implementation of the recommendations of the review panel.

The pandemic had also shown the importance of strengthening and expanding global manufacturing capacity to meet global demand for priority COVID-19 products in a timely fashion. Local production could play a critical role in achieving equitable access to COVID-19 vaccines, therapeutics, medical devices and equipment, ensuring that health systems would be able to respond to future public health crises and safeguarding health security. Therefore, he thanked the Government of

Ethiopia for its initiative in proposing the draft resolution. WHO was committed to working with Member States and partners from the public and private sectors to promote technology transfer and build conducive business, regulatory and technical environments for sustainable local production of quality-assured, safe, effective and affordable medicines and health products.

The CHAIR said that consultations on the draft resolution would continue in the intersessional period with a view to the submission of a final version to the Seventy-fourth World Health Assembly and took it that the Board wished to note the report.

The Board noted the report.

The meeting rose at 12:55.

TENTH MEETING

Friday, 22 January 2021, at 14:10

Chair: Dr H. VARDHAN (India)

PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING

1. SOCIAL DETERMINANTS OF HEALTH: Item 16 of the agenda (document EB148/24)

The CHAIR drew attention to the draft resolution on the social determinants of health proposed by Argentina, Brazil, Canada, Ecuador, Israel, Japan, Mexico, Peru, Switzerland, Thailand, the United States of America and the Member States of the European Union, which read:

The Executive Board,
Having considered the report on social determinants of health;¹

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

The Seventy-fourth World Health Assembly,

(PP1) Recalling the Constitution of the World Health Organization, which recognizes that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

(PP2) Recalling resolution WHA62.14 (2009), entitled “Reducing health inequities through action on the social determinants of health” and resolution WHA65.8 (2012), entitled “Outcome of the World Conference on Social Determinants of Health”;

(PP3) Recalling also the United Nations General Assembly resolution 70/1 (2015) entitled “Transforming our world: the 2030 Agenda for Sustainable Development” and its Sustainable Development Goals;

(PP4) Recalling also the United Nations General Assembly resolution 74/2 (2019) entitled “Political Declaration of the High-level meeting on Universal Health Coverage”, which acknowledges the need to tackle health inequities and inequalities within and among countries through political commitment, policies and international cooperation, including those that address social, economic and environmental and other determinants of health;

(PP5) Recalling the report of the WHO Commission on Social Determinants of Health;²

(PP6) Recalling further the Rio Political Declaration on the Social Determinants of Health (2011) and acknowledging its tenth anniversary in 2021;

¹ Document EB148/24.

² Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva: World Health Organization; 2008.

(PP7) Reiterating the collective determination to reduce health inequities by taking action on social determinants of health as called for by the Health Assembly;

(PP8) Recognizing the need to do more at all levels to accelerate progress in addressing the unequal and inequitable distribution of health, as well as conditions damaging to health;

(PP9) Recognizing also that achieving health equity requires the engagement and collaboration of all sectors of government, all segments of society, and all members of the international community, in “all-for-equity” and “health-for-all” global actions;

(PP10) Further recognizing the benefits of achieving universal health coverage, including financial risk protection, access to quality health care services and access to safe, effective, quality and affordable medicines and vaccines, in enhancing health equity and reducing impoverishment;

(PP11) Reaffirming the political will to make health equity a national, regional and global goal and to address current challenges, such as: eradicating hunger and poverty; ensuring food security and improved nutrition; ensuring inclusive and equitable quality education; addressing gender-, age and disabilities-related inequalities in health; access to health promotion, preventative and community health services; access to safe, effective, quality and affordable medicines and vaccines; access to safe and affordable drinking-water, adequate and equitable sanitation and hygiene; employment and decent work and social protection; protecting the environment and addressing ambient and household air pollution; access to safe and affordable housing; and promoting sustained, inclusive and sustainable economic growth through resolute action on social determinants of health across all sectors and at all levels;

(PP12) Stressing that stigma and negative stereotyping and attitudes can affect health, including by creating and enhancing health disparities between persons;

(PP13) Appreciating the tremendous health gains achieved over the last century, but expressing concern, that despite the achievements towards universal health coverage, their distribution has been vastly unequal and that inequities in many health outcomes exist both within and between countries;

(PP14) Recognizing that the ongoing COVID-19 pandemic has highlighted and even intensified pre-existing social, gender and health inequities within and among countries, and has also highlighted the need to strengthen the efforts to address social determinants of health as an integral part of the national, regional and international response to the health and socioeconomic crises generated by the current pandemic and to future public health emergencies;

(PP15) Concerned that the impact of the COVID-19 pandemic has disproportionately affected those in vulnerable situations and those already suffering from poor health, and has exacerbated their vulnerability and exposure to socioeconomic drivers, leading to increases in morbidity and mortality, as well as economic damage at the individual and community levels;

(PP16) Recognizing the consequence of the adverse impact of climate change, natural disasters and extreme weather events as well as other environmental determinants of health – such as clean air, safe drinking water, sanitation, safe, sufficient and nutritious food and secure shelter – for health and, in this regard underscoring the need to foster health in climate change adaptation efforts, underlining that resilient and people-centred health systems are necessary to protect the health of all people, in particular those who are vulnerable or in vulnerable situations, particularly those living in small island developing States;

(PP17) Further recognizing the need to establish, strengthen and maintain existing monitoring systems, including platforms and mechanisms, such as observatories,¹ that provide disaggregated data, to assess inequities in health, their relation to social

¹ Platforms and mechanisms or for gathering, harmonizing, analysing and disseminating data and information.

determinants of health and the impacts of policies on the social determinants of health at the national, regional and global levels;

(OP)1. CALLS ON Member States¹ to strengthen their efforts on addressing the social, economic and environmental determinants of health with the aim of reducing health inequities, and to accelerate progress in addressing the unequal distribution of health resources within and among countries, as well as conditions detrimental to health at all levels and in support of the 2030 Agenda for Sustainable Development;

(OP)2. FURTHER CALLS ON Member States² to monitor and analyse inequities in health using cross-sectoral data in order to inform national policies that address social determinants of health, to which end Member States may establish monitoring systems of social determinants of health, including platforms and mechanisms, such as observatories, or rely on, or strengthen, as appropriate, existing structures, such as national public health institutes or national statistical offices;

(OP)3. ENCOURAGES Member States² to integrate considerations related to social determinants of health in public policies and programmes, by applying a health-in-all-policies approach and in order to improve population health and reduce health inequities;

(OP)4. INVITES Member States,² international organizations and other relevant stakeholders, including intergovernmental and nongovernmental organizations, academia and the private sector, and to mobilize financial, human and technological resources to enable monitoring and addressing of social determinants of health;

(OP)5. CALLS ON Member States² to consider social, economic and environmental determinants of health in their recovery from the ongoing COVID-19 pandemic and in boosting resilience to both the current pandemic and future public health emergencies;

(OP)6. REQUESTS the Director-General:

6.1 to support Member States, upon request, in the establishment or strengthening of monitoring systems of social determinants of health and health inequities, including, as appropriate, platforms and mechanisms, such as observatories;

6.2 to prepare, building on the report of the WHO Commission on Social Determinants of Health (2008), and subsequent work, an updated report, based on scientific evidence, knowledge and best practices on social determinants of health, their impact on health and health equity, progress made so far in addressing them, and recommendations on future actions, and to present it to the Seventy-sixth World Health Assembly in 2023, through the 152nd session of the Executive Board;

6.3 to prepare, in consultation with Member States and other relevant stakeholders, an operational framework, building on the work of the WHO Commission on Social Determinants of Health, and building on existing resources and tools and subsequent work, for the measurement, assessment and addressing, from a cross-sectoral perspective, of the social determinants of health, and health inequities, as well as their impact on health outcomes, and to submit it to the Seventy-sixth World Health Assembly in 2023, through the 152nd session of the Executive Board;

6.4 to provide Member States, upon their request, with technical knowledge, and support, including for capacity-building in the design and implementation of cross-sectorial strategies, policies and plans to address inequities in health and its social, economic and environmental determinants;

¹ And, where applicable, regional economic integration organizations.

6.5 to foster and facilitate knowledge exchange among Member States and relevant stakeholders on best practices for intersectoral action on the social, economic and environmental determinants of health to achieve health equity and gender equality for all;

6.6 to continue to strengthen collaboration with other United Nations agencies and other multilateral organizations, civil society and the private sector to address, from a cross-sectorial perspective, as appropriate, the social determinants of health in support of the 2030 Agenda for Sustainable Development, including through universal health coverage and in the response to the COVID-19 pandemic and its recovery phase;

6.7 to work collaboratively with academic institutions and scientific researchers to generate and make available scientific evidence and best practices on cross-sectorial interventions addressing the social, economic and environmental determinants of health and their impact on health inequities and health outcomes, as well as on the well-being of the population;

6.8 to report on the implementation of this resolution to the Seventy-sixth World Health Assembly, through the 152nd Executive Board.

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

Resolution: Social determinants of health
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: 3.1.1. Countries enabled to address social determinants of health across the life course
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: Two years.
B. Resource implications for the Secretariat for implementation of the resolution
1. Total resource requirements to implement the resolution, in US\$ millions: Total cost: US\$ 5.08 million (staff US\$ 2.78 million, activities US\$ 2.3 million).
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions: US\$ 2.47 million is planned for in the approved Programme budget 2020–2021 that is applicable to staff costs and activities for development of a global report on social determinants of health and related information gathering on best practices for addressing the social determinants of health, as well as for consolidating information on social determinants of health indicators.
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>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</p> <p>US\$ 2.61 million.</p> <p>Regions: to cover partial costs of staff at professional level with international expertise in social determinants of health, with knowledge of the respective region.</p> <p>Headquarters: staff requirements at professional level to provide support to WHO’s work on the social determinants of health, with a small component for general service staff capacity.</p>
<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 resolution in the current biennium, in US\$ millions</p> <p>– Resources available to fund the resolution in the current biennium:</p> <p>US\$ 2.47 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>

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	0.16	0.13	0.13	0.13	0.12	0.14	0.56	1.37
	Activities	0.13	0.13	0.13	0.12	0.12	0.12	0.35	1.10
	Total	0.29	0.26	0.26	0.25	0.24	0.26	0.91	2.47
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	0.17	0.13	0.13	0.14	0.12	0.14	0.58	1.41
	Activities	0.12	0.13	0.12	0.13	0.13	0.12	0.45	1.20
	Total	0.29	0.26	0.25	0.27	0.25	0.26	1.03	2.61
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The representative of CHILE said that the pandemic of coronavirus disease (COVID-19) had drawn attention to the importance of the social determinants of health in public health interventions at the global and national levels. Member States should implement multisectoral strategies and short- and long-term initiatives, and work with all stakeholders to promote resilience and preparedness in future health and social emergencies. Her Government wished to be added to the list of sponsors of the draft resolution.

The representative of CHINA expressed appreciation for the guidance and support provided to Member States in mitigating the impact of the COVID-19 pandemic on health equity, with particular

regard to the exacerbating impacts of social determinants. Multisectoral efforts being required to address those impacts, her Government was implementing a Health in All Policies approach. Similarly, a multisectoral response to COVID-19 would ensure that actions were coordinated, organized and accountable. WHO should continue to play a leading role in addressing the social determinants of health, strengthening global public health governance, increasing financial and technical support to developing countries, and promoting health equity.

The representative of AUSTRALIA said that the COVID-19 pandemic had emphasized the interdependency of strong economic, social and environmental systems, on the one hand, and the achievement of good health, on the other. She thanked WHO for its ongoing efforts to address the social determinants of health, in particular the provision of technical guidance and support to its regions, and looked forward to the publication of the global status report proposed in the draft resolution. Achieving health equity, within and between countries, required the inclusive engagement of all sectors of government and society. Furthermore, all global and national health responses to COVID-19 should include a focus on the social determinants of health. Finally, she noted the importance of collecting data on social determinants and on health inequalities, in the context of the COVID-19 pandemic and in general.

The representative of the REPUBLIC OF KOREA stressed the importance of recognizing the vulnerable population groups that faced worse outcomes in emergencies such as the COVID-19 pandemic. In order to prevent widening gaps in health outcomes, Member States should protect the right to rest when ill, expand access to testing and treatment, and continue providing services to socially vulnerable people. Multisectoral actions were being implemented in his country to mitigate the socioeconomic impact of COVID-19 response measures, with a particular focus on ensuring access to testing and treatment for undocumented migrants, without fear of deportation or financial burden. He expressed the hope that Member States would be given the opportunity to share experiences and strategies related to addressing the social determinants of health.

The representative of AUSTRIA, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, 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 and Armenia, aligned themselves with her statement. Many measures implemented in response to COVID-19 had disproportionately affected the poorest population groups and those at highest risk, and had increased health inequities. The draft resolution, which built on the final report of the WHO Commission on Social Determinants of Health and the Rio Political Declaration on Social Determinants of Health, would be essential for attaining the triple billion targets set out in the Thirteenth General Programme of Work, 2019–2023 and the health-related Sustainable Development Goals; it would also provide a framework for monitoring progress. WHO should focus on significant determinants, such as age and gender; ascertaining which sectors should be engaged; and how the determinants could be best addressed. Member States and United Nations organizations should collaborate in order to ensure the effectiveness of multisectoral action at country level.

Speaking in her national capacity, she welcomed the Organization's support for intensified multisectoral action to address the social determinants of health, particularly in light of the impact of measures implemented to stem the spread of COVID-19. Health could not be considered in isolation; socioeconomic and environmental factors must also be taken into account, and multisectoral action was essential to improve health outcomes in the poorest and most vulnerable groups. Her Government had been implementing a Health in All Policies approach since 2012, and therefore supported the integration of the social determinants of health into the 2030 Agenda for Sustainable Development.

The representative of the UNITED STATES OF AMERICA said that the COVID-19 pandemic had revealed the need to address social determinants of health and reduce health inequities. Health care services must be accessible and resilient, particularly when planning for future health emergencies. He welcomed the work carried out by WHO at all levels to enable Member States to address inequalities

and social and environmental determinants, including through the use of data to optimize resource allocation. Tackling the social determinants of health required a multisectoral approach, and he encouraged Member States to engage with a range of stakeholders, including the private sector, in that regard.

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that Member States should prioritize addressing the social determinants of health as the COVID-19 pandemic was exacerbating inequalities within and between countries. Her Region experienced frequent emergencies, and the response to those and the COVID-19 pandemic had been hindered by conflict and insecurity. The Commission on Social Determinants of Health for the Eastern Mediterranean Region would analyse health inequities in the Region, and its report would provide actionable recommendations enabling WHO, its Member States and other stakeholders to reduce those inequities through multisectoral interventions. Addressing the determinants of health required a whole-of-government approach. WHO should further strengthen its technical support to Member States, with particular regard to providing technical guidance and supporting collaborative action to improve health outcomes.

The representative of BANGLADESH said that a focus on the social determinants of health had to be integrated into global and national processes in order to improve health outcomes and the distribution of health gains. WHO should continue to play a critical role in eliminating disparity. Health vulnerabilities had become more acute during the COVID-19 pandemic as resources had been diverted to address income loss, among other interventions. WHO should work at the country level, through public awareness campaigns, to overcome the belief that health was an absence of disease. It should strengthen advocacy on the social determinants of health and enhance the technical support it provided to Member States working to address health equity and monitor the impacts of social determinants of health. The impact of COVID-19 would hamper the achievement of the Thirteenth General Programme of Work, 2019–2023, in particular the target of one billion people enjoying better health and well-being. Multisectoral efforts were required to combat the disproportional impact of adverse social determinants on health.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the focus on gender as a key social determinant of health in the work of WHO at all levels and in the draft resolution, including the development of normative tools. Greater attention should be paid to healthy diets and nutrition, given their impact on health outcomes relating to COVID-19. Failure to address that aspect would also hinder preparedness and response in future pandemics. He requested more information regarding the impact of climate change on the health of populations and on national health systems. Many social determinants were linked to climate change and were having a growing impact on health and well-being, as could be seen from the millions of avoidable deaths from diarrhoeal and respiratory diseases. WHO should provide support to Member States seeking to develop national adaptation plans for their nationally determined contributions under the United Nations Framework Convention on Climate Change.

The representative of KENYA said that the COVID-19 pandemic had highlighted the importance of integrating the social determinants of health into national and global responses as a prerequisite for sustainable development. Health gains were unevenly distributed, a situation that the pandemic had exacerbated. WHO, the United Nations and other partners should support Member State efforts to mitigate the socioeconomic impact of the pandemic. He urged WHO, as recommended in the report, to strengthen its engagement with Member States and other sectors and stakeholders to address the social determinants of health. He expressed support for the draft resolution and requested that his Government be added to the list of sponsors. He also requested that more human and financial resources be allocated to efforts to achieve the goal of one billion people enjoying better health and well-being by 2023.

The representative of ARGENTINA, recalling her Government's commitment to achieving the goals set out in the Rio Political Declaration on Social Determinants of Health, said that the COVID-19 pandemic had revealed gaps in health systems and highlighted health inequalities within and between countries. She emphasized the importance of social determinants of health and health equity in developing resilience and emergency preparedness, and called on the international community to promote the discussion of social determinants of health at the global and regional levels, in order to combat the avoidable health inequities that still existed. International cooperation and solidarity were essential if the COVID-19 pandemic was to be overcome.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, said that the COVID-19 pandemic had affected more than 40 million people in his Region, and its Member States were therefore prioritizing efforts to strengthen health systems by taking into account the more significant social determinants of health. Multiple sectors were working together to address the social determinants not governed by the health sector. He welcomed the donation from the World Bank Group to support the pandemic response in the Region, which would be used to promote economic recovery and further protect vulnerable populations. He also welcomed the draft resolution, which would support political engagement and capacity development of social entities and improve multidisciplinary and intersectoral approaches to addressing the social determinants of health. The Commission on Social Determinants of Health for the Eastern Mediterranean Region should examine the distribution of resources to ensure that it was equitable, and WHO and its partners should collaborate to ensure effective progress towards improving health outcomes for all.

The representative of BOTSWANA welcomed efforts to integrate the social determinants of health into global and national health responses, including the COVID-19 response. It was well known that the least developed communities had greater exposure to disease as a result of poorer living conditions. Some measures to control COVID-19 had led to food and job insecurity and affected mental health. Addressing such determinants would require a whole-of-society approach, which his country had already taken. He thanked the Secretariat for supporting Member States' efforts to bring the health, financial and development sectors together to protect populations during the pandemic, inter alia by generating evidence and developing metrics and policy solutions to mitigate further widening of health inequalities.

The representative of ISRAEL said that, 10 years after the adoption of the Rio Political Declaration on Social Determinants of Health, the COVID-19 pandemic had demonstrated that social, environmental and economic determinants were still having an impact on health outcomes, particularly for women. A holistic and collaborative approach was required, beyond the health sector, to address those determinants. He expressed support for the creation of a global network of national experts that would meet regularly to share best practices and exchange knowledge. He asked the Secretariat to provide more information on the framework for implementing the triple billion target of better health and well-being referred to in paragraph 16 of the report, and on the resources and tools to build capacity for data collection, analysis and reporting referred to in paragraph 24.

The representative of PERU¹ said that her Government had introduced the draft resolution because of the impact of social determinants on health and well-being and because increasing health inequalities within and between countries, particularly in the context of health emergencies, made it essential to strengthen health systems and promote a multidisciplinary and multisectoral approach. The draft resolution recognized the need to establish, strengthen and maintain monitoring systems for assessing health inequities, the linkages between social determinants of health and the impacts of

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

national, regional and global policies, strategies and plans to achieve health equity. She thanked all Member States that had helped draft the resolution, which she hoped would be adopted.

The representative of THAILAND¹ welcomed the establishment of the Department of Social Determinants of Health and the planned increase in the number of staff working in urban health and the commercial determinants of health. In the context of the COVID-19 pandemic, Member States must develop resilient health systems that guaranteed equitable access to COVID-19 services alongside essential health services; promote a Health in All Policies approach, including addressing the social determinants of health, in order to make progress towards health equity; and develop effective monitoring and evaluation systems in order to provide evidence to support robust interventions. She called on the Director-General to strengthen regional and global networks on social determinants of health and monitoring of health equity.

The representative of the PHILIPPINES¹ reaffirmed her Government's commitment to reducing health inequities through multisectoral actions to address the social determinants of health and welcomed WHO's support for the development of national workplans and measures to address equity and monitor impact. The COVID-19 pandemic had tested universal health coverage and exposed gaps in health systems, particularly affecting marginalized populations. Regional and global collaboration would be essential to ensure universal access to COVID-19 vaccines. Universal health coverage could only be achieved through strengthened primary health care, and her Government had adopted various strategies in that regard, including on the social determinants of health. Her Government would participate actively in the development of the framework for implementation of WHO's work on the goal of better health and well-being.

The representative of BELGIUM¹ also welcomed the establishment of the Department of Social Determinants of Health, which demonstrated the importance of that area of work. A structural approach was required to address health inequities, which had been exacerbated by the COVID-19 pandemic. Any such approach must include the social determinants of health, particularly gender and access to digital technologies. He welcomed the WHO manifesto for a healthy recovery from COVID-19, which highlighted the links between human and environmental health and recognized the need for environmental actions to mitigate future pandemic threats. Additionally, a global move towards healthy and sustainable diets – the topic of the 2021 Food Systems Summit – would reverse environmental degradation, improve human health and reduce future pandemic risk. Multisectoral and multilateral cooperation was needed to achieve the 2030 Agenda for Sustainable Development, in particular the health-related goals.

The representative of NORWAY,¹ speaking also on behalf of Iceland, said that the COVID-19 pandemic had revealed the structural differences that led to health inequities. A political choice must be made to address the root causes of those differences and the negative health outcomes resulting from inequities. Governments also had to take note of the challenges posed by technological development, demographic changes, increased urbanization and climate-related risks. She urged WHO and Member States to step up efforts to address the social determinants of health and health equity through the WHO transformation agenda. The governments of Norway and Iceland wished to be added to the list of sponsors of the draft resolution.

The representative of NEW ZEALAND¹ said that addressing the social determinants of health was fundamental to ensuring health equity and boosting resilience to future health emergencies. Unequal health outcomes were avoidable, unfair and unjust. In New Zealand, the understanding of equity recognized that different population groups required different approaches and resources to achieve equitable health outcomes. Part of his Government's COVID-19 elimination strategy was to avoid additional health inequities, and that would remain a focus as the vaccination programme was rolled out.

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

While tailored to country circumstances, any future global health emergency response should centre on equity. A multisectoral approach was required to address the social determinants of health, as many lay outside the health sector, and Member States must act to address those determinants and bolster global resilience against future pandemics.

The representative of JAPAN¹ said that WHO's work to address the social determinants of health and Member States' efforts to reduce social and health gaps at the national and global levels must be pursued, as the COVID-19 pandemic had revealed disparities in health outcomes. He welcomed the establishment of the Department of Social Determinants of Health and emphasized the importance of strengthening monitoring and evaluation of indicators to determine progress. WHO must continue to lead multisectoral coordination of long-term COVID-19 response activities. Additionally, addressing the social determinants of health would promote achievement of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and enhance future health emergency responses. He highlighted the disruption in access to food caused by the COVID-19 pandemic and noted that social and health gaps relating to nutrition would be considered at the Tokyo Nutrition for Growth Summit 2021.

The representative of CANADA¹ agreed that a multisectoral approach to decision-making was necessary and that governments should work with other stakeholders to address living and working conditions in order to improve health outcomes and health equity, particularly given the impact of COVID-19 on health, society, the environment and the economy. Her Government would work with WHO and its Member States to implement the draft resolution, and attached great importance to the convening role of WHO in establishing a network to foster and facilitate knowledge-sharing on best practices on the determinants of health. Systemic racism and discrimination were important considerations in that regard, and WHO should consider how to address them in its future endeavours.

The representative of MEXICO¹ said that her Government had long been applying a multisectoral approach to addressing the determinants of health, with particular regard to indigenous, migrant, rural and poor communities, unemployed people and women. She welcomed the support of WHO and PAHO to design programmes, collect data, analyse factors that contributed to health inequalities, and develop recommendations and tools to improve health equity. Accurate and systemic information was needed to address inequities, and she therefore supported the establishment of the Department of Social Determinants of Health and urged the Regional Office for the Americas/PAHO to strengthen its own work in that area. It was essential to address the social determinants of health in the context of the COVID-19 pandemic, in order to ensure that response measures left no one behind. Furthermore, all aspects of COVID-19 response should be adequately resourced. Emergency preparedness and response plans should include a focus on the poorest populations and on mental health.

The representative of SWEDEN¹ said that the COVID-19 pandemic had heightened the need for long-term multisectoral work to address public health. Her Government's efforts to reduce health inequity and inequality incorporated appropriate national authorities and determined appropriate targets across four areas: follow-up of public health policy to identify needs for any additional knowledge or intervention; coordination of cross-sectoral public health policies and the relevant stakeholders at the national, regional and local levels and contribution to strategic dialogue at the global level; in-depth analysis of knowledge to ensure a detailed understanding of the areas that affected public health; and dissemination of knowledge. That approach could be shared with other Member States to support further work in the field of social determinants of health.

The representative of BRAZIL¹ said that universal health coverage, primary health care and the social determinants of health were intrinsically interlinked. Primary health care policy should include

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

the promotion of health, diversity and community ownership, along with efforts to address health inequities, social exclusion, stigma and discrimination. A better understanding of local contexts would ensure that inequities could be addressed through intersectoral action. Water, sanitation and hygiene were major social determinants of health that his country was tackling through a number of multisectoral efforts.

The representative of PORTUGAL,¹ recognizing the impact of social determinants on health outcomes, urged all Member States to focus on addressing the root causes of the absence of health, in order to overcome health inequities. Progress could be accelerated by implementing whole-of-government and whole-of-society approaches, particularly in the context of the COVID-19 pandemic, which had further exacerbated health inequities, especially for the most vulnerable population groups. COVID-19 responses had been more successful in locations where there had been investment in health promotion and social development before the pandemic. His Government had committed to a Health in All Policies approach and was hosting the Social Summit in May 2021, which would seek commitments to reduce social gaps worldwide.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA¹ welcomed the inclusion of actions to address the social determinants of health in pandemic responses. She noted that progress had been made on understanding the impact of the social determinants of health, including climate change and air pollution. Efforts to expand universal access to comprehensive health care would be critical in overcoming the COVID-19 pandemic, and her Government was preparing to roll out a vaccination programme with the support of PAHO and its Revolving Fund. It also wished to remain a member of the COVID-19 Vaccine Global Access (COVAX) Facility. However, the coercive unilateral measures in force against her Government meant that the funds were not available to purchase vaccines, nor was the Government able to pay its assessed contributions and restore its voting rights at WHO. As a result of such action, public health gains had been affected, particularly as a result of the increased impact of the social determinants of health. Her Government had strengthened its links with PAHO, the United Nations and other international bodies in order to overcome the impact of those measures and provide ongoing care to its population. It wished to thank the Governments of China, Cuba, the Islamic Republic of Iran and the Russian Federation for their support. She called on the Executive Board to call for the cessation of the coercive unilateral measures against her Government, so that it would be better able to respond to the COVID-19 pandemic and achieve the Sustainable Development Goals.

The representative of SPAIN¹ said that the COVID-19 pandemic had highlighted the impact of social determinants on health and equity, created new inequalities and exacerbated existing ones. Efforts had to be pursued to eliminate poverty and exclusion, reallocate resources to ensure care, and protect socially vulnerable populations. Education was fundamental to health equity, and the education sector in her country was implementing measures to promote health and prevent COVID-19. Governments must work to address the systemic root causes of inequality.

The representative of ECUADOR¹ said that the impact of social determinants on the spread of communicable diseases and the prevalence of noncommunicable diseases had become more visible as a result of the COVID-19 pandemic. Environmental and social determinants were a global responsibility and called for a whole-of-society approach, including governments, in order to improve health outcomes. All stakeholders should work together to provide better education and improve working and health conditions, including mental health.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, expressed support for the WHO manifesto for a healthy recovery from COVID-19. The impact of the COVID-19 outbreak had been amplified by inequality and underinvestment in public health systems, and could have been mitigated by better pandemic

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

preparedness. He called on Member States to scrutinize the public health repercussions of economic and social policies before adopting them, so as to ensure the development of a stronger, healthier and more resilient society.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the World Cancer Research Fund International, commended the development of tools and frameworks to support a multisectoral approach to health, as many of the determinants of health, including obesity, lay outside the health sector. She called on Member States to adopt systemic multisectoral approaches to the factors influencing obesity and related noncommunicable diseases, address the commercial determinants of health by implementing policies to improve food environments, and strive for equity and include civil society in consultations when designing and implementing interventions.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, urged WHO to take a strong, collaborative approach to addressing the social determinants of health, involving all stakeholders, particularly at the community level. Primary health centres could form the basis for whole-of-society campaigns. With the support of WHO, local health system participants could catalyse action in their areas of activity. The COVID-19 pandemic had highlighted the role of community leaders in building trust in health systems, which was a key social determinant.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, emphasized the role that young people, in particular medical students, played in achieving health equity. Stakeholders should actively engage young people in policy drafting and support youth-led initiatives, and Member States should launch an intersectoral and intercultural dialogue to define neglected determinants of health in communities and work with relevant stakeholders to find ways to address them.

The representative of MÉDECINS DU MONDE, speaking at the invitation of the CHAIR, said that WHO should continue to work towards a rights-based approach to health, on the basis of instruments such as the Declaration of Alma-Ata on primary health care and WHO's Global Strategy for Health for All by the year 2000. Member States should promote a Health in All Policies approach to address the determinants of health affecting their populations; apply a people-centred approach and establish inclusive and accessible dialogue mechanisms; ensure that the United Nations system was adequately funded and able to fulfil its oversight and monitoring role; and develop health policies for universal health coverage, including the entire range of sexual and reproductive health and rights.

