



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

152ND SESSION

GENEVA, 30 JANUARY–7 FEBRUARY 2023

SUMMARY RECORDS

GENEVA

2023

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 |
| PAHO | – Pan American Health Organization | WMO | – World Meteorological Organization |
| | | WOAH | – World Organisation for Animal Health |
| | | WTO | – World Trade Organization |

The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

PREFACE

The 152nd session of the Executive Board was held at WHO headquarters, Geneva, from 30 January–7 February 2023. 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 EB152/2023/REC/1. The list of participants and officers is contained in document EB152/DIV./1 Rev.1.



CONTENTS

| | Page |
|-------------------------------------------------------|-------------|
| Preface | iii |
| Agenda | xi |
| List of documents | xv |
| Committees and selection panels | xxi |

SUMMARY RECORDS

[First meeting](#)

| | |
|-----------------------------------------------------------|---|
| 1. Opening of the session and adoption of the agenda..... | 1 |
| 2. Report by the Director-General..... | 2 |

[Second meeting](#)

Pillar 4: More effective and efficient WHO providing better support to countries

| | |
|-------------------------------------------------------------------|----|
| 1. Staffing matters | |
| Appointment of the Regional Director for the Americas | 12 |
| 2. Report by the Director-General (continued) | 13 |
| 3. Report of the regional committees to the Executive Board | 15 |

Pillar 2: One billion more people better protected from health emergencies

| | |
|------------------------------------------------------------------------------------------------------------|----|
| 4. Public health emergencies: preparedness and response | |
| Strengthening WHO preparedness for and response to health emergencies | |
| • Strengthening the global architecture for health emergency preparedness, response and resilience..... | 18 |

[Third meeting](#)

| | |
|---------------------------------------------------------------------------------------------|----|
| 1. Report of the Programme, Budget and Administration Committee of the Executive Board..... | 25 |
|---------------------------------------------------------------------------------------------|----|

Pillar 4: More effective and efficient WHO providing better support to countries (continued)

| | |
|-----------------------------------------------------------------------------------------------------------------------------------|----|
| 2. Budget and finance matters | |
| Financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025..... | 29 |
| Proposed programme budget 2024–2025 | 29 |
| Thirteenth General Programme of Work, 2019–2025 | 38 |
| Scale of assessments for 2024–2025 | 38 |
| Amendments to the Financial Regulations and Financial Rules | 38 |

Fourth meeting

Pillar 4: More effective and efficient WHO providing better support to countries (continued)

| | | |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----|
| 1. | Budget and finance matters (continued) | |
| | Thirteenth General Programme of Work, 2019–2025 (continued) | 41 |
| | Scale of assessments for 2024–2025 (continued) | 41 |
| | Amendments to the Financial Regulations and Financial Rules (continued) | 41 |
| 2. | Management matters | |
| | Prevention of sexual exploitation, abuse and harassment | 43 |
| | Staffing matters (continued) | |
| | Human resources | 43 |
| Pillar 2: One billion more people better protected from health emergencies (continued) | | |
| 3. | Public health emergencies: preparedness and response (continued) | |
| | Strengthening WHO preparedness for and response to health emergencies (continued) | 51 |
| | • Strengthening the global architecture for health emergency preparedness, response and resilience (continued) | 51 |

Fifth meeting

Pillar 2: One billion more people better protected from health emergencies (continued)

| | | |
|----|----------------------------------------------------------------------------------------------------------------------|----|
| 1. | Public health emergencies: preparedness and response (continued) | |
| | Strengthening WHO preparedness for and response to health emergencies (continued) | 59 |
| | • Strengthening the global architecture for health emergency preparedness, response and resilience (continued) | 59 |

Pillar 4: More effective and efficient WHO providing better support to countries (continued)

| | | |
|----|------------------------------------------------------------------------------------|----|
| 2. | Committees of the Executive Board | |
| | Standing Committee on Health Emergency Prevention, Preparedness and Response | 63 |

Pillar 1: One billion more people benefiting from universal health coverage

| | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 3. | Universal health coverage | |
| | • Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage | 66 |

Sixth meeting

Pillar 4: More effective and efficient WHO providing better support to countries (continued)

| | | |
|----|------------------------------------------------------------------------------------------------|-----|
| 1. | Committees of the Executive Board (continued) | |
| | Standing Committee on Health Emergency Prevention, Preparedness and Response (continued) | 100 |

Pillar 1: One billion more people benefiting from universal health coverage (continued)

| | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 2. | Universal health coverage (continued) | |
| | • Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage (continued) | 101 |

| | Page |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 3. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health <ul style="list-style-type: none"> • Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases..... | 114 |

Seventh meeting

| | |
|-----------------------------------------------------------------------------------------|-----|
| Pillar 1: One billion more people benefiting from universal health coverage (continued) | |
| 1. Draft global strategy on infection prevention and control | 121 |
| 2. Global road map on defeating meningitis by 2030 | 130 |
| 3. Standardization of medical devices nomenclature..... | 134 |
| Pillar 2: One billion more people better protected from health emergencies (continued) | |
| 4. Poliomyelitis | |
| Poliomyelitis eradication | 138 |
| Polio transition planning and polio post-certification..... | 138 |

Eighth meeting

| | |
|-----------------------------------------------------------------------------------------|-----|
| Pillar 2: One billion more people better protected from health emergencies (continued) | |
| 1. Poliomyelitis (continued) | |
| Poliomyelitis eradication (continued)..... | 139 |
| Polio transition planning and polio post-certification (continued) | 139 |
| Pillar 1: One billion more people benefiting from universal health coverage (continued) | |
| 2. Substandard and falsified medical products..... | 148 |
| 3. Strengthening rehabilitation in health systems | 154 |

Ninth meeting

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Pillar 1: One billion more people benefiting from universal health coverage (continued) | |
| 1. Strengthening rehabilitation in health systems (continued) | 163 |
| 2. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health (continued) <ul style="list-style-type: none"> • Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases (continued) | 168 |

Tenth meeting

| | |
|------------------------------------------------------------------------------------------------------------|-----|
| Pillar 3: One billion more people enjoying better health and well-being | |
| 1. Well-being and health promotion | 177 |
| 2. Ending violence against children through health systems strengthening and multisectoral approaches..... | 183 |
| 3. Social determinants of health..... | 189 |

Eleventh meeting

| | |
|-------------------------------------------------------------------------------------|-----|
| Pillar 3: One billion more people enjoying better health and well-being (continued) | |
| 1. Social determinants of health (continued) | 199 |
| 2. The highest attainable standard of health for persons with disabilities..... | 203 |
| 3. United Nations Decade of Action on Nutrition (2016–2025)..... | 209 |
| 4. Behavioural science for better health..... | 219 |

Twelfth meeting

| | |
|----------------------------------------------------------------------------------------------|-----|
| Pillar 4: More effective and efficient WHO providing better support to countries (continued) | |
| 1. Possible convocation of a special session of the Executive Board | 228 |
| Pillar 2: One billion more people better protected from health emergencies (continued) | |
| 2. Public health emergencies: preparedness and response | |
| WHO's work in health emergencies | |
| • Implementation of resolution WHA75.11 (2022) | 229 |

Thirteenth meeting

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Pillar 2: One billion more people better protected from health emergencies (continued) | |
| Public health emergencies: preparedness and response (continued) | |
| WHO's work in health emergencies (continued) | |
| • Implementation of resolution WHA75.11 (2022) (continued) | 240 |
| Global Health for Peace Initiative..... | 243 |
| Strengthening WHO preparedness for and response to health emergencies (continued) | |
| • Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination..... | 248 |
| • Proportional division of funds for the Partnership Contribution of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits | 248 |

Fourteenth meeting

| | |
|---------------------------------------------------------------------------------------------------------------------------|-----|
| Pillar 4: More effective and efficient who providing better support to countries (continued) | |
| Governance matters | |
| Matters emanating from the Working Group on Sustainable Financing | |
| • Report of the Agile Member States Task Group on Strengthening WHO Budgetary, Programmatic and Financing Governance..... | 255 |
| • Secretariat implementation plan on reform | 255 |
| • Sustainable financing: feasibility of a replenishment mechanism, including options for consideration | 255 |
| Global strategies and plans of action that are scheduled to expire within one year | |
| • WHO global action plan on promoting the health of refugees and migrants, 2019–2023 | 263 |
| • WHO traditional medicine strategy 2014–2023..... | 263 |

Fifteenth meeting

| | |
|-------------------------------------------------------------------------------------------------------|-----|
| Pillar 4: More effective and efficient WHO providing better support to countries (continued) | |
| 1. Staffing matters (continued) | |
| Appointment of the Regional Director for the Americas (continued) | 276 |
| 2. Governance matters (continued) | |
| Global strategies and plans of action that are scheduled to expire within one year (continued) | |
| • WHO global action plan on promoting the health of refugees and migrants, 2019–2023 (continued)..... | 278 |
| • WHO traditional medicine strategy 2014–2023 (continued) | 278 |
| WHO reform | |
| • Involvement of non-State actors in WHO's governing bodies..... | 282 |
| • WHO presence in countries, territories and areas | 282 |

| | Page |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Engagement with non-State actors | |
| • Report on the implementation of the Framework of Engagement with Non-State Actors | 288 |
| • Non-State actors in official relations with WHO | 288 |
| Provisional agenda of the Seventy-sixth World Health Assembly and date and place of the 153rd session of the Executive Board | |
| • Considerations for possible electronic voting at future governing bodies meetings | 291 |
| 3. Update on the Infrastructure Fund | |
| • Geneva buildings renovation strategy | 291 |
| Pillar 2: One billion more people better protected from health emergencies (continued) | |
| 4. Public health emergencies: preparedness and response (continued) | |
| Strengthening WHO preparedness for and response to health emergencies (continued) | |
| • Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination (continued) | 293 |
| • Proportional division of funds for the Partnership Contribution of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits (continued) | 293 |

Sixteenth meeting

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Pillar 2: One billion more people better protected from health emergencies (continued) | |
| 1. Public health emergencies: preparedness and response (continued) | |
| Strengthening WHO preparedness for and response to health emergencies (continued) | |
| • Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination (continued) | 297 |
| • Proportional division of funds for the Partnership Contribution of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits (continued) | 297 |
| Pillar 3: One billion more people enjoying better health and well-being (continued) | |
| 2. Behavioural science for better health (continued) | 298 |

Seventeenth meeting

| | |
|------------------------------------------------------------------------------------------------------------------|-----|
| Pillar 4: More effective and efficient WHO providing better support to countries (continued) | |
| 1. Staffing matters (continued) | |
| Statement by the representative of the WHO staff associations | 303 |
| Report of the Ombudsman | 303 |
| Human resources (continued) | 305 |
| Amendments to the Staff Regulations and Staff Rules | 305 |
| Report of the International Civil Service Commission | 310 |
| Reform of the global internship programme | 310 |
| Implementation of the United Nations Disability Inclusion Strategy, including the WHO policy on disability | 310 |
| 2. Governance matters (continued) | |
| WHO reform (continued) | |
| • Involvement of non-State actors in WHO's governing bodies (continued) | 313 |
| 3. Report on meetings of expert committees and study groups | |
| • Expert advisory panels and committees and their membership | 315 |
| 4. Committees of the Executive Board (continued) | |
| Foundation committees and selection panels | 315 |

[Eighteenth meeting](#)

Pillar 4: More effective and efficient WHO providing better support to countries (continued)

| | | |
|----|-------------------------------------------------------------------------------|-----|
| 1. | Governance matters (continued) | |
| | WHO reform (continued) | |
| | • Involvement of non-State actors in WHO's governing bodies (continued) | 317 |
| 2. | Closure of the session..... | 317 |



AGENDA¹

1. Opening of the session and adoption of the agenda
2. Report by the Director-General
3. Report of the regional committees to the Executive Board
4. Report of the Programme, Budget and Administration Committee of the Executive Board

Pillar 1: One billion more people benefiting from universal health coverage

5. Universal health coverage
 - Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage
6. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health
 - Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases
7. Substandard and falsified medical products
8. Strengthening rehabilitation in health systems
9. Draft global strategy on infection prevention and control
10. Global road map on defeating meningitis by 2030
11. Standardization of medical devices nomenclature

Pillar 2: One billion more people better protected from health emergencies

12. Public health emergencies: preparedness and response
 - 12.1 Strengthening WHO preparedness for and response to health emergencies
 - Strengthening the global architecture for health emergency preparedness, response and resilience

¹ As adopted by the Board at its first meeting (30 January 2023).

- Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination
- Proportional division of funds for the Partnership Contribution of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits

12.2 WHO's work in health emergencies

- Implementation of resolution WHA75.11 (2022)

12.3 Global Health for Peace Initiative

13. Poliomyelitis

13.1 Poliomyelitis eradication

13.2 Polio transition planning and polio post-certification

Pillar 3: One billion more people enjoying better health and well-being

14. Well-being and health promotion

15. Ending violence against children through health systems strengthening and multisectoral approaches

16. Social determinants of health

17. The highest attainable standard of health for persons with disabilities

18. United Nations Decade of Action on Nutrition (2016–2025)

19. Behavioural science for better health

Pillar 4: More effective and efficient WHO providing better support to countries

20. Budget and finance matters

20.1 Financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025

20.2 Proposed programme budget 2024–2025

20.3 Thirteenth General Programme of Work, 2019–2025

20.4 Scale of assessments for 2024–2025

20.5 Amendments to the Financial Regulations and Financial Rules

21. Management matters

21.1 Prevention of sexual exploitation, abuse and harassment

22. Update on the Infrastructure Fund
 - Geneva buildings renovation strategy
23. Governance matters
 - 23.1 Matters emanating from the Working Group on Sustainable Financing:
 - Report of the Agile Member States Task Group on Strengthening WHO Budgetary, Programmatic and Financing Governance
 - Secretariat implementation plan on reform
 - Sustainable financing: feasibility of a replenishment mechanism, including options for consideration
 - 23.2 Global strategies and plans of action that are scheduled to expire within one year
 - WHO global action plan on promoting the health of refugees and migrants, 2019–2023
 - WHO traditional medicine strategy 2014–2023
 - 23.3 WHO reform
 - Involvement of non-State actors in WHO’s governing bodies
 - WHO presence in countries, territories and areas
 - 23.4 Engagement with non-State actors
 - Report on the implementation of the Framework of Engagement with Non-State Actors
 - Non-State actors in official relations with WHO
 - 23.5 Provisional agenda of the Seventy-sixth World Health Assembly and date and place of the 153rd session of the Executive Board
 - Considerations for possible electronic voting at future governing bodies meetings
24. Committees of the Executive Board
 - 24.1 Independent Expert Oversight Advisory Committee
 - [deleted]
 - 24.2 Foundation committees and selection panels
 - 24.3 Standing Committee on Health Emergency Prevention, Preparedness and Response

25. Staffing matters
 - 25.1 Appointment of the Regional Director for the Americas
 - 25.2 Statement by the representative of the WHO staff associations
 - 25.3 Report of the Ombudsman
 - 25.4 Human resources
 - 25.5 Amendments to the Staff Regulations and Staff Rules
 - 25.6 Report of the International Civil Service Commission
 - 25.7 Reform of the global internship programme
 - 25.8 Implementation of the United Nations Disability Inclusion Strategy, including the WHO policy on disability
26. Report on meetings of expert committees and study groups
 - Expert advisory panels and committees and their membership
27. Closure of the session

LIST OF DOCUMENTS

| | |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EB152/1 Rev.1 | Agenda ¹ |
| EB152/1 (annotated) | Provisional agenda (annotated) |
| EB152/2 | Report by the Director-General |
| EB152/3 | Report of the regional committees to the Executive Board |
| EB152/4 | Report of the Programme, Budget and Administration Committee of the Executive Board |
| EB152/5 | Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage |
| EB152/6 | Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases |
| EB152/6 Add.1 | Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ² |
| EB152/7 | Substandard and falsified medical products |
| EB152/7 Add.1 | Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board |
| EB152/8 | Strengthening rehabilitation in health systems |
| EB152/9 | Draft global strategy on infection prevention and control Executive summary |
| EB152/9 Add.1 | Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ² |
| EB152/10 | Global road map on defeating meningitis by 2030 |
| EB152/10 Add.1 | Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ² |

¹ See page xi.

² See document EB152/2023/REC/1, Annex 7.

| | |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EB152/11 | Standardization of medical devices nomenclature International classification, coding and nomenclature of medical devices |
| EB152/12 | Strengthening WHO preparedness for and response to health emergencies Strengthening the global architecture for health emergency preparedness, response and resilience |
| EB152/13 | Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination |
| EB152/14 | Proportional division of funds for the Partnership Contribution of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits |
| EB152/14 Add.1 | Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ¹ |
| EB152/15 | Public health emergencies: preparedness and response WHO's work in health emergencies |
| EB152/16 | Implementation of resolution WHA75.11 (2022) |
| EB152/17 | Public health emergencies: preparedness and response Global Health for Peace Initiative |
| EB152/18 | Poliomyelitis Poliomyelitis eradication |
| EB152/19 | Poliomyelitis Polio transition planning and polio post-certification |
| EB152/20 | Well-being and health promotion Development of a WHO framework for achieving well-being |
| EB152/21 | Ending violence against children through health systems strengthening and multisectoral approaches |
| EB152/22 | Social determinants of health |
| EB152/23 | The highest attainable standard of health for persons with disabilities |
| EB152/24 | United Nations Decade of Action on Nutrition (2016–2025) |
| EB152/25 | Behavioural sciences for better health |

¹ See document EB152/2023/REC/1, Annex 7.

LIST OF DOCUMENTS

| | |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EB152/26 | Financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025 |
| EB152/27 | Proposed programme budget 2024–2025 |
| EB152/28 | Thirteenth General Programme of Work, 2019–2025 Report on the outcomes of the Member States consultation process |
| EB152/29 | Scale of assessments for 2024–2025 |
| EB152/30 | Amendments to the Financial Regulations and Financial Rules ¹ |
| EB152/30 Add.1 | Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board ² |
| EB152/31 | Prevention of sexual exploitation, abuse and harassment |
| EB152/32 | Update on the Infrastructure Fund Geneva buildings renovation strategy |
| EB152/33 | Report of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance |
| EB152/33 Add.1 | Report of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance Draft decision proposed by the Co-Facilitators of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance following consultation with Member States |
| EB152/33 Add.2 | Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ² |
| EB152/34 | Matters emanating from the Working Group on Sustainable Financing Secretariat implementation plan on reform ³ |
| EB152/34 Add.1 | Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ² |
| EB152/35 | Sustainable financing: feasibility of a replenishment mechanism, including options for consideration |

¹ See document EB152/2023/REC/1, Annex 1.

² See document EB152/2023/REC/1, Annex 7.

³ See document EB152/2023/REC/1, Annex 5.

| | |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EB152/36 | Global strategies and plans of action that are scheduled to expire within one year WHO global action plan on promoting the health of refugees and migrants, 2019–2023 |
| EB152/37 | Global strategies and plans of action that are scheduled to expire within one year WHO traditional medicine strategy: 2014–2023 |
| EB152/38 | WHO reform Involvement of non-State actors in WHO’s governing bodies |
| EB152/38 Add.1 | Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ¹ |
| EB152/39 | Engagement with non-State actors Report on the implementation of the Framework of Engagement with Non-State Actors |
| EB152/40 | Engagement with non-State actors Non-State actors in official relations with WHO ² |
| EB152/40 Add.1 | Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ¹ |
| EB152/41 | Provisional agenda of the Seventy-sixth World Health Assembly |
| EB152/42 | Date and place of the 153 rd session of the Executive Board |
| EB152/43 | Provisional agenda of the Seventy-sixth World Health Assembly and date and place of the 153 rd session of the Executive Board Considerations for possible electronic voting at future governing bodies meetings |
| EB152/44 | Foundation committees and selection panels |
| EB152/45 | Standing Committee on Health Emergency Prevention, Preparedness and Response |
| EB152/46 | Appointment of the Regional Director for the Americas |
| EB152/47 | Human resources Human resources: update |

¹ See document EB152/2023/REC/1, Annex 7.

² See document EB152/2023/REC/1, Annex 6.

LIST OF DOCUMENTS

| | |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| EB152/47 Add.1 | Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board ¹ |
| EB152/48 Rev.1 | Human resources Reform of the Office of Internal Oversight Services ² |
| EB152/48 Rev.1 Add.1 | Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ¹ |
| EB152/49 | Amendments to the Staff Regulations and Staff Rules ³ |
| EB152/49 Add.1 | Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board ¹ |
| EB152/50 | Report of the International Civil Service Commission |
| EB152/51 | Staffing matters Reform of the global internship programme |
| EB152/52 | Implementation of the United Nations Disability Inclusion Strategy, including the WHO policy on disability |
| EB152/53 | Report on meetings of expert committees and study groups |
| EB152/53 Add.1 | Report on meetings of expert committees and study groups Expert advisory panels and committees and their membership |
| EB152/54 | Standing Committee on Health Emergency Prevention, Preparedness and Response Terms of membership |
| EB152/54 Add.1 | Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board ¹ |
| EB152/55 | Possible convocation of a special session of the Executive Board ⁴ |

Information documents

| | |
|--------------|----------------------------------------------------------------|
| EB152/INF./1 | WHO reform WHO presence in countries, territories and areas |
| EB152/INF./2 | Statement by the representative of the WHO staff associations |

¹ See document EB152/2023/REC/1, Annex 7.

² See document EB152/2023/REC/1, Annex 3.

³ See document EB152/2023/REC/1, Annex 2.

⁴ See document EB152/2023/REC/1, Annex 4.

EB152/INF./3 Report of the Ombudsman
EB152/INF./4 Report of the Ombudsman
Ombudsman's recommendations: progress on implementation

Diverse documents

EB152/DIV./1 Rev.1 List of members and other participants
EB152/DIV./2 Preliminary daily timetable
EB152/DIV./3 List of decisions and resolutions
EB152/DIV./4 List of documents

COMMITTEES AND SELECTION PANELS¹

1. Programme, Budget and Administration Committee²

Dr Kerstin Vesna Petrič (Slovenia, member ex officio), Mr Khairy Jamaluddin (Malaysia, member ex officio), Ms Zhang Yang (China), Dr Lia Tadesse Gebremedhin (Ethiopia), Dr Hiroki Nakatani (Japan), Professeur Zely Arivelo Randriamanantany (Madagascar), Dr Aishath Rishmee (Maldives), Dr Abdelkrim Meziane Bellefquih (Morocco), Dr Ahmed Mohammed Al Saidi (Oman), Dr Jorge Antonio López Peña (Peru), Professor Jozef Šuvada (Slovakia), Mr Narciso Fernandes (Timor-Leste), Professor Chris Whitty (United Kingdom of Great Britain and Northern Ireland), and Ms Barbara De Rosa-Joynt (United States of America).

Thirty-seventh meeting, 25–27 January 2023:³ Ms Aishath Rishmee (Maldives, Chair), Mr Yong Feng (China, alternate to Ms Zhang Yang), Dr Lia Tadesse Gebremedhin (Ethiopia), Dr Yasuhiro Suzuki (Japan), Professor Zely Arivelo Randriamanantany (Madagascar), Ms C. El Bakkali (Morocco, alternate to Dr Abdelkrim Meziane Bellefquih), Dr Qasem Al Salmi (Oman, alternate to Dr H.A.H. Al Sabti), Mr Bernardo Roca-Rey Ross (Peru, alternate to Dr R.G. Palomino), Professor Jozef Šuvada (Slovakia), Mr Narciso Fernandes (Timor-Leste), Mr Matt Harpur (United Kingdom of Great Britain and Northern Ireland, alternate to Professor Chris Whitty), and Ms Barbara De Rosa-Joynt (United States of America).

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 30 January 2023:

Dr Kerstin Vesna Petrič (Slovenia, Chair), Professor Kim Ganglip (South Korea) replacing Mr Marcus M. Samo (Federated States of Micronesia), Professor Etsuko Kita, Chair of the Sasakawa Health Foundation (representative of the founder).

3. United Arab Emirates Health Foundation 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 Eastern Mediterranean Region and a representative of the founder.

Meeting of 31 January 2023:

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 EB151(3).

³ See document PBAC37/DIV./1.

Dr Kerstin Vesna Petrič (Slovenia, Chair), Dr Hilal Ali Hilal Al Sabti (Oman), Dr Mohammad Salim Alolama, Undersecretary, Ministry of Health and Prevention (United Arab Emirates) (representative of the founder).

4. State of Kuwait Health Promotion Foundation Selection Panel

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

Meeting of 30 January 2023:

Dr Kerstin Vesna Petrič (Slovenia, Chair), Dr Hassan Mohammad Al Ghabbash (Syrian Arab Republic), Dr Yaqoub Al-Tammar, Assistant Undersecretary for Health Affairs, External Health Services, Ministry of Health, Kuwait (representative of the founder).

5. Dr LEE Jong-wook Memorial Prize Selection Panel

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

Meeting of 31 January 2023:

Dr Kerstin Vesna Petrič (Slovenia, Chair), Dr Hiroki Nakatani (Japan) replacing Dr Yasuhiro Suzuki (Japan), Mr Kwan-soo Ahn, Secretary General, Korea Foundation for International Health Care (KOFIH) (representative of the founder).

6. Nelson Mandela Award Selection Panel

The Chair and first Vice-Chair of the Executive Board (members ex officio) and a member of the Executive Board from a Member State of the WHO African Region. A representative of the Nelson Mandela Foundation invited as an observer

Meeting of 31 January 2023:

Dr Kerstin Vesna Petrič (Slovenia, Chair), Dr Zaliha Mustafa (Malaysia, first Vice-Chair), Ms Marie Chantal Rwakazina (Rwanda) replacing Dr Sabin Nsanzimana (Rwanda). Ms Lebogang Lebese, Attaché, Permanent Mission of South Africa to the United Nations Office at Geneva and other international organizations in Switzerland (representative of the Nelson Mandela Foundation as observer).

FIRST MEETING

Monday, 30 January 2023, at 10:15

Chair: Dr K.V. PETRIČ (Slovenia)

- 1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 1 of the provisional agenda (documents EB152/1 and EB152/1 (annotated))

Opening of the session

The CHAIR declared open the 152nd session of the Executive Board.

Adoption of the agenda

The CHAIR noted that the Secretariat had proposed the deletion of provisional agenda item 24.1, Independent Expert Oversight Advisory Committee, as no proposals for membership had been received. She took it that the Board agreed to that proposal.

It was so agreed.

The agenda, as amended, was adopted.¹

The representative of DENMARK, speaking on behalf of the European Union and its Member States, recalled that, as agreed in an exchange of letters in the year 2000 between WHO and the European Commission on the consolidation and intensification of cooperation, and without prejudice to any future general agreement between WHO and the European Union, the European Union attended sessions of the Board as an observer. He requested that, as at previous sessions, representatives of the European Union should be invited to participate, without vote, in the meetings of the 152nd session of the Board and its committees, subcommittees, drafting groups or other subdivisions that addressed matters falling within the competence of the European Union.

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

It was so agreed.

Election of officers

The CHAIR drew attention to a proposal by the Member States of the Region of the Americas to elect Mr Jaime Hernán Urrego Rodríguez (Colombia) as Vice-Chair of the Executive Board, replacing Mr Germán Escobar Morales (Colombia), who was no longer able to serve in the role. She also noted a proposal by the Member States of the Western Pacific Region to elect Dr Zaliha Mustafa (Malaysia) as Vice-Chair of the Executive Board, replacing Mr Khairy Jamaluddin (Malaysia), who was likewise unable to continue in the role. Furthermore, she drew attention to a proposal by the Member States of the South-East Asia Region to elect Dr Odete Maria Freitas Belo (Timor-Leste) as Vice-Chair of the

¹ Document EB152/1 Rev.1.

Executive Board, replacing Mr Bonifacio Mau Coli Dos Reis (Timor-Leste), who was also no longer able to serve in the role. She took it that those proposals were acceptable to the Board.

It was so agreed.

The CHAIR drew the attention of the Board to the concerns raised by the Member States of the Region of the Americas regarding the lack of a formal mechanism to replace Officers of the Executive Board during the intersessional period if they were unable to complete their term, until a decision could be made by the Board at the following session. To ensure an informed discussion, and taking into account the ongoing WHO reform process, the Secretariat had proposed that the matter should be considered by the Board at its 153rd session, without prejudice to the possibility of further discussing it at the next Board retreat. She took it that the proposal was acceptable to the Board.

It was so agreed.

Organization of work

The CHAIR noted that constituency statements by non-State actors in official relations with WHO would continue to be trialled at the current session of the Board. Constituency statements would be permitted under four items of the agenda: item 5, Universal health coverage; the first bullet point on strengthening the global architecture for health emergency preparedness, response and resilience under item 12.1, Strengthening WHO preparedness for and response to health emergencies; item 14, Well-being and health promotion; and item 16, Social determinants of health.

The representative of GERMANY welcomed the ongoing reform of the Organization to improve governance and to increase transparency, efficiency and accountability. He commended new practices, such as the guiding questions for each agenda item, to ensure a more interactive debate during governing bodies meetings.

2. REPORT BY THE DIRECTOR-GENERAL: Item 2 of the agenda (document EB152/2)

The DIRECTOR-GENERAL said that, although coronavirus disease (COVID-19) remained a global health emergency, the world was now in a much better situation than it had been one year before during the peak of infections from the Omicron variant of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (B.1.1.529). However, the recent widespread increase in the number of deaths called for further action to address vulnerabilities in populations and health systems. He remained hopeful that hospitalizations and deaths would be reduced to the lowest possible level during the coming year and that health systems would have the capacity to manage COVID-19 in an integrated and sustainable way. Vaccination would remain an essential part of those efforts. Work was under way to determine the most effective mechanism for advising Member States on vaccine composition and vaccination frequency.

The five key priorities of promoting, providing, protecting, powering and performing for health, termed the “five Ps”, were aligned with, and would help to reinvigorate progress towards, the objectives of the Thirteenth General Programme of Work, 2019–2025 and its triple billion targets, as well as the health-related Sustainable Development Goals.

With regard to promoting health, efforts were focused on addressing the root causes of disease. Significant progress had been made in the year 2022 in the areas of tobacco control, trans-fat, taxes on tobacco, alcohol, sugar and sugary drinks, maternal and newborn care, road safety, climate change, ageing and safe listening. In the area of providing health, work was centred on reorienting health systems towards primary health care. The Secretariat had continued to support Member States to strengthen the health workforce and to expand and restore access to essential medicines and health services at the

national level. The Secretariat's work on antimicrobial resistance had included supporting the development of new international targets to address the use of antimicrobial agents in humans, animals and agriculture. To date, 170 countries had implemented national action plans to guide the multisectoral response to antimicrobial resistance.

With regard to noncommunicable diseases, notable advances had included the publication of new guidelines on hypertension and the adoption of a set of global targets on diabetes. Countries were being supported to improve access to quality care for cancer and progress was being made on mental health. Although the COVID-19 pandemic had been a severe setback to progress in tackling communicable diseases, there were nevertheless some encouraging signs, including in relation to malaria and tuberculosis. The Secretariat had also recently published new guidelines on the use of long-acting injectables for preventing HIV, particularly for those most at risk. In the year 2022, eight countries had been validated or certified for eliminating a neglected tropical disease, while one country had eliminated measles and rubella, and another had eliminated mother-to-child transmission of HIV and syphilis.

In the area of protecting health, the Secretariat was working to strengthen the global architecture for health emergency preparedness, response and resilience. In the year 2022, WHO had responded to 72 graded emergencies, delivered essential health supplies to 90 countries, launched the first WHO Global Health Emergency Appeal and, through the Contingency Fund for Emergencies, released funding of more than US\$ 87 million to support rapid response. In collaboration with partners, WHO was supporting efforts to build a rapidly deployable health emergency corps for future health emergencies. The Secretariat had also continued to support countries to respond to the COVID-19 pandemic and, through its partnership in the Access to COVID-19 Tools (ACT) Accelerator and the COVID-19 Vaccine Global Access (COVAX) Facility, had supported the provision of more than 1 billion vaccines and procured 320 000 courses of antiviral treatments. It was also continuing to support and scale up global efforts to tackle outbreaks of monkeypox/mpox, Ebola virus disease and cholera, and to eradicate poliomyelitis. Aligning the many activities and initiatives of the Secretariat, Member States and other multilateral stakeholders was critical to strengthening the global health architecture, particularly in view of the forthcoming negotiations on the drafting of a legally binding WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (pandemic accord), in addition to ongoing discussions on potential amendments to the International Health Regulations (2005) and the outcomes of the Universal Health and Preparedness Review. WHO was also working to foster collaborative surveillance and intelligence and enhance equitable access to medical countermeasures.

On powering health, the Secretariat was harnessing research, innovation, data, digital technologies and partnerships. Initiatives included the establishment of a grant programme for young researchers from low- and middle-income countries, the creation of a behavioural science unit and the fostering of technology transfer. Progress had also been made in the areas of data and digital health. The Secretariat had continued to enhance partnerships with the public and private sectors and civil society, and had recently held the first meeting of the WHO Youth Council.

In the area of performing for health, efforts were directed towards building a stronger WHO that delivered results and was enabled and empowered to play its leading role in global health. In the year 2022, the Secretariat had published 213 global public health goods, including key reports and guidelines. The OpenWHO learning platform and new WHO Academy would play a key role in building the capacity of the global health workforce. The Secretariat was committed to building an even more experienced, qualified and talented WHO workforce and to creating a respectful workplace. The Young Professionals Programme had been launched to give junior professionals from the least developed countries the opportunity to work with WHO for two years and then use the experience gained in their respective countries. Action had also been taken to mainstream gender in WHO's work, and overall gender parity had been achieved among WHO staff for the first time in the Organization's history.

The proposed programme budget for 2024–2025, if approved, would include the first increase in assessed contributions as provided for in decision WHA75(8) on sustainable financing, and would be the first in which more than half of the total budget would be allocated to country offices. Strengthening country offices was a key priority and a number of initiatives had been launched to that end. The Secretariat would also be proposing a new replenishment process. Progress had been made in preventing

and responding to sexual misconduct. Thirty-eight of the recommendations issued by the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance had been completed, and work was ongoing to implement the remaining actions. Highlighting the delicate balance between the governance role of Member States and the management responsibilities of the Secretariat, he asked Member States to give the Secretariat the necessary latitude to carry out its mandate and achieve the priorities and plans agreed at the Health Assembly.

The year 2023 marked 75 years since the establishment of WHO. He expressed his gratitude, admiration and respect for all WHO staff around the world. Although a lot had been achieved over the past 75 years, it would be the next 75 that truly mattered. The lessons of the past would be learned in order to apply them in the future. He thanked Member States for their confidence and trust in the Organization.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Albania, Ukraine, the Republic of Moldova and Bosnia and Herzegovina aligned themselves with his statement. He strongly condemned the military aggression of the Government of the Russian Federation against Ukraine, including attacks on health care facilities, which was a blatant violation of the Charter of the United Nations. He called on the Government of the Russian Federation to respect its responsibilities under international humanitarian law. The energy and food supply challenges triggered by the military aggression were having a huge impact on the health and well-being of people and societies.

He commended WHO's effective response to new emergencies and supported the inclusion of human rights and non-discrimination perspectives in that work. Continuous monitoring and assessment of the COVID-19 situation was needed, and lessons learned from the pandemic must be applied. He reiterated the need for continued leadership at all levels, as well as multilateral cooperation and an effective international system with well-defined and complementary roles and responsibilities for all stakeholders that fostered inclusive collaboration and countered fragmentation. The European Union and its Member States remained committed to reforming the international system for pandemic preparedness and response and to strengthening the legal and normative framework for pandemic and emergency response through the revision of the International Health Regulations (2005) and the development of a pandemic accord.

The European Union and its Member States were ready to consider and support the "five Ps" but emphasized the importance of delivering the objectives of the Thirteenth General Programme of Work, 2019–2025 in its entirety. The implementation of reforms of WHO's financing and enabling functions, including an increase in assessed contributions, a possible new replenishment mechanism and increased transparency, accountability, compliance and efficiency, would be crucial to enable the Organization to deliver its mandate.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, called for WHO to be strengthened as the leading authority on global health governance that was able to deliver results at the country level. The persistent inequities between and within countries hampered progress towards the achievement of the Sustainable Development Goals. Although significant advances had been made in relation to COVID-19, he noted with great concern the recent increase in the number of reported deaths globally and requested continued support in tracking known variants and detecting new ones.

He welcomed the extension of the Thirteenth General Programme of Work, 2019–2025, and the "five Ps", as well as the work to monitor progress towards the triple billion targets and the health-related Sustainable Development Goals. It was essential to strengthen country offices, with a focus on reinforcing national health systems and promoting equitable access to health services. He called on the Secretariat to enhance capacity at the regional and national levels in order to accelerate progress towards universal health coverage. To effectively address countries' needs, the Regional Office for Africa required both technical and financial support.

The proposed increase in the allocation of funding to country offices would enable the Organization to deliver its mandate while fulfilling expectations for transparency, efficiency and

accountability. He called on the Secretariat to ensure equitable resource allocation by increasing the programme budget share for countries and regions to 75% in the biennium 2024–2025. Addressing the programme budget imbalance was a key governance reform and a precondition for the increase in assessed contributions.

The representative of BRAZIL said that his Government had made science a central focus of national health initiatives and was fully committed to local and regional production to support its universal health system and reduce health vulnerabilities and global inequities. It stood ready to work with all partners to improve respect for human rights. In that context, his Government intended to propose a draft resolution on the health of indigenous peoples for the consideration of the Seventy-sixth World Health Assembly. He called on Member States, the Secretariat and international partners to give that important and neglected issue due recognition.

The representative of the UNITED STATES OF AMERICA, noting the continued impact of the COVID-19 pandemic, expressed support for efforts to bolster health systems and protect the most marginalized groups. International solidarity was needed to end the acute phase of the pandemic. She outlined some of the measures taken by her Government in relation to the “five Ps” and welcomed in particular WHO’s efforts to address the critical links between climate change and health. It was vital to ensure the health and rights of lesbian, gay, bisexual, transgender, queer and intersex people and communities.

Expressing appreciation for WHO’s efforts to address health emergencies, she highlighted the important role played by the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, and the Working Group on Amendments to the International Health Regulations (2005) in that regard. She looked forward to discussions on the proposed 20% increase in assessed contributions and welcomed WHO’s continued commitment to improving transparency, oversight and accountability. Work to ensure protection from sexual exploitation, abuse and harassment must remain a priority. Lastly, her Government strongly condemned the brutal, unprovoked and unjustified war led by the President of the Russian Federation against Ukraine and would continue to stand with Ukraine and its people.

The representative of the REPUBLIC OF KOREA expressed deep concern about the continued severe disruption caused by the COVID-19 pandemic and called for close collaboration and clearly defined targets to tackle the related challenges. The proposed programme budget for 2024–2025 must be more closely aligned with the Thirteenth General Programme of Work, 2019–2025. In that context, he welcomed the Secretariat’s proposed implementation plan on reform to strengthen budgetary accountability and expressed support for the essential role played by a sustainably financed WHO in global health. He looked forward to the forthcoming negotiations of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the complementary discussions on amendments to the International Health Regulations (2005), including the development of guidelines to ensure the movement and delivery of essential health workers and goods during health crises. Overlaps between those two processes should be avoided. Efforts to ensure equitable access to countermeasures, including vaccines and medicines, must be expanded. As the host country of the Global Training Hub for Biomanufacturing, his Government would scale up the vaccine and biomanufacturing training programme and requested support from the Secretariat and Member States to that end.

The representative of INDIA commended the Director-General for his leadership. The pandemic had demonstrated the urgent need to strengthen the global health architecture and build a resilient global health system, with WHO at the centre of those efforts. He outlined the priorities identified by his Government to deal with health emergencies, strengthen cooperation to ensure access to and availability of safe, effective, quality and affordable countermeasures, and develop digital health solutions. Lessons learned from the pandemic must be applied. Collective momentum should be maintained in order to

improve global health emergency preparedness and response. It was important to avoid fragmentation of the global health architecture and to develop research and development and manufacturing networks for medicines, diagnostics and vaccines. A platform for the global coordination of medical countermeasures was also needed, with a specific focus on low- and middle-income countries. Lastly, support should be provided to help Member States to harness new technologies and innovations with a view to ensuring equity and achieving universal health coverage.

The representative of OMAN said that the COVID-19 pandemic had revealed the urgent need for solidarity and a resilient and responsive global health system. He emphasized the importance of placing WHO at the centre of the global health architecture, building on the lessons learned from the pandemic so that challenges could be turned into opportunities. Health systems must be strengthened through global solidarity and partnerships to advance health and ensure equity, equality and affordability. Results should be delivered across the three levels of the Organization, with a particular focus on the country level. With a clearer vision, more sustainable financing mechanism and increased trust in the Organization, now was the time to move forward. He acknowledged the need to extend the deadlines for the Thirteenth General Programme of Work, 2019–2025, in order to accelerate progress towards the Sustainable Development Goals.

The representative of MALAYSIA, highlighting the importance of working together to address critical gaps in health emergency prevention, preparedness and response, including through the discussions of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response said that the proposed targeted amendments to the International Health Regulations (2005) would enhance global health security. Her Government would continue to work closely with the members of the Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response. Efforts to prevent and tackle the growing burden of noncommunicable diseases must continue. In that context, she called on Member States to support the adoption of a draft decision on behavioural sciences for better health, to be proposed for the consideration of the Board. To ensure equitable access to health care, it was essential to address the social determinants of health and adopt a Health in All Policies approach. Ways of pooling resources among Member States must be explored in order to strengthen surgical care systems; her Government would be willing to host a side event on that issue at the Seventy-sixth World Health Assembly. Lastly, her Government looked forward to extending its in-kind voluntary contribution of hosting the WHO Global Service Centre in Cyberjaya, Malaysia.

The representative of CHINA said that the impacts of the COVID-19 pandemic continued to threaten and undermine national health systems. His Government was in close communication with the Secretariat with regard to the domestic COVID-19 situation and would continue to share information, including on variants of SARS-CoV-2. Expressing support for WHO's leadership role in global health, he said that his Government would work in partnership with others to implement the "five Ps" and would participate in the work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. The Secretariat should focus on Member States' needs in order to strengthen health systems. He expressed the hope that the Secretariat would: continue to make its work more science-based, transparent and impartial; explore ways to increase WHO's financial sustainability; continue to implement governance reforms; and work with Member States to address health emergencies and build global health security.

The representative of BELARUS welcomed the Director-General's efforts to adapt the Organization in line with a changing world and to reinforce its role and ability to prepare for and respond to global health emergencies. He expressed support for WHO's efforts to strengthen the global health architecture and for the Global Health for Peace Initiative. To bolster health systems, access to medical services, medicines and medical equipment must be ensured. Unresolved or emerging health challenges

exacerbated negative trends in global politics and hampered sustainable development processes. Thus, it was imperative to coordinate efforts at the global, regional and national levels.

The representative of COLOMBIA expressed appreciation for the Director-General's leadership and thanked the Secretariat for its support, including in relation to his Government's discussions on reforms to guarantee the fundamental human right to health. It was essential to address inequalities and ensure access to health for all. Given the impact of conflicts on health, he welcomed the focus on health for peace and peace for health and highlighted the importance of protecting health workers around the world through a multilateral approach. He reiterated his Government's commitment to climate change adaptation and mitigation and climate justice as part of efforts to ensure public health. Further attention should be given to the need for a paradigm shift in the fight against drugs, with a greater focus on the human rights and public health dimensions of the issue. He looked forward to WHO's continued leadership of efforts to address global health challenges.

The representative of JAPAN acknowledged the hard work and dedication of the Secretariat. The aggression by the Government of the Russian Federation against Ukraine was a clear violation of Ukraine's sovereignty and territorial integrity. He condemned the Russian Federation's attacks on health care facilities and workers in Ukraine and expressed deep concern at the difficulties faced by Ukraine in ensuring an adequate health care environment. His Government would continue to contribute to efforts to strengthen global health security, in particular through the amendments to the International Health Regulations (2005), the new pandemic accord and the development of the proposals to strengthen the global architecture for health emergency preparedness, response and resilience. He welcomed the recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance and the Secretariat's implementation plan on reform and would continue to monitor progress in that area, particularly in the context of the increase in assessed contributions. The pandemic had reaffirmed the importance of focusing attention and resources on achieving universal health coverage. It was essential to generate synergies between the meetings of the G7 and the high-level meetings of the United Nations General Assembly on health in order to maximize their outcomes.