The representative of THE INTERNATIONAL SOCIETY FOR QUALITY IN HEALTH CARE INCORPORATED, speaking at the invitation of the CHAIR, said that the holistic approach needed to address physical and mental health would require a realignment of resources. The COVID-19 pandemic was an opportunity to learn and to reaffirm a commitment to health. It was essential to develop standards of care, and her organization would support that work.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIR, said that chronic kidney disease was the highest risk comorbidity for severity of illness and death from COVID-19, and disproportionately affected the poor. It was a barometer for the social determinants of health, as it resulted from poor education and lack of access to clean water and adequate health care; it exacerbated poverty through the cost of care and loss of employment or interruption in education. He called on Member States and WHO to strengthen efforts to achieve the Sustainable Development Goals and prioritize the elimination of health inequities by removing barriers to health services and developing universal health care policies.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that, given the significance of alcohol as a determinant of health, Member States should adopt a

whole-of-government approach that incorporated alcohol policy into all relevant policy sectors; leverage the SAFER initiative to promote healthier, more inclusive environments and norms for all; and address the commercial determinants of health by further regulating the alcohol industry. Such actions would promote achievement of the Sustainable Development Goals.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that an effective multisectoral approach to social determinants of health must ensure universal access to basic public services; Member States should commit adequate funding in that regard, in line with the Declaration of Alma-Ata. While the pandemic was a challenge, it was also an opportunity to build back better through people-centred economic and social development.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, welcomed the reference to “upstream” causes of health inequity and encouraged the inclusion of determinants such as systemic racism, casteism and patriarchy when developing policy. Solidarity should be considered a social determinant, and national policies should take that into account. She commended the Director-General for establishing the Council on the Economics of Health for All, and said that its mandate must encompass investment in public health. Funds should also be invested in mitigating the effects of climate change and understanding the impact of the commercial determinants of health.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, expressed support for the draft resolution, as social determinants had an impact on all stages of the cancer control continuum. Indicators should be developed to measure the impact of social inequalities on noncommunicable diseases and to monitor the coverage, availability and quality of policies and interventions; she encouraged Member States to work with WHO and civil society to that end. Alongside the pandemic response, Member States should continue to promote equitable access to vaccination, screening, diagnosis, treatment and palliative care services. Those actions required a whole-of-government approach, and Member States should share lessons learned and best practices.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIR, commended priority actions to address the social determinants of health, particularly in the context of the current and future pandemics and other health emergencies. She welcomed the Secretariat’s collaboration with public health, scientific and civil society organizations, in particular through the Department of Social Determinants of Health. Her organization would continue to collaborate with WHO and its Member States in that regard.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN agreed that health for all could not be achieved without addressing the social determinants of health. The Member States of his Region were committed to health for all, which would facilitate attainment of the Thirteenth General Programme of Work, 2019–2023. The Commission on Social Determinants of Health for the Eastern Mediterranean Region comprised international and regional experts and had been established to develop indicators and collate data relating to social determinants of health. It would issue guidelines for achieving health equity through multisectoral collaboration. The COVID-19 pandemic had demonstrated the importance of political support for universal health coverage and of coherent, coordinated and whole-of-government interventions.

The DEPUTY DIRECTOR-GENERAL said that addressing the social determinants of health was a key part of the Organization’s transformation agenda, contributing to attaining the goal of one billion more people enjoying better health and well-being. That had been the reason for establishing the Department of Social Determinants of Health. Addressing the social, commercial, economic and environmental determinants of health would improve health outcomes and reduce social and health inequities, which had been exacerbated by the COVID-19 pandemic. Whole-of-government and

whole-of-society approaches were needed to address the determinants of health, and the draft resolution would guide the Secretariat's steps in that direction. Evidence relating to the social determinants of health had already been compiled at all levels of the Organization; it was time now for intersectoral action, backed by strong political commitment. The Secretariat would take into account Member States' requests and redouble its efforts to deliver on its commitments.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) said that the framework for implementing the target of one billion more people enjoying better health and well-being would enable the Secretariat to work with Member States to address social determinants of health. A strategic technical advisory group on health promotion, well-being and social determinants of health was to be established, and experts recruited to serve in it. The social determinants of health could only be addressed through a multisectoral approach based on human rights and health equity, and including data management and monitoring. The Secretariat would continue to produce guidance and tools to address those determinants.

The DIRECTOR-GENERAL said that addressing social determinants of health and health equity was a priority for WHO, and support for Member States would be strengthened. Moreover, World Health Day 2021 was to be dedicated to health equity. He reiterated the Secretariat's intention to establish a global network of national experts on social determinants of health and, pursuant to the draft resolution, to publish a global report on the subject. The draft resolution would provide strategic direction for the future work of the Secretariat. He emphasized the importance of health and well-being under the transformation agenda, and said that addressing the root causes and risk factors leading to ill health would lead to better prevention of illness and health emergencies.

The Board noted the report and adopted the draft resolution.¹

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

2. GOVERNANCE MATTERS: Item 19 of the agenda

Global strategies and plans of action that are scheduled to expire within one year: Item 19.3 of the agenda

- **WHO global disability action plan 2014–2021: better health for all people with disability** (document EB148/36)
- **The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021** (document EB148/37)

The CHAIR drew attention to the draft resolution on the highest attainable standards of health for persons with disabilities proposed by Argentina, Australia, Botswana, Brazil, Canada, Chile, Costa Rica, Ecuador, Iceland, Israel, Mexico, Norway, Peru, the United Kingdom of Great Britain and Northern Ireland, Uruguay and the Member States of the European Union, which read:

The Executive Board,

¹ Resolution EB148.R2.

Having considered the report on the WHO global disability action plan 2014–2021: better health for all people with disability,¹

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

The Seventy-fourth World Health Assembly,

(PP1) Having considered the report on the WHO global disability action plan 2014–2021: better health for all people with disability;

(PP2) Recalling resolutions WHA58.23 (2005) on disability, including prevention, management and rehabilitation, WHA66.9 (2013) on disability, WHA67.7 (2014) on WHO global disability action plan 2014–2021: better health for all people with disability, WHA71.8 (2018) on improving access to assistive technology; and WHA72.3 (2019) on community health workers delivering primary health care: opportunities and challenges;

(PP3) Recalling also the *World report on disability* (2011) and the WHO global disability action plan 2014–2021,² which is based on that report's recommendations;

(PP4) Further recalling the United Nations Convention on the Rights of Persons with Disabilities,³ which refers to persons with disabilities as including those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others, and under which 182 States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability;

(PP5) Recognizing that disability is an evolving concept and that it results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others;

(PP6) Recalling the 2030 Agenda for Sustainable Development and its aim of “leaving no one behind”, and the United Nations flagship *Disability and development report: realizing the Sustainable Development Goals by, for and with persons with disabilities* (2018),⁴ presenting an overview of the status of accessibility for persons with disability, and the persistent gaps in this regard, and identified best practices and recommended action in accessibility for the effective implementation of the Convention of the Right of Persons with Disabilities and the disability-inclusive achievement of the Sustainable Development Goals;

(PP7) Recalling the endorsement of the International Classification of Functioning Disability and Health⁵ in 2001;

(PP8) Welcoming progress towards mainstreaming disability, including the rights of persons with disabilities in the work of the United Nations, and noting with appreciation the launch of the United Nations Disability Inclusion Strategy, which provides the foundation for sustainable and transformative progress on disability inclusion through the work of the United Nations;

¹ Document EB148/36.

² WHO global disability action plan 2014–2021. Geneva: World Health Organization; 2015 (available at: <https://www.who.int/publications/i/item/who-global-disability-action-plan-2014-2021>, accessed 17 January 2021).

³ Convention on the Rights of Persons with Disabilities, 24 January 2007. United Nations General Assembly resolution 61/106 (2007).

⁴ Disability and development report: realizing the Sustainable Development Goals by, for and with persons with disabilities. New York: United Nations; 2018 (available at <https://social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf>, accessed 17 January 2021).

⁵ International classification of functioning, disability and health. Geneva: World Health Organization; 2001 (<https://apps.who.int/iris/bitstream/handle/10665/42407/9241545429.pdf>, accessed 17 January 2021).

(PP9) Recognizing that persons with disabilities are disproportionately affected by public health emergencies, including pandemics such as COVID-19, and thus welcoming the specific guidance presented by the United Nations and WHO to advise relevant stakeholders on ways to mitigate the effects of the pandemic on persons with disabilities;

(PP10) Recognizing also the need to include the experiences and perspectives of persons with disabilities and their representative organizations in all issues, including by taking steps to ensure and actively facilitate their meaningful participation in programmes, policy and decision-making processes;

(PP11) Noting that globally one in seven persons experience some form of disability and that this number continues to increase owing to many underlying factors such as population ageing and the rise in the prevalence of chronic health conditions;¹

(PP12) Noting also the persisting attitudinal, institutional and environmental barriers including discriminatory attitudes towards disability and inaccessible communities;

(PP13) Also noting, with concern, that persons with disabilities face persistent inequality in social, economic, health and political spheres, and thus are more likely to live in poverty than persons without disabilities; and are more likely to have risk factors for noncommunicable diseases; as well as being more likely to be unable to get access to essential health services, public health functions, medicines and treatment, due to environmental, financial, legal and attitudinal barriers in society, including discrimination and stigmatization, as well as lack of reliable and comparable data;

(PP14) Further noting that, as many persons with disabilities face multiple and intersecting forms of discrimination and are therefore at greater risk of having unmet health needs, health and rehabilitation interventions should take into account different needs and be age-sensitive and gender-responsive while promoting, protecting and ensuring the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and promoting respect for their inherent dignity;

(PP15) Recognizing that persons with disabilities are often disproportionately affected in situations of risk, including situations of armed conflict, complex humanitarian emergencies and the occurrence of natural disasters and in their aftermath, and that they may require specific protection and safety measures, recognizing also the need to support further participation and inclusion of persons with disabilities in the development of such measures and decision-making processes relating thereto, in order to ensure disability-inclusive risk reduction and humanitarian assistance, and recognizing the need for psychosocial support to withstand the effects of conflict and natural disasters;

(PP16) Noting that many persons with disabilities, particularly girls and women, face barriers to access information and education, including with regards to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences;

(PP17) Noting the urgent need to increase the availability of disaggregated data by disability in the health sector, and other sectors using internationally comparable high quality disability data collection methods, in order to inform evidence-based health policies and programmes that are disability inclusive and meet the needs of persons with disabilities;

(PP18) Noting further that persons with disabilities are an underrepresented group in health research, and that this in turn limits the application of research findings for their benefit;

(PP19) Noting that enabling universal access to assistive technology and rehabilitation services promotes the inclusion, participation and engagement of persons with disabilities in all areas of society;

¹ World Health Organization and The World Bank. World report on disability. Geneva: World Health Organization; 2011 (available at: <https://www.who.int/publications/i/item/world-report-on-disability>, accessed 17 January 2021).

(PP20) Highlighting the role of community health workers in advancing equitable access of persons with disabilities to safe, quality, accessible, inclusive and innovative health services in urban and rural areas and in reducing inequities;

(PP21) Stressing that disability-sensitive, quality, basic and continued education and training of health professionals, including effective communication skills, are crucial to ensure that they have the adequate professional skills and competencies in their respective roles and functions, to provide safe, quality, accessible and inclusive health services;

(PP22) Stressing also that accessible health facilities, accessible health-related information and disability-specific health services and solutions, are essential for persons with disabilities to benefit equally from health education, promotion, prevention, treatment and rehabilitation; and stressing further that technological solutions could be effective means to enhance accessibility;

(PP23) Underscoring that the health needs of persons with disabilities need to be met across the life course, through comprehensive preventive, promotive, curative, rehabilitative services and palliative care and including psychosocial support;

(PP24) Reaffirming that health services should be provided to persons with disabilities on the basis of free and informed consent, and emphasizing that the necessary information to exercise such consent must be transmitted in a reasonable, accessible and understandable manner, to the extent possible,

(OP1) URGES Member States:¹

(OP1.1) to incorporate a disability- and gender-sensitive and inclusive approach, including by closely consulting with, and actively involving persons with disabilities and their representative organizations, in decision making and designing programmes in order that they receive: effective health services as part of universal health coverage; equal protection during complex humanitarian emergencies, and the occurrence of natural disasters and in their aftermath; and equal access to cross-sectoral public health interventions, such as provision of safe water, sanitation and hygiene services, to achieve the highest attainable standard of health;

(OP1.2) to identify and eliminate attitudinal, environmental and institutional obstacles and barriers that prevent persons with disabilities from accessing health, including sexual and reproductive health care services, as well as health-related information, skills and goods, including by making health facilities accessible, by training relevant professionals on the human rights, dignity, autonomy and needs of persons with disabilities, by making information available in accessible formats, and by providing appropriate measures for the exercise of legal capacity in health-related issues;

(OP1.3) to develop, implement and strengthen policies and programmes, as appropriate, to improve access to rehabilitation, as well as affordable and quality assistive technology within universal health and/or social services coverage and to ensure their sustainability;

(OP1.4) to collect health-related data, disaggregated by disability, age and sex, education level and household income to inform relevant policies and programmes;

(OP1.5) without discrimination on the basis of disability, to provide health services and care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent, respecting the human rights, dignity, autonomy, legal capacity and needs of persons with disabilities, including through training and the promulgation of ethical standards for public and private health care;

(OP1.6) to take measures to ensure comprehensive, accessible and affordable access to health systems and care for all persons with disabilities, while recognizing the unique vulnerabilities of those who may be living in care and congregated living

¹ And, where appropriate, regional economic integration organizations.

settings in times of public health emergencies such as COVID-19, and for special protection against infections in particular for at-risk groups, with protection to include facilitating the education of health and care workers in the area of infection prevention and control to protect all persons with disabilities, whether living in the community or in care and congregated living settings;

(OP2) INVITES international organizations and other relevant stakeholders, including intergovernmental and nongovernmental organizations, private sector companies, academia, and, in particular, organizations of persons with disabilities:

(OP2.1) to collaborate with Member States in respecting, protecting and fulfilling the right to the enjoyment of the highest attainable standard of health of persons with disabilities;

(OP2.2) to forge partnerships and alliances that mobilize and share knowledge and best practices on disability inclusion;

(OP2.3) to amplify the voices of persons with disabilities and their representative organizations, and raise awareness of the rights, capabilities and contributions of persons with disabilities;

(OP2.4) to include persons with disabilities in health research so that they benefit from its outcomes and products;

(OP3) REQUESTS the Director-General:

(OP3.1) to develop, in close consultation with Member States¹ and relevant international organizations and other stakeholders, by the end of 2022, a global report on the highest attainable standard of health for persons with disabilities, to be presented for the consideration of the Seventy-sixth World Health Assembly, through the Executive Board at its 152nd session, that addresses effective access and quality health services, including universal health coverage (with rehabilitation as part of it), health emergencies and health and well-being, that is based on the best available evidence, and that includes actionable recommendations, as well as to update the WHO estimates of the global disability prevalence presented in the *World report on disability* (2011);

(OP3.2) to fully implement the United Nations Disability Inclusion Strategy across all levels of WHO in order to ensure that disability considerations, including the right of persons with disabilities, are mainstreamed and systematically integrated in all programme areas and policy work, as well as in operations, including in emergency preparedness and response plans and in building and reconstruction planning, and transmit to the Executive Board a copy of the annual progress report on the implementation of the United Nations Disability Inclusion Strategy;

(OP3.3) to support the creation of a global research agenda that aligns with universal health coverage, health emergencies and health and well-being, including health systems and policy research, and to explore possible ways to track progress on disability inclusion in the health sector towards 2030;

(OP3.4) to provide Member States with the technical knowledge and capacity-building support necessary to incorporate a disability-sensitive and inclusive approach in accessing quality health services; protection during health emergencies; and access to cross-sectoral public health interventions, to enable persons with disabilities to enjoy the highest attainable standard of health, including with regards to the support they may require in exercising their legal capacity in health-related issues, as well as to support countries in collecting, processing, analysing and disseminating data on disability, including disaggregating data by disability, sex and age, and other characteristics relevant in national contexts, in

¹ And, where appropriate, regional economic integration organizations.

collaboration with relevant stakeholders, and developed in close consultation with persons with disabilities and their representative organizations.

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

Resolution:	The highest attainable standard of health for persons with disabilities
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>1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course</p> <p>1.3.4. Research and development agenda defined and research coordinated in line with public health priorities</p> <p>2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities</p> <p>3.1.2. Countries enabled to address environmental determinants of health, including climate change</p> <p>4.1.1. Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts</p> <p>4.2.6. “Leave no one behind” approach focused on equity, gender and human rights progressively incorporated and monitored</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:	Five years.
B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	US\$ 15 million over five years.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 2 million.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:	Zero.

<p>3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:</p> <p>US\$ 5 million.</p>
<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>Biennium 2024–2025: US\$ 8 million.</p>
<p>5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions</p> <p>– Resources available to fund the resolution in the current biennium:</p> <p>US\$ 1 million.</p> <p>– Remaining financing gap in the current biennium:</p> <p>US\$ 1 million.</p> <p>– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</p> <p>On course to raise US\$ 0.5 million in the current biennium and there are ongoing efforts to raise an additional US\$ 0.5 million.</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	–	–	–	–	–	–	1.6	1.6
	Activities	–	–	–	–	–	–	0.4	0.4
	Total	–	–	–	–	–	–	2.0	2.0
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	0.2	0.2	0.4	0.2	0.3	0.4	0.8	2.5
	Activities	0.3	0.3	0.3	0.3	0.3	0.3	0.7	2.5
	Total	0.5	0.5	0.7	0.5	0.6	0.7	1.5	5.0
Future bienniums resources to be planned	Staff	0.6	0.2	0.4	0.2	0.4	0.6	0.8	3.2
	Activities	0.9	0.3	0.6	0.3	0.6	0.9	1.2	4.8
	Total	1.5	0.5	1.0	0.5	1.0	1.5	2.0	8.0

He also drew attention to the draft decision on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections proposed by Australia, Botswana, Ghana, Kenya, Mozambique, Namibia and the United States of America, which read:

The Executive Board, having considered the report on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021,¹ decided to recommend to the Seventy-fourth World Health Assembly the adoption of the following decision:

(PP1) The Seventy-fourth World Health Assembly, having considered the report on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021, decided:

OP1. to confirm the objective of the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections to contribute to the achievement of Sustainable Development Goal target 3.3 (By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases) and other communicable disease-related goals and targets;

OP2. to request the Director-General, building on the work already under way, to undertake a broad consultative process to develop global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030, as appropriate, in full consultation with Member States,² taking into consideration the relevant strategies of UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria, and taking into account the views of all relevant stakeholders, ensuring that the health sector strategies remain based on qualitative and quantitative scientific evidence for the achievement of commitments for HIV, viral hepatitis and sexually transmitted infections, including Sustainable Development Goal target 3.3 and other related goals and targets, for consideration by the Seventy-fifth World Health Assembly in 2022, through the Executive Board at its 150th session.

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

Decision:	The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections
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:	
1.1.1.	Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages
1.1.2.	Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results
1.1.3.	Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course
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

¹ Document EB148/37.

² And, where applicable, regional economic integration organizations.

<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>18 months.</p>
<p>B. Resource implications for the Secretariat for implementation of the decision</p>
<p>1. Total resource requirements to implement the decision, in US\$ millions:</p> <p>US\$ 1.13 million.</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:</p> <p>US\$ 0.77 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\$ 0.36 million.</p>
<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> <ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: US\$ 0.59 million. – Remaining financing gap in the current biennium: US\$ 0.18 million. – Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium: Not applicable.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	0.05	0.05	0.03	0.04	0.04	0.04	0.20	0.45
	Activities	0.02	0.02	0.02	0.02	0.02	0.02	0.20	0.32
	Total	0.07	0.07	0.05	0.06	0.06	0.06	0.40	0.77
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	0.02	0.02	0.01	0.02	0.01	0.02	0.10	0.20
	Activities	0.01	0.01	0.01	0.01	0.01	0.01	0.10	0.16
	Total	0.03	0.03	0.02	0.03	0.02	0.03	0.20	0.36
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The representative of ISRAEL, speaking on behalf of Argentina, Australia, Botswana, Brazil, Canada, Chile, Costa Rica, Ecuador, the European Union and its Member States, Iceland, Israel, Mexico, New Zealand, Norway, Panama, Peru, the United Kingdom of Great Britain and Northern Ireland, the United States of America and Uruguay, said that persons with disabilities should be meaningfully involved in decision-making processes as a key element of inclusion. The draft resolution, the first on the highest attainable standard of health for persons with disabilities since the adoption of the United Nations Convention on the Rights of Persons with Disabilities, had therefore been prepared in consultation with persons with disabilities and their representative organizations. It called on WHO *inter alia* to produce a global report on the subject in consultation with Member States and representative organizations of persons with disabilities; fully implement the United Nations Disability Inclusion Strategy and provide the Board with annual reports on implementation; and support the creation of a global research agenda on persons with disabilities. WHO should develop relations with representative organizations of persons with disabilities to ensure that their perspectives and needs were taken into account in policy and programme development at all levels of the Organization. That was of particular importance in the context of COVID-19 recovery and ensuring the access of persons with disabilities to COVID-19 vaccines and treatment.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, said that approximately 15% of the global population were persons with disabilities, many of whom had encountered barriers to access to health services. Recalling the three objectives of the WHO global disability action plan 2014–2021: better health for all people with disability, he emphasized the need to include persons with disabilities in all processes that related to them.

Turning to the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021, he said that, despite progress, many people who tested positive for those diseases did not have access to support services. That state of affairs had been particularly visible in parts of his Region in the context of the COVID-19 pandemic. Those strategies should be a global priority, as the consequences of HIV and sexually transmitted infections could affect sexual and reproductive health across the Region. In order to meet the strategies' targets, Member States should focus on the five common strategic directions of data-gathering, high-impact interventions, equity, sustainable financing and innovation.

The representative of CHINA thanked WHO for the support it had provided for her Government's efforts to address the needs of people living with HIV/AIDS during the COVID-19 pandemic, to continue to reduce transmission of HIV/AIDS and to vaccinate neonates against hepatitis B, in order to achieve the targets set in the Western Pacific Region. The updated global health sector strategies should

promote the global enhancement of prevention and control of HIV/AIDS, viral hepatitis and sexually transmitted infections, and should continue to be based on universal health coverage, strengthen solidarity and collaboration and establish pragmatic strategic objectives.

The representative of AUSTRIA said that the draft resolution would help Member States to improve access to health services for persons with disabilities and promote implementation of the United Nations Convention on the Rights of Persons with Disabilities. Persons with disabilities should have equitable access to health care, including rehabilitation, assistive technologies and information, particularly in the context of the COVID-19-pandemic. She thanked the Secretariat for publishing the Infection prevention and control guidance for long-term care facilities in the context of COVID-19. She welcomed the participation of people with disabilities and their representative organizations and the improved collection of disability-related data at the international and national levels.

The representative of FINLAND, speaking on behalf of the Nordic and Baltic countries Denmark, Finland, Estonia, Iceland, Latvia, Lithuania, Norway and Sweden, said that the COVID-19 pandemic had highlighted the need for Member States to fulfil their obligations under the United Nations Convention on the Rights of Persons with Disabilities, achieve the 2030 Agenda for Sustainable Development and implement the United Nations Disability Inclusion Strategy. Persons with disabilities, as a marginalized minority group, were at particular risk from the pandemic, and Member States must take steps to ensure their protection and safety and take into account their diverse needs and vulnerabilities. Access to public health information and essential health services, especially sexual and reproductive health services, was crucial, during and after the pandemic. Persons with disabilities and their representative organizations should be included in efforts to eliminate social and economic barriers to, and gaps in, health care services.

The representative of ARGENTINA, observing that the COVID-19 pandemic had exacerbated the plight of persons with disabilities, in whom it was likely to cause more severe infections and who lacked access to information and protective measures, said that the draft resolution would promote continued implementation of the WHO global disability action plan, in particular the need to take into account the particular requirements of persons with disabilities during the post-pandemic recovery. It contained key elements that contributed to the well-being of persons with disabilities, including the elimination of attitudinal and environmental barriers to services, eradication of violence against persons with disabilities, and protection of their sexual and reproductive health.

The representative of the REPUBLIC OF KOREA said that the COVID-19 pandemic had highlighted the fact that persons with disabilities still did not have equitable access to health care, and health protection and promotion. Member States should develop a response protocol for those who provided care for persons with disabilities and plans for infectious disease prevention and management that could be tailored to particular needs. His Government would continue to support WHO efforts to promote disability inclusion in the health sector.

He noted global progress on HIV, viral hepatitis and sexually transmitted infections as a result of the policy and treatment guidelines issued by WHO and outlined some of the interventions developed by his Government to reduce transmission of HIV, syphilis and hepatitis.

The representative of the RUSSIAN FEDERATION said that the common principles and structure of the global health sector strategies facilitated the multisectoral coordination of medical and social services on the basis of universal health coverage and primary health care programmes. She outlined national strategies on HIV, which were aligned with the multisectoral UNAIDS 2016–2021 Strategy. The strategies, and the corresponding role of WHO to protect the right to health of persons living with HIV, should be included on the agenda of the United Nations General Assembly 2021 high-level meeting on HIV and AIDS and covered by subsequent United Nations resolutions. She noted that some targets set out in the strategies would not be achieved as a result of the COVID-19 pandemic, and emphasized the importance of ensuring continued access to medical and social assistance. She

expressed support for the draft decision, which was the outcome of evidence-based consultations with Member States and other interested parties and would facilitate attainment of target 3.3 of the Sustainable Development Goals, and therefore requested that her Government be added to the list of sponsors.

She expressed support for the draft resolution on the highest attainable standard of health for persons with disabilities, but requested that the term “gender-responsive” in the fourteenth preambular paragraph be replaced with “gender-sensitive”, which had previously been mutually agreed.

The representative of AUSTRALIA, referring to the importance of promoting disability inclusion in the health sector, including access to disability-inclusive health services, information and education across lifetimes, encouraged the Secretariat to continue to work towards fulfilling the objectives of the WHO global disability action plan. She commended the efforts of the Regional Office for the Western Pacific to strengthen health and rehabilitation systems, and thus to enhance the quality of life of persons with disabilities in the Region.

It was important to continue to work towards achievement of the 2030 goal to end HIV, viral hepatitis and sexually transmitted infections as public health threats; doing so would require the ongoing support of WHO. Progress towards the 2020 targets had been undermined by the impact of COVID-19 on health systems. She supported the development of strategies for 2022–2030 that were evidence-based and reflected the particular challenges relating to pandemic preparedness and response. The global health sector strategy on HIV should be closely aligned with the global AIDS strategy 2021–2026 currently being developed, and its targets for 2025.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that disability inclusion was key to leaving no one behind and welcomed WHO’s vision to ensure persons with disabilities had access to health care. He encouraged WHO to develop plans to implement the United Nations Disability Inclusion Strategy across all of its work, particularly in the context of humanitarian activities. He asked the Secretariat to provide detailed information on progress made towards the targets set out in the WHO global disability action plan, with particular regard to country-level support, the implementation of national legislation, and the participation of persons with disabilities and their representative organizations in policy-making. The draft resolution was particularly important in the context of the COVID-19 pandemic, especially in terms of the commitment to identify barriers that prevented persons with disabilities from accessing health care services and to develop a new global report on disability. Such a report would bolster efforts to ensure that the most excluded and marginalized groups, including persons with disabilities, had access to COVID-19 vaccines and treatments.

The representative of GERMANY welcomed the holistic approach to inclusive health care and the integration of social aspects affecting the health of persons with disabilities into national health systems.

Turning to the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, he said that the updated strategies should be ambitious, innovative and evidence-based. They should address structural barriers that inhibited the implementation of proven interventions, and be rights-based, aim for gender equality and leave no one behind. They should be better integrated into health systems, especially at the community level, and promote efforts to strengthen surveillance and monitoring, with particular regard to HIV drug resistance. The three strategies should be linked, to create synergies and share resources. He stressed the importance of the proposed development process set out in paragraph 21 of document EB148/37, which must be inclusive, participatory and aligned with relevant processes under way in other organizations.

The representative of BANGLADESH said that the WHO global disability action plan had led to significant progress towards better health for persons with disabilities, a population group that was often vulnerable and neglected in the wake of health emergencies. She welcomed the United Nations Partnership on the Rights of Persons with Disabilities, which promoted COVID-19 response and

recovery activities that supported disability inclusivity. Her Government recognized the importance of data collection to identify the needs of persons with disabilities and was improving their access to general health services as part of efforts to achieve universal health coverage. As the current WHO global disability action plan would end in 2021, she proposed developing an action plan for the period 2021–2030 on rehabilitation and assistive technology for persons with disabilities. WHO should continue to promote disability inclusion in the health sector by implementing the United Nations Disability Inclusion Strategy; work with partners to improve access to assistive products; and help Member States develop national policies to guarantee that access and to train service providers. Universal health coverage policies should address the needs of persons with disabilities, such as rehabilitation and palliative care.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, emphasized the commitment of many Member States in the Region to the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections. While some progress had been made, the COVID-19 pandemic had revealed weaknesses in the service delivery models for interventions in those areas, particularly in terms of the centralization of treatment, the absence of civil society and the failure to make those concerns part of primary health care. The focus at the global level should be on countries with a high disease burden, and the Secretariat should therefore ensure that future strategies included additional interventions tailored to regional contexts, especially for high-risk groups such as migrants, refugees and people living in need in emergency situations.

The representative of BOTSWANA said that he was looking forward to receiving the next progress update on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections at the Seventy-fourth World Health Assembly. He outlined interventions carried out in his country, and welcomed the recommendations published in 2020 on the prevention of mother-to-child transmission of hepatitis B and the Regional framework for the triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis in Asia and the Pacific, 2018–2030, which would further guide that work. His Government would continue to collaborate with key stakeholders to strengthen surveillance, monitoring and evaluation, and research systems, and develop a multisectoral plan for the elimination of hepatitis B and C. Global health sector strategies should be updated in consultation with Member States and take into consideration the relevant strategies of UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

The representative of COLOMBIA said that domestic legislation and policies ensured that persons with disabilities were able to fully exercise their rights and freedoms and that any institutional response met their needs. However, the targets of the WHO global disability action plan had yet to be met in full, and the COVID-19 pandemic had revealed the need to adapt health-related action plans, with particular regard to the integrated health care of vulnerable populations.