The representative of MOROCCO thanked the Secretariat for its tireless efforts to improve global health. He welcomed in particular WHO's work to strengthen health emergency preparedness and response. Health emergencies and crises, including those triggered by the COVID-19 pandemic, had underscored the need to adopt innovative and effective approaches to accelerate the development of resilient health systems, and to ensure universal access to health care. The pandemic had also demonstrated WHO's leadership role in providing support to Member States, including supporting them to achieve universal health coverage and promote health and well-being for all. His Government would continue to work with WHO to improve surveillance and early warning systems and health emergency response, and would be hosting a global consultation on migrant and refugee health in June 2023.

The representative of TIMOR-LESTE applauded the Director-General for his decisive leadership and welcomed WHO's progress over the past year. She emphasized the importance of global health as a key enabler of development and progress and expressed support for the "five Ps". She welcomed efforts to strengthen WHO's sustainable and flexible financing and called for an increased focus on health emergency preparedness, climate change, and the social and behavioural determinants of health. An "all for health" approach was needed in order to achieve health for all. She expressed appreciation for the increased funding allocated by the Regional Office for South-East Asia at the country level and thanked the Secretariat for its continued support and technical assistance.

The representative of CANADA highlighted the importance of engaging in constructive dialogue in order to find solutions and make progress towards the triple billion targets, the "five Ps" and the Sustainable Development Goals. A strong WHO that was efficient, effective, transparent, accountable and sustainably financed was at the core of those efforts. Acknowledging the progress made over the

past year in strengthening both the Organization and the global architecture for health emergency preparedness and response, he nevertheless called for a continued focus on building more accessible and resilient health systems that were equipped to withstand current and future health crises. Access to essential services for the most vulnerable and marginalized populations must be ensured, including lesbian, gay, bisexual, transgender, queer, intersex, Two-Spirit and other gender and sexually diverse people. His Government strongly condemned the unjustifiable and unprovoked invasion of Ukraine led by the President of the Russian Federation, including attacks on civilians and on health workers, services and infrastructure.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the report by the Director-General demonstrated the huge breadth of WHO's work and the power of science to transform health. He strongly supported the reforms to governing bodies meetings implemented by the Secretariat. It was imperative to recognize the huge impact of conflicts on public health. He condemned the appalling situation in Ukraine and underlined the devastating effect of the destruction of health systems and civilian infrastructure on the most vulnerable populations. He also wished to draw attention to the indirect impact of the pandemic on other areas of public health worldwide, including the significant increase in excess deaths, from which it would take several years to recover. He requested clarification on WHO's role in tackling that challenge. Health protection and health improvement went hand in hand.

The representative of the RUSSIAN FEDERATION said that strengthening global health structures was a key challenge in a post-COVID-19 era, which would require cooperation between countries and with international, regional and economic organizations. WHO was the leading authority and coordinating organization in that area. Highlighting the United Nations' principles of neutrality and impartiality, he said that the politicization of WHO's agenda and the global health architecture was unacceptable. That would increase inequitable access to health services and lead to a further deterioration of the situation in developing countries. The global health architecture should be based on the principles of transparency, openness and equal participation, as demonstrated by the negotiations of the Intergovernmental Negotiating Body. It was important to allow sufficient time for those negotiations and to ensure that the draft instrument had a practical focus, including action plans.

His Government was committed to the principle of equal cooperation in global health care as a key element of the protection of human rights. However, it was regrettable that some Member States had recently been unwilling to engage in constructive dialogue. Examples included the cancellation of a WHO technical seminar in December 2022 on substandard and falsified medical products owing to an objection by the delegation of Ukraine to a statement delivered by an expert from the Russian Federation, and the refusal by WHO collaborating centres in the United Kingdom of Great Britain and Northern Ireland and the United States of America to share samples of influenza strains with the Russian Federation. The Organization must ensure transparent reporting with regard to Member States' projects on health emergency preparedness.

The representative of AFGHANISTAN thanked the Director-General for his leadership and the Secretariat for its commitment and service. Despite international and regional commitments to help to preserve, protect and promote human rights, in particular women's rights, and access to health care in Afghanistan, the situation in the country had deteriorated further. The humanitarian crisis in the country, compounded by the climate crisis, was having a devastating effect on health. Food insecurity, malnourishment and the lack of a health workforce, especially female health workers, were just some of the challenges being faced in Afghanistan. He thanked donor countries for their efforts and financial contributions and expressed appreciation to the organizations of the United Nations system, including WHO, for providing humanitarian assistance and support for health service delivery. However, without such support, the health system in Afghanistan was at risk of collapse. He called on the international community to shoulder its share of responsibility in providing humanitarian assistance to his country and to use the opportunity available to correct the current situation.

The representative of YEMEN thanked the Director-General and the Regional Office for the Eastern Mediterranean for their support in helping his Government to preserve its health system and access to health services despite the continuing war, the deteriorating situation, the re-emergence of poliomyelitis, the COVID-19 pandemic and other challenges. He expressed support for the Organization's efforts to improve pandemic prevention, preparedness and response and universal health coverage and welcomed the use and distribution of funds at the regional and country levels in accordance with countries' needs.

The representative of the SYRIAN ARAB REPUBLIC underscored the crucial role played by health systems in ensuring universal health coverage and achieving the Sustainable Development Goals. However, the ongoing sanctions in place against his country and the continuing war had had a severe economic, societal, financial and political impact. That situation had also impeded access to health tools and equipment. His Government therefore requested support in developing integrated strategies to overcome those challenges and in dealing with the issues faced by the health system in his country. He thanked the Secretariat for its important role in tackling the recent outbreak of cholera in the Syrian Arab Republic. International cooperation must be strengthened and multilateral declarations and resolutions, as well as the provisions of the Charter of the United Nations, must be implemented. Urgent and effective steps were needed to put a stop to all measures imposed in contravention of international law. It was imperative to urgently lift the sanctions in place and to stop the aggression in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. He thanked the Organization for continually seeking ways of implementing the agenda of the United Nations system.

The representative of DENMARK, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, condemned the unprovoked, unjustified and illegal war of aggression by the Government of the Russian Federation against Ukraine, which was a violation of international law and undermined international security and stability. Highlighting the devastating consequences of wars and conflicts on health, including mental health, he stressed the importance of WHO's work in emergencies around the world. Conflicts and wars also severely disrupted access to livelihood opportunities and essential services, including sexual and reproductive health and rights, which exacerbated the conditions for people living in vulnerable situations, in particular women and girls. Sexual and gender-based violence was also pervasive and continued to be underreported. The Organization must step up efforts to meet the Ukrainian people's needs for sexual and reproductive health services. He applauded WHO for its efforts to respond to global health challenges, including COVID-19, Ebola virus disease and monkeypox/mpox. Health systems strengthening was vital in order to enhance pandemic preparedness and achieve universal health coverage.

The representative of EL SALVADOR¹ thanked the Secretariat for the support provided to his country. Lessons learned from the COVID-19 pandemic had helped in dealing with emerging viruses and diseases such as monkeypox/mpox. The special session of the Directing Council of PAHO chaired by his Government in August 2022 had enabled a rapid regional response to monkeypox/mpox by ensuring access to vaccines, thereby controlling the outbreak. He expressed support for WHO's vision not only to achieve the Sustainable Development Goals but also to work towards stronger health systems and the overall objective of leaving no one behind.

The representative of HAITI¹ welcomed the 10 proposals to strengthen the global architecture for health emergency preparedness, response and resilience, which would require robust, equitable and resilient health systems that were centred on quality primary health care services and able to detect, prevent and respond to health emergencies while preserving essential health services. Equity and protection of the most vulnerable groups must be at the centre of discussions. In that context, he

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

requested the participation of Taiwan¹ in the Health Assembly. Progress towards the Sustainable Development Goals had been negatively affected by the COVID-19 pandemic and must be accelerated. A funded recovery plan was therefore needed to get back on track, with a focus on health promotion, primary health care and health security. Noting that the current crises and emergencies had highlighted the need for a new approach, he called for international cooperation and solidarity based on the needs and priorities of countries receiving support.

The representative of TUNISIA² said that his Government attached great importance to the development, through constructive negotiations within the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response of a pandemic accord, which would help to protect future generations. It was important to amend the International Health Regulations (2005) through an effective and transparent process that ensured the equal participation of all Member States and took into account the limited human and financial resources of some States. He called for increased technology transfer, including RNA for vaccines, and expressed support for digital health initiatives in order to ensure continued progress towards development during global crises, including pandemics.

The representative of NEW ZEALAND² speaking also on behalf of Australia, condemned the illegal and immoral invasion of Ukraine by the Government of the Russian Federation and called on it to end its war. He expressed particular concern regarding attacks on health care facilities, health workers and ambulances and commended WHO for its ongoing response. He welcomed the Director-General's vision for strengthening the global health architecture. Member States must apply the lessons learned from the COVID-19 pandemic in order to enhance the global response to future health threats. Australia and New Zealand would continue to engage closely with WHO and its partners to build a more responsive and agile global health system. He expressed appreciation for WHO's leadership of the ongoing global response to COVID-19 and other health emergencies. The focus on the "five Ps" would help countries to make progress towards the Sustainable Development Goals. He supported the extension of the Thirteenth General Programme of Work to the year 2025 and urged WHO to prioritize its critical normative work, including the development of technical guidance, and country-level support. Lastly, he encouraged the Secretariat to support countries in building climate-resilient health systems and to mainstream a climate perspective in all its work.

The representative of JAMAICA² expressed appreciation for the Secretariat's achievements over the past year. The impacts of natural and human-induced hazards, health emergencies, economic shocks and noncommunicable diseases posed a grave threat to the health and sustainable development of small island developing States. She welcomed the timely publication of Countdown to 2023: WHO report on global trans-fat elimination 2022, which would help to ensure that countries maintained momentum in eliminating trans-fat. Action to address mental health was also welcome. The COVID-19 pandemic had underlined the importance of strong and resilient health systems underpinned by universal health coverage. She thanked WHO, PAHO and other partners for their support during the peak of the pandemic and beyond, and in helping her Government towards achieving its vision of a healthy population and healthy environment.

The representative of BANGLADESH² welcomed efforts to build a robust global health architecture, including through the development of a pandemic instrument and effective amendments to the International Health Regulations (2005). The role of science in responding to the pandemic had been crucial, but a more balanced approach was needed by ensuring equitable and unhindered access to vaccines, diagnostics and therapeutics for all. He expressed concern that routine immunization for children was in decline in some countries and called on WHO to enhance efforts to restore those

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

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

programmes. He welcomed WHO's focus on the impact of climate change and called for the number of participants in the WHO Young Professionals Programme to be increased. Lastly, a possible new replenishment mechanism to fill gaps in financing could help to address WHO's priorities as well as country-level needs.

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

The meeting rose at 13:05.

SECOND MEETING

Monday, 30 January 2023, at 15:15

Chair: Dr K.V. PETRIČ (Slovenia)

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

1. STAFFING MATTERS: Item 25 of the agenda

Appointment of the Regional Director for the Americas: Item 25.1 of the agenda (document EB152/46)

The meeting was held in private session from 14:30 to 15:15, when it resumed in public session.

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

The Executive Board,

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

Considering also the nomination made by the Regional Committee for the Americas at its seventy-fourth session,

1. APPOINTS Dr Jarbas Barbosa Da Silva Jr. as Regional Director for the Americas as from 1 February 2023;
2. AUTHORIZES the Director-General to issue a contract to Dr Jarbas Barbosa Da Silva Jr. for a period of five years as from 1 February 2023, subject to the provisions of the Staff Regulations and Staff Rules.

The CHAIR congratulated Dr Jarbas Barbosa Da Silva Jr on his appointment and conveyed the Board's best wishes for success in his post.

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

At the invitation of the CHAIR, the RAPPORTEUR read out a resolution of appreciation adopted by the Board in private session:²

¹ Resolution EB152.R1.

² Resolution EB152.R2.

The Executive Board,

Desiring to express its appreciation to Dr Carissa Faustina Etienne for her services as Regional Director for the Americas;

Mindful of Dr Etienne's lifelong, professional devotion to the cause of global health, and recalling especially her 10 years of service as Regional Director for the Americas;

Recalling resolution CSP30.R8 adopted by the 30th Pan American Sanitary Conference, 74th session of the Regional Committee for the Americas, which designated Dr Carissa F. Etienne Director Emeritus of the Pan American Sanitary Bureau,

1. EXPRESSES its profound gratitude and appreciation to Dr Carissa F. Etienne for her invaluable contribution to the work of WHO and of PAHO, especially her courageous service in the face of the COVID-19 emergency;
2. ADDRESSES to her on this occasion its sincere good wishes for many further years of service to the global health community.

The CHAIR said that any statements regarding the election of the Regional Director for the Americas would be delivered on Monday 6 February 2023.

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

2. REPORT BY THE DIRECTOR-GENERAL: Item 2 of the agenda (continued from the first meeting, section two) (document EB152/2)

The representative of the PHILIPPINES¹ expressed appreciation for the emphasis on the “five Ps”, in particular the whole-of-government and whole-of-society approach to health. Those priorities would support Member States' commitment to achieving equity in health care capacities. The work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response was essential in strengthening health systems to adapt, adjust and sustain responses to coronavirus disease (COVID-19) while ensuring continuity of public health and social measures and progress towards universal health coverage. His Government remained committed to the increase in assessed contributions and to the WHO Contingency Fund for Emergencies, which would contribute to sustainable financing.

The representative of SINGAPORE¹ said that the COVID-19 pandemic had delayed progress towards the triple billion targets. Continued investments in improving primary care and preventive health would lead to healthier populations and would mitigate future pressures on health systems, even during pandemics. Despite highlighting critical gaps in the global health architecture, the COVID-19 pandemic had enhanced global cooperation, political commitment and scientific development. The lessons learned and the spirit of resilience, innovation and collaboration should be applied to health promotion and health services strengthening. In WHO's 75th year, he affirmed the Organization's central role in global health and health emergency response and highlighted the need for a strong mandate in all areas, even as the COVID-19 pandemic continued. Moreover, WHO required sustainable financing to continue working towards achieving the triple billion targets.

The representative of THAILAND,¹ recognizing the progress made in the COVID-19 response, noted the outcomes in each of the “five Ps”. He expressed support for the Universal Health Periodic Review and called for more data to be collected on its impact. He reiterated his call for WHO to stop

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

selling alcoholic beverages and sweetened soft drinks in its cafeteria and to stop serving oily, salty and sweetened foods at its functions. Such leadership would contribute to improvements in global health.

The representative of KENYA¹ commended the Director-General's leadership in efforts to achieve gender parity and welcomed the launch of the Young Professionals Programme to support young professionals from least developed countries. She took note of the "five Ps" and welcomed the proposed increase in funding for countries and regions. She welcomed the creation of the Regional Emergency Response Appeal for the Greater Horn of Africa to combat the impacts of climate change and food insecurity and called for donors to support it. She noted the information provided regarding the malaria vaccine, the introduction of which should be further supported.

The representative of ECUADOR¹ said that the COVID-19 pandemic had demonstrated the fragility of economies and health systems and had highlighted the inequity between and within States. Moreover, it had shown the value of multilateralism and collaboration. WHO had a vital central role to play in the global health architecture. He therefore supported the ongoing process to reform and strengthen the Organization. However, while continuing its work in the area of health emergencies, WHO and its Member States should intensify efforts to address issues that had been pushed aside during the COVID-19 pandemic, which would be crucial to achieving the Sustainable Development Goals and the triple billion targets and to strengthening health systems. He expressed appreciation for the "five Ps" and their contribution to the development of national strategic plans for health.

The representative of SPAIN¹ commended the work of WHO towards achieving health for all. She condemned the military aggression by the Government of the Russian Federation against Ukraine. She supported WHO's central role in the global health governance architecture, which should be adequately funded. Furthermore, funding should be shared at the country level, in accordance with established priorities. She expressed support for the process to amend the International Health Regulations (2005) in order to strengthen the emergency preparedness and response framework, and for the development of a new WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (hereinafter "pandemic accord"). WHO should continue to strive for universal health coverage and the achievement of the Sustainable Development Goals.

The representative of SOUTH AFRICA¹ expressed support for the "five Ps", and their integration into the work of WHO. However, their success would require sustainable financing, and she called for the implementation of the planned increase in assessed contributions, which would enable more resources to be directed to countries and regions. In light of the ongoing COVID-19 pandemic, WHO should continue to support Member States in strengthening their national health systems. She expressed appreciation for the work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response, and the process to amend the International Health Regulations (2005).

The Observer of PALESTINE said that the occupation and repeated attacks by the Israeli army against health workers and facilities remained a serious obstacle to achieving access to health for Palestinians, which was a basic human right. He condemned such actions and blockades preventing ambulances and health workers from reaching health facilities. The long-standing occupation had had a negative impact on the health system and on mental health, especially among children. He called on the international community to guarantee protection to Palestinian health workers and patients, welcoming the support provided by the Government of the United States of America. He called on the Secretariat to rectify issues on the nomenclature in relation to Palestine.

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

The representative of UNAIDS said that, with regard to the process to develop an international pandemic accord, there were three critical lessons that could be learned from the global response to AIDS. First, it was critical to consider health technologies as global public goods in order to address their unequal distribution. Second, ending any pandemic required the elimination of all inequalities. Third, an effective pandemic response required the full protection and promotion of the human rights of all people, including those in vulnerable communities and countries. Those principles should be applied to all pandemics, including that of AIDS.

The DIRECTOR-GENERAL thanked Member States for their support and for their constructive guidance and advice, which would be taken into consideration. In response to the comment by the representative of the United Kingdom of Great Britain and Northern Ireland concerning the indirect impact of the COVID-19 pandemic, he said that studies had shown that excess deaths indirectly related to COVID-19 had been the result of social isolation, economic insecurity, unemployment and the reduction in access to regular health services. There had also been a clear impact on the health workforce. The indirect impact of the pandemic required further study so that the lessons learned could be included in health emergency preparedness and response plans. He highlighted that excess deaths were higher in minority and underprivileged communities; thus, any data should also be disaggregated by population group, age, gender and other factors. More research was needed to understand the long-term effects resulting from infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). He noted that one positive indirect effect of the COVID-19 pandemic had been the immediate improvement in the environment during the period of global lockdown. While that impact had since been reversed, the international community should remain open to steps that could be taken in that regard.

3. REPORT OF THE REGIONAL COMMITTEES TO THE EXECUTIVE BOARD: Item 3 of the agenda (document EB152/3)

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, said that the Regional Committee for Africa had discussed WHO's thematic priorities and matters of public health in its Member States. The draft Proposed programme budget 2024–2025 should focus on supporting the regions and countries with the greatest needs. Extending the Thirteenth General Programme of Work, 2019–2023, to 2025 provided an opportunity to achieve its targets through an inclusive and evidence-based bottom-up approach to planning and implementation. With regard to the work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and other similar committees, care should be taken to avoid any duplication or overlap with existing international instruments and the Working Group on Amendments to the International Health Regulations (2005). A multisectoral and multidisciplinary approach to emergency response was crucial. The Regional Committee called on Member States to invest in emergency preparedness and response, primary health care and improving health services. The Committee had approved an updated regional strategy for the management of environmental determinants of health and had adopted a regional strategy to address severe noncommunicable diseases at first-level referral health facilities. An adapted health security and emergency response strategy should take into account the lessons learned from the COVID-19 pandemic. He welcomed efforts to strengthen the regional implementation of the Comprehensive Mental Health Action Plan 2013–2030 and the integrated approach to the control, elimination and eradication of tropical and vector-borne diseases.

The representative of SLOVAKIA asked the Regional Director for Europe to comment on staff well-being and sustainability, and whether any plans were in place to protect the health workforce, enhance the health environment, provide mental health support for regional members of staff and prevent trauma and burnout. He said that regulations and decisions were necessary but ensuring the sustainability of the workforce required more than that.

The representative of MALDIVES recalled that the priorities of the South-East Asia Region included increasing the draft Proposed programme budget 2024–2025 to meet the needs of WHO country offices, regional offices and fragile health systems. He highlighted the regional road maps for health security and health system resilience for emergencies and diagnostic preparedness, integrated laboratory networking and genomic surveillance. He reiterated the Region's call to increase capacity and stockpile and distribute pandemic products in order to address the challenges identified during the COVID-19 pandemic and meet the needs of small island developing States. The pandemic had exacerbated mental health disorders and had restricted access to mental health services. He therefore welcomed the endorsement of the Paro Declaration on universal access to people-centred mental health care and services. Concerning the draft Proposed programme budget 2024–2025, he supported the selection of priorities using an evidence-based, inclusive and bottom-up approach to maximize impact at the country level. He called on Member States to expand universal health coverage and enhance primary health care.

The representative of the RUSSIAN FEDERATION said that he had noted a negative trend of Member States politicizing thematic issues and using terminology that had not been agreed by consensus. That led to the initiation of voting procedures, and the implementation of any decision that could not be adopted by consensus would be limited. He called on the Regional Office for Europe to focus exclusively on professional goals and to work with Member States when drafting any documents.

The representative of ISRAEL¹ said that his Government had been honoured to host the first in-person session of the Regional Committee for Europe since the beginning of the COVID-19 pandemic. He highlighted the range of topics that had been discussed by the Committee and the action frameworks and plans that had been adopted. The invasion of Ukraine by the Government of the Russian Federation and its effect on health had led to difficult decisions being made in order to benefit the people of the Region.

The REGIONAL DIRECTOR FOR AFRICA said that the COVID-19 pandemic had demonstrated the need to invest more in emergency preparedness and response and to move away from verticalized and fragmented programme implementation. She called on the Secretariat to support those efforts. Member States and partners were committed to accelerating progress towards universal health coverage, through people-centred approaches to primary health care, and to building resilient health systems. The Committee had adopted a regional strategy to address severe noncommunicable diseases at first-level referral health facilities, a framework to strengthen the implementation of the Comprehensive Mental Health Action Plan 2013–2030 in the Region, and resolutions on health security and emergencies and the management of the environmental determinants of health. Member States had emphasized that any pandemic accord should be equitable, legally binding, adequate and sustainably financed. They had also expressed support for research and development and efforts to improve local manufacturing capacity related to emergency response. The eradication of poliomyelitis remained a key regional priority, and ongoing efforts should focus on resource mobilization, community and environmental and cross-border surveillance, access to clean drinking water, and adequate sanitation and hygiene. Innovation and partnerships were also regional priorities. Member States had expressed concern regarding sexual exploitation and harassment in WHO operations and had reiterated their support for the Secretariat's work in that regard.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that during the 69th session of the Regional Committee for the Eastern Mediterranean, Member States had approved a regional plan to build more resilient health systems to advance universal health coverage and ensure health security, identifying seven priorities, goals, targets and priority actions to guide joint action. They had also approved a new regional framework on the One Health approach, focusing on controlling zoonotic diseases, reducing antimicrobial resistance and improving food safety. A strategic framework

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

to coordinate and integrate the support provided to Member States in the Region by Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria had been adopted, together with a regional strategy on digital health to strengthen the regional transformation to new technologies. Moreover, the Committee had approved a regional strategy for the elimination of cervical cancer and adopted a resolution on promoting health and well-being in the Region.

The REGIONAL DIRECTOR FOR EUROPE said that the Regional Committee for Europe had endorsed ambitious and practical action plans and frameworks for action to achieve the highest attainable standard of health for persons with disabilities and to address alcohol consumption. In addition, the Committee had endorsed a road map to accelerate the elimination of cervical cancer, and action plans relating to HIV and multidrug-resistant tuberculosis. The Committee had adopted WHO's first action plans on behavioural and cultural insights and operationalizing digital health. In addition, it had adopted a strategy to increase collaboration between the Regional Office and its Member States. In response to an evaluation carried out on the management of regional governing bodies, Member State consultation and improving transparency, a comprehensive management and accountability report was being developed by the Regional Office. He invited Member States to attend a regional conference on primary health care to celebrate the anniversaries of the Alma Ata and Astana Declarations, to be held before the October 2023 session of the Regional Committee. Responding to the question posed by the representative of Slovakia, he agreed that staff health and well-being were significant concerns. He noted the publication of the report entitled *Health and care workforce in Europe: time to act*, the first pan-European report of its kind. The Regional Office for Europe would distribute annual data on burnout and stress, and psychologically safe work environments. Mental health was not an individual responsibility; the Organization had to do more to support its workers and eradicate any feelings of shame.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA expressed appreciation for the evidence-based process for selecting priorities that would maximize the impact of the draft Proposed programme budget 2024–2025 at country level. The Regional Committee for South-East Asia had commended the ongoing efforts to improve WHO's financing model and expressed support for a phased approach to increasing assessed contributions. The Committee had endorsed the Paro Declaration on universal access to people-centred mental health care and services, focusing on the need to integrate mental health services into primary health care. The Region's approach to building back better from COVID-19 was focused on strengthening primary health care. The Committee had endorsed a regional road map on health security and health system resilience for emergencies. Member States had identified the gaps in core capacities required by the International Health Regulations (2005) that were critical for preparedness, response and recovery. The Committee had expressed support for the proposed regional health emergency council, in consultation with Member States and in line with the Global Health Council, and had extended the regional framework for action to build health systems' resilience to climate change to 2027. It welcomed the development of a regional knowledge mechanism to support Member States in enhancing primary health care.

The OFFICER IN CHARGE OF THE REGIONAL OFFICE FOR THE WESTERN PACIFIC said that Member States in the Region had made good progress towards global health, including the elimination of trachoma in Vanuatu and rubella in Singapore. The Regional Committee had endorsed five regional frameworks on noncommunicable disease prevention and control, which called on governments to change the focus of their health systems from illness to health; mental health; the future of primary health care; reaching the unreached, to ensure equitable access to all health benefits; and the prevention and control of cervical cancer. She commended the collaboration between Member States and regional partners that had led to the adoption of the frameworks. Returning to the issue of staff health and well-being, she said that cultural and behavioural change required the participation of all staff members. In seeking to ensure a respectful workplace, several initiatives had been implemented in the Region. Those included the appointment of an ombudsperson and a new technical officer for the

prevention of sexual exploitation and harassment, and the review of administrative procedures to reduce staff workload and thus reduce stress and burnout.

The Board noted the report.

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

4. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 12 of the agenda

Strengthening WHO preparedness for and response to health emergencies: Item 12. 1 of the agenda

- **Strengthening the global architecture for health emergency preparedness, response and resilience** (document EB152/12)

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia and Montenegro, the country of the Stabilization and Association Process and potential candidate Bosnia and Herzegovina, as well as Ukraine and the Republic of Moldova, aligned themselves with his statement. Strengthening global pandemic preparedness and response and ensuring the central role of WHO was a priority for the Member States of the European Union. They welcomed WHO's central coordinating and leadership role in shaping the global architecture for health emergency preparedness, response and resilience and the discussion of WHO's 10 proposals to build a safer world together. Strong and resilient health systems were crucial to health emergency preparedness and response. The global architecture for health emergency preparedness, response and resilience should not only focus on health security but also support Member States in strengthening national health systems, particularly essential public health functions. He welcomed the continued implementation of the proposals on the negotiations on the pandemic accord, the establishment of the Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response, and targeted amendments to the International Health Regulations (2005). He noted advances made in universal health and preparedness reviews and independent monitoring.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, said that the African Region remained vulnerable to health emergencies and faced several key challenges: the implementation of international health guidelines and frameworks; inadequate human resources for emergency preparedness, detection and response; timely access to supplies; and heavy reliance on international funding. She encouraged the Secretariat to continue regional consultations on health emergency preparedness and response and all stakeholders to support those efforts. Existing mechanisms should continue to be Member-State-led, aligned with existing international instruments and linked closely to the discussions by the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the revision of the International Health Regulations (2005). The key performance indicators should include support for country offices, strengthening of the core capacities required by the International Health Regulations (2005) and regular reporting. Funding should be coordinated to target critical gaps at the global, regional and national levels and to ensure that funding flows were augmented by catalytic and gap-filling funding. Further explanations were needed regarding the Global South in governance, African representation in the Pandemic Fund and the possibility of direct funding to countries. There must be greater focus on equitable access to health products, technologies and expertise, and on funding and capacity incentives, thus further enabling Member States to share information with the international community. Equity, inclusivity and coherence were necessary

to ensure effective implementation of the proposals. Stakeholders must provide urgent international support to countries to strengthen preparedness and response activities.

The representative of CANADA, welcoming that the proposals were guided by the principles of equity, inclusivity and coherence, said that equitable and gender-responsive approaches could be better integrated to ensure that no one was left behind and to strengthen proactive communication efforts to counter misinformation and disinformation. He welcomed discussions on the establishment of a council to facilitate multisectoral engagement in areas such as socioeconomic, security and political risks associated with pandemics and highlighted the benefit of such discussions being held in New York. He supported the need for independent monitoring of prevention, preparedness and response capacities. The Secretariat and pilot countries should provide more insight into whether the Universal Health and Preparedness Review had helped to improve the core capacities required by the International Health Regulations (2005). He remained supportive of the inclusive approach towards establishing a platform for medical countermeasures and looked forward to additional information that would build on the recommendations of the independent evaluation of the Access to COVID-19 Tools (ACT) Accelerator. To build public trust, the Secretariat should consider what actions it was taking to proactively inform the public of ongoing efforts to strengthen the global architecture for health emergency preparedness, response and resilience and, in particular, the processes to negotiate pandemic instruments and amendments to the International Health Regulations (2005). Noting the work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005), and the ambitious scope of the proposals on health emergency preparedness, response and resilience, he asked where the Secretariat saw the need for priority action.

The representative of CHINA expressed support for the 10 proposals, particularly those relating to the pandemic accord, the work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the amendments to the International Health Regulations (2005). The proposals provided a means for Member States to work together towards improving global health security. He called on Member States to strengthen communication, coordination and cooperation; his Government was committed to doing so proactively. When developing the pandemic accord and making amendments to the International Health Regulations (2005), care must be taken to avoid repetition or clashes. All stakeholders were encouraged to explore ways to ensure sustainable financing, which was essential to health emergency preparedness and response. The Secretariat should provide details of the next phase of implementation or improvement of the proposals, and continue strengthening transparency to ensure full participation by Member States.

The representative of OMAN highlighted the importance of global cooperation to exchange information regarding public health emergencies, epidemiology and diagnostic capabilities, and to share samples for genetic sequencing and vaccine research. There must be equitable vaccine provision to low- and middle-income countries. He supported the 10 proposals and appreciated that they took account of Member States' views through ongoing multilateral consultations. The Secretariat should establish a clear framework for Member States' engagement in the ongoing discussions and the resources allocated. The framework should prioritize each country's sovereignty while protecting the world from potential harm.

The representative of PERU expressed support for the 10 proposals and reiterated that the international community must work together to tackle global challenges. He welcomed the global efforts to prevent future pandemics by creating a pandemic accord and making targeted amendments to strengthen the International Health Regulations (2005). He agreed that equity was one of the main pillars of the global architecture for health emergency preparedness, response and resilience. WHO must create country- or region-specific mechanisms to strengthen the public health emergency workforce as an international priority. Strengthening WHO would better help countries, particularly low- and middle-

income countries, to achieve universal health coverage and develop the core capacities required by the International Health Regulations (2005). Institutional frameworks, rules and procedures must be established to facilitate decision-making on collective needs and action. Strengthening rules-based multilateralism was crucial in confronting global challenges, such as access to health care and sustainable development.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that, with regard to proposal 1 on the establishment of a global health emergency council and a main committee on emergencies of the World Health Assembly, he agreed that care must be taken to ensure that the new structures did not fragment the existing structures. Regarding proposal 4, he welcomed the strengthening of national health capacities, particularly in countries with limited capacities, and of the Global Outbreak Alert and Response Network. However, in the event of a future pandemic, the global health emergency corps could prove problematic, as each country would be competing for resources. Furthermore, the Secretariat must consider whether adding new financing mechanisms would improve or complicate the situation. He supported the amendments to the International Health Regulations (2005). The One Health approach must be strengthened, particularly given WHO's central role in the Quadripartite Joint Secretariat on Antimicrobial Resistance. The link between animal and human health should be further explored.

The representative of the UNITED STATES OF AMERICA, supporting the need for a stronger and more coherent, inclusive and equitable global health architecture, emphasized that it should be up to Member States to determine which elements should go forward and expressed the hope that the change could be achieved through ongoing negotiations. In referencing the work carried out by the Working Group on Amendments to the International Health Regulations (2005) and the Universal Health and Preparedness Review, she expressed support for Member-State-to-Member-State mechanisms instead of peer-review mechanisms. Thus, there could be a more collaborative review of health systems and preparedness, similar to the Trade Policy Review Mechanism at WTO. She welcomed that the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response allowed Member States to reach a consensus on preparedness, response and recovery and to define the rules and responsibilities of Member States, the Secretariat and, particularly, non-State actors. The Secretariat should not establish any architecture without the prior approval of Member States and the relevant international institutions.

The representative of BRAZIL, expressing support for the global architecture for health emergency preparedness, response and resilience, said that it should not only ensure equitable access to medical countermeasures and strengthen health systems, but also respect and promote human rights and racial and gender equality. There was merit in establishing a new financial mechanism; however, some key issues, particularly those relevant to developing countries, had not been properly addressed. Equity was absent from most, if not all, of the proposals. Moreover, he expressed concern over the feasibility and usefulness of some proposals, such as the establishment of a global health emergency council. He commended the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005) for their increased transparency and inclusiveness in drafting the proposals. Those proposals should be developed solely within the relevant governing and negotiating bodies, including the latter two bodies, for discussion and further development if agreed by Member States.

The representative of YEMEN, expressing support for the 10 proposals, said that existing pandemic response structures should be strengthened rather than new ones created. In addition, activities, programmes and projects should be developed to implement the proposals. In that regard, WHO should make use of the international expertise available, including within the Secretariat and the regional and country offices. Member States urgently required the necessary funding to strengthen their

emergency preparedness and response capacities. There should be coordinated efforts among countries within the same region, with the sharing of lessons learned and experiences. The Secretariat should strengthen the capacities of country and regional offices to ensure that they could fulfil their roles effectively.

The representative of MALAYSIA welcomed the consultations held with Member States in the development of the 10 proposals. She also expressed appreciation for the recommendations concerning strengthening WHO preparedness for and response to health emergencies by means of the global architecture for health emergency preparedness, response and resilience. Funding sources were vital and the expansion of the WHO Contingency Fund for Emergencies to ensure a rapidly scalable emergency response was particularly welcome.

The representative of MALDIVES expressed appreciation for WHO's efforts to strengthen global health emergency preparedness, response and resilience, particularly in the ongoing consultations to obtain Member States' views on the 10 proposals, which should be incorporated into the recommendations. She welcomed the equitable allocation of funds from the Pandemic Influenza Preparedness Framework Partnership Contribution for preparedness and response activities in Member States. Reviewing the International Health Regulations (2005) for increased transparency was important. She cautioned against overlapping, fragmenting or duplicating responsibilities, efforts and conflicts of interest. Any new bodies or mechanisms should have a clear delineation of roles and responsibilities to ensure streamlined decision-making and strengthened coordination to increase efficiency and effectiveness during an emergency. She agreed on the importance of promoting the One Health approach. Member States must address the links between animal and human health before finalizing any mechanisms.

The representative of JAPAN said that, in light of the proposal by the Independent Panel for Pandemic Preparedness and Response to establish a global health emergency council under the leadership of the United Nations General Assembly, in order to ensure a balance of legitimacy, representation and effectiveness, the issue of whether the council should be established under WHO or the General Assembly should be discussed before the high-level meeting of the General Assembly on pandemic prevention, preparedness and response in September 2023. It would be a challenge for Member States to reach a consensus on whether the council should be established under WHO without clarity on what would be discussed and decided by the council, who would prepare the materials for the discussion and whether the World Health Assembly schedule would allow for it. The proposed establishment of Committee E also required clarification, including whether the monitoring of vulnerabilities, gaps and priorities pertaining to health emergency preparedness and response, as outlined in proposal 7, should be included in its work. He requested clarification on WHO's relationship with the G20 Joint Finance and Health Task Force. There must be more consultation and sharing of information with Member States before the Secretariat scaled up the Universal Health and Preparedness Review outlined in proposal 3. Concerning the implementation of new financial mechanisms for access to medical countermeasures, as outlined in proposal 9, it was important to foster donor understanding by presenting specific systems and expected outcomes. He asked whether the Secretariat was considering using assessed contributions for the WHO Contingency Fund for Emergencies or a new fund to allow additional disbursements of large amounts, as opposed to the Fund's existing replenishment strategy. A gap analysis must first be conducted to identify fund gaps or excesses and to ascertain whether challenges were related to delivery on the ground, rather than to the resources themselves. Discussions should not be conducted on the premise of the existence of unused resources. The Secretariat should share details of its exchanges with and feedback from Member States and other stakeholders, which would help in the development of more feasible and comprehensive proposals.

The representative of PARAGUAY agreed on the need for ongoing efforts to ensure that the global architecture for health emergency preparedness, response and resilience addressed the many challenges that arose, particularly disparities within and among countries. The International Health

Regulations (2005) were limited in scope and did not sufficiently address equity; they could be strengthened by the efforts of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response as a priority. Discussions on the global architecture for health emergency preparedness, response and resilience should be anchored in the ongoing transparent and inclusive processes within the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005), and care should be taken to avoid duplication in addressing issues. The Standing Committee on Health (Pandemic) Emergency Preparedness and Response must be given time to make progress in its work before the establishment of a global health emergency council. The principle of resilience in health emergencies could be strengthened in key areas by fostering greater collaboration with countries that had recorded good progress. He therefore called for participation by Taiwan¹ in the Organization. Referencing proposal 9 on expanding the funds available for rapidly scalable and sustainable emergency response, he stressed that alternative ways of increasing and optimizing resources must be explored to ensure equitable allocation to low- and middle-income countries.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed efforts to strengthen the global architecture for health emergency preparedness, response and resilience. Clarification was needed regarding the proposed global health emergency council's role, prerogatives and connection with the Standing Committee on Health (Pandemic) Emergency Preparedness and Response. Welcoming the idea of establishing a global health emergency corps, he also emphasized the ongoing need for attention to monitoring, laboratory work, clinical health care and combating health emergencies on all fronts. He commended the efforts to amend the International Health Regulations (2005) and the work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response; the forthcoming first draft of the pandemic accord would provide clarification on the proposed amendments to the Regulations. The Universal Health and Preparedness Review should be voluntary and greater clarification was needed on the criteria of the review process and on its link to the review of the International Health Regulations (2005). With regard to the Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response, more should be done for low- and middle-income countries. Transparency was key in the allocation of funds, and he sought clarification on the Secretariat's eligibility criteria for funding.

The representative of BOTSWANA welcomed that the 10 proposals had been informed by Member States' experiences in responding to health emergencies, and especially that the proposals were based on equity, inclusivity and coherence. He commended the efforts to strengthen the Universal Health and Preparedness Review mechanism following the pilot programme. Given that the mechanism was being implemented alongside existing mechanisms already aimed at improving accountability, the Secretariat should provide more and equitable financial and technical support, paying particular attention to the diversity and complexity of each region and Member State. Reporting under the mechanism should not become a burden, particularly for low-resource countries, and it should not be punitive but encourage peer learning and collaboration. He called for effective and sustainable resource mobilization to support the proposals.

The representative of AFGHANISTAN said that more attention must be paid to ensuring that Member States and health care facilities benefited from the higher levels of coordination, knowledge and capacities within the WHO governing bodies, and that plans developed by the Secretariat were appropriate for use by health care facilities. Consideration must be given to whether the substantial budget allocated for emergencies would sustainably strengthen health systems at the country level, and to whether the policies developed were linked to the situation on the ground. The global architecture for

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

health emergency preparedness, response and resilience would be effective only if it was developed first based on feedback from health care facilities, Member States and the regions.

The representative of GHANA commended the Secretariat on its efforts to improve health emergency preparedness and response. He welcomed the mobilization of resources, particularly to enable the African Region to better implement the Regional strategy for health security and emergencies 2022–2030. The Secretariat should advocate for increased domestic investment in health emergency preparedness, and technical and financial support should be provided for domestic resource mobilization. He supported the call for the coordination of all funds in order to improve coherence and accountability and boost preparedness and response, which would ultimately lead to better health outcomes and more efficiency.

The representative of COLOMBIA, expressing support for the proposals, said that governance, financing and equity were key to ensuring that any global architecture achieved its purpose. He highlighted the importance of universal structures that ensured access to truly equitable health care that was a right rather than a good to be traded and was not dependant on people's ability to pay. Owing to climate change, the new architecture must not focus solely on pandemic preparedness but also on prevention. Global action on climate change, climate justice and the One Health approach must be stepped up, ensuring that human, animal and environmental health were taken into account. The health sector and WTO must discuss how to achieve equity in the production and distribution of medicines and technologies; regional authorities, such as regional regulatory agencies, would be essential in that regard. Universal access to public information was key and discussions on health care must take into account the diversity of the people being cared for. Likewise, the knowledge, practices and customs of all cultures must be taken into account in the development of pandemic prevention strategies.

The representative of the RUSSIAN FEDERATION supported WHO's efforts to strengthen the global architecture for health emergency preparedness, response and resilience. He noted the progress made in the processes to amend the International Health Regulations (2005) and to develop the content of the proposed pandemic accord. However, several other existing initiatives had yet to be discussed or approved by Member States and efforts to that end must continue. Member States had repeatedly opposed initiatives that could fragment the global health architecture, duplicate current processes or overload participants in those processes, by not taking into account the capacity of small delegations. It was premature to consider establishing a global health emergency council, an additional committee of the Health Assembly on health emergencies and a global health emergency corps. A global register of specialists, laboratories and rapid response teams for operational use by Member States in emergency situations would enable all States to access assistance and support from experts. The introduction of a mandatory universal review of pandemic preparedness and response systems was unacceptable, as it would encroach on States' sovereignty. Any such reviews should be carried out solely on a voluntary basis. WHO's central role in coordinating epidemic responses should be supported and strengthened, and he therefore supported the proposals to enhance the Organization's financing. However, the involvement of the G20 Joint Finance and Health Task Force and the contributions to the Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response alone were insufficient. In light of the importance of the reform of global health care structures, WHO should focus on proposals and initiatives that already had the support of Member States.

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

Rights of reply

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, expressed his disappointment with certain individual statements that undermined the substantive discussions. The reasons for the special operation in Ukraine were well known, and included attacks by Ukrainian forces on civilian infrastructure, including medical facilities, with the support of NATO

member countries in the Donetsk and Luhansk People's Republics. Recent attacks on hospitals had been carried out using weaponry procured from the Government of the United States of America and intelligence gathered by NATO member countries. The lack of reaction by NATO member countries to such flagrant violations of international humanitarian law served to confirm their direct involvement in the conflict. He called on WHO to condemn any such acts.

The representative of DENMARK, speaking in exercise of the right of reply and on behalf of the European Union and its 27 Member States, said that the direct and indirect health impacts of the war on the Ukrainian population were of the utmost concern. It was only natural that a health emergency of the scale of the one triggered by the unprovoked and unjustified war should be addressed by WHO Member States. The war of aggression by the Government of the Russian Federation against Ukraine continued to affect the health situation across the globe, particularly in the most vulnerable countries. He reiterated his full support for the independence, sovereignty and territorial integrity of Ukraine within its internationally recognized borders. He recognized the inherent right of Ukraine to self-defence against the aggression of the Government of the Russian Federation, which grossly violated international law and the Charter of the United Nations and undermined international security and stability. He stressed that the Government of the Russian Federation must always assume its responsibilities under international humanitarian law.

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, said that Western Member States were distorting facts and engaging in disinformation. The long-term goal of the Government of the United States of America was clear; even though the cost of such a victory included costs of a humanitarian nature. The Ukraine regime, using weaponry obtained from NATO member countries, was committing criminal acts. All such acts would be punished.

The representative of NORWAY,¹ speaking in exercise of the right of reply, said that she aligned herself with the statement made by the representative of Denmark.

The meeting rose at 17:45.

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

THIRD MEETING

Tuesday, 31 January 2023, at 10:10

Chair: Dr K.V. PETRIČ (Slovenia)

1. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 4 of the agenda (document EB152/4)

The CHAIR reminded the Board that the Programme, Budget and Administration Committee of the Executive Board had considered items on the agenda for the current session of the Board. The Board would be invited to consider the Committee's recommendations on each relevant agenda item as it came under discussion by the Board.