She expressed support for the draft decision on the global health sector strategies and welcomed efforts to link programmes related to HIV, viral hepatitis and sexually transmitted infections to those on sexual and reproductive health. However, such initiatives should be expanded to include, inter alia, adolescent pregnancy, cultural practices such as early unions, and gender-based violence. Her Government was committed to ending the AIDS epidemic and was developing community diagnosis tools and localized treatment interventions to that end. Global and regional strategies must be strengthened in response to heavier migration flows and should include pilot projects to determine the feasibility of using pre-exposure prophylaxis and self-test kits for HIV. She welcomed the proposal to develop global health sector strategies for the period 2022–2030 and to review the elimination targets, in order to determine which, if any, could be met by 2025. Those strategies should be accompanied by a results-based evaluation process to prioritize the implementation of interventions.

The representative of INDONESIA welcomed WHO's assistance in ensuring disability inclusion during the COVID-19 response. She highlighted national efforts in that regard, which were in line with the WHO global disability action plan.

She outlined the measures taken by her Government to implement the global health sector strategies and achieve the related Sustainable Development Goal targets. She encouraged WHO to engage with Member States to ensure the quality of programmes for the prevention and control of HIV, hepatitis and sexually transmitted infections, but observed that the COVID-19 pandemic had spotlighted the barriers that still existed preventing an inclusive response to health emergencies. She requested that her Government be added to the list of sponsors of the draft decision.

The representative of KENYA said that her Government had made significant progress in the development of policies and strategic programmes that directly supported persons with disabilities. She supported the draft resolution and requested that her Government be added to the list of sponsors. The COVID-19 pandemic affected persons with disabilities disproportionately, and she therefore urged WHO to work with Member States to generate and share relevant disaggregated data, to ensure that persons with disabilities were not being discriminated against or put at additional risk.

Regarding the global health sector strategies, she noted that, despite considerable progress, some critical interim targets for 2020 had not been met. She therefore welcomed the proposal to update the strategies, and echoed the priorities that had been identified by the African members of the Strategic and Technical Advisory Committee on HIV and Viral Hepatitis, namely HIV prevention; testing and treatment of viral hepatitis; integrating sexually transmitted infections into sexual and reproductive health programmes; and building capacity to develop strategies to combat such infections. She supported the draft decision.

The representative of the UNITED STATES OF AMERICA said that WHO must continue to strive for the highest attainable standard of health for persons with disabilities and remove barriers to their access to health services and information, with particular regard to sexual and reproductive health. Her Government's policy at the national and global levels was to support women's and girls' sexual and reproductive health and reproductive rights. Its health and development assistance tools were critical for supporting women's health, access to contraceptives and gender-based violence prevention and response programmes, and for working with global partners to confront serious health challenges, such as maternal mortality, HIV/AIDS, tuberculosis and malaria. The Government was opposed to restrictions on such assistance that curtailed the ability to achieve those goals, firmly supported long-standing consensus language and definitions on sexual and reproductive health, reproductive rights and comprehensive sexual education, and looked forward to working with WHO and partner countries to support those critical interventions. She therefore requested that her Government be added to the list of sponsors of the draft resolution.

She welcomed the reference to aligning the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections with the strategies of UNAIDS and the Global Fund. For the first time, HIV epidemic control was within reach, but work remained to be done to understand who had been left behind and how to reach them. Despite progress in treatment coverage for hepatitis B and C, strengthened collaboration would be needed to increase the availability of low-cost antiviral treatments. Noting successes towards the global elimination of congenital syphilis, she encouraged WHO to continue its efforts to eliminate mother-to-child transmission of HIV and syphilis.

The representative of GABON said that, the COVID-19 pandemic having affected efforts to attain the Sustainable Development Goals on combating disease and to meet the 2020 targets established in the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, new strategies were required and national health systems should be aligned with them. His Government supported the draft decision on the global health sector strategies and the priorities identified by the African members of the Strategic and Technical Advisory Committee on HIV and Viral Hepatitis, in particular, the mobilization and efficient use of resources for the prevention of HIV, the administration of hepatitis B vaccines at birth and the expansion of screening for and treatment of viral hepatitis.

The representative of BRAZIL¹ said that her Government had implemented a multisectoral contingency plan to reduce the burden of the COVID-19 crisis on persons with disabilities or rare diseases. While her Government was a sponsor of the draft resolution, having been actively involved in its development, it considered that the language it contained on sexual and reproductive health and rights should not be interpreted as promoting or supporting abortion as a method of family planning. Her Government remained committed to the promotion of the health and rights of persons with disabilities, as part of its comprehensive promotion of human rights.

(For continuation of the discussion and adoption of a resolution and decision, see the summary records of the fourteenth meeting, section 2.)

The meeting rose at 17:05.

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

ELEVENTH MEETING

Saturday, 23 January 2021, at 10:10

Chair: Dr H. VARDHAN (India)

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

1. BUDGET AND FINANCE MATTERS: Item 17 of the agenda (continued)

Proposed programme budget 2022–2023: Item 17.1 of the agenda (documents EB148/25 and EB148/25 Add.1) (continued)

- **Sustainable financing** (documents EB148/26, EB148/26 Add.1 Rev.1 and EB148/26 Add.2) (continued from the seventh meeting, section 2)

The CHAIR drew attention to the draft decision on sustainable financing contained in document EB148/26 Add.1 Rev.1. The financial and administrative implications of the draft decision for the Secretariat were contained in document EB148/26 Add.2.

The VICE-CHAIR, speaking at the request of the CHAIR, said that, while many delegations had submitted proposals for amendments to the draft decision, no consensus had been reached. The two main opposing proposals addressed the following issue: whether to establish a small group initially to discuss financial sustainability, given the complexity of the issue, or to give all Member States the opportunity to participate from the outset, to ensure transparency. It had been suggested that the Chair and Vice-Chair should prepare a new version of the draft decision, which would take into account all proposals, including that for the establishment of a working group for Member States who wished to participate in the discussions. The amended draft decision would be distributed later that day and would provide a basis for informal consultation.

The CHAIR took it that the Board wished to suspend the discussion on the agenda item in the light of ongoing discussions and to allow for the preparation of an amended draft decision.

It was so agreed.

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

Scale of assessments 2022–2023: Item 17.3 of the agenda (document EB148/28)

Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution: Item 17.4 of the agenda (document EB148/29)

The CHAIR drew attention to the reports contained in documents EB148/28 and EB148/29, and to the recommendations of the Programme, Budget and Administration Committee of the Executive Board on the scale of assessments 2022–2023 and on the status of collection of assessed contributions, contained in document EB148/5, paragraphs 29 and 31, respectively.

The Board noted the reports and concurred with the Committee’s guidance in respect of the scale of assessments 2022–2023 and the status of collection of assessed contributions.

2. UPDATE ON THE INFRASTRUCTURE FUND: Item 18 of the agenda

Update on information management and technology: Item 18.1 of the agenda (document EB148/30)

Geneva buildings renovation strategy: Item 18.2 of the agenda (document EB148/31)

The CHAIR drew attention to the reports contained in documents EB148/30 and EB148/31, and to the report of the Programme, Budget and Administration Committee of the Executive Board contained in document EB148/5, paragraphs 32 to 36.

The Board noted the reports.

3. GOVERNANCE MATTERS: Item 19 of the agenda (continued)

WHO transformation: Item 19.1 of the agenda (document EB148/32)

The CHAIR drew attention to the report contained in document EB148/32 and to the recommendations of the Programme, Budget and Administration Committee of the Executive Board contained in document EB148/5, paragraph 43.

The Board noted the report and concurred with the Committee’s guidance in respect of WHO transformation.

Engagement with non-State actors: Item 19.5 of the agenda

- **Report on the implementation of the Framework of Engagement with Non-State Actors** (document EB148/39)
- **Non-State actors in official relations with WHO** (documents EB148/40 and EB148/40 Add.1)

The CHAIR drew attention to the reports contained in documents EB148/39 and EB148/40. He also drew attention to the draft decision contained in document EB148/40 on non-State actors in official relations with WHO, the financial and administrative implications of which were set out in document EB148/40 Add.1, and to the recommendations of the Programme, Budget and Administration Committee of the Executive Board contained in document EB148/5, paragraph 65.

The Board noted the reports and concurred with the Committee's guidance in respect of non-State actors in official relations with WHO.

The decision was adopted.¹

4. STAFFING MATTERS: Item 21 of the agenda

Statement by the representative of the WHO staff associations: Item 21.1 of the agenda (document EB148/INF./1)

Report of the Ombudsman: Item 21.2 of the agenda (documents EB148/INF./2 and EB148/INF./3)

Human resources: update: Item 21.3 of the agenda (document EB148/44)

Amendments to the Staff Regulations and Staff Rules: Item 21.4 of the agenda (documents EB148/45 and EB148/45 Add.1)

Report of the International Civil Service Commission: Item 21.5 of the agenda

The CHAIR drew attention to the recommendations of the Programme, Budget and Administration Committee of the Executive Board contained in document EB148/5, paragraph 56. He also drew attention to the three draft resolutions, contained in document EB148/45, on the remuneration of staff in the professional and higher categories, on the remuneration of staff in ungraded positions and the Director-General, and on payments and deductions, recruitment policies, and abolition of post. The financial and administrative implications of the three resolutions were contained in document EB148/45 Add.1.

The representative of the UNITED STATES OF AMERICA welcomed the written statement by the staff associations. Efforts to control the pandemic through public health advice on diverse media platforms were commendable and should be continued. The proactive approach seen in the weekly technical briefings on coronavirus disease (COVID-19) should also be applauded. The new administration of the United States had reversed the previous decision to withdraw from WHO and stood ready to partner with the Organization in support of its critical mission. He encouraged all involved to continue working collaboratively and constructively to meet WHO's organizational, administrative and workforce challenges.

The DIRECTOR (Human Resources and Talent Management) said that, owing to the challenges in holding sessions of the International Civil Service Commission (ICSC) in 2020, the ICSC report had not been released until December 2020. As a result, no Executive Board document had been issued on the report of the ICSC for 2020.² The United Nations General Assembly, in its resolution on the United Nations common system adopted on 31 December 2020, had approved the Commission's revised unified base/floor salary scale reflecting a 1.90% adjustment; taken note of the decision of the Commission to increase danger pay for internationally and locally recruited staff; taken no action on the Commission's recommendation on child and secondary dependant allowances; decided to continue the pilot project of granting US\$ 15 000 for staff members with eligible dependants in duty stations with E hardship

¹ Decision EB148(8).

² Accordingly, the planned document EB148/46 was not issued.

classification conditions in 2021; and welcomed the decision of the Commission to establish a working group to review the implementation of the current contractual framework by the organizations.

The representative of the WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, PAHO, UNAIDS and IARC, said that the COVID-19 pandemic had aggravated certain issues of concern to staff members. Welcoming progress to date on the WHO transformation agenda, she underlined the difficulty of providing an overview of the restructuring process, given the diversity of timelines and approaches in different areas. Aligning the functional reviews and the restructuring process under way in regional and country offices would contribute to the achievement of the goals of the Thirteenth General Programme of Work, 2019–2023. The process should focus on job security; the staff's trust and motivation must not be tested during the pandemic. An independent evaluation of the restructuring process across the Organization should be conducted, with a focus on values. She looked forward to the outcome of the geographical mobility simulation exercise and the implementation plan to allay concerns, including about human resources support measures. The draft geographical mobility policy did not address certain issues crucial to the implementation of mobility, such as a unified system of position descriptions and classifications, and situations generated by the pandemic, which had implications for mobility.

Addressing all forms of harassment must be a priority for the Organization, and the new WHO policy on preventing and addressing harassment, sexual harassment, discrimination and abuse of authority and its implementation plan should be finalized and adopted. Given that many staff members had reported the negative effects of the pandemic on their mental health and well-being, the Organization should encourage a cultural change to promote mental health in the workplace. Mental health and psychosocial support should be integrated into the essential services offered routinely to the staff. Since there was a direct correlation between staff members' mental health and many of the issues emphasized in the staff associations' statement, delays in addressing such issues would have a significant impact on the WHO workforce.

The DIRECTOR-GENERAL, responding to the staff associations' statement, said that the WHO staff associations held regular meetings with both senior management and the human resources department to discuss issues raised by the staff and address challenges jointly, which was proving fruitful. As part of the WHO transformation agenda, open one-to-one sessions had also been introduced to enable staff members to discuss private matters, raise systemic problems or offer new suggestions to senior management, all of which were followed up. There were plans to designate 2021 the year of the workforce, with the aim of improving the working environment to boost productivity and addressing diversity and inclusion to serve better at the global level. The previous year had had an impact on the staff's mental health, and a plan was being developed to support mental health in the workplace, which would be the starting point for sustainable improvements to the working environment. Upon appointment, all staff members committed to geographical mobility and to serving wherever they were assigned. It was nevertheless important that mobility contributed to increasing staff impact and productivity; the mobility simulations served to address any challenges in that respect.

The OMBUDSMAN, speaking on behalf of all WHO ombudsmen, noted that the Programme, Budget and Administration Committee had concluded that the Secretariat should proceed to implement the Ombudsman's recommendations, including those from past years. Consideration should be given to a thorough review of previous recommendations that had not been implemented.

Turning to the current recommendations, he said that his first recommendation related to the problems faced by staff members owing to working conditions during lockdown. Staff members had had to adapt quickly to working at home and carrying out new tasks against the backdrop of the urgency of a global crisis. Ensuring the staff's well-being must therefore be a priority for the Organization and for supervisors. A lack of support risked disengagement, which had a negative impact on work. He expressed concern that, for a variety of reasons, not all supervisors had maintained open communication with their staff. Senior management must emphasize the need for supervisors to communicate regularly

and genuinely with their teams, and provide adequate support for that task, in order to prevent any impact on mental health and on WHO's ability to deliver at such a critical time.

The second recommendation related to the need for further work on diversity and against racism. The honest conversations with the staff on the matter, which the Ombudsman had recommended before the Board in 2019, were long overdue. While commendable steps had been taken, including the Director-General's unambiguous support for equality, there was a need to move beyond formal policy announcements to engage in a soul-searching exercise that should involve all staff members and be aimed at working towards a more open and inclusive Organization.

A remarkable aspect of the Organization's response to the COVID-19 crisis was the extraordinary efforts of its staff, despite the anxieties brought about by the crisis, challenging living and working conditions, and tremendous pressure and little rest, especially for those involved in the response to the COVID-19 pandemic. Furthermore, staff cohesion had suffered as a result of criticism issuing from a social media campaign that had made accusations regarding the integrity and professionalism of the Organization and its leadership. Greater support from Member States would have contributed to reassuring WHO staff that their work was making a real difference and that, as health professionals, they deserved public recognition. Recent statements from Member States' representatives to that end were appreciated. He paid tribute to all WHO colleagues for their dedication and loyalty and their exemplary efforts during the current challenging times.

The Board noted the report contained in document EB148/44 and concurred with the Committee's guidance in respect of the report of the Ombudsman.

The CHAIR took it that the Board wished to adopt the three draft resolutions contained in document EB148/45, on the remuneration of staff in the professional and higher categories, on the remuneration of staff in ungraded positions and the Director-General, and on payments and deductions, recruitment policies, and abolition of post.

The Board noted the report and adopted the resolutions.¹

5. GOVERNANCE MATTERS: Item 19 of the agenda (resumed)

WHO reform: Item 19.2 of the agenda

- **WHO reform: governance** (documents EB148/33 and EB148/33 Add.1)
- **WHO reform: World health days** (document EB148/34)
- **WHO reform: involvement of non-State actors in WHO's governing bodies** (document EB148/35)

The CHAIR drew attention to the draft decision on WHO reform: governance, contained in document EB148/33, the financial and administrative implications of which were set out in document EB148/33 Add.1. He also drew attention to a draft decision on World Neglected Tropical Diseases Day, proposed by Brazil, Oman and the United Arab Emirates, which read as follows:

The Executive Board, having considered the report on WHO reform: world health days,² and recalling decision WHA73(33) on the new road map for neglected tropical diseases

¹ Resolutions EB148.R3, EB148.R4 and EB148.R5.

² Document EB148/34.

2021–2030, decided to recommend to the Seventy-fourth World Health Assembly the adoption of the following decision:

The Seventy-fourth World Health Assembly, having considered the report on WHO reform: world health days, decided to welcome the Secretariat's support of initiatives that celebrate the date of 30 January as a day dedicated to neglected tropical diseases and invites Member States and relevant stakeholders to consider taking appropriate measures to continue celebrating that day.

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

Decision: World Neglected Tropical Diseases Day
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: 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: Not applicable.
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.
B. Resource implications for the Secretariat for implementation of the decision
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 the present document represent the amounts that will be committed exclusively for delivering World Neglected Tropical Diseases Day.
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.
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: US\$ 0.98 million. This represents the resources required for two World Neglected Tropical Diseases Days, in January 2022 and January 2023.

<p>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>US\$ 0.99 million.</p> <p>This represents the resources required for two World Neglected Tropical Diseases Days, in January 2024 and January 2025.</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: US\$ 0.47 million.</p> <p>– Remaining financing gap in the current biennium: Not applicable.</p> <p>– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium: Not applicable.</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	0.04	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 the UNITED ARAB EMIRATES, highlighting the serious impact of neglected tropical diseases, recalled resolution WHA66.12 (2013) on neglected tropical diseases, Member States' commitment to target 3.3 of the Sustainable Development Goals, the Political Declaration of the 2019 United Nations High-level Meeting on Universal Health Coverage to strengthen efforts to address neglected tropical diseases as part of universal health coverage, and decision WHA73(33) of 2020 on the road map for neglected tropical diseases 2021–2030. A World Neglected Tropical Diseases Day would help international health communities to overcome such diseases. The Secretariat's proposal was not appropriate since, although already celebrated, the day should be made official. The call for a World Neglected Tropical Diseases Day was aimed at aligning partners, underlining the urgent need for political and financial commitment, and raising public awareness to strengthen sustainable advocacy. He called for the adoption of the draft decision on World Neglected Tropical Diseases Day.

The representative of the UNITED STATES OF AMERICA said that engagement with non-State actors was essential to WHO's work. Their meaningful participation in the Organization's governing bodies, in parallel with greater efficiency in the governance process, should be ensured. The

participation of non-State actors, including the private sector, must be allowed in a transparent and accountable manner. The proposed approach for non-State actor involvement, including testing it ahead of the Seventy-fourth World Health Assembly, was welcome. She supported the proposal for the development of criteria to establish world health days and requested the Secretariat to continue consultations to that end during the intersessional period. She expressed support for the draft decision on World Neglected Tropical Diseases Day and the draft decision on governance relating to sunset reporting requirements.

The representative of AUSTRALIA said that she supported the draft decision on sunset reporting requirements. She welcomed the proposal to link world health days to WHO's Thirteenth General Programme of Work, 2019–2023, and to consult with Member States on criteria for the establishment of new world health days. The significance of non-State actor involvement in the work of the Organization had been highlighted by the response to the pandemic. While she supported the principle of an informal meeting with non-State actors, the proposed format for trialling it was ambitious, given the crowded intersessional agenda in 2021. She suggested that the number of meetings proposed should be reviewed and that non-State actors should have an opportunity to provide reflections on technical areas well in advance of governing body meetings; the Secretariat should revise technical guidance and governing body papers in response to contributions from non-State actors; Member States and non-State actors should be informed of whether input from non-State actors had been applied; and side events for the proposed informal meeting should be limited so close to the Health Assembly. She appreciated efforts to consider all time zones when scheduling virtual meetings, as the timing of governing body meetings was often a challenge in the Western Pacific Region.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that she supported efforts to clarify the process for the establishment of world health days and the associated costs and benefits. She expressed support for sunset reporting requirements and the criteria set out for areas exempt from sunset. The current pandemic had highlighted the need to work with all relevant partners to achieve ambitious health goals. She therefore supported the proposed trial informal meeting with non-State actors prior to the Seventy-fourth World Health Assembly, in order to test the most appropriate timing to enable genuine influencing of Member States' positions, taking into account the need for timely availability of documents. She supported the introduction of non-State actor constituency statements, underlining the importance of full consultation with non-State actors in establishing new mechanisms.

The representative of INDONESIA welcomed the proposal to recognize 30 January as World Neglected Tropical Diseases Day and urged all stakeholders to strengthen their capacities in that regard. The marking of such a day must ensure the achievement of its inherent goals, including by promoting technical and political efforts. Guidance or a specific mechanism should be introduced for proposals for new world health days. In the future, world health days could be linked to the general programme of work to enable the Organization to, inter alia, determine action for advocacy and communication. She wished to be added to the list of sponsors of the draft decision on World Neglected Tropical Diseases Day.

The representative of CHINA said that she supported the draft decision on governance, which would allow more time to be dedicated to substantive discussions on strategic priorities. She welcomed the proposal to hold informal consultations on the establishment of new world health days. Certain details regarding the involvement of non-State actors remained unclear, and information would therefore be appreciated on the scope of the WHO technical units with respect to the meetings with non-State actors; the manner in which the outcomes of those meetings would be communicated and linked to the Health Assembly; and the participation of Member States in those meetings.

The representative of TONGA said that the coronavirus disease pandemic had highlighted the importance of solidarity between Member States and the Secretariat. It was important to present the

country-level view; the voices of her Government and the Pacific island States should be heard with respect to WHO reform, as there were specific issues that needed to be addressed. Online meeting platforms should be used to enable delegations without representation in Geneva to attend meetings. Attention should be given to emerging issues and future projected needs to ensure that WHO reform remained relevant and funding was secured.

The representative of AUSTRIA welcomed the proposed trial of virtual informal meetings ahead of the Seventy-fourth World Health Assembly. Detailed information on the procedures for those meetings would be appreciated. To ensure meaningful interaction with non-State actors, documentation for the Health Assembly should be finalized in advance of the informal meetings; the meetings should be carefully timed to ensure that all Member States could process the input from non-State actors; and a virtual consultation should be carried out following the trial to gather the views of all involved. The results of that consultation should be included in the report to the 150th session of the Executive Board.

The representative of KENYA, speaking on behalf of the Member States of the African Region, said that, overall, she supported the proposals for sunset reporting requirements. However, the number of resolutions being compressed into the reporting cycle on maternal, newborn, child and adolescent health was a matter of concern, and the Secretariat should reconsider that aspect to ensure that area received adequate attention. World health days were powerful tools for raising awareness on priority public health issues and she therefore supported the proposal to develop a list of criteria for the establishment of new world health days and review the current ones. Expectations of support from the Secretariat should be identified. Given the need to strengthen collaboration between Member States and non-State actors, she welcomed the proposal to trial an informal meeting with non-State actors prior to the Seventy-fourth World Health Assembly, which must nonetheless not be negatively impacted by that temporary arrangement. She looked forward to receiving the report on the trial meeting.

The representative of THAILAND¹ said that, while she welcomed the proposal on sunset reporting requirements, she was nevertheless concerned about the number of issues included in the consolidated reporting procedure. She supported the proposal regarding the establishment of world health days and the draft decision on World Neglected Tropical Diseases Day. WHO's efforts to foster closer collaboration among stakeholders were appreciated, particularly the virtual informal meetings with non-State actors. Enabling the participation of all remained a challenge, given the differences in time zones. She asked how the Secretariat intended to link the outcome of those informal meetings with governing body meetings.

The representative of BRAZIL,¹ highlighting the draft decision on World Neglected Tropical Diseases Day, called for action to achieve the goals relating to neglected tropical diseases set forth in the 2030 Agenda for Sustainable Development and the road map for neglected tropical diseases 2021–2030. World health days helped to generate collective action on pressing public health issues; he urged the Secretariat to convene further consultations with Member States on that issue. While world health days should be closely linked to WHO's mandates and work, blanket criteria, such as potential costs or current levels of public engagement, should be avoided. While the involvement of non-State actors was appreciated, it was not clear how a meeting exclusively for non-State actors and the Secretariat would meet the standards, spirit and purpose of transparent dialogue with the Member States of an intergovernmental organization.

The representative of GERMANY said that the issue of non-State actor involvement had been discussed for some time, as there was general agreement among non-State actors and Member States that the current arrangements were suboptimal and limited meaningful engagement. Frequent and coordinated exchanges between the Director-General and non-State actors were commendable and enabled WHO to fulfil its leading role in global health. Holding a virtual informal forum for non-State

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

actors ahead of the World Health Assembly would ensure transparency and inclusiveness. He supported the notion of group statements, provided that the interaction remained meaningful and that Member States were informed prior to making their own statements to allow them to respond to non-State actors' input. Irrespective of the informal meetings, non-State actors should still attend the Health Assembly, in keeping with current practice.

The representative of JAPAN,¹ applauding the reports on WHO reform, said that he supported sunset reporting on certain resolutions and the proposals for world health days. While the involvement of non-State actors to promote global health was welcome, it must be approached in a transparent and responsible manner. Informal meetings between non-State actors and both WHO technical units and Member States were important. Given the large number of Member States and non-State actors, however, the Secretariat should start with small-scale plans for meetings.

The representative of the RUSSIAN FEDERATION, expressing appreciation of the contributions of non-State actors to the work of the Organization, said that he looked forward to further proposals for improvements from reputable actors. He called on Member States to engage actively in the proposed meetings with non-State actors. Substantive proposals by experts put forward by non-State actors in official relations with WHO should be taken into account in the work of the governing bodies.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, said that, while he appreciated the proposal for enhanced technical exchanges between non-State actors and WHO governing bodies, the lack of details regarding the process and rules of procedure remained a concern, given diminishing consultation with non-State actors in recent years. Public interest-driven nongovernmental organizations had a legitimate role to play in WHO's governing bodies that was distinct from that of all other entities. The proposed technical exchanges could mask the disappearance of meaningful engagement in other areas. The proposal regarding joint statements presented by constituencies was unworkable, as it was based on a misconception that all non-State actors were the same. Additionally, inviting non-State actors to form constituencies themselves only delivered WHO of its role as broker and exacerbated conflicts of interest inherent in multi-non-State actor engagement.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that there was a troublesome decrease in non-State actor engagement at WHO high-level meetings and the importance of the current proposal should therefore be underscored. She called upon all Member States to ensure more meaningful engagement and dialogue at all high-level meetings. WHO should send out invitations to non-State actors in a timely manner, taking into account that the expertise they contributed was because of, and not despite, their work.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR and also on behalf of World Cancer Research Fund International, the World Heart Federation and the World Obesity Federation, said that she welcomed proposals to address non-State actor involvement and use virtual platforms to broaden participation, given the barriers faced by certain actors. Informal discussions must complement and not replace comprehensive online consultations and must not clash with formal preparatory meetings. Holding consultations between non-State actors and WHO technical teams from the outset of document preparation would better support those teams. She asked the Secretariat to clarify the proposed modalities for informal discussions. While she would support the use of constituency statements on a voluntary basis, she requested clear information on related incentives, such as additional time. She opposed the proposal for mandatory statements, which risked excluding marginalized groups. The regional committees should consider adopting similar proposals.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, said that non-State actors should contribute their expertise earlier in WHO decision-making processes. Direct interaction between WHO offices and non-State actors would allow for more in-depth exchanges, and this procedure should also be implemented for WHO regional meetings. Informal meetings should complement comprehensive consultations with non-State actors and the formation of constituencies should remain voluntary. She would welcome the earlier dissemination of WHO documents to facilitate the preparation of official non-State actor statements. The opportunity to organize side events both before and during the Health Assembly was appreciated, and she looked forward to further information on arrangements for the virtual meetings.

A representative of GOVERNING BODIES, responding to comments on the report on governance reform, said that work on sunset reporting requirements had stemmed from requests by Member States to manage the agenda in order to promote strategic decision-making and create more opportunities for exchange on agenda items. An end date of six years had subsequently been established for reporting on resolutions and decisions. The report under discussion was a response to the further request from Member States to consider resolutions and decisions that were more than six years old and make recommendations on establishing reporting requirements and streamlining reporting. To that end, a series of meetings had been held with WHO technical teams to consider the development of issues and their reporting requirements. Based on input from Member States, the recommendation was made to return to the governing bodies before the expiration of a reporting period, in order to gather further guidance on reporting going forward. In some instances, adjustments would need to be made to reporting requirements, and strategies and action plans might need to be adapted.

The DIRECTOR (Health and Multilateral Partnerships) said that the proposed virtual informal meetings were, indeed, in addition to other engagements and were aimed at the more meaningful involvement of non-State actors. He recalled that the Director-General had established a regular dialogue with civil society, through meetings held approximately every six weeks with a great number of representatives of civil society organizations. The informal session with non-State actors would be organized in one series of 3–6 meetings, taking into account internal discussions and the Board's guidance. He noted the request to reconsider the number of meetings and their timing. Information on arrangements and reporting modalities would be provided; a verbal report was the most likely format for communicating the meetings' outcomes, as there would be insufficient time to produce a formal document prior to the Health Assembly. While the invitation would be extended to all non-State actors in official relations with WHO and all Member States, the purpose of holding some meetings without Member States was to provide a platform for communication among non-State actors and with the Secretariat, prepare constituency statements and avoid overloading Member States. It would be proposed that the Secretariat should set the agenda for the informal session, in consultation with non-State actors and Member States, as there was no existing mechanism to enable non-State actors to perform that activity alone. Noting the request for virtual consultation following the trial, he said that the feedback would be reported at the 150th session of the Executive Board.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) said that the Secretariat would organize an intersessional meeting before the Seventy-fourth World Health Assembly to discuss criteria for the establishment of world health days.

The DEPUTY DIRECTOR-GENERAL said that, regarding the issue of agenda management, the move towards an integrated way of working was evident in the Sustainable Development Goals and the Thirteenth General Programme of Work, 2019–2023. An integrated approach was also central to the WHO transformation agenda and the Organization's work overall. During the resumed Seventy-third World Health Assembly, in November 2020, the agenda had been organized around the triple billion targets, and diverse agenda items had been grouped together in omnibus reports and discussions. That approach had proved advantageous as it had saved time and allowed for more effective and efficient working methods. It had also enabled the Organization to focus on results relating to the Thirteenth

General Programme of Work, 2019–2023, and the triple billion targets, and to remain accountable by measuring progress based on the associated results framework. The integrated approach had served to address the commonalities of public health areas together. There were therefore justified grounds for adopting such methodology and moving towards omnibus discussions and resolutions, provided that agenda items were grouped together with care.

The Board noted the reports.