The representative of MALDIVES, speaking in her capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee had made a number of recommendations to the Board, including with regard to: the recommendations of the Agile Member States Task Group on Strengthening WHO's Programmatic, Financial and Budgetary Governance; the Secretariat's implementation plan on reform; the outcome of the consultations with Member States on the report of the Director-General on extending the Thirteenth General Programme of Work, 2019–2023 to 2025; the extension of the temporary suspension of Financial Rule XII, 112.1, in part; engagement with non-State actors; the scale of assessments for 2024–2025; amendments to the Financial Regulations and Financial Rules; the housing allowance for the Director-General; and amendments to the Staff Regulations and Staff Rules.

The Committee had also considered and noted the report of the Independent Expert Oversight Advisory Committee and had proposed that the Secretariat should continue its work to implement the recommendations contained in the report. It had requested the Advisory Committee to continue its work to finalize the process for handling potential allegations against the Executive Head of the Organization and to initiate work to develop the process for handling potential allegations against the Director of the Office of Internal Oversight Services, drawing as appropriate from existing processes in other relevant United Nations forums and Member State input, with an initial draft to be delivered to the thirty-eighth meeting of the Programme, Budget and Administration Committee in the year 2023.

The representative of the RUSSIAN FEDERATION said that the way in which the report of the Independent Expert Oversight Advisory Committee was considered prevented Member States from discussing important issues raised therein. Every year, confusion arose within the Programme, Budget and Administration Committee as to which elements of that report could be discussed, and it was unacceptable that certain subjects had not been properly discussed by the Programme, Budget and Administration Committee. The Advisory Committee and the Secretariat should give careful consideration to the way in which the reports of the Advisory Committee were presented for consideration to ensure that its work served the best interests of Member States, which were financing its activities through their contributions. The Advisory Committee should provide regular briefings to Member States, in line with best practices of the United Nations system.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, welcomed WHO's efforts and commitment to improve impact at the country level and build an agile, proactive and sustainably financed Organization. She appreciated the work of the Agile Member States Task Group and expressed support for the extension of the Thirteenth General Programme of Work,

2019–2023 to 2025, as well as for the proposed guidance for the Secretariat’s implementation of existing mandates.

The proposed allocation of 50% of the base segment to countries, envisaged in the draft Proposed programme budget 2024–2025, should be further increased to cover the human and financial resources needed to adequately address health needs, the impact of coronavirus disease (COVID-19) and emerging health challenges. Immediate action to address the programme budget imbalance and uneven financing constituted a key governance reform and a precondition for an increase in assessed contributions. She urged all stakeholders to continue providing flexible funding, which should be distributed to countries first, and requested the Secretariat to monitor and report annually on progress in that regard.

The Director-General should increase the share of the draft Proposed programme budget 2024–2025 allocated to countries and regions according to an agreed phased timeline for 2024–2027 with a view to achieving the triple billion targets, working towards the “five Ps” and delivering impact at the country level by 2025. The Member States of the African Region welcomed the Secretariat’s proposal and principles to ensure equitable resource allocation. A set of specific indicators, schedule of reporting to the Board and measures should be included in the Secretariat’s implementation plan on reform to ensure that the needs of Member States were met in an equitable manner.

Noting the importance of measures to ensure accountability and timely action, she urged the Independent Expert Oversight Advisory Committee to finalize the process for handling potential allegations against the Executive Head of the Organization, taking into account the comments and suggestions of Member States, and to report thereon to the thirty-eighth meeting of the Programme, Budget and Administration Committee. She requested clarification regarding the implications of amendments to the Financial Regulations and Financial Rules on implementation and decision-making. Further consultations should be held before the draft resolution on amendments to the Financial Regulations and Financial Rules contained in document EB152/30 was submitted for consideration by the Seventy-sixth World Health Assembly.

The representative of BRAZIL welcomed the recommendations of the Programme, Budget and Administration Committee and reiterated his Government’s support for a WHO that was stronger, more sustainable, effective, efficient, fit for purpose and representative of the needs and perspectives of Member States. Matters addressed by the Committee, including the extension of the Thirteenth General Programme of Work 2019–2023 to 2025, the draft Proposed programme budget 2024–2025, the work of the Agile Member States Task Group and the proposal for a replenishment mechanism, should be evaluated and considered as a complete reform package. Member States and the Secretariat should reaffirm their commitment to paving the way to greater transparency, accountability and good governance. He praised the Secretariat’s determination to respond quickly to comments made during the Committee’s meeting and called for prompt action to be taken on the requests made by delegations with a view to ensuring strong support for an ambitious reform package at the Seventy-sixth World Health Assembly.

The representative of CHINA said that the report of the Agile Member States Task Group and the Secretariat’s implementation plan on reform were mutually reinforcing and could not be separated. The Secretariat should develop a timetable for the implementation plan, report regularly to Member States on progress in an open and transparent manner and help Member States to implement the Task Group’s recommendations. Funding imbalances at the three levels of the Organization must be addressed and efforts made to align WHO’s priorities with those of Member States in terms of health systems strengthening. New mechanisms and institutions should be based on consensus and should not generate an additional financial burden for Member States.

She welcomed the report of the Independent Expert Oversight Advisory Committee and its contribution to improving transparency and performance. She trusted that the Advisory Committee would intensify its consultations with the Secretariat and develop the process for handling allegations against the Executive Head of the Organization and the Director of the Office of Internal Oversight Services, drawing on existing practices in other United Nations forums. WHO’s links with non-State actors should continue to be based on the Framework of Engagement with Non-State Actors.

Geographical representation among WHO staff should be improved. Lastly, she hoped that the Programme, Budget and Administration Committee would have a role in supporting the implementation of reforms.

The representative of the UNITED STATES OF AMERICA said that strengthening and reforming WHO constituted a key priority for her Government. The draft Proposed programme budget 2024–2025 reflected a significant effort to address Member States' recommendations, and she looked forward to continuing the constructive discussions on that matter. Her Government hoped to be in a position to support the proposed increase in assessed contributions at the Seventy-sixth World Health Assembly and looked forward to working with the Secretariat and Member States to that end.

While work remained to be done on the issue of reform, her Government appreciated the Secretariat's commitment to improving transparency, oversight and accountability to Member States. She hoped that the Board would endorse the Secretariat's implementation plan and adopt the recommendations of the Agile Member States Task Group. Her Government looked forward to the finalization by the Independent Expert Oversight Advisory Committee of a process for handling potential allegations against the Executive Head of the Organization and the development of a process for handling potential allegations against the Director of the Office of Internal Oversight Services. She welcomed the proposal by the Programme, Budget and Administration Committee that the Secretariat should undertake a holistic review of the Office of Internal Oversight Services and facilitate any action required by the governing bodies to formally adopt the amendments to the International Civil Service Commission statute and implement them as soon as possible. WHO should continue reforming its systems, structures and culture to ensure that its zero-tolerance policy on sexual misconduct became a reality.

The representative of TIMOR-LESTE acknowledged the progress made in improving the allocation of resources, particularly at the country level. Lessons should continue to be learned in that regard. However, the persistent uneven financing among major offices and underfinancing of the base segment remained a concern. It was also troubling that the budget allocation for the WHO Health Emergencies Programme still needed to be prioritized. Continuation of the platform for lessons learned from the COVID-19 pandemic and increased financing for preparedness, prevention and response would ensure better preparedness for a future pandemic. Greater accountability and transparency regarding budget utilization would optimize resources at the country level, ensure the implementation of strategic programmes and support core deliverables. In the South-East Asia Region, the consultative and participatory prioritization process had enabled Member States to ensure that programmes addressed needs and emerging challenges at the country level.

The representative of INDIA said that the extension of the Thirteenth General Programme of Work, 2019–2023 to 2025 would scale up the implementation of public health priorities and ensure sustainable financing, accountability for results, better monitoring and coordination, and alignment with the "five Ps". Although progress had been made with respect to the target of one billion more people enjoying better health and well-being, it was important to address the indicators in which progress was worsening and inequities were widening. In order to achieve universal health coverage, there was a need for a radical reorientation of the health system towards primary health care, with a focus not only on treatment but also on well-being and screening for noncommunicable diseases. WHO should promote health-seeking behaviours, taking into account socioeconomic factors, and identify high-impact interventions to improve health service delivery in accordance with country contexts and in consultation with Member States. There was also a need to work towards implementation of the global strategy on digital health 2020–2025. WHO should focus on connecting and coordinating its efforts and interventions to build resilient health systems to prevent, prepare and respond to future health emergencies.

The representative of MOROCCO welcomed concerted efforts to make WHO an agile and high-performing organization capable of delivering greater country-level impact. The approach to the development of the draft Proposed programme budget 2024–2025 should focus on transparency and traceability and be based on credible data and indicators of relevance to the triple billion targets. It should also be aimed at strengthening implementation of the Thirteenth General Programme of Work, 2019–2025 and delivering a measurable impact in all countries. His Government supported the recommendations of the Agile Member States Task Group and the Secretariat’s implementation plan on reform. Effective communication between the Secretariat and Member States was needed to monitor implementation of those actions and recommendations in order to ensure that WHO was agile, quick to respond and committed to implementing plans approved by Member States.

The representative of SLOVAKIA recalled that, during the meeting of the Programme, Budget and Administration Committee, agreement had been reached on organizing intersessional consultations to give Member States further opportunity to consider relevant changes, insights and recommendations, including those put forward by the Agile Member States Task Group and the Board. He urged Member States to use such platforms to improve working methods and allow for a more agile consultative process at the governing bodies level.

The representative of MOZAMBIQUE¹ said that the discussions at the meeting of the Programme, Budget and Administration Committee had helped countries to better understand the availability and allocation of resources and the funding gap at the global, regional and country levels. The considerable improvement in overall funding, particularly for core programmes, was welcome. The proposal to increase resource allocation to country offices would accelerate implementation of the Thirteenth General Programme of Work, 2019–2025 and the achievement of the triple billion targets. The continuous mobilization of funding, notably flexible funding, to enable country offices to respond to Member States’ needs and strengthen primary health care was appreciated.

The representative of BANGLADESH¹ expressed support for the extension of the Thirteenth General Programme of Work, 2019–2023 to 2025, with a focus on country-level priorities and attainment of the triple billion targets. Initiatives on public health care and universal health coverage should be extended to address gaps in countries’ core capacities. In addition, a flexible and predictable mechanism for repurposing donor funds should be developed to enable WHO to respond to needs at the country level. He hoped that the initiatives undertaken in the context of the pandemic would facilitate better preparedness for future health emergencies.

The ASSISTANT DIRECTOR-GENERAL (Business Operations), thanking speakers for their comments, said that the Secretariat would provide detailed responses under the relevant agenda items. He also thanked the Programme, Budget and Administration Committee and its Chair for the open and constructive dialogue and strategic guidance for the Secretariat, which helped to advance WHO’s agenda.

The Board noted the report.

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

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES (continued)**2. BUDGET AND FINANCE MATTERS: Item 20 of the agenda****Financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025:** Item 20.1 of the agenda (document EB152/26)**Proposed programme budget 2024–2025:** Item 20.2 of the agenda (document EB152/27)

The CHAIR drew attention to the reports contained in documents EB152/26 and EB152/27 and to the guidance and recommendations of the Programme, Budget and Administration Committee of the Executive Board set out in paragraphs 12–24 of document EB152/4.

The representative of PARAGUAY said that the information provided in document EB152/26 was much more detailed than in previous such reports, thereby facilitating decision-making. Although there was a slight increase in core voluntary contributions for the biennium 2024–2025 compared with the biennium 2022–2023, specified voluntary contributions continued to make up the majority of financing for the base budget segment despite repeated calls for more flexible funding. He also expressed concern that, despite their importance, strategic priorities 1 and 3 were not financed from flexible funding, which should be distributed in a more efficient and balanced manner.

The Region of the Americas remained the most underfunded, receiving on average 30% of the Programme budget financing for 2022–2023, which represented around half of the amount allocated to the other regions. The Secretariat should identify the main reasons for that situation and review the mechanisms required to resolve them, particularly as WHO headquarters received surplus funding for some strategic priorities. Noting that WHO's largest expenditure component by far was related to staff costs, he called for an analysis to be undertaken to determine whether such expenditure was necessary, sustainable and appropriate to enable the Organization to achieve its objectives.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries Türkiye, North Macedonia, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova and Bosnia and Herzegovina, the potential candidate country Georgia, as well as Armenia, aligned themselves with his statement. He welcomed the increased transparency in the preparation of the draft Proposed programme budget 2024–2025 and its more streamlined nature, strong country focus and three main overarching objectives. The Secretariat should, however, include a description of the outcomes to be delivered, which was essential for results-based budgeting and for Member States to monitor implementation.

The Secretariat's efforts to implement the recommendations of the Working Group on Sustainable Financing were welcome, including with regard to the preparation of the draft Proposed programme budget 2024–2025, taking into account the proposed increase in assessed contributions. He supported the continued consideration of a possible replenishment mechanism and welcomed the proposed revised approach to the allocation of flexible funding. Such measures would be important tools in addressing persisting "pockets of poverty".

The representative of the UNITED STATES OF AMERICA said that, although it was pleasing that WHO had received robust support in relation to financing for the current budget cycle, the base budget continued to be unevenly financed across regions and programmes, leaving "pockets of poverty" and important work underfunded. She thanked the Secretariat for its work on the draft Proposed programme budget 2024–2025 and on the impressive new programme budget web portal, as well as for its willingness to make further improvements based on guidance from the Programme, Budget and Administration Committee and through intersessional consultations. Ensuring the availability of the final version of the draft Proposed programme budget 2024–2025 well in advance of its consideration at the Seventy-sixth World Health Assembly would be key to enable Member States to agree on the very

important budget proposal. Efforts to prioritize areas of the base budget for flexible funding and to direct more resources to the country office level were welcome, as was the incorporation in the base budget of funding for the prevention of and response to sexual exploitation, abuse and harassment. Continued progress on reform was essential to secure support for any increase in assessed contributions.

The representative of YEMEN said that, although the Secretariat was to be thanked for its transparency, further details should be provided on expenditures on strategic priorities at the country and regional levels. Noting the share of the base budget segment across the three levels of the Organization and the allocations to the poliomyelitis eradication and special programmes segments, he called for a larger proportion of the base budget to be allocated to country offices for programme development and capacity-building. Clear plans should be established to help countries to move from implementing relief measures to development interventions and to ensure sustainable funding for the health sector.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the increased transparency and improvements to the budget process and the Secretariat's commitment to enhancing that process further in line with the recommendations of the Agile Member States Task Group and the Secretariat's implementation plan on reform. Much of the work to date built on the landmark decision WHA75(8) (2022) on sustainable financing, in which the Health Assembly had decided to adopt the recommendations of the Working Group on Sustainable Financing, including the implementation of the first in a series of increases in assessed contributions. Many of the challenges facing WHO, including "pockets of poverty" and imbalances across priorities and geographical areas, were linked to the way in which WHO was funded, which must be rectified. She welcomed the shift towards a greater focus on the country level and requested further information on outcomes in order to gain an understanding of how the budget was delivering results.

The representative of FRANCE said that the lack of alignment between the base budget segment and available funding was regrettable and that a way should be found to ensure that priorities were aligned with available funding. Base programmes should be financed in a flexible manner and should not have to depend on voluntary contributions. His Government had actively supported an increase in assessed contributions to improve WHO's sustainable financing, which should be accompanied by a limited increase in the budget and improved financial management. He welcomed the draft Proposed programme budget 2024–2025, in particular the stability of the budget envelope, and supported the work of the Agile Member States Task Group and the initial actions taken by WHO to improve accountability.

The representative of the REPUBLIC OF KOREA said that the new features and presentation format made the draft Proposed programme budget 2024–2025 easier for Member States to understand. He highlighted the importance of the bottom-up country prioritization process which, together with the strategic allocation of flexible funding and the increase in the share of the total budget allocated to country offices, constituted significant changes. A transparent and detailed explanation of the budget adjustment process among the strategic priorities at the regional and global levels would promote Member State engagement. The proposed 20% increase in assessed contributions would help to improve equity in resource allocation over the long term and mitigate the challenges related to persisting "pockets of poverty". Given the significant increase in the share of funding allocated to countries, information on achievements and progress should be provided on an ongoing basis, including through the digital platform, which should be further developed on the basis of feedback from Member States.

The representative of the RUSSIAN FEDERATION trusted that the comments and proposals made by Member States would be duly reflected in the new version of the draft Proposed programme budget 2024–2025. The Secretariat had used language and approaches not agreed by WHO and the United Nations, and the reference to a focus on sexual and gender minorities in paragraph 35 of document EB152/27 should be deleted. Furthermore, paragraphs 42–44 referred to the Director-General's 10 proposals on strengthening the global architecture for health emergency

preparedness, response and resilience, even though no decision had been taken by Member States in that regard, and the Secretariat's intention to present that initiative as part of WHO's programmatic activities was not consistent with Member States' expectations.

While the Secretariat's efforts to improve the quality of the information provided were appreciated, Member States would require comprehensive information on projected expenditures in terms of key budget items, staff costs, inflation indicators and currency fluctuations. The Programme, Budget and Administration Committee had already recommended the inclusion of most of that information. Information should also be provided on the key outcome and output indicators to which the Secretariat intended to direct additional funds from the proposed increase in assessed contributions. It was also hoped that the Secretariat would provide a detailed breakdown of projected costs during the forthcoming operational planning process. If Member States decided to increase assessed contributions, the Secretariat should prepare a performance review on the first round of increases and a detailed breakdown of how the funds were spent. The risk-based approach was welcome and should be further strengthened by the Secretariat, including by submitting a statement on acceptable risk parameters for Member States' consideration.

The representative of MALAYSIA noted with satisfaction the relatively acceptable overall level of financing and utilization of the Programme budget 2022–2023. The revised amount for the base segment had helped the Member States of the Western Pacific Region to improve access to quality essential health services, medicines, vaccines and diagnostics; better prepare for health emergencies; and safeguard healthy environments. The comprehensive and transparent financial reporting structure enhanced WHO's integrity and credibility. While the projections for the financing of the draft Proposed programme budget 2024–2025 might still evolve, it was hoped that with the proposed 20% increase in assessed contributions and other sources of flexible funding, there would be sufficient funding across all areas, in particular those that were underfunded.

The representative of CANADA welcomed the Member State consultations and prioritization exercises that would assist in the immensely challenging task of planning WHO's work in the biennium 2024–2025. The important lessons learned from the COVID-19 pandemic would also help to refocus efforts in the next biennium. Expressing support for the "five Ps", he underlined the need to address the root causes and drivers of health inequity in order to achieve the triple billion targets and the Sustainable Development Goals. Accordingly, WHO should continue to invest in strategic priority 3, while due recognition of its importance by Member States would help to generate momentum for that often underresourced work. The Secretariat's plans to support Member States in adapting technical products to local contexts and evaluating their uptake were welcome. He urged the Secretariat to continue to strengthen its capacity to develop, disseminate and support the implementation of impact-oriented guidance. The integration of gender, equity and rights throughout WHO's programming, including the Health Emergencies Programme, and the resources dedicated to that work were welcome. Expanded internal oversight and better monitoring of the return on investment in enabling functions were required to ensure a strong, well-functioning WHO that was able to address risks and take proactive action.

The representative of BRAZIL reiterated the urgent need for WHO to address chronic imbalances in the regional distribution of resources and trusted that the decisions on the budget to be taken at the Seventy-sixth World Health Assembly would help to resolve that issue. While noting the specific circumstances associated with voluntary contributions to PAHO, he called for further immediate action to tackle persistent gaps in funding in the Region of the Americas. The Secretariat's efforts to maintain the current level of the base segment were to be commended, and the innovative procedures adopted, including the provision of information on prioritization, were appreciated. However, additional details on current expenditures and on the use of a possible increase in assessed contributions should be provided. WHO should follow the common practice of other organizations of the United Nations system concerning the complete disclosure of information on expenditures.

With regard to the Thirteenth General Programme of Work, 2019–2025, the proposals on strengthening the global architecture for health emergency preparedness, response and resilience were

still under consideration, which should be reflected in document EB152/27, and the Secretariat should provide information on the associated costs. In his Government's view, no further action should be taken on those proposals, which had served their purpose. Under strategic priority 1, priority must be given to promoting access to medicines and local production. Under strategic priority 3, there should be alignment with the Rio Political Declaration on Social Determinants of Health and WHO should refrain from using terms not discussed by Member States, such as commercial determinants of health.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, thanked the Secretariat for its extensive efforts regarding the preparation of the draft Proposed programme budget 2024–2025 with the aim of getting WHO back on track to achieve the triple billion targets while providing continuity and stability for the final phase of the Thirteenth General Programme of Work, 2019–2025. The launch of the Global Health Emergency Appeal and the proposed new approach to the allocation of flexible resources towards high-priority outputs were welcome. The Member States of the African Region welcomed the prioritization process and efforts to distribute resources to country offices. The proposed 50% allocation of the base segment to country offices should be further increased to cover the human and financial resources required to adequately address health needs. Although there was a compelling need to improve the determinants of health, strategic priority 3 remained a “pocket of poverty” for the African Region. The Secretariat should evaluate the effectiveness of the current mechanism to ensure a more even distribution of funding.

The Board should consider innovative ways of increasing the budget allocation to countries and regions, with the aim of achieving at least a 75% share over an agreed phased timeline for 2024–2027. The proposed increase in assessed contributions for the biennium 2024–2025 should be distributed to countries first and more effective mechanisms adopted during the current biennium to address the uneven financing across outcomes and major offices. As at September 2022, the funding gap for the African Region accounted for around 60% of WHO's total funding gap. She urged stakeholders to provide flexible funding that would create impact in countries. The Member States of the African Region had defined key outcomes and inputs for which WHO's support was expected in 2024–2025 and the Secretariat should respect the results of the bottom-up, evidence-based planning, budgeting and resource mobilization allocation. The draft Proposed programme budget 2024–2025 should be revised to ensure that it was an instrument for achieving the triple billion targets, creating impact in countries and ensuring health for all.