The CHAIR took it that the Executive Board wished to adopt the draft decisions on WHO reform: governance, contained in document EB148/33, and on World Neglected Tropical Diseases Day.

The decisions were adopted.¹

Process for the election of the Director-General of the World Health Organization: Item 19.4 of the agenda (documents EB148/38 and EB148/38 Add.1)

The CHAIR drew attention to the draft decision contained in document EB148/38. The financial and administrative implications of adopting the draft decision were set out in document EB148/38 Add.1.

The representative of SLOVAKIA² said that her Government was committed to WHO reform. The fair and systematic participation of Member States should be part of the reform process. Her Government had surveyed the practice of Member States in different regions regarding the submission of their candidatures to the WHO governing bodies. That survey had revealed significant regional differences, with only the European Region lacking a coordinated procedure for introducing candidatures within the Region. She expressed appreciation for the establishment of a subgroup on governance of the Standing Committee of the Regional Committee for Europe, aimed at exploring ways to improve the transparency, inclusiveness and predictability of nomination and election procedures.

The representative of INDONESIA, welcoming several proposed measures set out in the Note by the Legal Counsel contained in document EB148/38, said that she supported option 3 regarding the panel discussion modalities at the second candidates' forum, as it would best demonstrate candidates' potential while focusing on the issues of interest to Member States. She looked forward to receiving the cost–benefit analysis and technical evaluation of the optical scanners at the Seventy-fourth World Health Assembly. She supported the draft decision.

The representative of SINGAPORE said that it was unlikely that in-person meetings would be held in 2021, owing to the current pandemic. Contingency planning must therefore incorporate the option of virtual meetings, including for prospective candidates' attendance at regional committee sessions and the first candidates' forum. In the event that physical meetings could be held, he supported providing economy-class airline tickets and a per diem for candidates participating in those two forums. He asked the Secretariat to clarify whether it would provide other financial support directly to the candidates and, if so, in which instances.

The representative of GABON, speaking on behalf of the Member States of the African Region, said that the proposals set out in the note were laudable as they sought to increase fairness and transparency in the electoral process for the Director-General, including the proposed measures regarding the leave status of internal candidates. Coverage of travel expenses for candidates participating in the forums ensured the provision of support on an equal footing, and that issue should be addressed

¹ Decisions EB148(9) and EB148(10).

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

by the Health Assembly. The Secretariat should pursue the study on the optical scanners with a view to presenting a report at the Seventy-fourth World Health Assembly. Candidates should have the opportunity to speak before the Health Assembly.

The representative of CANADA¹ said that she welcomed efforts to improve the election process for the post of Director-General. She supported the study covering a cost–benefit analysis of optical scanners, the results of which would enable Member States to determine whether their use was in the Organization’s best interest. She welcomed the efficient use of time during the current Executive Board and the practice of referring directly to the recommendations of the Programme, Budget and Administration Committee of the Executive Board.

The representative of FRANCE¹ said that, if there was consensus as to the need for a study on the optical scanners, that was noted, even though the study on the optical scanners appeared to have attracted little interest, particularly in relation to the costs and risks involved, and it would be preferable for votes to continue to be counted by tellers. He requested detailed information on the impact of the provision of financial support for candidates participating in the forums. He asked when the Secretariat would submit proposals regarding the modalities for the interactive discussions with candidates at the second candidates’ forum.

The LEGAL COUNSEL, thanking Member States for their feedback, said that, while the overall format of the first candidates’ forum had been determined by the Health Assembly, the specific modalities would be decided by the Executive Board in May 2021. Responding to a question from the representative of France, he said that, further to the feedback provided by Member States at the current session, the Secretariat would submit a proposal on the modalities of the second candidates’ forum – for which there was no precedent and which would be more interactive – to the Board in January 2022. Responding to the issues raised by the representative of Singapore, he said that, while there was currently no firm proposal concerning virtual arrangements for the forthcoming meetings, as it would depend on the situation at the time, contingency planning would consider the implications of such arrangements for election activities. He also said that, in addition to the financial support provided to the candidates to enable them to participate in the candidates’ forums, they received additional financial support for their attendance at the interviews by both the Executive Board and the Health Assembly. The financial implications of the draft decision covered the cost of financial support for candidates to attend the two candidates’ forums and the cost of the study on optical scanners.

The representative of FRANCE¹ said that, regarding the modalities of the second candidates’ forum, he supported the designation of an external moderator and separate speaking time for candidates during the interactive discussions. He expressed support for options 1 and 3 for the panel discussion modalities, as they both included question and answer sessions. He also supported submitting questions for candidates prior to the forum, drawing the questions by lot and limiting candidates’ speaking time.

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

The VICE-CHAIR, speaking at the request of the CHAIR, said that, in accordance with the financial implications of the draft decision, the total resource requirements to implement the decision were US\$ 0.02 million. That funding was already in the Programme budget 2020–2021 and included the cost of the study on the optical scanners, for which Member States had expressed strong support. Based on the preferences expressed by two representatives for the modalities of the second candidates' forum, option 3 on a question and answer format followed by an open discussion on the subject matter of each question had received the most support.

The Board noted the report and adopted the decision.¹

The meeting rose at 12:35.

¹ Decision EB148(11).

TWELFTH MEETING

Saturday, 23 January 2021, at 14:05

Chair: Dr H. VARDHAN (India)

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

- 1. SUBSTANDARD AND FALSIFIED MEDICAL PRODUCTS:** Item 10 of the agenda (document EB148/12)

STANDARDIZATION OF MEDICAL DEVICES NOMENCLATURE: Item 11 of the agenda (document EB148/13)

The representative of AUSTRIA, speaking on behalf of the European Union and its Member States, welcomed the reports and the continuation of WHO's work on substandard and falsified medical products and the standardization of medical devices nomenclature.

The representative of the RUSSIAN FEDERATION said that he appreciated the Organization's support of the Member State mechanism on substandard and falsified medical products. It was important to ensure access to information on the mechanism by publishing it online, continue exchanging information on the subject and strengthen coordinated action by Member States to tackle the availability of substandard and falsified medical products. He welcomed the development of a procedural document to help Member States navigate the mechanism. While he supported the notion of standardization of medical devices nomenclature, he expressed doubt as to the appropriateness of harmonization with the European Medical Devices Nomenclature, since work on that nomenclature had not been finalized. Rather, the Global Medical Device Nomenclature should be employed, as it was widely available and utilized at the international level.

The representative of AUSTRALIA said that she did not support the establishment of another medical device nomenclature. The Global Medical Device Nomenclature met WHO's list of requirements for governance, classification and access to information, was available in 20 languages and was widely used. A lack of harmonization of the proposed international classification, coding and nomenclature with the Global Medical Device Nomenclature would create further inconsistency in the identification of medical devices. The limited transparency of the comparative analysis and insufficient engagement with regulators and the medical device industry had restricted WHO's understanding of the impact of a new nomenclature. Noting the proposal regarding the European Medical Devices Nomenclature that was under development, she expressed concern that global nomenclature standardization would be challenging for those required to adopt the new nomenclature, as various jurisdictions would continue to use established systems. She encouraged the Secretariat to consider the risks of increased complexity, confusion and patient costs and to continue discussing the way forward with Member States.

The representative of INDIA expressed support for the work of the Member State mechanism on substandard and falsified medical products. He opposed any improper use of the mechanism to impede the availability of authorized, quality and affordable generic drugs based on erroneous interpretations or definitions of substandard and falsified medical products. He did not support the use of the term

“counterfeit” in relation to medicines, since it was associated with intellectual property rights and could be used to prevent the export of quality and affordable generic medical products to countries in need. The mechanism should ensure the availability of quality generic medical products and guard against vested interests that might block their manufacture, marketing and export.

The representative of KENYA, speaking on behalf of the Member States of the African Region, acknowledged the progress made by the Member State mechanism. Efforts were being made to curtail the circulation of substandard and falsified medical products in her Region, and regulatory capacity would improve with the entry into force of the African Continental Free Trade Area. Adequate financing and support were needed for the implementation of activities under the Member State mechanism. She supported the establishment of a dedicated working group for initiatives to raise the profile of the mechanism. Recognizing the urgent need for an international classification, coding and nomenclature for medical devices and noting the preference in the report for the National Classification of Devices adopted by the European Commission, she recommended that, prior to starting work, WHO should convene a forum for national regulatory authorities responsible for medical devices in order to present the assessment of the available systems and consult on the preferred system. Member States should be actively involved in finalizing the standardization of medical devices nomenclature.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the report on substandard and falsified medical products. Regarding the standardization of medical devices nomenclature, she said that, in the light of the rapidly-changing market and the diverse and complex needs of all stakeholders, Member States had requested the Secretariat to work closely with the International Medical Devices Regulators Forum on the technical requirements for medical device nomenclature and how to fulfil them, and she would welcome confirmation of that ongoing work. She asked the Secretariat to provide further information on the reasons behind the finding of inconsistency between certain nomenclature systems and principles set out by WHO. Greater transparency in that respect would enable Member States to compare the shortcomings and consider possible solutions. An opportunity for further engagement on the matter would be welcome.

The representative of ISRAEL said that he supported the work of the Member State mechanism and encouraged Member States to participate in its activities. He welcomed the Secretariat’s work on the pharmacy school curriculum on substandard and falsified medical products, and stood ready to share his country’s experience in that area. More information would be appreciated on the work of the working group on the distribution or supply of substandard and falsified medical products via the internet, particularly on how Member States could contribute to its work. He would welcome a procedural document to assist Member States in understanding the intergovernmental process.

The representative of the UNITED STATES OF AMERICA said that the Member State mechanism should prioritize activities to address substandard and falsified medical products distributed through informal markets, and WHO should strengthen coordination with other bodies to address the supply chain for medical products. Given the delays caused by the coronavirus disease (COVID-19) pandemic, the Secretariat should use virtual means to drive progress on the pilot programme for risk-based post-market surveillance in the United Republic of Tanzania. He encouraged all Member States to engage with the Secretariat to support and use the mechanism.

With regard to the standardization of medical devices nomenclature, he expressed his continued concern about WHO’s efforts to host and make available an existing nomenclature system, and the possible adoption of the European Medical Devices Nomenclature. It was regrettable that the Secretariat had not held a briefing on that matter in late 2020. The decision-making process for the proposal to adopt the European Medical Devices Nomenclature had lacked the full involvement of appropriate stakeholders, including medical device manufacturers, and could lead to greater complexities, cost and confusion in the medical technology and health care sectors. He was also concerned that the European Medical Devices Nomenclature was not harmonized with the Global Medical Device Nomenclature, which was already utilized, free of charge, by many national medical device regulators. Further

information would be appreciated on the Secretariat's conclusion that the Global Medical Device Nomenclature did not meet WHO's principles for an international classification system, as well as on the specific principle stating that information should be freely available and considered a global public good. It was critical to ensure that the chosen system was harmonized and interoperable with the Global Medical Device Nomenclature and other relevant systems to prevent further inconsistencies in the identification of medical devices and obstacles to patient access. He urged WHO to continue cooperating with the International Medical Device Regulators Forum to develop a harmonized approach.

The representative of COLOMBIA commended the Organization for the progress made and support offered to Member States relating to the standardization of medical devices nomenclature. Advances were being made in her country in that regard, for which WHO's support was essential. A report should be prepared compiling experiences relating to medical devices nomenclature, which would give countries quick and free access to information on best practices, with a view to standardization.

The representative of the REPUBLIC OF KOREA said that increased demand and supply chain disruption caused by the COVID-19 pandemic had led to a sudden increase in substandard and falsified medical products, particularly in the context of e-commerce. Measures were taken in her country to combat the problem, but the threat to health was global. The standardization of medical devices nomenclature would afford various benefits to countries whose current systems had not proven successful. The Secretariat should keep Member States abreast of its progress in that area, including progress on a transition period, and share detailed information on its plans for managing and supporting the international nomenclature for medical devices.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that adequate control was needed over the supply chain, particularly given the increased proliferation of substandard and falsified medical products generated by the COVID-19 pandemic. Stringent measures must be established to mitigate the risk of falsified COVID-19 vaccines, alongside communication campaigns to maintain public trust and encourage vaccination through regulated channels. The Member State mechanism should consider the supply and use of generic medical products with potential to support the prevention and control of substandard and falsified medical products. She requested WHO's continued support to facilitate an exchange of experiences regarding substandard and falsified medical products; provide technical support to identify gaps in national legislation and regulatory structures; build capacity for prevention, detection and response; and strengthen coordination between the mechanism and Member States.

The representative of INDONESIA, expressing support for the activities of the Member State mechanism, said that, given the importance of a quality reporting method, a mobile application to detect the use of substandard and falsified medical products among health workers had been piloted in her country, the results of which would be published by WHO. She called on Member States to participate fully in global efforts to combat substandard and falsified medical products and ensure better-quality health care. While global standardization of medical devices nomenclature systems was important, the diversity of systems already in place posed an obstacle to that endeavour. Global standardization should be based on scientific findings and international standards, taking into account the diverse regulatory systems and manufacturing conditions in all Member States to enable global application.

The representative of GERMANY highlighted that the establishment of a global system of medical devices nomenclature was a normative core function of WHO that could not be outsourced to a private body outside of WHO's control. Any such system should be: designed and governed by regulators for regulators, rather than by private bodies dominated by industry for industry; stable, unlike the existing private system, and changes should be fully transparent and traceable; available for use by all public health systems in WHO Member States; and available to all Member States, not only rich countries. Small innovative companies in smaller or poorer countries could not afford the registration fee charged by the private system to register devices. Such a system should be transparent and overseen by Member States rather than by a private body, and should be multilingual. He therefore strongly

supported WHO's current handling of the matter and its continuing work, without hindrance from other areas.

The representative of BRAZIL¹ encouraged all Member States and the Secretariat to continue supporting the Member State mechanism. The causes of the manufacturing and distribution of substandard and falsified medical products needed to be addressed, especially high prices and shortages, and particularly in health emergency settings. While a standardized medical devices nomenclature was important, the Secretariat's efforts in that area overlapped with established nomenclature systems. Over 100 countries, including his own, had licensed the Global Medical Device Nomenclature, which had offered free access to users since 2019. In that light, there was no need for WHO to develop or endorse any alternative system for the standardization of medical devices nomenclature.

The representative of THAILAND¹ supported the WHO Global Surveillance and Monitoring System for substandard and falsified medical products. It was important to ensure appropriate investment throughout pharmaceutical supply chains, formulate policy recommendations based on situation analysis, and continue reporting to the Global Surveillance and Monitoring System. Given the potential impact of substandard and falsified medical products on action to tackle the COVID-19 pandemic, the recommendation to expand the Global Focal Point Network was welcome. Recognizing the importance of an international nomenclature of medical devices, he supported WHO's leading role in the establishment of such a system.

The representative of CANADA¹ said that, while she supported WHO's overarching objective of standardization of a global nomenclature for medical devices, the establishment of the proposed international classification, coding and nomenclature as an additional system could create complexities, costs and confusion in the medical device and health care sectors. Limited transparency and the limited involvement of regulators, medical device manufacturers and industry stakeholders in the comparative analysis were causes of concern, as was the impact of a new nomenclature on technical barriers to trade. It was not clear whether those concerns, which had been raised at previous meetings of the International Medical Devices Regulators Forum, had been taken into account. Further clarification would be appreciated on the comparative analysis performed, the shortcomings of other systems that had led to the current proposal and how compatibility challenges would be addressed. The Secretariat should continue discussions with Member States on the issue and engage with the International Medical Devices Regulators Forum to minimize the impact of a duplicate nomenclature system.

The representative of ZAMBIA¹ said that the problem of substandard and falsified medical products was more pervasive in places where access to affordable, quality, safe and effective medical products was restricted, and the technical capacity to ensure good practices in manufacturing, quality control and distribution was limited. No single country had sufficient resources to effectively regulate the whole supply chain system, and he therefore fully supported WHO's global mechanism on substandard and falsified medical products. He urged the Secretariat to work with relevant stakeholders at the national and regional levels to strengthen regulation of their respective markets.

The representative of TURKEY¹ said that global cooperation was crucial to ensure timely information-sharing on substandard and falsified medical products and it was therefore important to expand and maintain the Global Focal Point Network among national regulatory authorities. The development of an online "good practices" bookshelf would help to address the online supply of substandard and falsified medical products. Additionally, the growing global circulation of medical devices due to the COVID-19 pandemic had underlined the need for a Member State mechanism for medical devices. She urged WHO to initiate a process to establish such a mechanism.

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

The representative of AUSTRIA, speaking on behalf of the European Union and its Member States, said that he supported the suggestion by the representative of Kenya, on behalf of the Member States of the African Region, that a Member State briefing should be held on standardization of medical devices nomenclature. He reiterated his support of WHO's work on that matter and encouraged the Secretariat to make the proposed medical device nomenclature available as soon as possible.

The representative of the INTERNATIONAL FEDERATION FOR MEDICAL AND BIOLOGICAL ENGINEERING, speaking at the invitation of the CHAIR, said that he supported the Organization's proposal to host the European Medical Devices Nomenclature, once it had been finalized by the European Union. Members of his organization needed an accessible nomenclature for the sound management and maintenance of medical devices. His organization and its experts stood ready to join WHO in its efforts towards the standardization of medical devices nomenclature.

The DEPUTY DIRECTOR-GENERAL, thanking Member States for their valuable guidance, said that the proliferation of substandard or falsified medical products was an urgent global health challenge since it harmed patients, damaged trust in health systems, wasted precious resources and led to antimicrobial resistance. She applauded the work accomplished through the Member State mechanism, to which she reaffirmed WHO's strong commitment. The Organization was also committed to working with Member States to ensure the availability of a harmonized international nomenclature of medical devices. The guidance of Member States on both issues would be fully utilized to move forward. Guidance on the nomenclature was particularly important, and she welcomed the proposal to hold a briefing for Member States.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines and Health Products) said that support for the Member State mechanism was heartening. The WHO Global Surveillance and Monitoring System had identified approximately 50 substandard or falsified products related to COVID-19, including vaccines and in vitro diagnostics. While the operations identified were small, they served to alert procurement agencies to the need to be wary of such products advertised on the internet. Increased movement had also been detected on the darknet, which was an issue for WHO to explore with the help of the mechanism. She welcomed the encouragement for the Organization to engage with regional bodies, as well as the call for greater engagement in the mechanism. She thanked all participants in the mechanism for their work over the previous year.

She welcomed the collaborative spirit at the core of the debate on the standardization of medical devices nomenclature. Since there were thousands of different types of medical device, ranging from stethoscopes to X-ray machines, it was important to establish quality control. National regulatory authorities and procurement agencies at the country level needed to be able to follow clear policies based on international agreement. The Organization's proposal had prompted an international discussion because, despite a gradual increase, over half of the Member States still did not have a nomenclature for medical devices and, to date, the market consisted mainly of proprietary nomenclatures that few countries could actually afford. The Global Medical Device Nomenclature had fees attached in some cases, posed copyright issues and did not comply with certain principles of governance and transparency, rendering its global use complicated. In that light, discussion of how WHO might take a stronger leading role in the matter was welcome. She would take forward the suggestion that the Secretariat should hold a briefing on the topic, which would also present an opportunity to provide further information on the shortcomings of the different systems, as requested by some Member States. The advantages of the system being proposed should also be highlighted. WHO had met with the International Medical Devices Regulators Forum and other regulatory bodies to discuss the matter on several occasions. She recalled that similar positions had been taken during the discussions prior to the establishment of an essential medicines list, which ultimately served as a public health good. There were no quick fixes for such a complex issue.

The Board noted the reports.

2. IMMUNIZATION AGENDA 2030: Item 12 of the agenda (document EB148/14)

The representative of AUSTRIA, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Armenia aligned themselves with his statement. The Immunization Agenda 2030 would guide work on immunization over the next decade and should be focused on and led by countries, with appropriate support from global health actors. Immunization against COVID-19 was central to ending the pandemic and adjustments to the Agenda should be considered in that light. He encouraged the Secretariat to propose mechanisms to ensure equitable access to vaccines against pandemic pathogens, potentially building on the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits. Despite unprecedented scientific innovation related to the COVID-19 vaccine, misinformation about vaccines was spreading. He therefore encouraged WHO to continue countering such information and provide evidence-based, reliable information to Member States and the public. It was vital to expand immunization against COVID-19 by ensuring equitable access to high-quality, safe, effective vaccines for all. He called on Member States to support WHO and the COVID-19 Vaccine Global Access (COVAX) Facility to ensure equal access and leave no one behind. Transparent follow-up should be provided for all vaccination campaigns, in order to address any gaps.

The representative of CHINA said that rates of mortality due to vaccine-preventable diseases were falling thanks to global vaccination programmes, which should be offered to all. The use of technology had accelerated work on vaccination against preventable diseases in her country, and most preventable diseases had therefore been eliminated. WHO should continue to offer technical support to countries with low rates of vaccination.

The representative of BANGLADESH said that it was important to consider how immunization programmes for other diseases would be maintained during the COVID-19 pandemic. Given that low-income countries faced challenges in expanding immunization nationally, adequate resources should be mobilized in addition to domestic funding, including for Immunization Agenda 2030 strategic priority objective 1.4 on supply chains and vaccine management in primary health care. Further details in that regard would be appreciated. The strategic priority objectives and proposed global indicators did not focus on equitable affordability and availability of vaccines; appropriate mechanisms for reducing prices and promoting registration by vaccine manufacturers would help to ensure access to medicines for low- and middle-income countries. The Agenda's objectives and indicators should also address potential global shortages of vaccines and an expansion of productive capacities alongside supply chain constraints.

The representative of the REPUBLIC OF KOREA, expressing support for the Immunization Agenda 2030, said that the current discussion was timely, particularly given the challenges many countries faced in implementing immunization programmes, which had been exacerbated due to the impact of the COVID-19 pandemic. She supported efforts to finalize a framework for monitoring and evaluation, which should lead to the strengthening of health systems and the implementation of universal health coverage.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, said that it was vital that stakeholders at all levels worked together to ensure access to vaccines to save lives and leave no one behind, particularly during the COVID-19 pandemic. As research and development posed a challenge to the production and distribution of vaccines globally, it was essential that States should share knowledge and skills, irrespective of their level of development. He called for research and development relating to neglected tropical diseases and noncommunicable diseases to be strengthened with a view to introducing vaccines to combat such diseases. Lessons learned from the implementation of the global vaccine action plan should be incorporated into the Immunization Agenda

2030. National ownership and prioritization of the Agenda in policy would contribute to achieving its objectives. He appealed to all stakeholders to facilitate implementation of the strategic objectives, and on technical and financial partners to make resources available to that end.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that she strongly supported implementation of the Immunization Agenda 2030. Establishing effective disease surveillance would be critical to identifying those who did not have access to life-saving immunization and ensuring equity. Her Government had pledged £1.65 billion to Gavi, the Vaccine Alliance, over the following five years to support its mission to save lives; the work of Gavi would also bolster the resilience of health care systems to tackle COVID-19 in the poorest countries. In the pandemic and post-pandemic period, strong primary health care systems must be established as the critical foundation to forecast, plan, monitor and deliver vaccines, alongside building public trust in vaccine services. Measures taken in her country included introducing a strategy on immunization programmes and tackling misinformation about vaccines by working with social media companies. She applauded WHO for leading a strong, collaborative process with all stakeholders and encouraged all Member States to continue working together to ensure vaccines for all.

The representative of AUSTRALIA said that it was vital that the proposed monitoring and evaluation framework and indicators for the Immunization Agenda 2030 were consistent across global, regional and country strategies to effectively measure progress and promote accountability. She requested further details of how the proposed partnership council would operate and its financial implications; the Access to COVID-19 Tools (ACT) Accelerator Facilitation Council provided a good model in that regard. More information would be appreciated on how WHO would support robust cold chain storage and supply mechanisms for effective delivery of vaccine doses globally, including COVID-19 vaccines. She welcomed recognition of the need for targeted vaccination communication strategies to combat vaccine hesitancy and misinformation, which was increasingly important due to the roll-out of COVID-19 vaccines. She would appreciate further information on the plan to reflect disease-specific initiatives under the Agenda.

The representative of INDIA said that it was essential to accelerate progress and ensure a smooth transition from the global vaccine action plan. Describing the measures taken on immunization in his country over the previous decade, he highlighted the development of strategies and guidelines to address gaps that had emerged in routine immunization, including during the COVID-19 pandemic, and the use of domestic funding for immunization programmes.

The representative of the RUSSIAN FEDERATION expressed support for the development of the ownership and accountability mechanism and monitoring and evaluation framework for the Immunization Agenda 2030, and for the results-oriented impact goals and proposed indicators and targets. The value of the proposed indicators and their calculation methods and deadlines at the global and regional levels should be finalized, and targets should be attached to every goal. The technical strategies developed, including the Measles and rubella strategic framework 2021–2030 and the global strategy on comprehensive vaccine-preventable disease surveillance, would inform policy-making at the national level. Her Government had adopted a national strategy on immunization for the period up to 2035, and Russian scientists had developed a number of innovative medical products to tackle COVID-19, including three vaccines. Cooperation with other countries was boosting access to those vaccines, primarily by localizing their manufacture.

The representative of ARGENTINA said that the contributions of the private sector and civil society to the strategic frameworks under the Immunization Agenda 2030 were fundamental. The need to work with all stakeholders to address gaps in health systems had been highlighted by the COVID-19 pandemic. Access to high-quality COVID-19 vaccines should be secured as quickly as possible – particularly for target populations – under target 4.3 on new vaccines to protect more people. Coverage rates under the general immunization programme in her country had been affected by the

pandemic. Immunization programmes should be strengthened based on the principles of fairness and equity, particularly given the likely social and economic consequences of the pandemic. Compliance with the targets under the Agenda should be continuously evaluated to remedy the shortcomings and mitigate the damage of the pandemic for populations.

The representative of GERMANY, thanking the Secretariat for the report, noted that the COVID-19 pandemic had underlined the importance of extensive immunization to prepare for pandemic threats. However, protection against other infectious diseases must not be overshadowed by the current pandemic. Strengthening immunization against various diseases should remain a priority for the global community, as universal health coverage could only be attained through worldwide immunization. He therefore reiterated his commitment to the Immunization Agenda 2030.

The representative of the UNITED STATES OF AMERICA said that the Secretariat and Member States must continue efforts to promote trust in vaccines in general, as well as confidence in vaccines against COVID-19 as critical countermeasures to overcome the pandemic. His Government supported multilateralism in the international response to COVID-19, including by supporting access to the ACT-Accelerator and joining the COVAX Facility, and would take an active role in driving the response and supporting global vaccine distribution, and research and development in that area. National essential vaccine services should be maintained, especially during the pandemic, to prevent overwhelming health systems. Immunization programmes should be linked to outbreak preparedness and response capacities to decrease the risk of outbreaks of vaccine-preventable diseases, in addition to supporting the research and development of vaccines against persistent public health threats and emerging infectious diseases. It was regrettable that various factors had prevented the finalization in 2020 of the draft resolution on strengthening global immunization efforts to leave no one behind; he expressed interest in working with Members State and the Secretariat to consider some of the issues tackled in that resolution as part of discussions on implementation of the Immunization Agenda 2030, ahead of the Seventy-fourth World Health Assembly.

The representative of COLOMBIA, describing the immunization programme in her country, said that the objectives of the Immunization Agenda 2030 had been incorporated into national plans for the control and eradication of vaccine-preventable diseases. The proposed measures relating to technical cooperation, monitoring of immunization initiatives, epidemiological surveillance, research and vaccine-preventable disease control were particularly relevant for her country. The Organization should continue to promote quick, safe and equitable access to COVID-19 vaccines and provide for emergency licences that would boost timely access to them.

The representative of BOTSWANA, outlining historic markers in the development of the immunization programme in her country, said that a robust immunization programme was in place. Pharmacovigilance systems had been established, for which increased support was needed, and challenges persisted in sustaining equitable immunization coverage. Cooperation with development partners, civil society organizations and the private sector would enable the country to achieve the objectives of the Immunization Agenda 2030, the implementation of which would also require support from the Secretariat.

The representative of the PHILIPPINES¹ said that she supported the global vision of accelerating progress towards immunization targets. Measures had been adopted in her country to achieve the goal of reducing mortality and morbidity from vaccine-preventable diseases, including policies on immunization against COVID-19 and for immunization during the pandemic. Support at the regional level for efforts to ensure that no one was left behind in immunization programmes was appreciated. She requested stronger support from the Secretariat for the implementation of mechanisms for

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

cross-border collaboration and resource mobilization to reach marginalized populations, including refugees and undocumented populations, and achieve the impact goals of the Immunization Agenda 2030. She would welcome further support from the Secretariat in strengthening alliances and forging multisectoral partnerships for the effective integration of immunization programmes.

The representative of JAPAN¹ welcomed the Secretariat's technical guidance for the implementation of the Immunization Agenda 2030 and the focus on immunization as a central function of wider primary health care and universal health coverage. His Government wished to offer support, in collaboration with WHO, to the Pacific island States of the Western Pacific Region that were facing challenges in vaccine supply; and would contribute more than US\$ 130 million to the Gavi COVAX Advance Market Commitment to ensure equitable vaccine access, distribution and administration in those areas. He looked forward to further action by WHO and its partners to maintain and improve immunization programmes.

The representative of the DOMINICAN REPUBLIC,¹ expressing support for the report, outlined various measures in place in her country to combat vaccine-preventable diseases, including COVID-19, such as capacity-building relating to the COVAX Facility. She welcomed the continued membership of WHO of the United States of America, its interest in participating in the COVAX Facility and the ACT-Accelerator, and its wish to work with WHO under the principles of multilateralism and solidarity, which were all valuable efforts in addressing the pandemic.

The representative of BRAZIL¹ welcomed progress made on the operational elements of the Immunization Agenda 2030, which would contribute to vaccination coverage and foster equitable access to vaccines. Member States should identify efficient ways of promoting broader pools of vaccine developers and manufacturers, which would lead to more resilient supply chains and immunization programmes. To achieve the goals of the Agenda, governments should establish strategic actions for transition from the global vaccine action plan, with a view to implementing information systems and organizing supply chain networks, in accordance with country-specific needs. Close dialogue and consultations would ensure that national contexts and priorities were taken into account in the implementation of the ownership and accountability mechanism, and the monitoring and evaluation framework.

The representative of SPAIN¹ said that she supported the Immunization Agenda 2030. Outlining measures taken at the national level to immunize the population against COVID-19, she said that her Government participated in international initiatives, such as the COVAX Facility, to support the availability of vaccines globally. It had adopted a national solidarity plan aimed at ensuring that vulnerable groups, such as refugees, had access to immunization, for which support from all partners was needed. Equitable access, solidarity, strengthening of health care systems and multilateral cooperation were essential principles in overcoming COVID-19.

The representative of NORWAY¹ welcomed the proposed frameworks and the tailoring of various measures to country contexts. It was important to use existing structures, such as the WHO regional committees, and to coordinate contributions from development partners, including the private sector and civil society organizations, among the partners themselves and with such structures. As many countries lacked adequate surveillance systems, she urged the implementation of systems that would enable the use of new technology. Although operationalization of the Immunization Agenda 2030 would be challenging, the systems established during the pandemic should serve as examples to be used in other immunization programmes.

The representative of MALAYSIA¹ said that the development of technical guidance under the Immunization Agenda 2030 was timely and relevant and would strengthen vaccine-preventable disease

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

control activities. She welcomed the approach set out in the report that was tailored to country contexts to ensure ownership and accountability at the national level. Collaboration and partnerships were important for the successful implementation of the Agenda. In addition to effective communication and advocacy, technical support from WHO and other partners, including civil society organizations, would enable the timely and effective implementation of the Agenda.

The representative of THAILAND¹ said that populations affected by conflict, disaster and epidemics should be included in the global targets, and priority should be given to high-risk and neglected populations in immunization programmes. She urged Member States to include vaccination programmes in family health care, and to strengthen monitoring to ensure vaccination coverage and identify neglected populations. WHO could contribute to building public trust by addressing misinformation on vaccination programmes, which remained a serious problem in many countries.

The representative of PAKISTAN,¹ describing the impact of COVID-19 on immunization programmes in his country, said that most of the children who had initially missed their essential immunizations had been reached through enhanced interventions. With a view to achieving the goals of the Immunization Agenda 2030, the electronic immunization registry would be expanded across the country to track “zero-dose” children. All stakeholders and international partners should work together towards the successful implementation of the Agenda and to ensure that no child was left behind.

The observer of PALESTINE said that immunization was critical to efficient primary health systems. Vaccines against COVID-19 were inaccessible or unavailable in several low-income and developing countries, especially areas of conflict. It was important to support the COVAX Facility and the ACT-Accelerator to ensure the equitable and transparent distribution of vaccines against COVID-19. Multilateral partnerships and activities were essential to tackling the COVID-19 pandemic.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, called on all stakeholders to ensure implementation of the Immunization Agenda 2030 to accelerate progress towards universal health coverage. She emphasized the role that young people played in the holistic and interprofessional approach needed to implement the Agenda and called on Member States to involve young people in areas such as research and advocacy. Promoting early availability and affordability of vaccines for all countries was necessary to work towards equitable distribution of vaccines and deliver on the promise to leave no one behind.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, said that his organization would work in partnership with the United States Centers for Disease Control and Prevention to implement the Immunization Agenda 2030 and strengthen the capacity and performance of immunization programmes at all levels. The new Global Immunization Strategic Framework of the Centers for Disease Control and Prevention would contribute to the achievement of the goals and objectives of the Agenda, using an approach informed by data and based on partnership and focused investment. His organization would work to support the Agenda's implementation, with an emphasis on the role of strong immunization systems in advancing global health security.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, said that her organization had issued a vaccine hesitancy toolkit to help members advocate immunization at the local level. She urged the Secretariat and Member States to integrate pharmacists into national immunization plans and provide training and legal authorization to administer vaccines. Involving pharmacists in vaccination campaigns increased

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

coverage while guaranteeing patient safety. She called on Member States to work with young people to develop plans to tackle vaccine hesitancy.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, said that immunization was a critical component of global efforts to combat cancers attributable to infection. The disruption of immunization services in schools caused by the COVID-19 pandemic had negatively affected the global goal to eliminate cervical cancer. National ownership of immunization strategies was essential to optimize technical support from civil society organizations at all levels. To accelerate action on immunization, she called on Member States to develop national targets and baselines for core vaccinations, including hepatitis B and human papillomavirus vaccines; report regularly on progress, challenges and lessons learned – including through WHO regional committees and technical advisory groups; develop strategies to bring all immunization programmes up to date with the support of partners; and build public confidence in immunization.

The DEPUTY DIRECTOR-GENERAL said that immunization had never before been so important to human well-being and the economy. WHO's immediate task was the equitable roll-out of vaccines against COVID-19. The broader Immunization Agenda 2030 was crucial, however, and its adoption by the Seventy-third World Health Assembly represented a milestone, as it set out a vision of a world where everyone, everywhere, at every age, fully benefited from vaccines to improve health and well-being. The Agenda positioned immunization as a key component of primary health care on the road towards universal health coverage and the Sustainable Development Goals. The need to coordinate an integrated immunization agenda with primary health care was crucial as the Operational framework for primary health care was also being rolled out. As underlined by many Member States, the Agenda was a global strategy that responded to each country's needs following an extensive global consultation and was owned by all stakeholders. At the start of the new decade, the Organization was moving towards the implementation of the Immunization Agenda 2030 at a time when the introduction of vaccines against COVID-19 was bringing hope to the world, but when many national immunization programmes were facing challenges in sustaining routine immunizations and other essential health services against the backdrop of the pandemic. She appreciated guidance from Member States on the main elements to operationalize the Agenda: the accountability mechanism; the partnership council; and advocacy and communication and research and development.

The DIRECTOR (Immunization, Vaccines and Biologicals), responding to participants' comments, said that she appreciated Member States' interest in the proposed partnership council. Work was being carried out regarding its financing and operation, and lessons were being incorporated from the COVAX Facility and the ACT-Accelerator Facilitation Council. Partners would make contributions to the partnership council to limit the amount of financing required for its operation. More specific information on the monitoring and evaluation targets at the global, regional and country levels would be provided prior to the Seventy-fourth World Health Assembly. The monitoring and evaluation framework had been developed in cooperation with the monitoring and evaluation framework for Gavi's new five-year strategy to ensure the alignment of all targets and outcomes, particularly for countries that were also supported by that Gavi strategy. The tailored approach enabled countries to define some of their own targets with a view to contributing to the global targets.

One of the strategic priorities of the Immunization Agenda 2030 was focused on vaccine supply and sustainability. Transparency concerning countries' procurement of vaccines and real production capacity would become increasingly important as advances were made in WHO's technical and advocacy work; WHO's reports on monitoring and access to immunization would help provide transparency. In the run-up to the Seventy-fourth World Health Assembly, more detailed information would be provided on equitable access to vaccines against the pandemic pathogens and on the impact of the COVID-19 pandemic on essential health services. Although further language on financing would be incorporated into the report, technical annexes had been established for each of the strategic priorities

that provided more detail on some of the technical financial issues. The report was a living document, which would be continuously adapted.

The DIRECTOR-GENERAL said that at no other time in history had the importance of vaccines for a thriving global economy and the well-being of the world's people been so apparent. An urgent priority for 2021 was the roll-out of COVID-19 vaccines to curb the pandemic. It would be remiss to exclude the critical and innovative work relating to COVID-19 vaccines from the broader agenda of routine immunizations, effective health systems and platforms to protect populations from vaccine-preventable diseases. It was important to take the opportunity to put the ambitious vision and strategy of the Immunization Agenda 2030 to work around the globe. He counted on Member States to deliver equal access to COVID-19 vaccines as a matter of priority; disseminate the information required to ensure immunization coverage beyond COVID-19; and strengthen health systems and empower communities and their health workers to enhance the reach and efficacy of their services. Such work should be done together, through WHO partnerships at the national, regional and global levels, by pooling collective resources and commitments to achieve a world where everyone, everywhere, at every age, fully benefited from vaccines for good health and well-being.

The Board noted the report.

3. INTEGRATED PEOPLE-CENTRED EYE CARE, INCLUDING PREVENTABLE VISION IMPAIRMENT AND BLINDNESS: Item 13 of the agenda (document EB148/15)

The representative of CHINA welcomed the focus in the report on equity in the feasible global targets for 2030 on integrated people-centred eye care, focusing on effective coverage of refractive error and effective coverage of cataract surgery. Feasibility and equity should be fully taken into account when developing a monitoring framework in that regard to promote achievement of the targets.

The representative of CHILE said that the Organization's global action plan 2014–2019 on universal eye health had been fundamental to progress at the country level. Outlining achievements in eye health care in his country, he noted, however, that the impact of the pandemic on eye care had been significant and had lengthened the waiting lists for eye treatment. In that context, the proposed targets were ambitious, given delays in treatment and the need to conduct national surveys on periodic eye tests. To achieve those targets, technical, financial and political support would be necessary, in addition to the ongoing support of PAHO.

The representative of BANGLADESH welcomed the well defined recommendations on feasible global targets relating to eye care, and the broad consultation on which they were based. The Secretariat should consider developing a monitoring framework and data collection system for action taken towards achieving the targets. He also requested the Secretariat to ensure technical support for attainment of the targets at the national level.

The representative of GUINEA-BISSAU, speaking on behalf of the Member States of the African Region, outlined the rates of vision impairment among the population in his Region, the common causes of which included cataracts and glaucoma. Progress had been made in addressing eye health needs, such as strengthening of health workers' capacities. Challenges remained, however, including insufficient national and multisectoral coordination and a shortage of qualified human resources. In addition, the COVID-19 pandemic had provoked disruption of eye care in almost all countries. He welcomed the recommendations on feasible global targets and called on WHO to, inter alia, provide support to countries to accelerate progress in eye care; reaffirm the importance of addressing eye issues by integrating eye care into universal health coverage; and strengthen capacities for planning and operationalizing eye care services.

The representative of AUSTRIA, highlighting the extremely high number of people living with vision impairment and other eye health conditions, said that low and uneven eye health care coverage still needed to be addressed. She commended WHO for continuing to focus on eye care during the COVID-19 pandemic. She welcomed the consultative process around recommendations on feasible global targets for 2030 and noted the proposed targets and their differentiation of Member States by baseline. With a view to enabling implementation of the recommendations in WHO's *World report on vision* and resolution WHA73.4 (2020) on integrated people-centred eye care, including preventable vision impairment and blindness, she encouraged the Secretariat to develop more detailed strategic guidance on the range of instruments available and their implementation in Member States. She urged the Secretariat to continue taking steps to fulfil the requests set out in resolution WHA73.4.

The representative of BOTSWANA outlined the findings of studies into preventable vision impairment and blindness conducted in her country. Regional and global partnerships were pivotal to advancing the implementation of eye health plans at the national level, and WHO support was crucial to coordinating partnerships in the health sector. She requested WHO to support capacity-building, particularly in low- and middle-income countries where there were few specialists in eye care. Additional platforms were needed to increase knowledge, skills and information to achieve the targets of integrated eye care by 2030. She requested the Secretariat to include indicators for glaucoma and diabetic retinopathy in the monitoring and evaluation framework. Further research should be conducted into the increasing rates of glaucoma and cataracts among young people.

The representative of AUSTRALIA said that the development of the global targets represented important progress in addressing the vast inequities in the prevalence of vision impairment and blindness. There was a genuine need for realistic but ambitious targets and the evidence-based strategy used to develop them was appreciated. She supported the proposal to use proxy indicators based on national health survey data and existing research literature, given that refractive error and cataract prevalence were not routinely measured. Further technical guidance from the Secretariat regarding practical and financially viable data collection would be required to redress information gaps.

The representative of INDONESIA expressed his support for the recommended feasible global targets for effective coverage of refractive error and cataract surgery. Vision impairment should be addressed as an integrated part of national health systems, and efforts should be made to ensure that everyone with vision impairment could access the required health services. Determining global targets and practical indicators was vital to measuring successful implementation of vision impairment management programmes at the country level.

The representative of the UNITED ARAB EMIRATES commended the efforts of the Secretariat to ensure that country perspectives were taken into account in the development of the targets. The consultative process regarding future technical guidance, developed in line with resolution WHA73.4, should be pursued. Member States should develop national targets and indicators based on the global targets to ensure structured contributions and monitor progress, and should strengthen national data and research into eye health care. The appropriate management of diabetes would reduce the risk of diabetic retinopathy and resulting vision impairment. The gap in eye health care was a matter of deep concern; the operationalization of resolution WHA73.4 should ensure the full and equitable fulfilment of the eye health needs of all people. She requested the Secretariat to continue providing the necessary technical support to Member States to strengthen integrated quality people-centred eye care as part of universal health coverage, and urged Member States to take action at the country level.

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

The meeting rose at 17:05.

THIRTEENTH MEETING

Monday, 25 January 2021, at 10:05

Chair: Dr H. VARDHAN (India)

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

1. BUDGET AND FINANCE MATTERS: Item 17 of the agenda (continued)

Proposed programme budget 2022–2023: Item 17.1 of the agenda (continued)

- **Sustainable financing** (document EB148/26 Add.2) (continued from the eleventh meeting, section 1)

The VICE-CHAIR, speaking at the request of the CHAIR, informed the Board that informal and constructive consultations had taken place to reach a consensus on the draft decision. He drew attention to the revised draft decision, which read:

The Executive Board, having considered the report¹ by the Director-General decided:

- (1) to establish a time-bound and results-oriented Working Group on Sustainable Financing, open to all Member States, in order to enable WHO to have the robust structures and capacities needed to fulfil its core functions as defined in the Constitution:
 - (a) to develop a high-level, systemic approach to identify the essential functions of WHO that should be funded in a sustainable manner;
 - (b) to assess the level of costing of the essential functions identified in (a);
 - (c) to identify and recommend the appropriate sources for their funding and options to improve sustainable financing and alignment in support of the essential functions, including possibilities for cost saving and efficiencies; and
 - (d) undertake any additional work, as appropriate, to enable sustainable financing;
- (2) that the Working Group shall take into account relevant work of WHO and other relevant bodies and organizations on sustainable financing;
- (3) that following Regional consultations to be finalized by 15 February 2021, the Working Group shall have six Officers (a Chair and five Vice-Chairs) one from each WHO Region;
- (4) that the Chair and the Vice-Chairs shall facilitate the work of the Working Group in close dialogue with its Membership;
- (5) that the Working Group shall convene its first meeting by March 2021;
- (6) that meetings of the Working Group shall be held either in person, virtually or hybrid depending on the epidemiological situation;
- (7) that the Working Group shall submit an interim report on its work to the Seventy-fourth World Health Assembly through the 34th session of the PBAC as well as to the Regional Committees in 2021 and shall submit its final report with its recommendations and other findings to the Executive Board at its 150th session, through the 35th PBAC for its consideration;
- (8) to request the Director-General to:

¹ Document EB148/26.

- (a) support the Working Group convening, as frequently as necessary, prior to the 150th session of the Executive Board;
- (b) provide complete, relevant and timely information to the Working Group for its discussions; and
- (c) allocate the necessary resources to it.

The CHAIR took it that the Board wished to adopt the draft decision, recalling that the financial and administrative implications of that draft decision were contained in document EB148/26 Add.2.

The decision was adopted.¹

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

2. POLIOMYELITIS: Item 15 of the agenda

Poliomyelitis eradication: Item 15.1 of the agenda (document EB148/22)

Polio transition planning and polio post-certification: Item 15.2 of the agenda (document EB148/23)

The CHAIR invited the Board to consider the reports contained in documents EB148/22 and EB148/23.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, said that his Region had been certified free of wild poliovirus on 25 August 2020, despite the disruption caused by the coronavirus disease (COVID-19) pandemic, and he thanked the Secretariat for the support it had provided in that regard. It was urgent to find innovative ways to continue eradication efforts, with a focus on coordination and the involvement of all stakeholders.

Stronger financing mechanisms were needed to address the precarious financial situation of the Global Polio Eradication Initiative. Since his Region would no longer be allocated funds through the Initiative as of the end of December 2021, long-term funding solutions would be needed for the Region to continue its poliomyelitis (polio) eradication and transition work. He therefore called on WHO to make polio transition funding for his Region a priority in the draft proposed programme budget 2022–2023 and subsequent programme budgets. Moreover, funding from domestic sources and development partners should be mobilized to sustain polio eradication and support other public health programmes that currently benefited from the polio programme. He called on Member States and other stakeholders to support the finalization of the Global Polio Eradication Initiative's new strategy for polio eradication and to ensure sufficient resources were available to prevent further outbreaks. Integrating the polio programme functions into national programmes would also require long-term funding to ensure a successful polio transition. Lastly, polio transition plans should be updated and implemented to build on the progress already made.

The representative of AUSTRIA said that the polio programme had been highly effective in mitigating and containing COVID-19 outbreaks in numerous countries and would be critical in the future roll-out of COVID-19 immunization programmes. It was essential to resume immunization programmes that had been interrupted as a result of the COVID-19 pandemic in order to avoid a severe regression in immunity. Noting that novel oral polio vaccine type 2 would be vital in preventing outbreaks of circulating vaccine-derived poliovirus type 2, he called for urgent funding to implement the Global

¹ Decision EB148(12).

Polio Eradication Initiative's Strategy for the response to type 2 circulating vaccine-derived poliovirus 2020–2021 and to address the gap of US\$ 400 million in financing needed for polio outbreak response work during the period 2020–2021.

The representative of the UNITED STATES OF AMERICA, commending the Global Polio Eradication Initiative for making polio programme resources available to support the COVID-19 response, said that her Government remained concerned about the outbreaks of circulating vaccine-derived poliovirus type 2 in three WHO regions, in particular the African Region, and about the increase in wild poliovirus transmission in Afghanistan and Pakistan. While novel oral polio vaccine type 2 should be introduced as a matter of urgency, monovalent oral polio vaccine type 2 must also continue to be used in order to prevent further outbreaks of circulating vaccine-derived poliovirus type 2. Member States should prepare for the roll-out of the new vaccine, particularly by ensuring safety monitoring and surveillance, especially since such steps would also be useful for the roll-out of COVID-19 vaccines. Furthermore, the Global Polio Eradication Initiative needed to address risks more holistically in its new strategy for polio eradication. Urging Member States to continue to support polio eradication and polio transition planning, she called on the Global Polio Eradication Initiative to implement the recommendations of the governance review, including by giving Member States, civil society, humanitarian organizations and donors a greater role in the decision-making process.

The representative of BANGLADESH commended the efforts made by all to push polio to the brink of eradication. It was crucial to mobilize adequate funding and resources to support immunization systems following the disruption caused by the COVID-19 pandemic, and to continue to work to eradicate all polioviruses, close the immunity gap and thus contribute to achieving universal health coverage. Funding remained an obstacle to the implementation of her Government's polio transition plan. To ensure a successful polio transition, appropriate immunization and surveillance should continue to be implemented, including through environmental surveillance, and emergency preparedness and response plans should include provisions for responding to poliovirus outbreaks of any origin. In addition, effective collaboration between governments, partners and donors would be key to mobilize resources and strengthen capacities. Lastly, the Secretariat should consider supporting vaccine manufacturers in developing countries in producing bivalent oral polio vaccine and inactivated poliovirus vaccine.

The representative of AUSTRALIA commended the Global Polio Eradication Initiative for using polio programme resources to support the global COVID-19 response, recognized the efforts to resume immunization in countries where poliovirus remained endemic, and acknowledged the role that the Global Polio Eradication Initiative would play in the delivery of COVID-19-related health interventions, including immunization. The roll-out of COVID-19 vaccines provided an opportunity for the Global Polio Eradication Initiative and its partners to accelerate the integration of polio programme functions into other health programmes and make progress on multiple health outcomes at the global, regional and national levels. She therefore supported the focus in the interim programme of work for integrated actions on strengthening immunization programmes and on the interface between immunization and other primary health care services and surveillance systems. Her Government looked forward to receiving further information on the establishment of integrated public health teams in WHO country offices in polio transition priority countries, since strengthening those countries' immunization capacities was essential. In view of the constraints on the Global Polio Eradication Initiative's future resources, such integration activities should inform the reprioritization of resources.

The representative of GERMANY expressed concern about the surge in cases of wild poliovirus in Afghanistan and Pakistan, the increasing outbreaks of vaccine-derived poliovirus in several countries, and falling immunization rates as a result of the disruption caused by the COVID-19 pandemic. The Global Polio Eradication Initiative should support national governments in putting polio back on the health emergency agenda, while systematically integrating polio programmes into primary health care services in order to strengthen national health systems more broadly. That required strong political

support and leadership, and sustainable health financing, and there needed to be a harmonized approach across stakeholders and programmes. Discussions on the revision of the Global Polio Eradication Initiative's strategy and the interim programme of work for integrated actions should focus on integrating polio programme resources into other health programmes, establishing well prepared transition plans and, above all, ensuring ownership by governments and civil society.

Underscoring the importance of integrated action in achieving polio eradication, he looked forward to the implementation of the recommendations set out in the latest report of the Independent Monitoring Board of the Global Polio Eradication Initiative and requested further information on the revision of the Initiative's strategy and on the implementation of the recommendations of the governance review. The Global Polio Eradication Initiative should seek new sources of financing and increase efficiency to address its budget situation.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed deep concern about the persistent risks associated with the international spread of wild and vaccine-derived polioviruses. Regrettably, the severe pandemic-related disruption to polio eradication work, routine immunization and health services had led to a growing public health emergency associated with circulating vaccine-derived poliovirus type 2 outbreaks in her Region. The newly established Regional Subcommittee on Polio Eradication and Outbreaks was supporting the Governments of Afghanistan and Pakistan in their efforts to interrupt wild poliovirus transmission and was working to respond to and prevent vaccine-derived poliovirus outbreaks in her Region through immunization and surveillance work. Welcoming the inclusion of novel oral polio vaccine type 2 on the list of medical products approved for use in emergency situations, she requested the Secretariat to support Member States in expediting national approval processes to enable the importation and use of the vaccine. Recognizing the growing threat of polio outbreaks during the pandemic and the importance of polio programme resources in the COVID-19 response, she reaffirmed her Region's commitment to: strengthening immunization systems; eradicating polio while continuing to respond to the COVID-19 pandemic; and integrating essential polio programme functions into national health systems and public health programmes.

The representative of KENYA said that, in the light of the risk of circulating vaccine-derived poliovirus type 2 being imported from neighbouring countries, his Government was preparing to roll out novel oral polio vaccine type 2 in the event of an outbreak. However, the disruption caused by the COVID-19 pandemic threatened some of the achievements of the immunization programme in his country. He urged all stakeholders to mobilize resources to support the continued efforts towards polio eradication. It was critical to ensure access to all children in hard-to-reach areas in order to enhance vaccine coverage. He supported the integration of Global Polio Eradication Initiative activities into national health systems to ensure a successful polio transition.

The representative of CHINA said that the COVID-19 pandemic was posing huge challenges to the significant progress achieved in polio eradication and transition. She expressed the hope that the Secretariat would provide practical and feasible guidance to developing countries, especially those with a high risk of imported cases; strengthen cross-country and cross-regional cooperation to reduce global wild poliovirus transmission; increase financial and technical support to countries with, or at risk of, poliovirus transmission; and take effective steps to accelerate global eradication in key regions.

The representative of the RUSSIAN FEDERATION expressed concern that poliomyelitis outbreaks were expanding, particularly in the context of the COVID-19 pandemic. It was important to integrate and expand the use of new oral vaccine type 2 in emergency situations, in order to reduce the risk of circulating vaccine-derived poliovirus. The COVID-19 pandemic had caused serious disruption to immunization activities and other public health measures, demonstrating the need for coordinated and comprehensive approaches to polio eradication. The strategy of integrating polio programme activities into other health programmes had shown its effectiveness during the pandemic, allowing for the rational use of staff and resources.

Containment remained one of the key aspects of the Global Polio Eradication Initiative's work, and it was necessary to continue to strengthen Member States' technical capacities and to prepare national reviews in that area. The Secretariat should provide alternative, genetically stabilized attenuated poliovirus strains to interested institutions and laboratories in countries planning to stop using wild poliovirus and clearly define the scope of use of those strains, such as for vaccine production or scientific research. Lastly, WHO should provide technical and material support, including necessary reagents, to laboratory networks in countries where poliovirus was not endemic, since the absence or weakening of such support could have a negative effect on polio surveillance in those countries.

The representative of INDONESIA, thanking the Secretariat for its support during the outbreak of circulating vaccine-derived poliovirus type 1 in her country, said that robust routine immunization and surveillance of vaccine-preventable diseases were critical to sustain polio eradication. Her Government was committed to making urgently needed polio vaccines available, supported the extension of the Polio Endgame Strategy 2019–2023, and agreed that all activities to sustain polio eradication should be integrated into the Immunization Agenda 2030. Strong collaboration with other health system components and continued support from partners were also important.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that eradicating polio remained an important priority for her Government, strongly linked to its focus on global health security. In the light of the Global Polio Eradication Initiative's critical resource gap, all Member States must prioritize polio in national budgets and mobilize additional resources; the Initiative also needed to increase its focus on efficiency.

The report on eradication should have included more information on the Initiative's efforts to adopt a stronger risk management approach, in keeping with the discussions of the Polio Oversight Board and the recommendations of the July 2020 governance review. She requested the Secretariat to: provide further information on the Global Polio Eradication Initiative's strategy revision; share a full draft of the revised strategy with the Initiative's donors for comment; and clarify what would be presented to the Seventy-fourth session of the World Health Assembly and whether that would be for approval or for information only.

The Director-General should address the recommendations of the most recent report of the Independent Monitoring Board of the Global Polio Eradication Initiative, especially in the context of the COVID-19 pandemic. Furthermore, while countries had made progress towards polio transition planning, the process of finalizing national polio transition plans should be accelerated, particularly in view of current funding constraints. The Director-General should also work with the Independent Monitoring Board of the Global Polio Eradication Initiative to implement the recommendations that would be contained in its upcoming report, which her Government looked forward to receiving.

The representative of INDIA outlined the measures taken by his Government to maintain its polio-free status. Given the high number of reported cases of wild poliovirus type 1 and circulating vaccine-derived poliovirus type 2, the Global Polio Eradication Initiative should continue to provide funding for polio eradication efforts in all countries, including for his Government's National Polio Surveillance Project, in order to sustain the gains made in polio eradication and immunization programmes.

The representative of CHILE said that it was cause for optimism that many countries had been able to resume the immunization campaigns that had been interrupted as a result of the COVID-19 pandemic. His Government supported the Global Polio Eradication Initiative's Strategy for the response to type 2 circulating vaccine-derived poliovirus 2020–2021, as well as its strategy to interrupt remaining wild poliovirus transmission.

The representative of the REPUBLIC OF KOREA said that cross-programmatic integration and close cooperation with national authorities demonstrated during the COVID-19 response were an important part of efforts to sustain polio eradication and implement polio transition activities.

Furthermore, the introduction of novel oral polio vaccine type 2 would contribute considerably to polio eradication efforts. Highlighting national action to maintain her country's polio-free status, she recognized the need for closer collaboration among Member States and polio programme stakeholders. Her Government would continue to support the Secretariat and other Member States to ensure a stable polio eradication and transition process and an effective COVID-19 response.

The representative of the PHILIPPINES,¹ highlighting the action taken in response to an outbreak of vaccine-derived poliovirus in her country in 2019, said that the COVID-19 pandemic had significantly disrupted immunization activities, especially in areas with documented community transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). To mitigate the pandemic's impact on immunization, her Government had conducted an integrated nationwide supplementary immunization campaign. Her Government thanked WHO and UNICEF for the unwavering support for her Government's polio response efforts in the midst of the pandemic.

The representative of CANADA,¹ congratulating the African Region on its certification as free from wild poliovirus and expressing concern about the rise in cases of wild and vaccine-derived polioviruses, commended the Global Polio Eradication Initiative for resuming the vaccination campaigns that had been halted as a result of the pandemic. High quality, timely immunization campaigns were essential for stopping current polio outbreaks. Partners of the Global Polio Eradication Initiative should follow the recommendations of the nineteenth report of the Independent Monitoring Board of the Global Polio Eradication Initiatives in order to accelerate progress and develop integrated service delivery models. The Initiative must be transparent about its commitments and about how it would implement the interim programme of work for integrated actions.

The integration of the essential polio programme functions into the base segment of WHO's programme budget would be essential for preventing, preparing for and responding to future epidemic outbreaks, and would ensure a full transition of polio eradication responsibilities and programmes. Member States, particularly those experiencing outbreaks, should urgently provide domestic funding to contribute to outbreak response efforts.

The representative of MONACO¹ said that the recent inclusion of novel oral polio vaccine type 2 on the list of medical products approved for use in emergency situations would allow countries to tackle the resurgence of wild poliovirus and the rising number of cases of vaccine-derived poliovirus. Stressing the need to resume child immunization campaigns, she noted that the COVID-19 pandemic had exacerbated the already inadequate funding situation of the polio programme. The revised Global Polio Eradication Initiative strategy to be submitted to the Seventy-fourth session of the World Health Assembly should address those challenges. It was important to speed up the integration of polio programme functions into national health systems while sustaining polio eradication efforts, in order to optimize the use of available financial resources and allow new sources of financing to be sought. She reaffirmed her Government's financial commitment to polio eradication and transition in the year 2021.

The representative of ZAMBIA,¹ commending the efforts of the African Region to attain certification as free from wild poliovirus, said that the continued outbreaks of circulating vaccine-derived poliovirus type 2 were unacceptable and served as a reminder of the persistent inequalities in the world. The fact that the vaccine was both the cause of that virus and the best defence against it made it difficult to win people's trust and address increasing vaccine hesitancy. He asked for further information on the implementation of the Global Polio Eradication Initiative's Strategy for the response to type 2 circulating vaccine-derived poliovirus 2020–2021, and on the availability of novel oral polio vaccine type 2. Lessons had been learned from the switch from trivalent to bivalent oral polio vaccine, and he hoped that adequate alternatives would be put in place going forward, particularly in low- and middle-income countries.