The representative of INDIA said that the evaluation of budget allocations among different programmes was critical to ensure better prioritization of available funds. Increased clarity on agendas would also help to drive plans for the next biennium and facilitate an understanding of expected outcomes and milestones. Using “heatmaps” across two bienniums to compare outcomes under strategic priorities might not be sufficient, as outcomes would have to be clearly measurable and could change over time, and data might not be fully comparable. Detailed and meaningful consultations with Member States on strategic priorities and activities was critical, and the budgeting process should be better linked to governance processes and regional and country priorities. A collaborative mechanism should be developed so that projects and activities were decided in consultation with Member States to ensure value for money and alignment with country priorities. The digital platform would promote transparency, and regular programme and expenditure reviews would facilitate programme implementation and enhance oversight. The budget should be equitably allocated across all strategic priorities at the global, regional and national levels. Priorities and deliverables should be tailored to the country context and defined at the micro level. Lastly, detailed principles, thresholds and guidelines should be developed on the earmarking of voluntary contributions, while quarterly review meetings at the global, regional and national levels would enhance coordination.

The representative of COLOMBIA welcomed the recommendation of the Programme, Budget and Administration Committee to continue the consultative process on the draft Proposed programme budget 2024–2025 during the intersessional period. He was pleased to note that the draft Proposed programme budget 2024–2025 did not foresee any increase, despite the current economic conditions.

Such improvements in efficiencies were in keeping with the recommendations of the Agile Member States Task Group and would lead to greater transparency, accountability and implementation.

A strengthened Organization required more resources, in particular flexible, unearmarked funding that could be directed to public health priorities at all levels. At the same time, however, the critical financial situation that most countries were currently facing should be taken into account. For example, his Government had financial commitments not only to WHO but also to PAHO. WHO should take into account the recommendations of the Agile Member States Task Group and the Secretariat's implementation plan on reform. If the Organization was to achieve its priorities, the funding gap had to be filled. Greater equity both for regional and country offices and among strategic priorities was also essential, and innovative mechanisms, such as a replenishment mechanism, should continue to be discussed.

The representative of PERU said that the detailed information provided on the implementation of the Programme budget 2022–2023 was a significant improvement compared with previous years. He expressed concern that strategic priorities 1 and 3 were not financed from flexible funding, which should be distributed in a more equitable and efficient manner. The Region of the Americas continued to receive the least funding, and action should be taken to close the gap between the programme budget and actual funding. The budget should be used to make tangible improvements within the Organization and other unearmarked funding sources should be used to address WHO's priorities. It was important to develop a formula to address the particular situation faced by the Member States of the Region of the Americas, which contributed financially to PAHO as well as to WHO.

The representative of DENMARK noted with satisfaction that the Secretariat had responded to the need for a participatory and transparent process in the development of the programme budget and welcomed the document's improved format. Although an increased focus in the programme budget on building country capacities was important for achieving the triple billion targets and the Sustainable Development Goals, there should also be a strong emphasis on developing the essential normative functions of WHO and maintaining robust leadership at the WHO headquarters and regional levels. The principle of leaving no one behind should remain at the core of the programme budget, with attention given to the most marginalized and vulnerable populations, including sexual minorities. He welcomed the strong commitment to reforming the culture of WHO, strengthening accountability and preventing sexual exploitation, abuse and harassment, for which adequate funding must be ensured. His Government fully supported the proposed 20% increase in assessed contributions, which would be an important step towards achieving a sustainably financed WHO.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the identification of country priorities had been a key element in the preparation of the draft Proposed programme budget 2024–2025. The consultation process with Member States and consideration of elements such as national health and country cooperation strategies and the United Nations Sustainable Development Cooperation Framework for each country would enable support to be targeted where it was most needed and significantly strengthen country capacity. The Secretariat should identify key measurable and time-bound results, propose supporting actions and make the necessary investments at the country level to implement the agreed priorities. Given that the prioritization exercise had been undertaken almost two years before the start of the biennium 2024–2025, there should be a clear process for reviewing country priorities as situations evolved, and the Secretariat should remain flexible to accommodate potential changes in priorities, for example due to health emergencies. He urged Member States to support the proposed increase in assessed contributions in order to strengthen the role of WHO as the leading health agency and drive positive impact in countries.

The representative of SLOVAKIA said that her Government was in favour of increasing the funding allocated to noncommunicable diseases. WHO required more assessed contributions and flexible funding and the resources should be used for implementation and delivery at the country level.

The representative of NORWAY¹ said that decision WHA75(8) (2022) and Member States' commitment to ensuring a sustainably financed WHO were an important step towards a democratically funded, more efficient and effective Organization. The draft Proposed programme budget 2024–2025 was historic as it included the first tranche of the proposed increase in assessed contributions. The revised format, new programme budget web portal and “five Ps” were welcome. The increased country focus, which her Government supported, depended on strong normative and leadership functions at WHO headquarters; those core and enabling functions must be adequately funded. The connection between programmatic priorities and financing must be improved, including by providing more flexible and predictable funding and taking significant steps towards greater efficiency, transparency and accountability. As of the year 2023, more than one third of her Government's voluntary contributions would be fully flexible and she encouraged other Member States to increase the flexibility of their funding.

The representative of JAMAICA¹ expressed support for measures to strengthen WHO's viability, noting the Organization's essential role in global health governance and its core functions of establishing and enforcing international norms and standards and coordinating global efforts to achieve health goals. Assessed contributions should constitute the main source of funding for the Organization to reduce any influence associated with voluntary contributions. WHO's reform initiative should incorporate PAHO's valuable experience in bottom-up prioritization. It was important to examine the budgeting process, including the percentage spent on administrative costs compared with the costs of the services delivered. WHO should focus on its core mandate, thereby reducing duplication with the efforts of other United Nations and international organizations.

The representative of ECUADOR¹ welcomed WHO's efforts to carry out its valuable work despite limited resources and the need for reform. The Organization's efforts to secure sufficient funding for programmes and ensure the continued provision of normative and technical support were highly appreciated. With regard to the Programme budget 2022–2023, he supported the recommendation of the Programme, Budget and Administration Committee that the Secretariat should continue to improve the uneven financing across programmes and major offices, and noted that the Region of the Americas continued to receive the lowest amount of funding. He expressed support for the continuation of the consultative process on the draft Proposed programme budget 2024–2025 during the intersessional period, as well as the proposed prioritization. With regard to the proposed increase in assessed contributions, the Secretariat should bear in mind the efforts that Member States were making against a background of fiscal austerity, and use the resources provided by Member States as efficiently as possible.

The representative of THAILAND¹ said that the proportion of the base programme financed from voluntary contributions should be increased in order to close the funding gap. Highlighting the important convening power of WHO, he said that more efficient health expenditure would enable health programmes to be funded at the country level. To support better budget allocation for the next programme budget, WHO should review the expenditure, outcomes and performance for the previous biennium and assess country priorities to ensure that needs were being met. His Government supported the “five Ps”, effective budget allocation and priority health achievements.

The representative of POLAND¹ thanked the Secretariat for its efforts and commitment to improving the transparency and structure of the programme budget and related documents and was pleased to note its involvement in the preparation and implementation of the reform package developed by the Agile Member States Task Group. It was, however, regrettable that not all ideas and options had been properly considered during the discussions on WHO budgetary reforms. The main problem lay in the expectations of Member States and the way in which they entrusted tasks to WHO without taking into account its capacities. Although she understood the need for and benefits of increasing WHO's

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

funding, in particular to improve its flexibility, now was not a good time to enter into new long-term commitments, such as an increase in assessed contributions, given the various ongoing crises that placed a heavy burden on her Government's national budget.

The representative of GERMANY¹ noted with concern that the Programme budget 2022–2023 showed a major funding gap and underlined the need for sustainable and predictable financing. He therefore welcomed the recommendations of the Working Group on Sustainable Financing, in particular on a gradual increase in assessed contributions and consideration of a possible replenishment mechanism, and supported the historic draft Proposed programme budget 2024–2025. The Secretariat should be commended for its extensive efforts over the previous decade to improve transparency and accountability in cooperation with Member States, which had made WHO one of the best-positioned organizations of the United Nations system in terms of financial transparency.

The representative of SINGAPORE¹ said that while his Government was supportive of the proposed increase in assessed contributions, resources remained limited and should be used effectively and efficiently. WHO's work to better support countries in implementing national action plans to improve their health systems and address critical gaps was welcome, but continued investment in normative functions and global public health goods was important and would maximize the limited resources available. Areas for such investment included evidence-based technical packages for tobacco control and other noncommunicable disease risk factors, and surveillance systems for infectious diseases.

The representative of AUSTRALIA¹ said that the draft Proposed programme budget 2024–2025 played an important role in setting the strategy for the extension of the Thirteenth General Programme of Work, 2019–2025 and in further strengthening WHO's accountability and transparency. He welcomed the Secretariat's commitment to: strengthen capacities and resource allocation at the country level; maintain a focus on improved accountability, compliance and risk management functions; reinforce a culture of zero tolerance for sexual misconduct across the Organization; and revise the structure of the budget to enhance strategic oversight. The Secretariat's efforts to bring prioritization to the fore of the draft Proposed programme budget 2024–2025, including by providing information on how it was linked to resource allocation, and to enhance Member States' participation in and understanding of the budget planning process were appreciated. The digital platform afforded flexibility and could be enhanced in the future.

Sustainable financing was important to enable WHO to finance its priority activities in a flexible and predictable manner. The consensus reached at the Seventy-fifth World Health Assembly, including the commitment that WHO's base budget should be fully flexibly funded, must be respected. His Government, which had recently renewed its strategic partnership with WHO, would continue to provide flexibility through its core voluntary contributions over the next five years and encouraged all donors to increase the flexibility of their funding. Lastly, he requested further details on how the Secretariat was aligning efforts to fund the activities prioritized by Member States and those it had deemed critical for achieving the triple billion targets by 2025.

The representative of the NETHERLANDS¹ commended the Secretariat for its efforts to provide greater clarity in the draft Proposed programme budget 2024–2025. Under the new approach for results-based planning agreed at the start of the Thirteenth General Programme of Work, 2019–2025, traditional activity planning would be counterproductive. However, some Member States had expressed concern over the transparency of the implementation of funding. Rather than requesting a level of detail that was too granular, she hoped that it would be possible to obtain the level of transparency needed to hold the Secretariat accountable without engaging in micromanagement. The new programme budget web portal was an innovative way of providing additional insights and she looked forward to discussing it further at the Seventy-sixth World Health Assembly. Emphasizing the importance of the proposed

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increase in assessed contributions, she urged Member States and donors to increase their flexible voluntary funding to enable WHO to deliver transparently on all aspects of its important mandate.

The representative of NAMIBIA¹ commended the Secretariat for the development of the draft Proposed programme budget 2024–2025, which took into consideration the revised Programme budget 2022–2023, and which was focused on country needs and included a greater emphasis on achieving the triple billion targets. WHO headquarters remained the best financed of all major offices, while the Region of the Americas and the African Region continued to receive a low level of financing with several “pockets of poverty”. It was greatly concerning that the African Region received the lowest amount of funding for all outcomes under strategic priority 3. The Secretariat should work towards increasing the share of the programme budget allocated to countries and regions according to an agreed phased timeline for 2024–2027, with the aim of reaching a budget allocation of at least 75%. It should also distribute the proposed increase in assessed contributions to countries first in order to bridge the funding and expertise gap.

The representative of SUDAN¹ expressed appreciation for the efforts to support programme budget implementation. The programme budget should be results-based, and accountability, transparency, responsibility and risk management should be strengthened. Funding must be flexible and allocated to countries and regions depending on their priorities and needs. He hoped that the Secretariat would be able to increase the funding allocated to countries like Sudan that hosted thousands of refugees, migrants and displaced persons. The Sustainable Development Goals were far from being achieved, and technical support from the Secretariat was required to strengthen health systems and better address challenges exacerbated by global warming and poverty.

The representative of SOUTH AFRICA,¹ noting that the large majority of the base budget segment was financed from specified voluntary contributions, said that the funding gap was a concern and underscored the urgent need for more sustainable financing. Although the revised Programme budget 2022–2023 had ensured additional funding for all approved outcomes and strategic priorities, some areas remained underfunded, including strategic priority 3, which was important for Africa, and funding must be allocated to countries as well as to WHO headquarters. She hoped that implementation of the proposed 20% increase in assessed contributions would be a key driver in improving the projected financing of the draft Proposed programme budget 2024–2025. It would also help to meet the needs of countries and regions, in particular the Region of the Americas and the African Region, which faced funding shortfalls. Lastly, she requested donors to provide more flexible funding to WHO.

The representative of BANGLADESH,¹ noting the progress made in strengthening WHO, said that efforts to reform the Organization, notably in the areas of governance and financing, must continue. Although the proposed increase in assessed contributions was in line with the core programme budget, the more predictable funding should take into account countries’ diverse needs and priorities in order to achieve health equity. The focus on increasing WHO’s efficiency and transparency in programme implementation should also be maintained. Member States and donors should follow the example of Norway in making its voluntary contributions flexible, which would help to increase WHO’s independence. He called for balanced geographical representation among WHO staff.

The representative of URUGUAY¹ welcomed the draft Proposed programme budget 2024–2025 and digital platform, which should be considered in further detail. A balance between assessed and voluntary contributions would increase predictability and facilitate planning, and donors should increase the flexibility of their contributions. There was an urgent need to revise the budget allocation to the Region of the Americas. She supported the linkage between the proposed increase in assessed contributions and improvements in WHO’s transparency and efficiency, as well as the recommendation

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to continue the consultative process on the draft Proposed programme budget 2024–2025 during the intersessional period.

The representative of MOZAMBIQUE¹ welcomed the draft Proposed programme budget 2024–2025, which would increase the funding allocated to country offices and bolster Member States' involvement in building an enabling environment to improve coordination and trust. Ensuring that the final programme budget allocation reflected country priorities would help to strengthen primary health care and achieve universal health coverage. The draft Proposed programme budget 2024–2025 would also accelerate progress towards the achievement of the triple billion targets and improve quality of care, in particular for noncommunicable diseases. The overall allocations to poliomyelitis eradication and emergency operations and appeals were also appreciated.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) thanked speakers for their valuable input and encouragement. On the issue of country strengthening, countries were at the centre of everything WHO did. At the same time, however, it was equally important to protect WHO's normative function. The share of the base segment allocated to the country level had increased from 39% in the biennium 2018–2019 to 50% in the draft Proposed programme budget 2024–2025, which was 4% higher than in the biennium 2022–2023. A gradual approach should, however, be taken so as not to disrupt a number of organizational processes, particularly the normative function at WHO headquarters. Lessons had been learned on prioritization, and the bottom-up prioritization exercise had been improved. Sustainable financing was critical to ensure that Member States, partners and the Secretariat could collectively deliver on priorities. Improvements had also been made to equity in resource allocation, but much work remained to be done.

WHO's staffing component varied according to the type of work performed. Much of the upstream work was undertaken at WHO headquarters and in the European Region, resulting in higher staff costs. A great deal of the operational work of WHO was performed in the African and Eastern Mediterranean Regions and the percentage of staff costs was therefore lower. Since 2018, the base budget had grown by 35%, whereas staff costs had increased by 25% despite the COVID-19-related work that WHO was required to perform. With regard to the value for money and utility of WHO, he noted that the investment case for a sustainably financed WHO had estimated that every US\$ 1 invested in WHO generated a US\$ 35 return. The pandemic had also served to highlight the centrality of health and bring WHO to the fore.

The draft Proposed programme budget 2024–2025 had been the subject of more consultations than any previous programme budget and took into account many, if not all, of the comments from Member States. As part of the reform process, the Secretariat was engaging with Member States and reflecting their priorities in the programme budget. Responding to comments by the representative of the Netherlands, he said that the Secretariat had also expressed the intention not to revert to activity-level budgeting. The reason why WHO was so far ahead of other entities in terms of results-based management and budgeting was because Member States had pushed it to that point through various reform activities and it would be counterproductive to go backwards. Greater clarity could be provided during the operational planning exercise in November 2023 when Member States could be provided with the details they sought. He apologized that the digital platform had been made available slightly later than anticipated and invited Member States to provide their feedback on it by the cut-off date of 10 February 2023.

The DIRECTOR-GENERAL said that the future of global health would depend on strong country offices working closely with Member States to address their priorities, which required a comprehensive approach. A group of WHO Representatives was currently drafting a plan of action to reinforce country offices that would include medium- and long-term interventions as well as a 100-day challenge. One important proposal under consideration was to make the heads of country offices leaders and give them the delegation of authority needed for recruitment, procurement and decision-making. Resource

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allocation was key to that process, and an increase in assessed contributions and a replenishment mechanism would give WHO the flexibility to direct money where it was most needed, namely at the country level. Even with the current high levels of specified voluntary contributions, WHO was fully committed to doing everything possible to ensure that country offices would receive the majority of resources. It was time to seize the opportunity and commit to change in order to strengthen country offices and achieve better results, and he welcomed the support expressed by the Board in that regard.

Efforts to strengthen WHO should reinforce the core business and main responsibility of the Organization, namely developing norms and standards. Country offices could use their experience on the front line to influence norms, standards and guidance. Strong country offices could also promote better alignment of the three levels of the Organization, with WHO headquarters providing support to deliver results at the country level.

With regard to concerns expressed about regional budget allocation, he said that the current allocation was fair on the basis of the criteria used. Member States from all regions should exercise their oversight function and review the criteria used; such a process would increase transparency. The Independent Expert Oversight Advisory Committee and the Agile Member States Task Group could also be requested to undertake a review. WHO would be pleased to make any improvements to ensure that the formula used for the distribution of resources was the right one and that the budget share allocation was correct.

He thanked Member States for their support, recommendations and comments. Work had already begun on the implementation of various recommendations and progress would be made on the plan of action being developed by WHO representatives once the cost implications and other details had been finalized. A dashboard would also be made available so that Member States could monitor the progress being made.

The CHAIR took it that the Board wished to note the reports contained in document EB152/26 and EB152/27, as recommended by the Programme, Budget and Administration Committee, and concur with the proposed guidance set out in paragraphs 12–24 of the Programme, Budget and Administration Committee report contained in document EB152/4.

It was so decided.

Thirteenth General Programme of Work, 2019–2025: Item 20.3 of the agenda (document EB152/28)

Scale of assessments for 2024–2025: Item 20.4 of the agenda (document EB152/29)

Amendments to the Financial Regulations and Financial Rules: Item 20.5 of the agenda (documents EB152/30 and EB152/30 Add.1)

The CHAIR drew attention to the reports contained in documents EB152/28, EB152/29 and EB152/30. She invited the Board to consider the draft resolution on the scale of assessments for 2024–2025, contained in document EB152/29, and the draft resolution on amendments to the Financial Regulations and Financial Rules, contained in document EB152/30, the financial and administrative implications of which were contained in document EB152/30 Add.1. She also drew attention to the recommendations and guidance of the Programme, Budget and Administration Committee of the Executive Board set out in paragraphs 25–28, 43 and 86–91 of document EB152/4.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Ukraine, the Republic of Moldova and Bosnia and Herzegovina aligned themselves with his statement. Although the European Union and its Member States supported in principle the “five Ps”, the carefully negotiated Thirteenth General Programme of Work, 2019–2025 must be fully implemented. However, he understood that full implementation was not possible because of financial or time constraints and might even hinder the

achievement of the triple billion targets. He welcomed the proposal to improve universal health coverage indicators to track progress towards the triple billion targets.

The true impact of the adoption of the “five Ps” and consequent shift in focus on other outcome goals of the Thirteenth General Programme of Work, 2019–2025 should be clarified before the Seventy-sixth World Health Assembly. Member States, which were considering the “five Ps” for the first time at the global level, should have further opportunity to discuss them, including with the Secretariat, as part of the consultations requested in resolution WHA75.6 (2022). Accordingly, the Board should take note of the report contained in document EB152/28 and further intersessional consultations should be held.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, welcomed the actions taken to strengthen country capacity and to accelerate progress towards the achievement of the triple billion targets and health-related Sustainable Development Goals and noted the alignment of the “five Ps” and the draft Proposed programme budget 2024–2025 with those objectives. The low level of universal health coverage, particularly in African countries, was a concern, and the focus on primary health care was highly appreciated.

During the extended Thirteenth General Programme of Work, 2019–2025, the Secretariat should intensify its support to countries to rapidly scale up implementation of their public health priorities, establish sustainable financing and accountability for results, and undertake monitoring and coordination. The Member States of the African Region were committed to the consultation process. He called on all Member States to strengthen their collaboration, taking into account the specific needs of each country. Regional and country offices must receive a significantly larger share of the draft Proposed programme budget 2024–2025 compared with the previous biennium in order to deliver measurable impact. The dashboard would make it easier to monitor implementation. With regard to the amendments to the Financial Regulations and Financial Rules, the Member States of the African Region considered that Article 7 of the WHO Constitution should be applied in a rational manner and that discussions should be held with the Member States concerned before any decision was taken to suspend the right to vote. He noted that the same scale of assessments used for the previous biennium had been applied for the biennium 2024–2025, but with a 20% increase.

The representative of BRAZIL said that there was an urgent need to intensify efforts to put the international community back on track to reach the goals of the 2030 Agenda for Sustainable Development. He applauded the intention to redouble those efforts in the light of the impact of the COVID-19 pandemic. Universal health coverage was essential to achieve the Sustainable Development Goals and should therefore remain the guiding principle of WHO’s strategy until 2030. Accordingly, the strengthening of primary health care and provision of more efficient and affordable services should be the cornerstone of WHO’s general programme of work. The consultations on the outcomes of the extended Thirteenth General Programme of Work, 2019–2025 and the focus on countries’ priorities and needs were welcome. He appreciated the changes made, in particular those that fostered closer alignment with WHO’s mandate and Member States’ collective vision and avoided language that promoted the securitization of health or were inconsistent with the Rio Political Declaration on Social Determinants of Health.

Turning to the amendments to the Financial Regulations and Financial Rules, he said that his Government had a strong preference for option A to amend Regulation 6.5, as set out in document EB152/30. The current methodology for the application of Article 7 of the WHO Constitution had been determined by resolutions of the Health Assembly; any changes to the usual, traditional and well-functioning practice, if enacted through consensus, should also be made only by means of a Health Assembly resolution.

The representative of MALAYSIA thanked the Secretariat for facilitating discussions on the extension of the Thirteenth General Programme of Work, 2019–2025. Work over the next two years should be guided by national priorities and the “five Ps” which he hoped would further build Member States’ capacities in providing, promoting and protecting health, empower health care systems, build

partnerships and strengthen health equity. Through the WHO results framework, it would be possible to track progress, identify shortfalls and improve indicators towards achieving the triple billion targets. Noting the diversified priorities across the three levels of WHO, his Government was committed to prioritizing and focusing on measurable impacts to improve health through multisectoral engagement and make progress towards achieving the triple billion targets and the Sustainable Development Goals.

The representative of the UNITED STATES OF AMERICA said that WHO had outlined a reasonable path forward for the extension period of the Thirteenth General Programme of Work, 2019–2025. While the “five Ps” would provide a new framework, the focus should remain on the achievement of the triple billion targets and the Sustainable Development Goals. She welcomed WHO’s proposal to tailor its work to the diverse needs and priorities of different countries and regions in a strategic and evidenced-based manner, and highlighted the importance of strengthening health and information systems, including data collection, and the health workforce. Efforts must be balanced across the triple billion targets in order to reclaim critical global health gains lost during the COVID-19 pandemic, and between the objectives of ensuring health security and equity. She expressed appreciation for WHO’s work to advance health and rights for all people, particularly historically marginalized populations including women and girls, and lesbian, gay, bisexual, transgender, queer and intersex communities.

The representative of CANADA said that regular review of WHO’s Financial Regulations and Financial Rules was important to ensure that they remained fit for purpose. He thanked the Secretariat for the comprehensive package of amendments put forward. Any future proposed amendments should be made available earlier in the intersessional period to allow for closer engagement between Member States and the Secretariat. He looked forward to working closely with the Secretariat on future updates to the Financial Regulations and Financial Rules.

The meeting rose at 13:00.

FOURTH MEETING

Tuesday, 31 January 2023, at 14:45

Chair: Dr K.V. PETRIČ (Slovenia)

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

1. BUDGET AND FINANCE MATTERS: Item 20 of the agenda (continued)

Thirteenth General Programme of Work, 2019–2025: Item 20.3 of the agenda (document EB152/28) (continued)

Scale of assessments for 2024–2025: Item 20.4 of the agenda (document EB152/29) (continued)

Amendments to the Financial Regulations and Financial Rules: Item 20.5 of the agenda (documents EB152/30 and EB152/30 Add.1) (continued)

The representative of FRANCE said that, with respect to the proposed amendments under Financial Regulation 6.5, his Government supported option B. Automatic suspension of the voting rights of a Member State in excessive arrears seemed consistent with the rules of sound financial management – and with WHO governance reform generally – and was in line with the rest of the United Nations system. However, in view of the subject matter dealt with by WHO, some flexibility should be provided for through the addition of wording similar to that of Article 19 of the Charter of the United Nations, to the effect that the Health Assembly might waive the suspension if it found that the arrears were due to circumstances beyond the Member State's control. Further consultations should be held before the Seventy-sixth World Health Assembly.

The representative of the SYRIAN ARAB REPUBLIC said that her Government supported option A because the continuing serious impact of the coronavirus disease (COVID-19) pandemic and other difficulties was preventing many States from meeting their financial obligations. Decisions on the suspension of privileges must be left to the Health Assembly to enable the concerned State to find alternative solutions to meet those obligations.

The representative of PERU said that the Thirteenth General Programme of Work, 2019–2025, must be aligned with the Sustainable Development Goals and facilitate achievement of the triple billion targets. An inclusive, bottom-up and data-driven prioritization process that complemented the development of acceleration scenarios and the strengthening of regional and country offices should be followed. That was the only way to ensure appropriate planning, mobilization and allocation of resources and a measurable impact on health in countries. Regarding proposed Financial Regulation 6.5, option A was preferable.

The representative of TIMOR-LESTE, noting the improved alignment of the triple billion strategy with the “five Ps” and the draft Proposed programme budget 2024–2025, said that the bottom-up, inclusive and evidence-driven approach to prioritization should continue. His Government appreciated the Secretariat's efforts to intensify support to countries while continuing to use the WHO results

framework and was pleased that the extension of the Thirteenth General Programme of Work, 2019–2025, was aimed at strengthening country capacities. The Secretariat should continue to support countries in promoting integrated services and cross-cutting interventions. Capacity-building in country and regional offices was also critical, and the data-driven, delivery-for-impact approach would enhance monitoring and management. High-quality country data were essential, especially in view of proposed new indicators in areas such as mental health, nutrition and climate change. The Secretariat should include capacity-building at country level in its plan for improving impact measurement indicators.

The representative of DENMARK, speaking on behalf of the eight Nordic and Baltic countries, said that the full implementation of the Thirteenth General Programme of Work, 2019–2025 should continue. Further consultations on how the “five Ps” would impact WHO’s work in that regard, especially in relation to the planned emphasis on high-impact interventions to achieve the triple billion targets, could be useful. He welcomed the decision to keep the WHO results framework unchanged and supported the request for its external evaluation. Lastly, in view of the limited consultations on the extension of the Thirteenth General Programme of Work, 2019–2025, he proposed that the Board only note, rather than endorse, document EB152/28.

The representative of COLOMBIA said that, in the light of the current proposal to increase assessed contributions, option A under Financial Regulation 6.5 was preferable. Decisions such as suspending voting rights must be taken by the Health Assembly.

The representative of NAMIBIA¹ welcomed the extended Thirteenth General Programme of Work, 2019–2025, which maintained the alignment with the “five Ps” provided strategic direction for the draft Proposed programme budget 2024–2025 and would strengthen country capacity. Under Financial Regulation 6.5, his Government strongly supported option A, which reflected the current application of Article 7 of the WHO Constitution, and looked forward to further consultations on the matter.

The representative of BANGLADESH,¹ recalling the aims of extending the Thirteenth General Programme of Work 2019–2025, said that the Secretariat should provide equity-based support at country level to address challenges facing the health sector in Member States, including as a result of COVID-19, climate change and political crisis. It should also evaluate the impact of the “five Ps” on the triple billion targets and strategic functions. Option A under the proposed amendments to Financial Regulation 6.5 was preferable. Further consultations should be held in the absence of agreement among Member States.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) said that there appeared to be general agreement on the recommendations of the Programme, Budget and Administration Committee to proceed with the amendments to the Financial Regulations and Financial Rules, with the exception of the removal of point (e) on sustainable procurement in proposed revised Rule 111.2, and the options proposed concerning the application of Article 7 of the Constitution. Further consultations would be held in the coming months.

The CHAIR took it that the Board wished to note the reports contained in documents EB152/28, EB152/29 and EB152/30, as recommended by the Programme, Budget and Administration Committee, and concur with the proposed guidance set out in paragraphs 25–28, 43 and 86–91 of the Programme, Budget and Administration Committee report contained in document EB152/4.

It was so decided.

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

The CHAIR asked whether the Board was prepared to note the outcomes of the consultations held with Member States on the extension of the Thirteenth General Programme of Work, 2019–2023, to 2025, contained in document EB152/28, as recommended by the Programme, Budget and Administration Committee.

It was so agreed.

The CHAIR took it that the Board wished to adopt the draft resolution on the scale of assessments for 2024–2025 contained in document EB152/29, and the draft resolution on amendments to the Financial Regulations and Financial Rules contained in document EB152/30, as recommended by the Programme, Budget and Administration Committee.

The resolutions were adopted.¹

The ASSISTANT DIRECTOR-GENERAL (Data, Analytics and Delivery for Impact) thanked Member States for their careful review of and insightful comments on the extended Thirteenth General Programme of Work, 2019–2025. As a result of that input, WHO would be better placed to actively support countries and make measurable national and subnational impact, which would contribute to achieving the 2030 Agenda for Sustainable Development and facilitate reporting. The “five Ps” supported prioritization based on country needs and would also contribute to the development of the fourteenth general programme of work.

2. MANAGEMENT MATTERS: Item 21 of the agenda

Prevention of sexual exploitation, abuse and harassment: Item 21.1 of the agenda (document EB152/31)

STAFFING MATTERS: Item 25 of the agenda (continued)

Human resources: Item 25.4 of the agenda (documents EB152/48 Rev.1 and EB152/48 Rev.1 Add.1)

The CHAIR invited the Board to note the reports contained in documents EB152/31 and EB152/48 Rev.1, and to consider the draft decision on reform of the Office of Internal Oversight Services contained in EB152/48 Rev.1. The financial and administrative implications of the draft decision were contained in document EB152/48 Rev.1 Add.1.

The representative of MALDIVES, speaking in her capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to the recommendations and guidance proposed by the Committee on the prevention of sexual exploitation, sexual abuse and sexual harassment set out in paragraph 53 of document EB152/4.

The DIRECTOR-GENERAL, noting that the Secretariat was now using the umbrella term “sexual misconduct” for sexual exploitation, sexual abuse and sexual harassment, said that more than 90% of the 150 activities in the Management Response Plan had been completed. Highlighting some of the achievements over the previous 14 months, he said that tangible progress had been made in shifting to a victim- and survivor-centred approach, by changing policies, procedures and practices. WHO had provided holistic support through its Survivor Assistance Fund to all 83 victims/survivors identified in the report of the Independent Commission on the allegations of sexual abuse and exploitation during the

¹ Resolutions EB152.R3 and EB152.R4.

response to the 10th outbreak of Ebola virus disease in the Democratic Republic of the Congo, regardless of whether the alleged perpetrators were WHO personnel.

A WHO survivor support function would be established, and counselling services were being provided for staff around the world in multiple languages. In the Democratic Republic of the Congo, WHO had worked with local organizations to raise awareness among at-risk communities of its expected standards, complaints procedures and access to services, such as its free legal aid for victims/survivors. Stressing the urgent need to address bystander culture and victim-blaming, he thanked the nongovernmental organization Rise for highlighting the need for empathy through its powerful exhibition at WHO headquarters, “What were you wearing?”.

More than 90% of WHO staff globally had completed two mandatory United Nations courses on prevention of and response to sexual misconduct, and 90% of managers had completed a special module on their responsibilities. WHO country office heads and focal points for sexual misconduct across the Organization received training and briefings, with the focal points delivering training and awareness campaigns in the field. WHO had also helped to develop a United Nations-wide toolkit for implementing partners, which would be rolled out in 2023.

Efforts in 2022 had focused on structural and cultural reform of WHO to make zero tolerance a reality, and capacity-building at all levels to prevent and respond to sexual misconduct had been a large part of that work. Candidates for the expert positions in the 10 priority countries and for the remaining senior regional coordinator positions had been identified, and all regional offices now had dedicated teams dealing with sexual misconduct. The Department of Prevention of and Response to Sexual Misconduct was now fully staffed, and the Office of Internal Oversight Services had been restructured and was scaling up capacity to manage all misconduct investigations. Given the increased risk of sexual misconduct in emergencies, the Emergency Response Framework had been updated to include benchmarks and targets for the integration of sexual misconduct prevention and response into the incident management system and was being used to address sexual misconduct in several grade 2 and grade 3 emergencies.

The Secretariat had developed end-to-end safeguarding measures for recruitment and deployment, including regular screening through the United Nations ClearCheck database, and had systematically created transparency mechanisms such as the WHO webpage and dashboard on sexual misconduct investigations. Starting from 2023, the dashboard would show information on disciplinary measures taken, as well as case numbers. Of the 107 complaints of sexual exploitation, abuse or harassment filed in 2022, 75 had been investigated and the rest remained under investigation. Three staff members and one consultant had been dismissed.

The WHO investigations team had completed its report on allegations of sexual misconduct by a WHO staff member during the World Health Summit in October 2022. The Global Advisory Committee on formal complaints of abusive conduct was reviewing the case, and any necessary disciplinary action would be taken. It was regrettable that the media had identified the alleged perpetrator.

In its investigation report on allegations of managerial misconduct and negligence in the context of the allegations of sexual exploitation and sexual abuse during the 10th Ebola response in the Democratic Republic of the Congo, the United Nations Office of Internal Oversight Services had found that the allegations against the three staff members identified in the Independent Commission’s report were unsubstantiated. The staff members who had been on administrative leave were returning to active service. Observing significant inconsistencies between the investigation report of the United Nations Office of Internal Oversight Services and that of the Independent Commission, the Secretariat had shared the United Nations investigation report with WHO’s Independent External Oversight and Advisory Committee to seek guidance. Although the United Nations investigation report identified institutional shortcomings – which had already been highlighted in the Management Response Plan, the Independent Commission’s report and a recent independent audit of WHO accountability functions – it was not intended to be a comprehensive review of WHO’s response to sexual misconduct and did not capture many aspects of the progress made which had been highlighted by the Independent External Oversight and Advisory Committee and in the United Nations system-wide survey on sexual misconduct.

There was no room for complacency, and the WHO draft policy on preventing and addressing sexual misconduct, to be launched in February 2023, had been sent to all Member States. It covered best practices and incident management of allegations of sexual exploitation, sexual abuse and sexual harassment. The new policy would be supported by a revised policy on preventing and addressing retaliation and a revised code of conduct, to be issued soon.

The reform of the WHO Office of Internal Oversight Services and the establishment of dedicated investigation capacity for sexual misconduct had boosted confidence and trust and encouraged complainants to come forward, with triple the number of complaints filed in 2022 compared to 2021. The investigations team had cleared the backlog of sexual misconduct allegations and was now working on cases in real time and meeting the 120-day completion target, accelerating the delivery of justice. A new Head of Investigations had been appointed, and the three team heads of that unit and a new director of the WHO Office of Internal Oversight Services were being recruited.

Given the increase in the total number of allegations received, the backlog in allegations of other abusive workplace conduct, fraud and corruption, and the vacancies to be filled in the investigations team, he requested a final extension of the suspension of Financial Rule XII, 112.1, in part, until the 153rd session of the Executive Board, in order to maintain the gains made. Both the Independent Expert Oversight Advisory Committee and the Programme, Budget and Administration Committee had endorsed the request, and there were no financial implications for the Secretariat. As a transitional measure, the current Head of the investigations team would remain responsible for all investigations of sexual misconduct and other abusive conduct, and the newly appointed Head of Investigations would report to her in that area.

With the Management Response Plan coming to an end, WHO was transitioning to a three-year strategy to institutionalize the gains made. The Secretariat was fully committed to ongoing improvement since WHO's handling of misconduct would determine the trust that Member States and the public placed in it to deliver public health goals.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking also on behalf of Argentina, Australia, Brazil, Canada, Chile, Costa Rica, Ecuador, the 27 Member States of the European Union, Ghana, India, Indonesia, Israel, Japan, Malaysia, Maldives, Mexico, Monaco, Montenegro, New Zealand, Panama, Peru, Republic of Korea, Rwanda, South Africa, Switzerland, Thailand, the United States of America and Uruguay, said that WHO's transition from the Management Response Plan to the three-year strategy and associated monitoring and accountability framework showed the significant strides made in recent years. WHO must also reflect on challenges to be addressed, risks to be managed and lessons to be learned. Victims/survivors, whistleblowers and all who had supported investigations should be commended for their bravery. The governments on whose behalf he was speaking would engage in due course with WHO on the findings of the investigation report by the United Nations Office of Internal Oversight Services. The misconduct investigations function must be stabilized through dedicated, sustainable funding and fully competent staff.

A victim- and survivor-centred approach must be at the core of WHO's work and the progress made by WHO in that regard through policy and system reform was welcome. Meaningful, context-appropriate community engagement was critical to protect victims/survivors, who must be provided with psychosocial and other suitable support. Their rights, privacy, needs and wishes should be prioritized, including in the investigative process, by strengthening community-based reporting mechanisms and structures. WHO management should set the tone in building a culture of integrity and transparency, in particular by establishing clear lines of responsibility.

WHO's investment in staff training and efforts to strengthen its capacity for investigation were strongly supported. The Secretariat should provide prompt and confidential reports to Member States, including on the actions taken to address sexual exploitation, sexual abuse and sexual harassment, and ensure that private information was not leaked. WHO's efforts to embed robust safeguards in its operations, especially in high-risk settings, were appreciated. It should continue to prioritize inter-agency coordination on prevention and response to sexual exploitation, sexual abuse and sexual

harassment, especially in the design and operation of complaints mechanisms, and the response to reports.

The representative of DENMARK, welcoming the development of the three-year strategy, said that a strict policy of zero-tolerance of sexual exploitation, sexual abuse and sexual harassment was required. WHO should always stand with the victims/survivors. It was a question of trust, not only of Member States in the Secretariat, but also – and even more importantly – of the global community in WHO. His Government would continue to support WHO's efforts to safeguard victims/survivors and take robust action. It supported a final extension of the temporary suspension of Financial Rule XII, in part, until the 153rd session of the Executive Board, with the expectation that permanent measures to ensure that internal oversight services were fit for purpose would be presented then.

The representative of the UNITED STATES OF AMERICA, thanking the Director-General for outlining the immediate action taken regarding the allegations reported in the media about a WHO staff member, welcomed the Secretariat's work to advance WHO's zero-tolerance policy on sexual misconduct, develop a new consolidated policy framework and adopt a victim- and survivor-centred approach. The recommendation on a holistic review of the WHO Office of Internal Oversight Services and the commitment to share the investigation report of the United Nations Office of Internal Oversight Services with Member States were also appreciated. The Secretariat must pursue any necessary measures to ensure accountability for the incidents in the Democratic Republic of the Congo and to further strengthen WHO's efforts in that area. Member States input on those issues was critical.

All Member States should help to ensure the success of the Secretariat's efforts to safeguard against any form of sexual misconduct through the governing bodies and financial and technical collaborations. In countries where WHO conducted operations, it was also important to engage with United Nations and humanitarian country teams, as appropriate, and with inter-agency networks in order to deal with the issue properly and support work on common approaches by all stakeholders. Gender-based violence programming should be prioritized as a lifesaving intervention and stakeholders were requested to provide further investment to ensure that work was properly resourced. Noting that many global health and development professionals had experienced sexual misconduct throughout their careers, she called on WHO and its Member States to stand by victims/survivors and continue working to deliver justice.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, said that the Secretariat's full commitment to zero tolerance for sexual exploitation, sexual abuse and sexual harassment was appreciated, and the topic should be integrated into the WHO pillars to ensure its sustainability. Regional and national mainstreaming through the focal point network and the capacity-building mechanisms adopted had made a good start towards building an institutional culture. The significant efforts of the Regional Office for Africa, in particular by embedding the prevention of sexual exploitation and abuse in all response and programme mechanisms, were acknowledged.

The Member States of the African Region called for further collaboration among governments, their agencies and WHO country offices through information exchange, reporting and formal review mechanisms. WHO must also support and strengthen the gender-based violence response system in countries, ensuring alignment with the victim- and survivor-centred approach. Community engagement and mobilization and WHO's frontline leadership role in holding humanitarian workers accountable were crucial. Stronger, harmonized efforts with other United Nations and humanitarian organizations, predictable resource mobilization and joint review would support a comprehensive and coordinated system-wide approach and ensure sustainability.

The representative of CHINA said that his Government would study the United Nations investigation report, and supported WHO's zero-tolerance approach. The Secretariat should accelerate action on staff misconduct and focus on priority areas identified by Member States. It was hoped that

the Secretariat would continue to enhance the care and support provided to victims/survivors through the Implementation Plan of the Management Response and increase transparency through regular and timely reporting and consultation with Member States.

The representative of AFGHANISTAN, thanking the Secretariat for the great strides taken to address and prevent sexual misconduct, said that the topic was very sensitive, especially in the context of different cultural and religious values. The term “victim/survivor” could be applied to both the accuser and the accused in view of the potential reputational harm to both parties, as well as to the institution, incurred during an investigation. Given the difficulty of repairing such damage, the Secretariat should prepare specific guidelines on strategic communication with the media and on social media. When recruiting for the new investigations unit it was important to be aware of cultural sensitivities and diversity and assign teams to cultural contexts that they understood.

The representative of JAPAN expressed appreciation for the Secretariat’s hard work to address sexual exploitation, sexual abuse and sexual harassment. Stronger engagement with governments and authorities in countries where WHO had programmes and operations was needed. Implementation monitoring and evaluation, technical support and proper budget allocation were also essential for timely and appropriate action. The topic should be mainstreamed in all high-risk settings, and a corresponding budget should be included in all sectoral response plans. Partnerships should be strengthened in the area of gender-based violence and among humanitarian actors to enhance sector-wide investigation capacity, referral and hotline services. The integration of sexual and reproductive health and gender-based violence services was also key in achieving more holistic referral services. The Secretariat should consider adhering to the OECD Development Assistance Committee Recommendation on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance.

The representative of FRANCE said that his Government attached high priority to combating sexual exploitation and abuse within the United Nations system and commended the Secretariat’s work to apply the Implementation Plan, in particular the strengthening of WHO’s investigation services. His Government would closely follow the future three-year strategy and the proper integration of specific and transformational measures aimed at bringing about real, long-term organizational culture change. It would also support the Secretariat’s efforts to address the fragmented nature of WHO’s investigation functions.

The representative of BRAZIL said that her Government welcomed the steps taken to enhance prevention and response to sexual exploitation, sexual abuse and sexual harassment and the shift towards a victim- and survivor-centred approach. Further action was essential to create a zero-tolerance environment in which victims/survivors could speak out without fear of retaliation and were assured accountability and appropriate support.

The representative of TIMOR-LESTE applauded WHO’s efforts to achieve zero tolerance for sexual exploitation, sexual abuse and sexual harassment and welcomed the unified framework provided by the Implementation Plan. Collaboration with all stakeholders, especially United Nations country teams, civil society organizations and ministries was essential. Sexual exploitation, sexual abuse and sexual harassment must no longer go ignored or unreported because of fear of retaliation, discrimination or the victim’s/survivor’s lack of awareness. Her Government aligned itself with the statement made by the representative of Denmark.

The representative of PERU said that a victim/survivor-centred policy of zero tolerance should be implemented in WHO regional and country offices, as well as at headquarters. A truly victim/survivor-centred approach must ensure a swift and effective response to cases of inappropriate conduct and include measures to address retaliation. The additional backlog in cases, generated by the

sharp increase in reports over the preceding year as a result of greater awareness, had delayed the administration of justice, ultimately violating victims'/survivors' rights. The new investigations unit must be adequately staffed to deal with current and future cases.

The representative of INDIA, welcoming action taken by WHO to address sexual harassment, said that a clear zero tolerance message and prompt punishment were needed. A robust mechanism should be created to identify, report and address such incidents at the earliest stage. WHO country offices should activate their internal mechanisms and work closely with local communities and authorities to prevent any form of sexual misconduct. In order to ensure predictable resource allocation for prevention and response efforts, all budget centres should provide earmarked funds, designate dedicated human resources in every office, invest in capacity-building and awareness raising, and have a pool of readily deployable experts. To safeguard its workforce, WHO should focus on aligning its policies with international best practices, actively involve local communities and authorities in all its interventions, conduct regular staff training, provide communication in the local dialect, have a coherent system of streamlined reporting and delegation of authority, and develop context-specific risk management for prevention of sexual exploitation, sexual abuse and sexual harassment in field operations.