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

The representative of NORWAY¹ said that the COVID-19 pandemic had demonstrated how polio programme resources could be integrated into public health, surveillance and outbreak control activities. That experience should be incorporated into polio transition planning and implementation; the establishment of integrated public health teams in WHO country offices in outbreak countries was an important step forward in that regard. Polio transitioning was also strongly linked to the integration-related goal of the Polio Endgame Strategy 2019–2023, and polio transition planning and operationalization must happen alongside eradication efforts. The polio programme should continue to adjust its funding to ensure that polio transition activities were integrated into public health and emergency plans.

The representative of BRAZIL,¹ commending the African Region's certification as free of wild poliovirus, said that his Government shared concerns about the impact of COVID-19 on the efforts to eradicate vaccine-preventable diseases, including polio. The Secretariat, Member States and international partners should do their best to protect and resume immunization programmes to sustain the health gains already achieved. He welcomed plans for the mainstreaming and integration of polio programme functions into national health structures and programmes, and the information provided regarding the mobilization of the polio network in the COVID-19 response.

The representative of PAKISTAN¹ said that polio eradication remained a top priority for his Government and strong coordination mechanisms were in place to fully support the polio programme's access to households. His Government was working to tackle both polio and COVID-19 simultaneously, using its polio programme's strengths and capacities in surveillance, risk assessment and communication to support its ongoing COVID-19 response. In addition, seven successful polio immunization campaigns had been conducted since July 2020, using different types of polio vaccine to address the dual outbreak of wild and vaccine-derived polioviruses. Building on the gains already achieved in controlling virus transmission, and with generous support from the Global Polio Eradication Initiative, donors and partners, he hoped that vaccine-derived poliovirus transmission would be interrupted by the end of the current low-transmission season and wild poliovirus by the following low-transmission season. His Government would capitalize on ongoing efforts to enhance cross-programmatic integration and collaboration in order to further expand partnerships and strengthen essential immunization activities and integrated public health service delivery.

The representative of JAPAN¹ welcomed the linkages that had been established with the special primary health care programme with a view to supporting stronger primary health care in priority countries. Expressing concern about the spread of wild poliovirus type 1 in Afghanistan and Pakistan into previously polio-free areas and the inadequate response to outbreaks of circulating vaccine-derived poliovirus type 2, she said that immunization activities should be further strengthened.

As health systems, including surveillance, had been affected by the COVID-19 pandemic, the number of reported cases might not reflect the actual situation. In addition, further consideration must be given to operational aspects of vaccine delivery, in particular in the context of the COVID-19 pandemic. In that regard, her Government expected the Secretariat to enhance its collaboration with immunization-related partners, including Gavi, the Vaccine Alliance, to strengthen its strategy, monitoring, financing and advocacy.

The representative of AFGHANISTAN,¹ appreciative of the support from WHO and partners to eradicate polio, said that his Government's programme had been hampered in the preceding year by a lack of access to children for supplementary poliovirus immunization; the ability of the polio programme to reach hard-to-access areas; and parental refusal and low routine immunization coverage in provinces where polio was endemic. The majority of the confirmed cases of wild poliovirus type 1 reported in 2020 had been in southern Taliban-controlled areas with full or partial immunization bans. The situation

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

had been exacerbated by the COVID-19 pandemic, the spread of wild poliovirus into the south and east of the country, and the spread from Pakistan of circulating vaccine-derived poliovirus type 2 into the country's eastern region.

Despite the challenges, polio immunization of all age groups had resumed at around 30 sites, including at locations along the borders with the Islamic Republic of Iran and Pakistan; international airports and cities in high-risk areas; oral polio vaccine, inactivated poliovirus vaccine and measles vaccine were being administered at UNHCR and IOM centres. In addition, his Government had developed a new strategic plan to enhance service integration and address immunization gaps in the provinces where polio was endemic. He requested support from the Secretariat and donors in addressing immunization gaps in inaccessible areas of the country and in improving programme quality and accountability.

The observer of GAVI, THE VACCINE ALLIANCE said that restoring and maintaining comprehensive and equitable routine immunization coverage for zero-dose and missed communities must be prioritized and incorporated into the Global Polio Eradication Initiative's new strategy. Member States should redouble efforts to develop comprehensive, context-appropriate, integrated service delivery strategies for essential immunization activities and primary health care. They should also accelerate the integration of essential polio programme functions into national systems, leveraging existing experience and expertise to strengthen routine immunization coverage and vaccine delivery.

The representative of the UNITED NATIONS FOUNDATION, INC., speaking at the invitation of the CHAIR, commended the Global Polio Eradication Initiative for continuing to make progress on polio eradication while using polio programme resources to support countries in their COVID-19 response. Leaders should fully support the recent joint call to action on the polio and measles outbreak response, and the continuation of essential health services, including immunization, during the COVID-19 pandemic, in particular in countries currently experiencing outbreaks of polio, measles and other vaccine-preventable diseases. Given the increasing strain placed on health systems by the COVID-19 pandemic, cross-programmatic integration and synergies among immunization programmes were vital.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIR, noted the progress made in eradicating wild poliovirus but expressed concern about the outbreaks of vaccine-derived poliovirus. Affected countries should optimize immunization activities while at the same time addressing the COVID-19 response, and should take advantage of novel oral polio vaccine type 2. Polio programme infrastructure had made, and would likely continue to make, a valuable contribution to the pandemic response; it was important to leverage polio eradication expertise and intensify collaboration in order to ensure equitable access to essential health services. She looked forward to the revised version of the Global Polio Eradication Initiative's strategy, noting that continued investment in polio eradication was essential. She urged Member States to prioritize polio and immunization in their national budgets and thanked the Governments of Canada, Germany, the United Kingdom of Great Britain and Northern Ireland and the United States of America for their expedited or increased funding.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that, in view of the disruption caused by the COVID-19 pandemic, the polio transition timeline should be extended and used to revive primary health care systems. Countries should invest in strong, adequately staffed health systems, integrated immunization activities and public health surveillance rather than relying on repurposing during crises. Integrated public health teams must cover the entire range of health functions, including noncommunicable diseases; be resourced at community, subnational and national levels; and include communities in decision-making. The technology transfer and intellectual property barriers impeding scaled-up local production of new inactivated poliovirus vaccine should be addressed, as should the social, political and environmental conditions that enabled poliovirus to spread.

The DIRECTOR (Polio Eradication) said that the certification of the African Region as free from wild poliovirus was a major milestone on the road towards global polio eradication and provided fresh momentum to overcome the two major programmatic challenges of poliovirus transmission in Afghanistan and Pakistan and continuing outbreaks of circulating vaccine-derived poliovirus. In Afghanistan and Pakistan, 140 cases of wild poliovirus had been recorded in the year 2020, including 38 cases in the final six months of that year. Vaccination campaigns had continued apace since November 2020, and the programme in Pakistan had recovered well from the setbacks in 2019 and 2020. The establishment of the Subcommittee on Polio Eradication and Outbreaks for the Eastern Mediterranean Region was an important step towards addressing the many remaining barriers to polio eradication in that Region.

Accelerated action was needed in response to the outbreaks of circulating vaccine-derived poliovirus recorded in three WHO regions in the year 2020. The Secretariat would continue to work very closely with the Strategic Advisory Group of Experts on immunization to meet all the quality assurance requirements for the safe roll-out of novel oral polio vaccine type 2, which was as effective as monovalent oral polio vaccine type 2 but more genetically stable. More than 15 countries were expected to be ready to start administering the vaccine in the year 2021 if needed, and WHO currently had a stockpile of almost 29 million doses, with additional stocks of monovalent oral polio vaccine type 2. A rapid and robust immunization campaign that would reach all vulnerable children, along with strong surveillance and routine immunization, was essential to prevent future outbreaks.

In the year 2021, the Global Polio Eradication Initiative would revise all aspects of its strategy, management and governance arrangements to identify any obstacles to polio eradication or opportunities for its acceleration. Thanking Member States and other stakeholders for their continued participation and input, he said that the strategy would be finalized by the end of the first quarter of the year 2021 for submission to the Seventy-fourth session of the World Health Assembly.

The role played by the polio programme in the COVID-19 response had highlighted the urgent need for more coordinated and integrated approaches. WHO's polio, immunization and emergencies programmes were collaborating closely to ensure the successful resumption of all immunization activities and to prepare for and respond to health emergencies. Accelerated cross-programmatic integration would help to ensure a successful polio transition, and polio programme staff and resources would continue to support COVID-19 vaccine introduction and delivery in the year 2021.

With regard to the Global Polio Eradication Initiative's financial position, although savings had been made in the year 2020, resumed immunization campaigns and outbreak response efforts had increased the financial resources needed. He thanked donors for responding to the emergency call for action for polio and measles outbreaks and urged, in particular, those Member States affected by polio to contribute domestic resources for polio eradication. In a critical year for the Global Polio Eradication Initiative, it was important not to lose sight of the shared goal of a polio-free world and to maintain momentum to that end.

The DEPUTY DIRECTOR-GENERAL said that polio transition remained a major priority for WHO and that progress had been made in each of the three priority regions in the year 2020. The COVID-19 pandemic had further underscored the importance of the twin goals of successful polio eradication and transition planning for the broader health agenda and had presented three key opportunities for polio transition. First, the pandemic had accelerated cross-programmatic integration, including through the establishment of integrated public health teams in priority countries, with progress being regularly monitored through a joint corporate workplan. Secondly, the valuable contribution that the polio network had made to the COVID-19 response, especially at the community level, meant there was a strong case for the network's continuation. Lastly, the pandemic had underlined the importance of strong and resilient health systems, and the polio network was a core component of the essential health workforce in many affected countries. The future vision for polio programme resources was based on a broad and holistic approach, with a country-level focus on strengthening immunization, emergency preparedness, health system resilience and primary health care, and achieving the objectives of the Strategic Action Plan on Polio Transition (2018–2023).

Responding to questions from Member States, she explained that the integrated public health teams, which brought together expertise in polio, health emergencies and immunization in priority countries, would initially work on the COVID-19 response, including COVID-19 vaccine roll-out, and subsequently on post-COVID-19 recovery and resilience, including immunization and primary health care. She confirmed that the three priorities of the Strategic Action Plan on Polio Transition (2018–2023) and the seven key strategic objectives of the Immunization Agenda 2030 were fully interlinked and were intended to bolster health systems in order to address multiple diseases.

With respect to polio transition financing, the Secretariat was fully aware of the challenges to implementing polio transition plans and the need for long-term financing to sustain polio resources. The draft proposed programme budget 2022–2023 reflected the commitment to sustainable financing and the issue would remain a priority in subsequent budgets. The Secretariat was working closely with the Global Polio Eradication Initiative and other development partners on comprehensive resource mobilization efforts for future financing, although domestic funding in priority countries remained the most feasible long-term solution. The Secretariat was supporting Member States with the finalization of the transition plans, and further information would be provided in that regard prior to and during the Seventy-fourth session of the World Health Assembly.

The REGIONAL DIRECTOR FOR AFRICA applauded the hard-won achievement of the Region's certification as free from wild poliovirus as a momentous global health milestone. The response to outbreaks of circulating vaccine-derived poliovirus type 2 in 20 African countries, which had been paused as a result of the COVID-19 pandemic, had resumed in July 2020. More than 40 million children had been reached and transmission appeared to be slowing. With strong outbreak response efforts and novel oral polio vaccine type 2, she hoped that all forms of poliovirus would be eradicated in the African Region.

Regarding the polio transition, it was essential to sustain the tremendous achievements of the polio programme when transferring resources. The programme's significant contributions to other health programmes highlighted the interrelation of the triple billion targets and the importance of integrated approaches, particularly within the context of the COVID-19 response. In her Region, polio teams had contributed to all three pillars of the Thirteenth General Programme of Work, 2019–2023, serving as an entry point to increase access to immunization, deworming and diarrhoea treatment; as the main front-line workers responding to outbreaks of cholera, yellow fever and meningitis; and as a means of delivering micronutrient supplements and health messages to underserved communities. The polio programme's innovative approach, such as its use of geographic information systems, was also contributing to many other programmes.

The restructuring of the Regional Office as part of the regional and global transformation programmes, along with the implementation of functional reviews of country offices, would help to sustain the polio programme's contributions alongside post-certification activities such as surveillance. Furthermore, the Regional Office would learn lessons in accountability from the rigorous performance assessment of the polio programme and its staff. In the light of the contributions made by the polio programme, she was convinced that it was worth investing in the polio transition, as it would deliver on outcomes related to universal health coverage, health security and health promotion, including in relation to COVID-19 vaccine delivery. Member States in the Region and partners should continue investing and collaborating to support the polio transition in order to achieve strong outcomes across the triple billion targets.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that polio eradication efforts in his Region had been severely impacted by the COVID-19 pandemic and wild poliovirus continued to circulate unchecked in Afghanistan and Pakistan, with new outbreaks of circulating vaccine-derived polioviruses representing an expanding health emergency. In addition, unimpeded polio outbreaks in parts of Afghanistan where vaccination campaigns had been banned constituted another growing health emergency, and work was under way with all regional partners and stakeholders to regain access. The detection of vaccine-derived viruses in countries including Egypt and

the Islamic Republic of Iran highlighted the risk of the international spread of polioviruses, especially in countries with frequent population movements to and from affected countries.

Polio eradication efforts had been successfully adapted to focus on the COVID-19 response, with valuable lessons learned over the previous year. Polio immunization campaigns had resumed and were being run alongside COVID-19 vaccination campaigns. Almost 66 million children in the Region had received at least one dose of polio vaccine through supplementary immunization activities, which was a truly admirable achievement in the midst of a pandemic.

In the year ahead, polio teams would require support in shifting their focus back to polio eradication while also contributing to the next phase of the COVID-19 response. The Regional Steering Committee on Polio Transition was adapting the Region's polio transition strategies and coordination with Member States to build more integrated public health programmes. Member States should support that integration and mobilize resources to complete the polio transition, with a view to eradicating polio and strengthening essential public health functions.

Polio remained a public health emergency of international concern and the polio programme must be properly resourced, including through domestic funding, to ensure that it remained robust and could be integrated into broader public health services across the Region. Full regional solidarity and mobilization was needed to that end. He called on Member States to contribute to the newly established Regional Subcommittee for Polio Eradication and Outbreaks to finally rid the Eastern Mediterranean Region and the world of polio.

The DIRECTOR-GENERAL, welcoming the new Director for Polio Eradication and thanking the outgoing Director for his dedication and achievements, expressed appreciation to Member States and non-State actors for their contributions. Polio eradication and transition were equally important targets, and polio eradication would only be sustainable with strong health systems. Over the preceding year, polio programme workers had supported Member States in their response to COVID-19 in the most extraordinary circumstances. Their diverse contributions to the pandemic response unequivocally proved their value for broader public health; the polio transition must progress alongside those efforts in order to sustain polio programme resources over the long term.

Member States should implement their polio transition plans in line with the Strategic Action Plan on Polio Transition (2018–2023) and allocate domestic resources to ensure health system preparedness for future health emergencies. Partners and donors should likewise continue to support WHO in order to sustain core functions where polio programme infrastructure could make the most impact. Those functions were central to reaching the goals of the Thirteenth General Programme of Work, 2019–2023. He looked forward to updating Member States on progress at the Seventy-fourth session of the World Health Assembly.

The CHAIR took it that the Board wished to note the reports contained in documents EB148/22 and EB148/23.

The Board noted the reports.

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

3. ANTIMICROBIAL RESISTANCE: Item 9 of the agenda (document EB148/11)

The CHAIR invited the Board to consider the report contained in document EB148/11.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND called for sustained action and investment from WHO, along with strong, equitable collaboration between WHO, FAO and OIE, to preserve antimicrobial agents as critical resources. She

welcomed the establishment of the One Health Global Leaders Group on Antimicrobial Resistance and the progress made in rolling out the Global Antimicrobial Resistance Surveillance System; efforts to establish and fund other global governance mechanisms should be expedited. Stronger surveillance was critical to understanding and addressing the increasing global impact of antimicrobial resistance. She encouraged Member States to join the Global Antimicrobial Resistance Surveillance System, adopt the WHO Access, Watch or Reserve (AWaRe) classification system and invest in the Antimicrobial Resistance Multi-Partner Trust Fund in order to speed up implementation of One Health national action plans. The impacts of uncontrollable antimicrobial resistance could be similar to or worse than those of COVID-19. She therefore called for continued monitoring and evaluation of WHO's work on the issue, with adjustments made according to the greatest need.

The representative of the REPUBLIC OF KOREA stressed the need for multisectoral collaboration to prevent the emergence and spread of antimicrobial resistance. She supported the recommendations to promote research on strengthening control of antimicrobial resistance through a One Health approach and the evaluation work of the Ad hoc Codex Intergovernmental Task Force on Antimicrobial Resistance. Her Government was hosting or working with various international projects and initiatives, including the Ad hoc Task Force, the Joint Programming Initiative on Antimicrobial Resistance, high-level consultations on surveillance and the Codex Alimentarius Commission. Her Government would continue to work with other Member States to promote awareness of the importance of managing antimicrobial resistance and to facilitate international cooperation.

The representative of TONGA, speaking on behalf of the Pacific island States, commended WHO's work in spearheading the global response to antimicrobial resistance. Tonga was one of the few countries in the Pacific to have launched a national action plan on antimicrobial resistance and faced the same challenges as other developing countries, where limited funding and human resources were slowing implementation of the plan. She described the impacts of the COVID-19 pandemic on work to combat antimicrobial resistance in Tonga and other Pacific island States and stressed that meeting such challenges would take time. Development partners should support Member States in accelerating implementation of national action plans on antimicrobial resistance, and the Secretariat should provide tailored support to Member States as they strengthened their national health systems.

The representative of AUSTRIA, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, 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 and Armenia aligned themselves with his statement. The COVID-19 pandemic had negatively impacted many countries' implementation of their national action plans on antimicrobial resistance but had also increased awareness on topics such as infection prevention, vaccines, the role of the environment in public health and the One Health approach.

He welcomed the establishment of the Antimicrobial Resistance Multi-Partner Trust Fund, the Global Leaders Group and the Tripartite Joint Secretariat. The active involvement of health ministries would be crucial to ensuring that public health objectives were properly considered and reflected in the work of the Codex Alimentarius Commission. It was concerning that the report on antimicrobial resistance did not mention the ongoing work by the Ad hoc Codex Intergovernmental Task Force on Antimicrobial Resistance to develop new guidelines on integrated monitoring and surveillance, in addition to its revision of the Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance. Those two documents were complementary, and the guidelines would be important for combining human, veterinary, environmental and agricultural data. The Ad hoc Task Force must complete its work promptly and successfully, in strict compliance with the One Health approach and with a level of ambition equal to the threat. WHO's close collaboration with FAO and OIE was welcome, but collaboration with UNEP must be strengthened for a true One Health approach.

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that 15 of the Region's 22 Member States had endorsed national action plans on antimicrobial resistance, and 21 were part of the Global Antimicrobial Resistance Surveillance System, with 18 countries reporting data in spite of the challenges posed by the COVID-19 pandemic. Member States in the Region understood the importance of such data for the global community. Adapted support in implementing the agenda for antimicrobial resistance was needed in countries facing political instability and other crises. Member States in her Region were committed to implementing the relevant Health Assembly resolutions and called for continued collaboration and support from the Secretariat, international organizations and other partners to accelerate implementation of national action plans through coordinated, multisectoral governance and a One Health approach.

The representative of GABON, speaking on behalf of the Member States of the African Region, welcomed the progress achieved in implementing the global action plan on antimicrobial resistance and in developing national action plans and conducting self-assessment surveys. He noted with concern that the COVID-19 pandemic had aggravated the threat of antimicrobial resistance and had negatively impacted the achievement of the Sustainable Development Goals and implementation of the Thirteenth General Programme of Work, 2019–2023. It was therefore important to integrate antimicrobial resistance activities into the COVID-19 response. In addition to providing technical support, the Regional Office for Africa had carried out various initiatives, such as holding the first World Antibiotic Awareness Week. He stressed the need for Member States to finalize development and implementation of their national action plans using a One Health approach. It was equally important to mobilize financial resources to ensure that interventions were sustainable and to provide reliable and representative data on the revision process for the Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance. The Secretariat should further support Member States in developing their response plans by strengthening the technical capacity of WHO country offices.

The representative of CHINA said that it would be especially important to avoid incorrect or lax use of medicines when treating COVID-19 patients in order to control antimicrobial resistance during the pandemic. The Secretariat should provide guidance to low- and middle-income countries, in particular, on how to prioritize antimicrobial resistance in the context of the COVID-19 pandemic, as well as practical guidelines for integrating antimicrobial resistance control into primary health care models as part of the COVID-19 response. The Secretariat should also provide detailed updates on the revision of the Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance, in addition to actively promoting transparent discussions. The Secretariat should continue to provide guidance on the proper use of antimicrobial agents, and Member States must actively implement their national action plans, strengthen regulations and share information.

The representative of the RUSSIAN FEDERATION outlined the actions taken by her Government to address antimicrobial resistance at the national and international levels. The threat of antimicrobial resistance had increased during the COVID-19 pandemic and urgent action was needed, in particular by strengthening prevention efforts through a multisectoral approach. It was also important to: increase technical and financial resources, focusing on investment in research and development and access to diagnostic tools; promote the proper use of antimicrobial agents; and strengthen surveillance systems and primary health care in response to public health threats. The action to be taken by the Executive Board set forth in the report should include mention of the Global Leaders Group.

The representative of AUSTRALIA urged Member States to continue prioritizing actions to overcome antimicrobial resistance to the greatest extent possible despite the COVID-19 pandemic. She commended the Secretariat for its ongoing work on antimicrobial resistance and for its support in implementing national action plans. There must be close consultation with Member States on the global framework for development and stewardship to combat antimicrobial resistance to ensure that all Member States felt a sense of ownership of that framework.

The representative of GERMANY praised the many initiatives aimed at implementing a One Health approach at the global level, including the Ad hoc Codex Intergovernmental Task Force on Antimicrobial Resistance. It was important for the Task Force to conclude its work on both the guidelines on integrated monitoring and surveillance and the Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance in a timely manner, while at the same time ensuring that the documents were of a high quality. The establishment of the Global Leaders Group was welcome and should keep antimicrobial resistance high on the political agenda. He thanked WHO for its work on priority pathogens and its overviews of preclinical and clinical pipelines for antimicrobial agents. International initiatives such as the Global Antibiotic Research and Development Partnership deserved increased support, and WHO's collaboration with that initiative was welcome.

The meeting rose at 13:00.

FOURTEENTH MEETING

Monday, 25 January 2021, at 14:10

Chair: Dr H. VARDHAN (India)

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

1. ANTIMICROBIAL RESISTANCE: Item 9 of the agenda (document EB148/11) (continued)

The representative of BOTSWANA commended the Secretariat's coordination of the global One Health response and highlighted the importance of the role played by WHO, FAO and OIE in addressing antimicrobial resistance. Since the cross-cutting areas involved in the fight against antimicrobial resistance were also pertinent to the pandemic of coronavirus disease (COVID-19), there were synergies to be leveraged: for example, effective sanitation, hygiene and infection prevention measures implemented throughout the pandemic had reduced the morbidity and mortality of other diseases and should be sustained. Her Government had implemented a number of national initiatives to tackle antimicrobial resistance, but needed more support in generating data.

The representative of the UNITED STATES OF AMERICA said that Member States could face difficulties in updating, changing or expanding national action plans to address antimicrobial resistance, given a lack of resources and the need to respond to the COVID-19 pandemic. She asked how the Secretariat would address those challenges, expanding the scope of national action plans, including by addressing financing gaps and harnessing linkages with other appropriate health topics. Member States should focus on accelerating implementation of current national action plans, and the Secretariat on supporting Member States in getting back on track before the biennial reporting deadline.

Ensuring safe and nutritious food for all was a public health value, and a multisectoral approach to policy-making was important. She therefore encouraged Member States to actively participate in Codex Alimentarius activities to safeguard food safety and facilitate the food trade by developing science-based standards, guidelines and recommendations that reflected public health values through a transparent, well-defined procedure.

The representative of CHILE described his Government's efforts to develop and implement its national action plan on antimicrobial resistance, which focused on intersectoral cooperation. He called on Member States to give top priority to implementation of their own national action plans, using the One Health approach to address universal health coverage and health security challenges, which were especially important during the COVID-19 pandemic response.

The representative of GHANA welcomed the establishment of the Global Leaders Group and ongoing work to set up the Independent Panel on Evidence for Action Against Antimicrobial Resistance. She urged the Secretariat to foster an all-inclusive approach in the deliberations of both bodies to ensure that all voices were heard. Effective stewardship on antimicrobial resistance depended on access to high-quality diagnostics and antimicrobials through mutually beneficial partnerships. Collaboration between WHO and relevant partners would form the bedrock of future progress, and resource deployment would help to fill existing funding gaps and support countries in the implementation of activities on antimicrobial resistance.

The representative of ARGENTINA outlined a number of activities carried out by her Government to tackle antimicrobial resistance, highlighting in particular a joint initiative with other members of the Caribbean Community to strengthen detection and surveillance capacities.

The representative of INDONESIA said that, in the light of the changing pattern of use of antimicrobials during the pandemic, her Government had reaffirmed its commitment to strengthening the implementation of global health policies on antimicrobial resistance. To prevent the adverse effects of antimicrobial resistance on the health, social and economic sectors, WHO should continue to work with other organizations of the United Nations system and development partners to prioritize antimicrobial resistance prevention and control and further encourage multisectoral collaboration and greater commitment by stakeholders at all levels.

The representative of BANGLADESH said that countries should be supported in sustaining efforts to reduce antimicrobial resistance in the long term, with technical and financial support provided to low- and middle-income countries to implement their national action plans. National multisectoral working groups on antimicrobial resistance that were facing resource shortages should also receive technical and financial support to improve their surveillance work. Countries would need help to build capacities to implement the revised Codex Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance, as well as surveillance guidelines. He underscored the need for increased innovation in new antimicrobial medicines, vaccines and diagnostic tools and called for research and development costs to be delinked from prices and sales volumes, in line with the principles of affordability, effectiveness, efficiency and equity.

The representative of KENYA commended the Secretariat on spearheading the global response to antimicrobial resistance in the human health sector and coordinating the One Health response. In view of the continued threat posed by antimicrobial resistance to the global, sustainable and effective response to infectious diseases, he called on Member States to help to preserve existing and novel antimicrobials. He requested the Secretariat to provide financial support to enable the implementation of antimicrobial resistance interventions across all policy areas. The Tripartite Joint Secretariat on antimicrobial resistance should work with Member States to develop key performance indicators to measure progress on antimicrobial resistance activities and improve biennial reporting.

The representative of INDIA said that, to facilitate effective intersectoral coordination at the regional and country levels, WHO, FAO and OIE should organize joint activities and consultations to increase knowledge and evidence on antimicrobial resistance surveillance in humans, animals and the food and environment sectors. As countries were expected to collect and collate precise and comprehensive data on antibiotic use, a standardized methodology for data collection should be developed to enable data comparison via the Global Antimicrobial Resistance Surveillance System. There was also a need to develop a global platform for the sharing of best practices on the implementation of infection prevention and control and regulations on antimicrobial use, and on antimicrobial stewardship activities.

The representative of BRAZIL¹ said that collaboration on antimicrobial resistance between WHO and other organizations of the United Nations system could only be successful if each organization fulfilled its respective mandate and remained accountable to its governing body. High-level and scientific bodies working on antimicrobial resistance should take account of country needs and contexts in their activities. Access to affordable, safe, effective and quality medicines was a key element of the response to antimicrobial resistance and should be a central component of national and international strategies. He underlined the importance of research and development and innovation in developing affordable antibacterial tools.

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

The representative of JAPAN,¹ commending the Secretariat's continued focus on antimicrobial resistance during the COVID-19 pandemic, highlighted the importance of research and development in creating innovative antibiotics. Welcoming the establishment of the Global Leaders Group, she called on WHO, FAO, OIE and UNEP to enhance their collaboration on the global antimicrobial resistance response. She requested the Secretariat to monitor the impact of advocacy and educational activities on raising awareness of antimicrobial resistance; provide technical support to Member States in strengthening their laboratory and surveillance capacities to collect quality national data for the Global Antimicrobial Resistance Surveillance System; and further encourage the appropriate use of antimicrobial drugs.

The representative of ZAMBIA,¹ drawing on his Government's experience of addressing the challenges of implementing its national action plan on antimicrobial resistance, suggested that Member States increase investment in clean water, sanitation and hygiene in a wide range of settings; strengthen regulations on microbial waste discharged into the environment; and mobilize financing, particularly for low- and middle-income countries, with the Tripartite Joint Secretariat's role including mapping funding streams and supporting the expansion and implementation of the tripartite Antimicrobial Resistance Multi-Partner Trust Fund to ensure sufficient and sustainable antimicrobial resistance funding. The Secretariat should advance the global vision on antimicrobial resistance by finalizing the global development and stewardship framework to combat antimicrobial resistance under the One Health approach and mobilize technical and financial support to strengthen veterinarian services and facilitate the transition to more sustainable antibiotic use practices in animal food production for small-scale producers and resource-limited facilities.

The representative of THAILAND¹ said that implementation of the global action plan on antimicrobial resistance should be a top priority. The COVID-19 pandemic had created an opportunity to improve infection prevention and control infrastructure and antimicrobial stewardship activities should therefore be integrated into the pandemic response across health systems. Governments should be given incentives to encourage them to commit to the collection of reliable data. The Tripartite Joint Secretariat should accelerate development of the tripartite integrated surveillance system on antimicrobial resistance and antimicrobial use, including by launching an initiative to integrate data from the human, animal and plant health sectors and food production and environmental sectors. The lack of international guidelines and standards on antimicrobial resistance and antimicrobial use surveillance for the environmental sector made it difficult for countries to incorporate global mechanisms on antimicrobial resistance at the national level.

The representative of NORWAY¹ said that the reduced attention given to the global antimicrobial resistance crisis because of the COVID-19 pandemic risked further exacerbating the problem. She supported the calls for accelerated implementation of national action plans by Member States and enhanced feedback from health ministries on the process to review the Codex Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance. The One Health approach demanded more involvement by health ministries in Codex Alimentarius activities to prevent the spread of antimicrobial resistance in food production.

The representative of CANADA¹ said that the COVID-19 pandemic had underscored the importance of high-level global commitment to addressing antimicrobial resistance. He thanked WHO, FAO and OIE for their progress in implementing the global action plan on antimicrobial resistance and efforts to support Member States in their implementation and evaluation of multisectoral national action plans and related initiatives. The establishment of the One Health High-Level Expert Council would further strengthen collaborative efforts between the tripartite organizations and UNEP. He welcomed

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

the opportunity to provide input towards the review of the Codex Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance, which should reflect public health values.

The representative of MALAYSIA,¹ welcoming WHO's role in spearheading the global response in the human health sector and coordinating the One Health response, described her Government's efforts to strengthen implementation of its national action plan. She took note of the action taken at all levels, including the progress made in the review of the Codex Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance, a project in which her Government was actively involved.

The representative of the PHILIPPINES¹ noted the progress made in implementing the global action plan on antimicrobial resistance and thanked the Secretariat for its continued leadership and support. Action taken by her Government included leading the development of a regional framework on antimicrobial resistance for countries in the WHO South-East Asia Region, as well as revising its national action plan in the light of the impact on drug supply chains and routine immunization services of the COVID-19 pandemic.

The representative of SWEDEN¹ said that the lessons learned from the COVID-19 pandemic response should be used to address antimicrobial resistance; for example, the rapid development of vaccines had demonstrated the power of science and collective action. She called on Member States to support the Antimicrobial Resistance Multi-Partner Trust Fund in order to boost implementation of national action plans in low-income countries. She emphasized the importance of the One Health approach, transparency and Member State participation in the revision of the Codex Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance, and called for public health values to be reflected in the final document. She urged WHO, FAO and OIE to secure sustainable funding for global governance mechanisms and invited eligible countries to participate in the third high-level technical consultation and meeting on surveillance of antimicrobial resistance and use for concerted actions to be hosted by her Government in April 2021.

The representative of SUDAN said that the COVID-19 pandemic posed a potential threat to antimicrobial stewardship activities and could drive antimicrobial resistance. Partnerships were central to the fight against antimicrobial resistance. She therefore called for coordination between stakeholders at all levels; legislation to reduce antibiotic use in animals; a review of governance structures on antimicrobial resistance in line with the One Health approach; and enhanced resource mobilization to advance and sustain the antimicrobial resistance agenda.

The representative of the INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS, speaking at the invitation of the CHAIR, thanked WHO for reinforcing the importance of antimicrobial resistance within the patient safety agenda. Patients should play a bigger role in the fight against antimicrobial resistance and Member States should capitalize on the existing capacities, expertise and outreach potential of civil society organizations.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR, highlighted that 10% of antibiotics were prescribed by dentists and urged Member States to consult with national dental associations when developing national action plans and guidelines and policies on antibiotic prescribing for dentists. Lack of access to dental care during COVID-19 pandemic lockdowns had led to a dramatic increase in antibiotic prescribing rates; access to dental treatment, rather than antibiotics, should therefore be a priority in antimicrobial resistance control efforts in that context.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR, called on Member States to increase investment and innovation in quality-assured antimicrobials and health technologies, keeping in mind the most vulnerable groups and the principles of affordability and accessibility, and to join the Global Antimicrobial Resistance Surveillance System

to share surveillance and diagnostic data. WHO should provide its Member States with support in developing national action plans and technical guidance to accelerate their implementation.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, called on Member States to ensure adequate professional training and enhanced public awareness of antibiotic use. Emphasizing the importance of involving future health care workers in research, surveillance and policy-making, he also called on Member States to involve more young people in activities to combat antimicrobial resistance, strengthen interdisciplinary collaboration and successfully implement the One Health approach.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that issues relevant to antimicrobial resistance that had arisen due to the COVID-19 pandemic included increased prescribing of antimicrobial agents to treat COVID-19 and coinfections; reduced infection testing and surveillance due to disrupted health care services; and the diversion of funding away from addressing antimicrobial resistance. It was crucial to continue and strengthen political and financial commitments to combating antimicrobial resistance and to create a global coordinating mechanism to streamline investments, focusing on developing and widening access to new antimicrobials, diagnostics and antimicrobial products.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that high rates of antimicrobial resistance in low- and middle-income countries, despite low antibiotic use, was evidence of systemic challenges that should be addressed through economic reforms and technical support to improve national surveillance systems. The role of pharmaceutical companies in antimicrobial resistance stewardship activities was concerning in view of their historical bias and unethical marketing practices. Given the limitations of the AMR Action Fund, a public sector-led impact investment fund should be established. The Codex Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance should clarify that the preventive and growth-promotive use of antibiotics in animals was not a therapeutic use.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, thanked WHO for supporting the development of new treatments to address the silent pandemic of the growth in drug-resistant infections. Meaningful change could be achieved with political will and resources. Member States should invest in the development of medical countermeasures; develop mechanisms to secure access to treatments for all; expand global multisectoral cooperation; and harness the know-how and capacities of low- and middle-income countries by engaging them as equal partners in a comprehensive global response.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, called on WHO to promote the education of physicians and pharmacists on the rational use of diagnostic techniques; implement surveillance systems to encourage the rational prescribing and dispensing of antimicrobials; create interprofessional learning and practice frameworks for health care professionals and students; recognize young people and civil society as key stakeholders in creating and implementing national action plans; and work with youth representatives on youth engagement programmes.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIR, said that antimicrobial misuse in infection prevention and control and the use of poor-quality antimicrobials in low- and middle-income countries was increasing the risk of antimicrobial resistance, leading to treatment failure, adverse outcomes, postoperative morbidity and mortality and high health care costs. Member States should ensure that the perioperative use of antibiotics in preventing or treating surgical site infection was evidence-based, and adhere to the recommendations of the WHO Model List of Essential Medicines and antimicrobial stewardship programmes.

The DEPUTY REGIONAL DIRECTOR FOR THE AMERICAS said that the countries in her Region played a key global leadership role in antimicrobial resistance through their participation in the Global Leaders Group and the newly established Strategic and Technical Advisory Group on antimicrobial resistance. Thirty-four countries in the Region had developed national action plans and all countries had initiated antimicrobial resistance containment actions. The Regional Office had facilitated the development of multisectoral approaches, the provision of quality technical cooperation and the exchange of best practices. Member States in the Region were establishing integrated antimicrobial resistance surveillance, monitoring antimicrobial use, including banning the use of colistin in animal food production, improving postmarketing surveillance of antibiotics and strengthening infection prevention and control measures, especially in the context of the COVID-19 pandemic. The Regional Office had also supported the governments of Argentina and Caribbean Community members in a joint project to improve antimicrobial resistance diagnosis and surveillance in Caribbean countries, and had worked with FAO, OIE and the European Union to lead innovative interventions in several countries, which were ready for replication in other regions.

The tripartite organizations had a critical role to play in the integration of actions across different sectors under the One Health approach. However, the challenge remained of achieving holistic, multisectoral antimicrobial resistance actions to address the increase in health care-associated drug-resistant infections, overcome resource shortfalls and tackle the sensitivities related to the pharmaceutical industry and the food production sector. Antimicrobial resistance should remain a political priority, and all efforts should be made to reduce the burden of infectious diseases and the impact of the COVID-19 pandemic.

The ASSISTANT DIRECTOR-GENERAL (Antimicrobial Resistance), welcoming the growing participation in the Global Antimicrobial Resistance Surveillance System, encouraged more Member States to join the 103 countries that had already enrolled in the system and the 69 countries that had shared data. The Secretariat was working to update the system in consultation with Member States to facilitate decision-making at all levels. She thanked the governments of the Republic of Korea and Sweden for helping to organize the third high-level technical consultation and meeting on surveillance of antimicrobial resistance and use for concerted actions, to be held in April 2021. The Secretariat had provided clear information on the safe use of antimicrobials in the updated guidance on the clinical management of COVID-19.

Although 143 countries had developed national action plans, many had not secured the financial resources needed for their effective implementation, meaning that their activities would have little impact on the spread of antimicrobial resistance. She therefore called on Member States to accelerate the implementation of fully financed national action plans, with primary health care as a core component, since 90% of antimicrobial use was in primary health care settings. She agreed that countries should integrate antimicrobial resistance activities into their implementation of the United Nations Sustainable Development Cooperation Framework under the One Health approach. To that end, new global governance structures on antimicrobial resistance were being set up, as recommended by the ad hoc inter-agency coordination group on antimicrobial resistance, including the Global Leaders Group and the Independent Panel on Evidence for Action against Antimicrobial Resistance.

The Secretariat was supporting Member States in implementing their national action plans at all three levels of WHO, in line with the objectives of the Thirteenth General Programme of Work, 2019–2023. The Strategic and Technical Advisory Group on antimicrobial resistance had recently been established to help countries move from the planning stage to the implementation stage and the Secretariat would soon roll out an antimicrobial technical assistance mechanism to help Member States to optimize their national action plans and analyse evidence. She urged Member States to integrate the AWaRe classification of antibiotics into national lists of essential medicines and ensure that 60% of antibiotics consumed at the national level belonged to the Access group, highlighting to national health authorities the importance of ensuring access to safe, effective and quality antimicrobials to tackle the global scourge of falsified and poor-quality medicines.

The Secretariat had launched the SECURE initiative with UNICEF, the Global Antibiotic Research and Development Partnership, the Clinton Health Access Initiative and other partners to widen

patient access to quality antibiotics. Essential measures to alleviate the pressure of antimicrobial resistance, including laboratory strengthening, supply chain management and water, sanitation and hygiene practices, had been hampered by the pandemic; it was therefore crucial to find more ways to address the silent pandemic of antimicrobial resistance.

Responding to questions from Member States regarding the Codex Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance, she said that the revision process was in its fifth stage and the revised document would soon be submitted for adoption as a Codex standard. It would be important to work with experts during the negotiation process to improve the implementation of the One Health approach. The Secretariat supported the negotiations on the proposed draft Codex guidelines on integrated monitoring and surveillance of foodborne antimicrobial resistance, which were still in the early stages of development.

The DIRECTOR-GENERAL said that, thanks to the WHO transformation agenda, the three levels of the Organization were now better prepared to scale up their support to Member States to help them to implement and sustain their multisectoral national action plans. The implementation of antimicrobial resistance activities, such as infection prevention and control, antimicrobial resistance surveillance, antimicrobial stewardship and water, sanitation and hygiene, had become even more important in the context of the COVID-19 pandemic. In efforts to tackle the pandemic, it was crucial to accelerate concerted efforts to stop the silent spread of antimicrobial resistance. He thanked the prime ministers of Bangladesh and Barbados for chairing the Global Leaders Group.

The Board noted the report.

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

2. GOVERNANCE MATTERS: Item 19 of the agenda (continued)

Global strategies and plans of action that are scheduled to expire within one year: Item 19.3 of the agenda (continued)

- **WHO global disability action plan 2014–2021: better health for all people with disability** (document EB148/36) (continued from the tenth meeting, section 2)
- **The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021** (document EB148/37) (continued from the tenth meeting, section 2)

The representative of COSTA RICA¹ said that, despite the commitments made by the international community, persons with disabilities continued to face barriers to equitable access to health, a problem experienced more by women and girls and exacerbated by the current health emergency. Stakeholders should join forces to safeguard the rights of persons with disabilities through all WHO initiatives. The draft resolution should guide the effective and transparent implementation of the United Nations Disability Inclusion Strategy; promote the inclusion of persons with disabilities in health system and universal health coverage initiatives; and encourage the Secretariat to reflect on how to integrate disability into rights-based prevention programmes. The Secretariat should work closely with organizations dedicated to the protection of persons with disabilities to achieve those goals. She expressed the hope that the call for action in the draft resolution would result in the inclusion of persons

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

with disabilities in COVID-19 immunization campaigns and ensure their equitable access to all available treatment and medicines.

The representative of the NETHERLANDS¹ supported the draft decision and looked forward to working with stakeholders to develop the new global health sector strategies on HIV, viral hepatitis and sexually transmitted infections. She commended the Secretariat's efforts to improve country capacities and the high uptake of new guidelines and policies; however, more should be done to achieve the relevant Sustainable Development Goal targets. She therefore supported the proposal to develop new strategies, which should be accomplished with the participation of stakeholders and result in evidence-based tools to identify priority interventions adapted to the needs of different populations, especially in regions with high HIV infection rates. She welcomed the news that the United States of America would continue to work with WHO on HIV/AIDS and support policies on gender equality and the sexual and reproductive health and rights of women and girls.

The representative of THAILAND¹ said that the unacceptably slow progress in the implementation of the global disability action plan was due to the health sector's view of disability inclusion as a luxury; its disregard for the rehabilitation agenda and persons with disabilities, which was contrary to the concept of universal health coverage; and poor coordination across government departments. She requested the Secretariat to facilitate knowledge-sharing to support multisectoral collaboration on disability inclusion.

She expressed concern at the global phenomenon of antimicrobial resistance in the context of HIV and sexually transmitted infections. Governments should develop and implement mechanisms to ensure the rational use of drugs to prevent antimicrobial resistance and ensure the continuation of services targeting HIV, viral hepatitis and sexually transmitted infections during and after the COVID-19 pandemic, especially for vulnerable and high-risk populations.

The representative of MONACO¹ said that her Government viewed the inclusion of persons with disabilities, especially in emergency situations, as a priority and had financed WHO activities in that area.

The representative of NAMIBIA,¹ underscoring her Government's commitment to the global fight against HIV/AIDS, noted with concern that the interim targets of the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections would not be met, despite the considerable progress made in prevention, testing, treatment and care. She called on the Secretariat to maintain its strategic focus on those three health topics in the light of the public health challenges posed by the diseases, which had been amplified by the COVID-19 pandemic. Thanking the Secretariat for its support in developing the draft decision on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, she invited Member States to join the list of sponsors.

The representative of MEXICO¹ said that, although many countries had implemented national action plans and legislation to improve health care services for persons with disabilities, much remained to be done to fulfil international commitments. Persons with disabilities often found it difficult to access care and rehabilitation services and, where such services were available, they were often of poor quality and financial barriers often drove service users into poverty. Furthermore, a lack of quality data often hindered the development of effective public policy. Improving data collection, integrating rehabilitation services into universal health coverage and encouraging health ministers to ensure persons with disabilities were included at the heart of their work could therefore lead to progress in the implementation of the global disability action plan. She called on the Secretariat to implement the United Nations Disability Inclusion Strategy at all levels.

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

The representative of ECUADOR¹ said that, despite recent progress, major gaps persisted in access to health services and persons with disabilities continued to encounter barriers and inequalities in health care. He called on stakeholders to commit to implementing coordinated, people-centred and rights-based measures to improve access to health for persons with disabilities at all levels, such as extending protection during health emergencies and investing in rehabilitation and other services. He looked forward to the new global strategy to be formulated by the Secretariat and would closely follow its implementation of the United Nations Disability Inclusion Strategy.

The representative of CANADA¹ said that the global health sector strategies continued to be important tools to galvanize and guide collective action on HIV, viral hepatitis and sexually transmitted infections. He supported the need to develop new people-centred strategies reflecting the contextual shifts brought about by the COVID-19 pandemic, as well as epidemiological trends, scientific developments and political commitments, but asked for accountability and reporting requirements to be harmonized and aligned with existing mechanisms to minimize additional Member State obligations.

His Government was committed to upholding and safeguarding the right of persons with disabilities to access health services, including sexual and reproductive health, without discrimination or barriers; to that end, his Government was developing a national disability inclusion action plan and would welcome the sharing of best practices from other Member States.

The representative of ZAMBIA¹ said that his Government had developed national action plans to address the needs of persons with disabilities under its national health strategy. He supported the draft resolution but emphasized his Government's view that, in reference to its provisions on reproductive rights, abortion should not be used as a family planning method.

His Government wished to be added to the list of sponsors of the draft decision on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, and called on multilateral partners to help to stem the growing incidence of HIV in girls and young women in his country.

The representative of PANAMA,¹ said that her Government wished to be added to the list of sponsors of the draft resolution on the highest attainable standards of health for persons with disabilities. Outlining measures implemented by her Government to support persons with disabilities, in collaboration with organizations dedicated to the protection of persons with disabilities in her country, she said that efforts should be made to foster a strengthened, inclusive approach to ensure that persons with disabilities had access to timely, quality health services.

The representative of the DOMINICAN REPUBLIC¹ requested that her Government be added to the lists of sponsors of both the draft resolution and the draft decision.

The representative of the PHILIPPINES¹ described the main elements of her Government's national strategy on the health of persons with disabilities and thanked the Secretariat for providing technical support towards the development of her country's national survey on disability.

Given the rapid increase in HIV cases in her country, her Government would contribute enthusiastically to the development of new global strategies on HIV, viral hepatitis and sexually transmitted infections. Such strategies should lay the groundwork for platforms to engage people living with HIV and encourage Member States to integrate high-risk populations into prevention, testing and treatment strategies. Plans should be adaptable to ensure the sustainability of testing services and adopt a people-centred approach to the delivery of services such as antiretroviral therapy during the COVID-19 pandemic.

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

The representative of GUATEMALA¹ acknowledged the importance of the draft resolution and reiterated his Government's commitment to the attainment of the highest level of health for persons with disabilities. However, his Government could not give its full support to instruments that contradicted Guatemalan law.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIR, expressed appreciation for the inclusion of palliative care in the draft resolution on the highest attainable standards of health for persons with disabilities and urged Member States to take into account the recommendations on palliative care in the WHO guidance on the clinical management of COVID-19.

The representative of HANDICAP INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIR, welcomed the draft resolution, in particular the commitment to move away from a medical approach to disability towards the use of language aligned with the United Nations Convention on the Rights of Persons with Disabilities, and the call to involve persons with disabilities in disability inclusion initiatives.

The representative of the WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, gave a personal account of her experience as a person with disabilities. In low- and middle-income countries, people with disabilities faced serious health problems arising from lack of access to rehabilitation, accessible homes, education and work opportunities. As most people accessing palliative care lived with disabilities, WHO interventions on disability should contain adequate provisions on palliative care for persons with disabilities.

The representative of the WORLD HEPATITIS ALLIANCE, speaking at the invitation of the CHAIR, welcomed the development of a new global health sector strategy for viral hepatitis, which would be a vital tool in efforts to eliminate hepatitis by 2030. As the populations most affected were often underserved by health systems, civil society should be included as a key element in all parts of the new strategy, including planning, monitoring and governance.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, called for more action to be taken to tackle HIV, viral hepatitis, and sexually transmitted infections, including the removal of barriers to the scaling up of hepatitis C diagnosis and treatment; improvements in HIV treatment and prophylaxis for children and adolescents; and concrete efforts to counter antimicrobial resistance to combat sexually transmitted infections.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, said that, thanks to the reduced costs of hepatitis C medication, countries were steadily implementing simplified testing and care models in health systems and in the community. The new strategy would enable WHO and its partners to overcome the remaining challenges to hepatitis elimination, including health inequities, and facilitate the development of innovative technologies and strategies, including those emerging from the COVID-19 pandemic response.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that the Secretariat would strengthen its work in all areas covered in the draft resolution, including by creating a global research agenda on disability and submitting a global report on the highest attainable standard of health for persons with disabilities to the Seventy-sixth World Health Assembly. Although the COVID-19 pandemic had hindered the efforts of the Secretariat and Member States to collect disaggregated data on disability, the Secretariat would continue to collect comprehensive, comparable data on disability and increase support to Member States to help them to improve data collection and share experiences and knowledge.

Responding to a request made by the representative of Bangladesh, he said that it was not necessary to extend the global disability action plan or develop an action plan on rehabilitation and

assistive technology for persons with disabilities because the WHO Rehabilitation 2030 initiative and resolution WHA71.8 (2018) on improving access to assistive technology were guiding the Secretariat's work in those areas at the national and global levels. The Secretariat would report to the Seventy-fourth World Health Assembly on its progress in the implementation of the United Nations Disability Inclusion Strategy. To that end, and to make WHO a more inclusive workplace where persons with disabilities played a key role, the Secretariat was working to systematically integrate disability into its programmes and core functions by launching the WHO policy on disability, establishing a steering committee, working group and secretariat on disability inclusion and developing an action plan on disability aligned with the Thirteenth General Programme of Work, 2019–2023. The public health approach to disability was a rights-based approach. He noted the calls from several Member States for the active involvement of persons with disabilities and the integration of the sexual and reproductive health of people with disabilities in WHO's work. As the COVID-19 pandemic had underscored the need to prioritize persons with disabilities in public health policies, the Secretariat was currently preparing a document on disability inclusion during the pandemic.

Turning to the new global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, he noted the support for the draft decision and said that the expiring strategies had driven progress in many countries. However, the elimination targets would not be achieved by 2030 without redoubled efforts. The pandemic had shown how much could change in a short period of time, highlighting the importance of strong health systems delivering quality, flexible and people-centred services to manage the three diseases, especially during health emergencies. The Secretariat would also explore linkages with the Global Action Plan for Healthy Lives and Well-being for All; integrate and promote new digital interventions; seek to strengthen surveillance for HIV drug resistance; and take vulnerable people into account in relevant activities. The new strategies should be informed by the discussions and outcomes of the United Nations General Assembly high-level meeting on HIV/AIDS to be held later in 2021 and aligned with the work of key partners such as UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Secretariat would hold consultations with all stakeholders to ensure their participation in the strategies; provide support to Member States, especially low- and middle-income countries with high disease burdens and high-risk populations; and help countries to eliminate hepatitis epidemics.

The DEPUTY DIRECTOR-GENERAL said that the Secretariat would base its disability agenda on the draft resolution and the Thirteenth General Programme of Work, 2019–2023 and adopt a rights-based public health approach to disability in its work. The Director-General attached particular importance to disability inclusion and had personally requested the development of a WHO policy on disability. The Secretariat was also developing an action plan on disability and had integrated disability into its impact framework and reporting scorecard.

She took note of the support demonstrated by Member States for the development of new global health sector strategies on HIV, viral hepatitis and sexually transmitted infections to cover the period 2022–2030. WHO had achieved its first Sustainable Development Goal target in 2020 with the decline of the prevalence of hepatitis B in children under 5 years of age to less than 1%; however, there was less than a decade remaining to attain the remaining Goals. The new strategies would help WHO to achieve the elimination and control targets relating to the three deadly diseases, but Member States would need to redouble their efforts to reverse the trend of slowing and plateauing results.

The CHAIR took it that the Board was ready to note the reports in documents EB148/36 and EB148/37.

The Board noted the reports.

The CHAIR took it that the Board agreed to adopt the draft resolution on the highest attainable standard of health for persons with disabilities.

The resolution was adopted.¹

The CHAIR took it that the Board agreed to adopt the draft decision on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections.

The decision was adopted.²**PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE****3. INTEGRATED PEOPLE-CENTRED EYE CARE, INCLUDING PREVENTABLE VISION IMPAIRMENT AND BLINDNESS:** Item 13 of the agenda (document EB148/15)
(continued from the twelfth meeting, section 3)

The representative of THAILAND³ supported the global targets for 2030 on integrated people-centred eye care, but emphasized that unnecessary cataract surgery should be avoided and effective preoperative visual acuity testing should be routinely used as an efficient clinical indication in setting the eligibility criteria for cataract removal. As the prevalence of blindness and visual impairment was declining, the proposed targets should further drive efforts to address refractive error and cataracts. The sharp rise in diabetic eye diseases over the prior two decades was concerning; her Government had therefore developed a diabetic retinal screening trial using artificial intelligence technology. The coverage and early detection of eye diseases could be improved with the use of such innovative technologies and the WHO Guidelines on Integrated Care for Older People.

The representative of PERU² said that the global target indicators should be practical, actionable and financially viable and the Secretariat should provide technical and financial support to help Member States achieve them. Blindness had a major impact on the well-being and quality of life of those affected and was often preventable. His Government had therefore taken steps in recent years to integrate eye care into national health services, particularly at the primary health care level, in order to improve access to quality and timely ocular health care services.

The representative of SUDAN commended the Secretariat's efforts to set feasible global targets for 2030 on integrated people-centred eye care. WHO should place visual impairment high on the global health agenda, given the connection between ocular health and equitable learning, education opportunities, sustainable economic growth and poverty reduction.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR, said that the global targets were ambitious but achievable and should guide Member States' efforts to improve eye health coverage in all populations. However, further consideration of the inclusion of women, children and people with disabilities would be welcome. Her organization stood ready to support Member States in efforts to integrate eye care into universal health coverage and encouraged the Board to endorse the global targets.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, cautioned against the fragmentation and privatization of eye care services in efforts to achieve the indicators. Publicly delivered comprehensive eye care services

¹ Resolution EB148.R6.

² Decision EB148(13).

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

should include early screening and the diagnosis of related issues. Data on community-level vision rehabilitation services and access to assistive devices for untreated vision impairment and blindness contributed to the continuum of care. She pointed out that the enabling role of eye care in public health systems in low- and middle-income countries had been ignored. She advocated for integrated primary eye care services with strong accountability mechanisms; close collaboration with communities to address the social and environmental determinants of ocular health; and the provision of diagnostics, screening and training activities at the primary care level to ensure access to eye care services in remote locations.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases), noting that many of the points raised during the discussion had been considered in resolution WHA73.4 (2020) on integrated, people-centred eye care, assured Member States that the Secretariat was developing a suite of technical tools and guidance in line with that resolution, including a package of evidence-based eye care interventions, and creating a global research agenda for eye health to help Member States to build capacities and strengthen eye care services within their health systems. The Secretariat was also addressing diabetes-related eye diseases through a cross-cutting approach and would include the topic in a global diabetes compact.

Effective coverage of refractive error and cataract surgery were two indicators established to aid the monitoring of eye care and universal health coverage at the global level. They would be accompanied by a wider menu of indicators to monitor the progress of eye care services at the national and subnational levels that would include indicators for other eye conditions such as glaucoma. Achievement of the indicators would hinge on the collection of a large volume of data to monitor progress. The Secretariat was therefore developing a valid, reliable and feasible data collection method that could be implemented as standalone measures or integrated into existing surveys. Given the importance of collecting, analysing and reporting on the equity dimension of the two indicators, the Secretariat would provide Member States with technical advice and collect data disaggregated by age, gender, socioeconomic status and geographical area and other country-specific elements. Work was also under way to incorporate vision components into existing WHO health surveys, including steps to promote more widespread data collection on the two indicators. The Secretariat was also working with stakeholders to raise funding to support country-level data collection for selected indicators and analyse existing data to establish robust baseline estimates for the two indicators. The eye care intervention packages were being developed to help countries to plan and cost their activities along with the WHO OneHealth tool to increase the effective coverage of cataract surgery and refractive error.

The Board noted the report.

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

4. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 14 of the agenda (continued)

The public health implications of implementation of the Nagoya Protocol: Item 14.4 of the agenda (document EB148/21)

The CHAIR drew attention to the report on the public health implications of implementation of the Nagoya Protocol contained in document EB148/21.

The representative of AUSTRIA, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, 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 her statement.

Platforms such as the Global Influenza Surveillance and Response System had played a key role in the monitoring of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by enabling the efficient sharing of materials and genetic sequences. Such platforms had proven useful for diseases other than influenza and should be regarded as a public good. Despite the low participation rate, the all-stakeholder survey revealed that most of the multifarious approaches to pathogen-sharing contained no benefit-sharing provisions and were based on informal arrangements. There was minimal clarity in the differentiation between the sharing of biological and genetic material, a situation made more unclear by the limited implementation of the non-compulsory pathogen-related provisions of the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity in the national access and benefit-sharing legislation of states Parties to the Protocol.

She requested more details on the WHO repository for biological materials, which should be developed in consultation with Member States. It was clear that pathogens should not be treated in the same way as other genetic resources and that the legal uncertainty on timely access to pathogens during health emergencies and consequent delays in access to diagnostics, vaccines and therapeutics left the world extremely vulnerable. She looked forward to receiving recommendations on timely pathogen- and benefit-sharing from bodies such as the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response. The Secretariat should continue its vital work on pathogen- and benefit-sharing and report to the World Health Assembly on its results.

The representative of CHINA, emphasizing the urgent need to establish fair and equitable benefit-sharing mechanisms, said that the Secretariat should work closely with all stakeholders to ensure that Member States could rapidly share pathogens, genetic sequencing and metadata in emergencies. During the initial COVID-19 outbreak, his Government had immediately mobilized leading biosecurity laboratories to conduct parallel testing of samples, identified the SARS-CoV-2 pathogen and rapidly shared the genome sequencing via the GISAID Initiative, providing the world with key preliminary information for use in clinical diagnosis, vaccine research and other studies. His Government stood ready to work with other Member States to fulfil its Nagoya Protocol commitments while upholding its national sovereignty.

The representative of INDONESIA said that, as only 21 of the 118 respondents to the all-stakeholder survey had been Member States, she questioned the survey's validity and urged caution in the selective reporting of survey data. The survey should have been more comprehensive, with more focus on benefit-sharing measures rather than on access. Rights granted to Member States under the Convention on Biological Diversity and the Nagoya Protocol should be respected and national access and benefit-sharing legislation recognized and supported. Timely pathogen-sharing was crucial to the fulfilment of public health needs, especially during the COVID-19 pandemic. However, any decision to develop a new benefit-sharing mechanism should be made with the active and inclusive participation of Member States. Such mechanisms should be well-structured, systematic and specify the pathogen samples to be shared, the parties involved and the circumstances in which they would be shared.

The representative of the UNITED STATES OF AMERICA highlighted the call by the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response for the optimization of procedures for the rapid and transparent sharing of biological materials. He encouraged Member States to share biological materials swiftly, especially during health emergencies, and urged the Secretariat to continue to raise awareness of the critical importance of such exchanges. He requested further information on the proposed WHO BioHub, including how the Secretariat would balance the many complex issues surrounding pathogen-sharing and the gaps it sought to fill with the establishment of a WHO biorepository. He supported the Secretariat's request to continue its work in the area and encouraged Member States to offer guidance during the intersessional period on how to provide additional transparency and clarity on pathogen-sharing practices globally, especially during public health emergencies.

The representative of INDIA said that the COVID-19 pandemic had demonstrated the need for the timely exchange of genetic data to prepare for public health emergencies and illustrated the benefits of the Nagoya Protocol, which had facilitated rapid data exchange on SARS-CoV-2 without undermining national legislation on the sharing of biological materials. More partnerships with research institutions should be forged to promote the low-cost, instant sharing of genetic sequences. The establishment of the WHO COVID-19 Reference Laboratory Network would help laboratories to develop capacities to sequence and analyse pathogen genomes, which would in turn help to build a global repository of well characterized viral strains and sequences to track the evolution of SARS-CoV-2 and contribute towards vaccine development, particularly in low- and middle-income countries. He requested further details on the regulatory framework of the proposed WHO BioHub and the measures envisaged to ensure the fair and equitable sharing of resulting benefits. As the implications of the implementation of the Nagoya Protocol fell under the remit of diverse government ministries, he requested additional time for Member States to consider the report.

The meeting rose at 17:00.

FIFTEENTH MEETING

Tuesday, 26 January 2021, at 10:05

Chair: Dr H. VARDHAN (India)

later: Mr B. KÜMMEL (Germany)

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

1. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 14 of the agenda (continued)

The public health implications of implementation of the Nagoya Protocol: Item 14.4 of the agenda (document EB148/21) (continued)

The representative of GHANA, speaking on behalf of the Member States of the African Region, said that pathogens and genetic sequence information had often been unfairly and inequitably shared. He was therefore disappointed to note that the report contained in document EB148/21 largely ignored issues of benefit-sharing and its practical challenges, thus failing to address important aspects of resolution WHA72.13 (2019). Nor did the report provide details on pathogen-sharing practices within WHO, its networks and collaborating centres, the terms and conditions of that sharing, or the parties with whom samples and data were shared. Those gaps must be addressed. He also called for more specific information on the benefit-sharing obligations of coronavirus disease (COVID-19) reference laboratories and on the governance, applicable laws and benefit-sharing arrangements of the proposed WHO BioHub.

Given the gaps in information, his Region could not currently support recommending that the Health Assembly should mandate the Secretariat to develop options on the issue. Instead, the Board should conduct informal consultations to collect more information on stakeholders' views and chart a way forward on pathogen and benefit-sharing before the Secretariat was requested to develop options.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed support for WHO efforts to ensure the fair and equitable sharing of benefits arising from the use of genetic resources. Member States should develop legislative, administrative and policy measures to ensure that benefits were shared fairly and equitably with the communities that had provided the resources. Users of genetic material should be encouraged to direct the benefits towards the conservation of biological diversity and sustainable use. Member States should also collaborate more closely on technical and scientific research and development, and engage in human resources development and institutional capacity-building, especially in laboratories.

The representative of BANGLADESH said that the Convention on Biological Diversity and its Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization allowed States to exercise sovereignty over their biological resources. WHO should continue to uphold their objectives and principles. As the COVID-19 pandemic had shown, it was more necessary than ever to share the benefits derived from pathogens and genetic sequence data fairly, equitably and transparently, and to ensure proper governance thereof. However, the Secretariat's report did not properly address how benefit-sharing occurred in practice, including when it was

conducted under WHO auspices. Further reflection on outstanding challenges would also have been welcome.

Specifically, more information was required on the pathogen samples currently being shared through WHO; the frequency and modalities of sharing for each pathogen; how genetic sequence data were shared, accessed and utilized, and WHO's role in that regard; the extent of intellectual property claims over samples and sequences shared; and the claims on medicines, vaccines, diagnostic tools and other products developed through the sharing of samples and sequences. More information was also required on national measures affecting public health surveillance, preparedness and response. Informal consultations and an intergovernmental working group were needed, and any process for developing options should be led by Member States.

The representative of the RUSSIAN FEDERATION acknowledged the importance of the Nagoya Protocol to public health, especially in the context of the COVID-19 pandemic. It was urgent to monitor the spread of variants of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), research their sources and monitor the efficacy of testing systems and existing vaccines. Doing so would require research and isolation of virus variants as well as access to genetic sequence information, which could be facilitated under the Nagoya Protocol. His Government believed in the value and positive public health impact of pathogen-sharing, and was thus contributing to sharing mechanisms such as the Global Initiative on Sharing All Influenza Data, by providing samples of virus variants from his country.

The representative of ARGENTINA said that access to genetic resources must always be associated with equitable benefit-sharing, even in exceptional public health contexts. To that end, her Government had updated the regulations on genetic resources in line with Article 8(b) of the Nagoya Protocol on special considerations for access and benefit-sharing; the updated regulations were proof that expedited access and benefit-sharing could coexist without creating an undue bureaucratic burden. The proposed WHO BioHub must not be at variance with the objectives of the Convention on Biological Diversity and the Nagoya Protocol. She expressed concern that multilateral mechanisms were being designed to prioritize facilitated access without giving due consideration to benefit-sharing, depriving developing countries in particular of the possibility of accessing new treatments.

The representative of MONACO¹ said that health imperatives must prevail during epidemics and pandemics, and that the systematic, timely sharing of pathogens and genetic sequence data, which the COVID-19 pandemic had shown to be indispensable, should be discussed in the context of strengthening WHO's global emergency preparedness and response efforts, in particular in the light of the relationship between the International Health Regulations (2005) and the Nagoya Protocol. The findings of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response would be extremely interesting in that regard. Glaring discrepancies in current practices could lead to delays in sharing; the Secretariat should work with the Review Committee to propose concrete recommendations for their resolution ahead of the next Health Assembly. She echoed the calls for more information on the proposed WHO BioHub.

The representative of CANADA¹ asked whether the findings of the report's recommended focus on options to provide additional transparency, equity, clarity and consistency in pathogen-sharing practices globally would be applied to operationalization of the proposed WHO BioHub. He also asked for more information on the BioHub's planned scope and function, including whether it would include additional functionalities beyond pathogen-sharing, such as genome sequencing and analysis. The Secretariat should continue to engage with existing networks, such as the Global Health Security Initiative, in order to ensure that established pathogen-sharing mechanisms were not negatively impacted by the roll-out of the BioHub. Member States should be consulted before the next Health

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

Assembly on the BioHub's proposed scope, material transfer agreements, access and benefit-sharing plans, and safety and security considerations.

The representative of SWITZERLAND¹ praised the all-stakeholder survey conducted by the Secretariat and requested more information on the survey participants. Various factors could affect the exchange of pathogens, and she stressed that, under the Nagoya Protocol, no country was obliged to make access to genetic resources contingent on prior and informed consent or mutually agreed conditions. The Secretariat was encouraged to continue monitoring the various practices and framework conditions in place around the world, and their impact on the exchange of pathogens. Transparent consultations between WHO Member States and relevant international organizations would be essential to that effort. Her Government was a partner in the WHO BioHub initiative, and as such could assure representatives that participation was voluntary and that the formal framework would be drawn up in close consultation with Member States.

The representative of BRAZIL¹ said that the principles of the Convention on Biological Diversity and the Nagoya Protocol, carefully negotiated for over a decade, must not be taken lightly: access and benefit-sharing should not be an afterthought when rolling out the proposed WHO BioHub. Expedient pathogen-sharing during the COVID-19 pandemic had been made possible through existing mechanisms, proving that the Convention and its Protocol did not hinder scientific collaboration. An investigation should be launched into why regular sharing of samples had not resulted in affordable, effective medical countermeasures for other diseases. The Secretariat should work to preserve and promote the Convention and the Protocol while addressing their public health implications.

The representative of JAPAN¹ said that the COVID-19 pandemic, especially the emergence of SARS-CoV-2 virus variants, had revealed the crucial importance of rapid sample-sharing. His Government was sharing variants identified in Japan so as to promote risk assessment, research and development. The benefits derived from sample-sharing during public health emergencies should be considered global public goods, hence the need for a mechanism ensuring rapid and equitable global sample-sharing outside the scope of the Nagoya Protocol during public health emergencies. He asked the Secretariat to provide regular updates on the proposed WHO BioHub.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, called on WHO to monitor the broad health implications of the sharing of genetic resources under the Nagoya Protocol so as to ensure equitable benefit-sharing. There must be clear criteria for identifying authentic innovations so that genetic resources found in nature were not erroneously patented to the detriment of public health. WHO should work to ensure that genetic resources were considered public goods.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that countries should be able to safeguard their sovereign rights over genetic resources. Member States must lead the process of defining and improving access and benefit-sharing, and the Secretariat should provide more information on the proposed WHO BioHub, including its intended use, the stakeholders consulted, and how it would be governed. The BioHub's centralization raised concerns about control and equity.

The CHIEF SCIENTIST said that, in line with resolution WHA72.13 (2019), the Secretariat had held briefings for Member States, expanded its engagement with the Convention on Biological Diversity, partnered with FAO and OIE, and reached out to other stakeholders.

An effort had been made in the all-stakeholder survey to include a balanced share of questions on the three areas of information specified in the resolution: pathogen-sharing practices, access and benefit-sharing arrangements, and public health implications. Roughly half of the questions had been

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

on access and benefit-sharing, and the report contained in document EB148/21 merely reflected the responses received. Out of more than 3000 total responses, for example, only 21 Member States had responded to questions about access and benefit-sharing. The main conclusion to be drawn from the survey was that there existed a wide variety of pathogen-sharing arrangements. The COVID-19 pandemic had shown that the sharing of pathogens and genetic sequence data had a positive impact on public health when it was well regulated and transparent, with the benefit agreed upon and shared among data generators and receivers.

She took note of the need for further discussions with Member States before options were developed and assured delegations that further work on the issue would give equal weight to access and benefit-sharing. The Secretariat's ability to deliver fully was dependent to some degree on stakeholder engagement, and she welcomed further discussion on a potential mechanism to that effect. The Fifteenth Meeting of the Conference of the Parties to the Convention on Biological Diversity, which would take place in 2021, represented an opportunity for Member States to make suggestions from a public health angle for discussion among the parties.

The DIRECTOR (Global Infectious Hazard Preparedness) reiterated that participation in the WHO BioHub was voluntary. Technical aspects and provisions had yet to be put in place, and the initiative was still in the pilot phase, assessing safety, costs, reliability, and so on. She asked for patience, stressing that the project would start small but hopefully grow quickly. Benefit-sharing within the BioHub would of course be tackled in due course, once the technical aspects had been consolidated. She noted that there was no immediate commercial benefit to obtaining samples of emerging pathogens, as opposed to influenza viruses for example, for which countermeasures such as vaccines had already been developed – whence the existence of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits. Member States would be included in future discussions on benefit-sharing within the BioHub, and contributions in the form of ideas and options were very welcome. The Secretariat hoped to build the system as quickly as possible and to leverage existing mechanisms that could contribute to access and benefit-sharing through the BioHub.

The DIRECTOR-GENERAL thanked the governments of Italy, South Africa and Thailand for joining the WHO BioHub, and the Government of Switzerland for its strong support for the initiative. Many governments had expressed interest, and he hoped that still more would join. The goal was for the BioHub to be as simple as possible, in contrast to the complex processes established under the Nagoya Protocol. Whereas the Protocol was useful in ordinary contexts, the BioHub was specifically designed to improve pandemic preparedness. It would, of course, encompass benefit-sharing, but would focus on the collective global benefit of controlling outbreaks and preventing epidemics as quickly as possible. He repeated that the BioHub was in its pilot phase and was not intended to replace the Nagoya Protocol; it represented a new way of thinking about and implementing pathogen-sharing. Further discussions would be held to collect specific input and guidance, but not all principles of the Nagoya Protocol could be applied in a pandemic context.

The Board noted the report.

Mr Kümmel took the Chair.

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES**2. COMMITTEES OF THE EXECUTIVE BOARD:** Item 20 of the agenda**Foundation committees and selection panels:** Item 20.1 of the agenda (document EB148/43)**Sasakawa Health Prize**

Decision: The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2021 to two nominees: Dr Wu Hao of China, for developing an intelligent family-physician-optimized collaborative model of “smart” health care that had been adapted and applied during the COVID-19 epidemic; and Dr Amal Saif Al-Maani of Oman, for leading a large-scale campaign to raise awareness of antimicrobial resistance, with an emphasis on community engagement. The laureates would each receive a statuette and US\$ 20 000.¹

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 2021 His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion to the National Centre for Gerontology of China, for its work in preventing and controlling ageing-related diseases, with a focus on health education and promotion for older people. The Centre would receive a plaque and 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 2021 Dr LEE Jong-wook Memorial Prize for Public Health to the National Research Centre for Radiation Medicine of the National Academy of Medical Sciences of Ukraine, for its tireless and diligent efforts to provide the international community with crucial knowledge and lessons learned from the Chernobyl accident. The Centre would receive a plaque and US\$ 100 000.³

Nelson Mandela Award for Health Promotion

Decision: The Executive Board, having considered the report of the Nelson Mandela Award Selection Panel, awarded the 2021 Nelson Mandela Award for Health Promotion to the Health Promotion Foundation of Thailand, for its work to advance health promotion in Thailand and the rest of the world over the past 20 years. The Foundation would receive a plaque.⁴

¹ Decision EB148(14).

² Decision EB148(15).

³ Decision EB148(16).

⁴ Decision EB148(17).

3. REPORT ON MEETINGS OF EXPERT COMMITTEES AND STUDY GROUPS: Item 22 of the agenda

- **Expert advisory panels and committees and their membership** (documents EB148/47 and EB148/47 Add.1)

The CHAIR invited the Board to consider the reports contained in documents EB148/47 and EB148/47 Add.1.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, encouraged Member States to prioritize the surveillance and control of food additives and underscored the need for WHO to continue providing technical and financial support to countries strengthening and updating their national regulatory measures to that effect. There should be no distinction made between food additives sold in manufacturing countries and those exported to places where norms were less strict.

Biological standardization was a key element for preserving human health. In the light of the COVID-19 pandemic, WHO must take a clear stance on directives regulating the production of messenger RNA vaccines. The Secretariat should continue to roll out written guidance specific to COVID-19, as it remained essential to ensure that biological substances were safe, available and distributed during the pandemic.

Tobacco and tobacco-derived products should be strongly regulated and controlled, no matter what a country's level of development. Young people in particular must be protected, to ensure healthy, resilient populations and strong economies, especially in the African Region. Governments should rigorously regulate advertising of tobacco products, including via new media and technologies.

The representative of SINGAPORE said that WHO played an essential role in convening international, regional and national experts to make technical recommendations on a range of health issues. The work of the WHO Tobacco Free Initiative and the WHO Study Group on Tobacco Product Regulation was also vital. The Secretariat should continue engaging with Member States on tobacco control and regulation, and help governments navigate the complex science of tobacco product regulation.

The representative of MADAGASCAR expressed support for stronger regulation of food additives and application of the Codex Alimentarius. The Joint FAO/WHO Food Standards Programme should base its work on factual data. On biological standardization, he said that the use of oral poliomyelitis vaccines should be a priority. On tobacco regulation, he recommended taking full precautions with regard to electronic delivery systems and toughening the regulations on tobacco products, as they appeared to be an important factor in increased mortality from cardiovascular disease. He requested technical and financial support to improve research at the country level, establish scientific evidence and thereby protect populations.

The representative of KENYA expressed concern at the imbalance in geographical representation within nearly all of the expert advisory panels and committees. Skewed representation starved the global health community of varied experiences and showed a lack of commitment to diversity. He welcomed the recommendations of the WHO Study Group on Tobacco Product Regulation, including on novel electronic nicotine delivery systems and non-tobacco nicotine products, and urged the Secretariat to continue providing authoritative guidance to Member States on tobacco regulation. He called for strengthened tobacco regulations and management of tobacco dependency to be made a top priority for WHO and the Health Assembly. Doing so would further accelerate implementation of the WHO Framework Convention on Tobacco Control, the Sustainable Development Goals and WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020.

The representative of the NETHERLANDS¹ said that the independent research and policy recommendations of the WHO Study Group on Tobacco Product Regulation were extremely useful for strengthening national policies and helping countries to foster a tobacco-free generation. The importance of a healthy, tobacco-free lifestyle could not be stressed enough in the light of the COVID-19 pandemic.

The representative of PANAMA¹ praised the report for incorporating technical aspects and mandates approved in various Health Assembly resolutions alongside decisions of the Conference of the Parties to the WHO Framework Convention on Tobacco Control. Manufacturers were promoting novel nicotine delivery systems as less harmful to consumers despite a lack of concrete evidence, and young people were at increased risk of using both conventional and novel tobacco products. Permitting the use of novel nicotine delivery systems was incompatible with the Framework Convention and achievement of targets 3.a, 3.4, 3.5 and 3.9 of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages).

The DIRECTOR (Nutrition and Food Safety) said that the members of the Joint FAO/WHO Expert Committee on Food Additives had worked extended hours across many time zones to deliver their report on time despite the limitations imposed by the COVID-19 pandemic. The most pressing issue was implementation of certain standards of the Codex Alimentarius, and the Secretariat was working with its partners to strengthen the Codex Trust Fund and provide capacity-building to the countries that needed it. Stronger regulation of food additives would be discussed in the context of the food safety strategy currently being prepared, and the Secretariat remained committed to boosting national capacities and reinforced controls so that Member States were empowered to defend the quality and safety of their food.

The ASSISTANT DIRECTOR-GENERAL (Medicines and Health Products) thanked Member States for providing experts to sit on the Expert Committee on Biological Standardization. WHO worked every year to establish norms and standards for biological health products, regardless of whether there was a pandemic or not. Such work was the backbone of quality assurance for all medical products.

The DIRECTOR (Health Promotion) thanked Member States for their support of the Secretariat's work on tobacco regulations. Regulatory mechanisms and networks had been strengthened, and up-to-date evidence on novel tobacco products was being reviewed in order to provide authoritative guidance to Member States. WHO's work on electronic cigarettes and non-tobacco devices was expanding as the market for such products grew: with roughly 3000 new products emerging in the past year alone, there was a need for much better regulation all around the world.

The Board noted the reports.

The meeting rose at 11:25.

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

SIXTEENTH MEETING

Tuesday, 26 January 2021, at 14:15

Chair: Dr H. VARDHAN (India)

later: Mr B. KÜMMEL (Germany)

later: Dr H. VARDHAN (India)

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

1. GOVERNANCE MATTERS: Item 19 of the agenda (continued)

Provisional agenda of the Seventy-fourth World Health Assembly and date and place of the 149th session of the Executive Board: Item 19.6 of the agenda (documents EB148/41 and EB148/42)

The CHAIR drew the attention of the Board to the report contained in document EB148/41 and the draft decision contained therein on the provisional agenda of the Seventy-fourth World Health Assembly.

The SECRETARY drew attention to the Secretariat's proposal to move item 22 of the draft provisional agenda of the Seventy-fourth World Health Assembly entitled "Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)" from Pillar 3 to Pillar 1 to reflect the fact that the issue was primarily centred on service delivery. The Secretariat further proposed that, although the next progress report on the Global technical strategy for malaria 2016–2030 was due to be submitted to the Seventy-fifth World Health Assembly in 2022, a report should be included on the draft provisional agenda of the Seventy-fourth World Health Assembly in order to report on the progress made against the strategy's milestones, which were currently off-track.

The CHAIR took it that the Board wished to approve the Secretariat's proposals.

It was so agreed.

Mr Kümmel took the Chair.

The CHAIR drew attention to a proposal by the delegation of Israel to amend the draft provisional agenda of the Seventy-fourth World Health Assembly by deleting provisional agenda item 25 and including the report entitled "Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan" under provisional agenda item 16.3 on WHO's work in health emergencies.

He recalled that the proposal had been set out in a letter addressed to the Director-General. After undertaking extensive consultations with the three directly concerned parties and the Director-General, it was his informed conviction that the decision on that proposed 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 draft provisional agenda of the Seventy-fourth World Health Assembly as proposed, a reference to the report would appear under item 16.3 and the matter would be discussed under that item, but not as a separate agenda item. Before the vote, the representatives of the three directly concerned parties, namely 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 provisional agenda item 25 on health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan was the only item that did not reflect WHO's vision and work to address major global health challenges. Instead, it was a political item with only one purpose: to attack Israel and politicize an otherwise professional Organization. She proposed that provisional agenda item 25 should be deleted as a standalone item and that the Secretariat's report on the matter should instead be presented under provisional agenda item 16.3 on WHO's work in health emergencies. Her proposal would provide a platform for discussions on the issue under an item that addressed all relevant situations around the world in a non-political manner, and would ensure that the Health Assembly maintained its focus on health. Building on the collaborative work, shared goals and multilateralism demonstrated throughout the current session of the Board, she called on the members of the Board to support her 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. He reiterated his Government's opposition to the politically motivated proposal, which was aimed at misleading the Organization by suggesting that provisional agenda item 25 should be dealt with as a health emergency issue. Under international humanitarian law and in accordance with Health Assembly resolutions, Israel was required to provide unconditional access to the occupied territory, including the occupied Syrian Golan, but had been blocking such access since 1967. The restrictions imposed by the occupying Power had prevented the WHO field assessment team from assessing the health conditions in the occupied Syrian Golan during its mission in 2017. The occupying authorities had continued to restrict access to WHO, preventing it from assessing the situation and responding to the humanitarian needs of the Syrian population, including during the coronavirus disease (COVID-19) pandemic. The occupying Power must respect its legal obligations. In addition, Israel was engaging in destructive practices in the region, including by providing direct logistical support to terrorist groups under the guise of humanitarian support. Provisional agenda item 25 was firmly within the mandate of WHO. He urged the Board to reject the proposal.

The observer of PALESTINE said that Israel was shirking its responsibilities in relation to the occupied territory, where the health situation was catastrophic. For example, it had vaccinated over 2.5 million of its own citizens against COVID-19 but not one single Palestinian. Palestinian prisoners, including those with underlying health conditions, continued to lack access to health care. Many people were living with injuries, disabilities and mental health conditions as a result of Israeli practices. The Israeli authorities were stopping ambulances at checkpoints and preventing Palestinians from reaching hospitals. They were also attacking hospital personnel in the occupied territory. Rather than putting forward the proposal, Israel should instead focus on improving health conditions. It was abundantly clear that Israel had submitted the proposal for political reasons as a means of garnering support for the upcoming elections there. Israel must accept its responsibilities as an occupying Power. He urged the members of the Board to reject the proposal and called for a better solution to be found.

At the invitation of the CHAIR, the LEGAL COUNSEL explained that the recorded vote would be taken by roll-call, in accordance with the special procedures for the 148th session of the Executive Board. Practical guidance on the voting procedure was provided in document EB148/INF./5.

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

A vote was taken by roll-call, the names of the members of the Executive Board being called in the French alphabetical order, starting with Germany, the first member in the French alphabetical list after the letter W, which had been determined by lot.

The result of the vote was:

In favour: Australia, Austria, Colombia, Germany, Israel, United Kingdom of Great Britain and Northern Ireland and United States of America.

Against: Argentina, Bangladesh, Botswana, Chile, China, Djibouti, Guyana, Indonesia, Oman, Russian Federation, Singapore, Sudan, Tajikistan, Tunisia and United Arab Emirates.

Abstaining: Finland, Ghana, Guinea-Bissau, India, Kenya, Madagascar, Republic of Korea, Romania and Tonga.

Absent: Burkina Faso, Gabon and Grenada.

The proposed amendment was therefore rejected by 15 votes to 7, with 9 abstentions.

The CHAIR took it that the Board wished to adopt the draft decision contained in document EB148/41.

The decision was adopted.¹

The representative of ISRAEL said that the statements by the Syrian and Palestinian delegations were regrettable and served only to further politicize WHO. She had hoped to have a professional, technical debate but had no choice but to respond to the statements made. It was ludicrous to be criticized by the Syrian Arab Republic, which was killing its own population, destroying its own health system and preventing aid, including health assistance, from reaching its own population. Under the Oslo Accords, the Palestinian authorities had assumed responsibility for all civilian matters, including health and vaccines. Nevertheless, the Government of Israel had been providing health assistance to the Palestinians, including vaccines, on an ongoing basis and would continue to provide support to facilitate access to vaccines. Palestinian prisoners were being vaccinated on the same basis as Israeli prisoners. The accusations made at the current meeting did not reflect reality. In addition, it was important to point out that the Palestinian authorities would soon be holding elections too.

As was the case every year, the process for debating the agenda item on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan as a standalone item at the Health Assembly would take hours, benefit absolutely no one and, most importantly, have nothing to do with reality. It would not change the situation on the ground. Regardless of events in Geneva, the Government of Israel would continue to work with the Palestinians and with WHO and provide support to improve the health conditions of the Palestinians. Agenda item 25 was not about the health of Palestinians but about politicizing health. The Health Assembly should retain a focus on health matters, not politics. It was for those reasons that the Government of Israel dissociated itself from the decision.

The representative of the UNITED STATES OF AMERICA said that his Government had voted in favour of the proposal by the Government of Israel in order to enable the Board to send a clean agenda to the Health Assembly in which standalone item 25 was moved under item 16.3 on WHO's work on health emergencies so that the related report could be discussed together with other health emergency situations. Doing so would streamline the agenda, stop the practice of singling out one country and

¹ Decision EB148(18).

contribute to good governance and reform at WHO. In addition, it would not deny the issue but instead place it under the appropriate item. The Board should fulfil its role by helping to bring the international community together, instead of perpetuating political division, and improve productivity at the Health Assembly.

The representative of AUSTRALIA expressed concern that standalone item 25 was unnecessarily introducing political issues into the work of the Health Assembly and the Organization. His Government considered that Committee B was not the appropriate location for discussion of the matter. Evidence-based and technical approaches to addressing complex health challenges should continue to form the foundation of WHO's work. He strongly encouraged all parties in advance of the Seventy-fourth World Health Assembly to negotiate a path towards permanently removing that standalone item from the agenda. His Government remained a strong supporter of a negotiated two-State solution to the conflict between Israel and the occupied Palestinian territory and would focus on supporting initiatives that reflected and maintained progress towards a negotiated settlement; one-sided resolutions that targeted the Government of Israel in multilateral forums did not contribute to that aim. His Government was a long-standing and substantial supporter of the Palestinian people, including through its aid programme.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that his Government was deeply concerned by the health situation in the occupied Palestinian territory. However, it was also concerned that the Health Assembly did not consider the many other difficult health situations around the world in the same way. Item 25 remained the only item on the agenda that singled out one country. If the Organization became politicized, it would fail in its duty to serve people around the world with vitally important health needs.

The representative of OMAN said that there would be no need for a discussion if Israel recognized the right of the Palestinian people to live in peace, be treated like its own citizens and have access to basic health services, including vaccines. Although it was true that item 25 was the only country-specific item, the poor health services existing in other countries were not due to occupation, unlike the occupied Palestinian territory. His Government stood by a two-State solution and would continue to seek peace, not only between the Palestinians and Israelis but throughout the whole region. Supporting the health care of Palestinians was vital to the goal of ensuring health and well-being for all.

The representative of the SYRIAN ARAB REPUBLIC,¹ speaking in exercise of the right of reply, said that a discussion would not be needed if the Israeli occupying Power accepted its legal obligations and cooperated with WHO in the implementation of relevant Health Assembly resolutions. Item 25 did not aim to single out any one country but dealt with a specific situation of people living under occupation and addressed the legal obligations of the occupying Power. The politicization of the matter was caused by attempts to circumvent the facts; it was clear from the accusations levelled that it was in fact Israel that was trying to politicize the discussions. Israel must accept the fact that the Syrian Golan was an occupied territory and act accordingly.

The observer of PALESTINE, speaking in exercise of the right of reply, said that he was surprised to see some governments voting in favour of the proposal when they had indicated in previous consultations that they would vote against it. He agreed with the statements made by the representatives of Oman and the Syrian Arab Republic. It was not true that all was in order, as the representative of Israel had suggested. He urged the representative of Israel to consider Article 56 of the Geneva Convention Relative to the Protection of Civilian Persons in Time of War, which was clear on such matters. Despite the Oslo Accords, Israel continued to have responsibilities regarding the provision of and facilitation of access to health care for Palestinians. The Israeli authorities needed to remember those responsibilities, in particular in relation to the provision of vaccines, including for Palestinian prisoners.

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

It was not his wish to enter into political considerations, but rather to ensure respect for health standards, medical ethics, the provision of medical care, and human rights. He urged Member States to offer their support to Israel so that it could shoulder its responsibilities towards all citizens, particularly those in the occupied territory.

Dr Vardhan resumed the Chair.

The CHAIR drew the attention of the Board to the report contained in document EB148/42 and the draft decision contained therein on the date and place of the 149th session of the Executive Board.

He took it that the Board wished to adopt the draft decision.

The decision was adopted.¹

2. CLOSURE OF THE SESSION: Item 23 of the agenda

The DIRECTOR-GENERAL thanked all Member States for their dedication, commitment and input throughout the session, during which an enormous range of issues had been discussed. All those issues were happening under the shadow of the greatest health crisis in recent history. It would soon be one year since he had declared a public health emergency of international concern regarding the emergence of the novel coronavirus. At that time, there had been 98 cases and no deaths reported outside China. One year later, there would soon be 100 million reported cases with more than 2 million people having lost their lives.

When the members of the Board had met a year ago, he had drawn attention to the window of opportunity the world had had to prevent widespread transmission of the new virus. Some countries had heeded that call, whereas others had not. Currently, vaccines were presenting the world with another window of opportunity to bring the COVID-19 pandemic under control. It was crucial not to squander it. Rich countries were rolling out vaccines while the world's least developed countries watched and waited. Indeed, the divide was growing larger between the world's haves and have-nots. The world faced a catastrophic moral failure if it did not walk the talk on vaccine equity. A new study by the International Chamber of Commerce Research Foundation had confirmed that it would also be an economic failure, with vaccine nationalism potentially costing the global economy up to US\$ 9.2 trillion and with almost half of that figure being incurred in the wealthiest economies. By contrast, the financing gap for the Access to COVID-19 Tools (ACT) Accelerator currently stood at US\$ 26 billion. If fully funded, the ACT-Accelerator would return up to US\$ 166 for every dollar invested. Vaccine nationalism might serve short-term political goals, but it was in every nation's own interests to support vaccine equity. He encouraged Member States to meet the challenge of ensuring that the vaccination of health workers and older people was under way in all countries within the first 100 days of 2021. Every moment counted in the fight against the COVID-19 pandemic.

After the customary exchange of courtesies, the CHAIR declared the 148th session of the Executive Board closed.

The meeting rose at 16:05.

¹ Decision EB148(19).