The representative of ISRAEL¹ said that her Government had zero tolerance for sexual exploitation, sexual abuse or sexual harassment and strongly supported a victim/survivor-centred approach in addressing the lasting and traumatic impact of such acts. Her Government recognized the progress made in the implementation of the Management Response Plan as a WHO-wide legal framework and welcomed its three pillars.

Noting the importance of ensuring that victims/survivors were appropriately protected and supported, she commended the Secretariat for establishing the Survivor Assistance Fund. Given the high risk of sexual misconduct in emergency settings, the inclusion of the prevention of sexual misconduct in the WHO Health Emergencies Programme was welcome. Increased engagement was required in the countries where WHO programmes and operations needed strengthening. Her Government strongly encouraged collaboration between WHO, other United Nations entities and humanitarian partners in strengthening the prevention of sexual misconduct, which was a shared responsibility.

The representative of MEXICO¹ thanked the Director-General for his extensive report. Recalling the Directive on Sexual Harassment in United Nations Peacekeeping and Other Field Missions, in force since 2003, and WHO's importance within the United Nations system, she requested the Secretariat to share with Member States relevant information from the 2022 annual letter to the United Nations Secretary-General on cases of sexual exploitation, sexual abuse and sexual harassment and action taken by the Secretariat.

The representative of NAMIBIA¹ commended WHO's efforts to address sexual exploitation, sexual abuse and sexual harassment, in particular in the African Region. Future reports should provide details on the number of cases involving WHO staff members who had been referred to their national governments for investigation and prosecution, to ensure accountability at the national and government levels. Welcoming the Secretariat's zero-tolerance policy and survivor-centred approach, his Government encouraged continued close collaboration with countries so that government systems were better aligned with that approach.

The representative of FIJI,¹ commending the Secretariat's work on the issue, said that funding and support were critical in strengthening the operations of the WHO Office of Internal Oversight Services in particular and in meeting the expectations of Member States. The efforts of whistleblowers and victims/survivors were commendable. Due diligence and full compliance with established practices must be ensured, and the role of the WHO Office of Internal Oversight Services in investigations must

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

be respected. It was a matter of concern that certain members of the Secretariat had leaked highly confidential information. The investigation should be allowed to take its own course, without undue influence from the media. Due process must be respected, and all individuals involved must receive fair treatment and equal protection.

The representative of the NETHERLANDS¹ said that her Government looked forward to further discussions on the reasons for the inconsistencies between the two investigation reports. She asked the Secretariat whether the WHO staff members concerned had received the report of the United Nations Office of Internal Oversight Services or been informed about the discrepancies. Her Government would welcome the views of the Independent Expert Oversight and Advisory Committee on how to deal with the discrepancies and, at a later stage, an assessment of the lessons learned from the establishment of such an independent commission. The extension of the dual leadership of the WHO Office of Internal Oversight Services highlighted the need to review the structure and functioning of that Office. She would appreciate an update at the next meeting of the Programme, Budget and Administration Committee concerning progress made in that regard, necessary amendments to the Financial Regulations and Financial Rules and the Charter of the WHO Office of Internal Oversight Services. Thanking the Secretariat for its hard work on the topic, she expressed the hope that the increased transparency and dialogue with Member States would become institutional practice, facilitating regular follow-up on the matter.

The representative of AUSTRALIA¹ said that her Government, which had zero tolerance for inaction on sexual exploitation, sexual abuse and sexual harassment, commended the Secretariat's continued progress in implementing the management response to the Independent Commission's report. The efforts to strengthen investigative and institutional capacity, including in WHO country and regional offices, and focus more on safeguarding in high-risk settings were encouraging. The establishment of a dedicated department and network of focal points would ensure that risks were managed and issues addressed in a timely manner. Meaningful community engagement tailored to local contexts was critical. Welcoming WHO's leadership on the topic, her Government looked forward to the broader influence of WHO's landmark three-year strategy across the United Nations system. However, it remained concerned that the umbrella term "sexual misconduct" risked obscuring the gravity of the offences, and looked forward to working with the Secretariat and other Member States to agree on appropriate terminology. Embedding a culture based on integrity, transparency and accountability should remain a priority for WHO to empower beneficiaries and staff to come forward, in particular where complaints had not been adequately addressed in the past.

The DIRECTOR (Prevention of and Response to Sexual Misconduct) thanked Member States for their acknowledgement, feedback and guidance, and staff across WHO for their contributions to the Organization-wide efforts. While she agreed that many women in global and public health had experienced sexual misconduct in their careers, she noted that men as well as women were trying to make the victim- and survivor-centred approach meaningful and execute it effectively. She welcomed Member States' feedback on the three-year strategy and responses to the questions posed in the report, including on strengthening collaboration with governments, stakeholders and, in particular, communities. The allocated budget was just the foundation, and prevention activities in high-risk contexts required significant additional resourcing.

WHO's workforce was multicultural and the investigation team was made up of 20 different nationalities. While WHO staff were very aware of cultural differences, it should be borne in mind that they were obliged to adhere to the standards expected of international civil servants, not those of their individual cultures. The Director-General's annual letter to the United Nations Secretary-General would be made available to Member States, as would letters of representation to the Director-General from senior management and heads of WHO country offices, and information on

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

WHO participation in various United Nations initiatives on preventing and responding to sexual exploitation and abuse. The Secretariat was following the OECD Development Assistance Committee recommendation and would be assessed using the related standards. It would keep Member States updated through the quarterly briefings.

The representative of the OFFICE OF THE LEGAL COUNSEL, responding to the representative of the Netherlands, said that investigation reports were internal confidential documents and not automatically shared with the subject. A report, or parts thereof, would be shared with those concerned on a need-to-know basis, for example in the context of a disciplinary process. In the case at hand, it had been deemed appropriate to share a redacted version of the investigation report of the United Nations Office of Internal Oversight Services, as it was not a public document. The Secretariat took very seriously the view that a further suspension of Financial Rule XII, 112.1, in part, suggested inadequate functioning of the WHO Office of Internal Oversight Services. Efforts were under way to review and strengthen that Office, and any necessary adjustments to the regulatory framework would be proposed at the next Board session.

The DIRECTOR-GENERAL thanked Member States for their input and support and looked forward to continued collaboration on the topic. The Secretariat would remain focused on the challenges and problems, analysing their root causes and learning from mistakes. He fully agreed that integrity, transparency and accountability were crucial. Regarding the regrettable leaks of information, he said that staff and the media knew the rules and should respect them. The cooperation and integrity of all parties was needed to address the serious problem of sexual exploitation, sexual abuse and sexual harassment. Noting that only the United States of America had responded to his request for secondments to all levels of WHO, he again requested Member States to second staff to share their expertise so that WHO could make continued progress on the issue.

The CHAIR took it that the Board wished to note the reports contained in documents EB152/31 and EB152/48 Rev.1, as recommended by the Programme, Budget and Administration Committee, and concur with the proposed guidance set out in paragraph 53 of the Programme, Budget and Administration Committee report contained in document EB152/4.

It was so decided.

The CHAIR took it that the Board wished to adopt the draft decision contained in document EB152/48 Rev.1, as recommended by the Programme, Budget and Administration Committee.

The decision was adopted.¹

¹ Decision EB152(1).

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES (continued)**3. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE:** Item 12 of the agenda (continued)**Strengthening WHO preparedness for and response to health emergencies:** Item 12. 1 of the agenda (continued)

- **Strengthening the global architecture for health emergency preparedness, response and resilience** (document EB152/12) (continued from the second meeting, section 4)

The representative of NORWAY¹ said that a strengthened architecture for pandemic prevention, preparedness and response needed WHO at its centre, with due consideration of the Organization's normative and leadership roles. There was a need for greater engagement of heads of State and government in pandemic prevention, preparedness and response, and although WHO's guidance should provide the basis of such dialogue, the United Nations General Assembly was a better forum for such discussions. Moreover, creating additional committees would risk overburdening delegations. A permanent medical countermeasures platform that delivered faster and more equitable access should be established and would need to be compatible with, and linked to, a new WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (pandemic accord). Joint future preparedness and response capacity must be built on solid country-level systems. Member States should consider how WHO, the pandemic accord, the Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response (Pandemic Fund) and other global health initiatives could better support and incentivize health systems strengthening and the achievement of universal health coverage.

The representative of THAILAND,¹ expressing his Government's full support for the principles of coherence, equity and inclusivity, said that the Standing Committee on Health Emergency, Prevention, Preparedness and Response might duplicate the function of the Emergency Committee established by Article 48 of the International Health Regulations (2005) and add a layer of governance and management. The Standing Committee was a temporary measure and should be terminated once the governance mechanism of the WHO pandemic accord had been adopted and fully implemented. Furthermore, a new mechanism, such as the proposed global health emergency council, would increase fragmentation and create multiple administrative layers, burdening the Secretariat. The two governance mechanisms under the International Health Regulations (2005) review and the pandemic accord should be the main instruments in use during a public health emergency of international concern or pandemic, and must be harmonized accordingly.

The representative of TUNISIA,¹ referring to the recommendations submitted at the Seventy-fifth World Health Assembly by the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, said that the programme should have a single structure, budget and workplan and adopt an integrated approach to maintain the expertise and capacity of the COVID-19 response team. Member States should increase funding to support WHO, and lessons should be learned from the COVID-19 pandemic to improve preparedness and response and enhance WHO's leadership role in that area. The capacities of all involved in pandemic preparedness and response must be strengthened by securing sustainable and flexible funding, building trust, enhancing international and regional cooperation to meet the needs of Member States and involving civil society.

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

The representative of SINGAPORE¹ welcomed WHO's work in strengthening the global health architecture and developing the 10 proposals. The establishment of multiple guidance bodies could lead to duplication, and the guidance roles of the global health emergency council and the Standing Committee appeared to overlap. There was value in adopting a regional approach to strengthen core prevention, detection and response systems, since it could provide the scale needed for certain initiatives and faster responses than global systems. Regions with shared interests and priorities could more easily build on existing regional structures and initiatives to address gaps in the genomic surveillance landscape, strengthening global preparedness. While the 10 proposals contained many good ideas, some aspects were rightly the purview of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, or of the Working Group on Amendments to the International Health Regulations (2005). The Secretariat could better inform discussions in those bodies by providing further details, including on Member States' obligations and necessary resources, and could also facilitate discussions on strengthening the global health architecture.

The representative of MEXICO¹ said that her Government supported certain proposals, including those relating to the Universal Health And Preparedness Review, amendments to the International Health Regulations (2005) and the strengthening of the five core components. Others, however, such as the establishment of a global health emergency council, required more detailed discussion and the Secretariat should continue its dialogue with Member States. The pandemic accord would help to reduce fragmentation, in line with the key principle of coherence, by strengthening WHO as the leading health authority. Noting that the Access to COVID-19 Tools (ACT) Accelerator had sought to improve coherence, she asked the Secretariat how and where a similar such mechanism should be established, taking into account the lessons learned, and asked what the Secretariat had already done to reduce fragmentation, improve coordination with other international organizations and avoid duplication of efforts.

The representative of AUSTRALIA¹ welcomed the support provided by the Secretariat to help Member States to address many aspects of the 10 proposals. The Secretariat should continue to provide information and advice to the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005) to inform decision-making. The proposal concerning a new global health emergency committee and a Health Assembly committee on emergencies required careful consideration. A specific informal consultation to consider those governance ideas ahead of the first substantive meeting of the new Standing Committee could offer a useful opportunity for discussion. Her Government had contributed 50 million Australian dollars to the Pandemic Fund and remained committed to strengthening the WHO Contingency Fund for Emergencies and other funding mechanisms to address critical financing gaps. While recognizing the unprecedented number of complex, intersecting health emergencies faced by the Health Emergencies Programme, her Government expected WHO to continue to lead the critically important work already well under way to build stronger systems using lessons learned from the pandemic. Member States and the Secretariat were partners in that effort.

The representative of NEW ZEALAND¹ said that her Government strongly supported the 10 proposals and the overarching principles of the framework intended to strengthen the global architecture for health emergency preparedness, response and resilience, which should continue to guide efforts to strengthen health emergency preparedness and response. Noting the various work streams under way, she said that efforts to strengthen the global health architecture must be coherent and aligned. The Secretariat should facilitate the work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005) and enable those bodies to complete their mandates by May 2024. It should also

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

identify more clearly which of the 10 proposals required action and which were already being addressed through other forums.

The representative of FIJI,¹ highlighting the importance of multisectoral action in achieving universal health coverage, said that her Government supported the 10 proposals together with the central principles of equity, inclusivity and coherence. Governance and partnerships were critical to achieve the 2030 Agenda for Sustainable Development, especially for small island developing States like her own, where inherent vulnerabilities to climate change and natural disasters added to the burden of noncommunicable diseases and poor mental health.

The representative of the MARSHALL ISLANDS,¹ said that inclusivity was critical in advancing the 10 proposals, in particular proposal 6 on expanding partnerships and strengthening networks. Taiwan² had proven a valuable partner in countering global health threats and should be included in all WHO technical meetings, activities and mechanisms, including as an observer at the World Health Assembly.

The representative of SWEDEN,¹ noting that some of the proposals, notably those concerning the pandemic accord, amendments to the International Health Regulations (2005) and the Pandemic Fund, were already being addressed, said that some of the other proposals raised important questions about WHO's mandate and role. The Organization should avoid mission creep and should focus on its core mandate and role in health emergency preparedness and response by leading on normative and technical matters and using its convening power. The report did not adequately reflect the wide range of key players in the international system. Ongoing international processes, such as the future medical countermeasures platform and the United Nations high-level meeting, would provide further opportunities for discussion. His Government did not view the 10 proposals as a package, but rather as individual initiatives that should be assessed in their own right and in light of ongoing and related processes. Before identifying gaps for future work, the aims and purposes of the proposals and implications for WHO should be clarified.

The representative of MONACO¹ said that certain proposals, in particular proposals 1 and 3 concerning, respectively, a global health emergency council and the Universal Health and Preparedness Review, should be discussed further, either on an ad hoc basis or as part of ongoing processes. Monitoring the implementation of the conclusions of the Working Group on Sustainable Financing and of the Agile Member States Task Group would also be relevant. Regular information on the Pandemic Fund would be welcome.

The representative of KENYA¹ said that the Secretariat should continue to support the ongoing processes in the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and Working Group on Amendments to the International Health Regulations (2005) and await their outcome before implementing certain proposals, such as the proposed Global Health Emergency Council, the introduction of new or continuation of existing countermeasure mechanisms, the Universal Health and Preparedness Review process, and the most suitable financing mechanism that would promote inclusivity and equity. Her Government supported the prioritization and full implementation of the Thirteenth General Programme of Work, 2019–2025 to achieve measurable impacts on people's health at the country level.

The representative of PAKISTAN,¹ welcoming the 10 proposals and three principles of the framework, said that the mobilization of international public and private finance was essential to develop resilient prevention and response tools for future international health emergencies. The principles of

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

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

equity, common but differentiated responsibilities and adequate international assistance and cooperation, including technology sharing, must be embedded in the future prevention and response architecture. Although the WHO Contingency Fund for Emergencies provided a critical lifeline during health emergencies, additional financing and support mechanisms were necessary.

The representative of INDONESIA¹ said that the global architecture for health emergency, preparedness and response must be built on strong national capacities. While his Government was open to the ideas presented, the Secretariat should refrain from establishing another workstream to discuss the 10 proposals so as to avoid overlapping with other bodies and prejudging the outcome of their discussions. His Government asked the Secretariat how it would ensure that the proposed global health emergency council was agile and inclusive and avoided further fragmentation. The establishment of a main committee on emergencies of the World Health Assembly should be further explored, as it could provide both inclusivity and a better space for discussion. In addition, his Government supported more comprehensive access to the benefits of pathogen-sharing.

The representative of GERMANY¹ said that discussion of the 10 proposals was helping to identify gaps and interactions between different processes. Welcoming WHO's role at the centre of global prevention, preparedness and response, she said that constructive collaboration was needed to counteract fragmentation, avoid duplication, create synergies and increase efficiency. WHO should use its convening power to bring together Member States and stakeholders for inclusive, constructive discussions on their joint vision. Her Government would prefer the Seventy-sixth World Health Assembly to take note of the report, which was a living document. The Secretariat should hold in-depth sessions on the topics identified in the report to build a common vision in the upcoming months.

The representative of NAMIBIA¹ said that his Government endorsed the proposals and the three key principles of equity, inclusivity and coherence. Lessons learned from the COVID-19 pandemic should be used as a catalyst for strengthening the global health architecture, and he highlighted the importance of the five core components for effective health emergency preparedness and response. His Government underscored the need for adequate, predictable and timely financing for health emergency preparedness, response and resilience. The Secretariat should provide more information on how Member States, in particular in the African Region, would be represented in the Pandemic Fund and on their role in its governance structures. He also requested more information on the framework for the allocation and distribution of funding to countries, and the mechanisms for ensuring accountability and transparency in the administration of the Fund.

The representative of SOUTH AFRICA¹ said that, while her Government appreciated the progress made in strengthening global health architecture, there was still work to be finalized on topics such as governance and financing, and it was hoped that the processes under way concerning the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the International Health Regulations (2005) would contribute to that objective. The ACT-Accelerator Facilitation Council, chaired by South Africa and Norway, had highlighted the important issue of medical countermeasures, and it was hoped that the discussions at its forthcoming high-level technical meeting would help to inform WHO's work on how to deal with issues of equity in access to countermeasures.

The representative of EGYPT¹ said that his Government was looking forward to further consultations with Member States on proposal 1 concerning the establishment of a global health emergency council and a main committee on emergencies of the Health Assembly, and proposal 3 on

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scaling up universal health and preparedness reviews and strengthening independent monitoring. He underscored the importance of the voluntary nature of those reviews.

The representative of MOZAMBIQUE¹ said that more African Member States should be involved in the development and implementation of the Pandemic Fund. Through WHO, there was an opportunity for fruitful discussion with global financial institutions to address human resources shortages, in particular in the area of emergency response, in the most underdeveloped countries. Her Government looked forward to working with the Secretariat and Member States on the 10 proposals to strengthen the global architecture for health emergency preparedness, response and resilience.

The representative of the PHILIPPINES¹ said that the highest level of political commitment was needed to strengthen the global architecture for health emergency preparedness, response and resilience. While the establishment of a global health emergency council should be considered further, duplication with existing entities should be avoided. The outcome of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the amendment of the International Health Regulations (2005) should include strong provisions on the transparent and timely sharing of epidemiological data across Member States. Safe and scalable care would only be possible if marginalized groups were included in the efforts to achieve universal health coverage. Implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel should be emphasized to support countries in ensuring a sustainable supply of human resources for health for their domestic needs.

The representative of BANGLADESH¹ said that the 10 proposals for overhauling the global health architecture were timely and agreed that proposal 1 on a global health emergency council and a main committee on emergencies of the Health Assembly required further discussion. Developing countries had yet to hear any robust commitment indicating how the expectations they had expressed during discussions in different processes would be addressed. Measures on how to operationalize equity needed to be reflected in the proposals. National and international investment in health promotion and primary health care to eliminate health inequity was a priority. Diverting essential health service resources at country level to implement health security measures would slow progress towards achieving the Sustainable Development Goals. Issues relating to the pandemic accord and amendments to the International Health Regulations (2005) should be discussed and decided by the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the relevant working group. Public health should be prioritized over commercial interest when expanding WHO's partnerships and networks. Funds from international financial institutions should not be debt generating and should be additional to the financial mechanism called for by developing countries.

The representative of URUGUAY¹ said that there was an urgent need for coordinated collective efforts and broader participation at all levels so that any future health emergency response was more effective, rapid, coordinated and equitable than the response to the COVID-19 pandemic. Progress towards the Sustainable Development Goals was also required. In order to advance on the 10 proposals, action had to reflect the wishes of all Member States across all WHO regions and sovereignty must be respected. The concerns of Member States should be listened to carefully, the proliferation of agencies should be avoided, and collaborative surveillance should be strengthened. Early preparation should take into account the complexity of current challenges, including climate change.

The representative of EL SALVADOR¹ said that the best way to move forward was for WHO country offices to work together to measure the progress of each country, evaluate health system maturity and identify gaps. Regional offices should be seen as points of contact that could provide

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guidance, technical advice and funding to respond to specific needs. They could also support surveillance and monitoring to facilitate international coordination and processes such as the transfer of medicines, while respecting the principles of equity and solidarity.

The representative of ARGENTINA¹ said that improved equity and coherence should be prioritized. Regarding proposal 1 on establishing a global health emergency council and a main committee on emergencies of the Health Assembly, she said that progress should be made in the discussions in the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and on the amendment of the International Health Regulations (2005) to avoid any duplication with existing committees or others that might be established. Regarding proposal 5 on strengthening health emergency coordination and proposal 6 on expanding partnerships and strengthening networks, she said that subnational, national and international efforts were required and commitments and regulations in that regard needed to be formalized. Ways to increase alternative resources for low- and middle-income countries had to be found. The Pandemic Fund should prioritize investment in preparedness, prevention and response capacities at the national level, in accordance with national action plans, national and joint external evaluations and an analysis of gaps from the State Party self-assessment annual reporting tool for the International Health Regulations (2005). Investment must have a direct impact on health systems and on building national preparedness and response capacities, including in strategic areas. In terms of improving WHO's governance structure, the report should not make specific statements that could influence or prejudge solutions which should come from the Intergovernmental Negotiating Body and the bodies negotiating amendments to the International Health Regulations (2005).

The representative of ESWATINI¹ outlined some of the steps taken by her Government to address gaps in its emergency preparedness and response capabilities. Effective partnerships with bilateral and multilateral organizations, as well as local communities, were important and her Government was grateful for the assistance it had received. Joint efforts from the international community were required to address the COVID-19 pandemic and her Government recognized the significant role of Taiwan² in global health efforts. WHO should remain neutral and professional and include Taiwan² in all its technical meetings, activities, and mechanisms, including as an observer at the World Health Assembly.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR and also on behalf of the Global Diagnostic Imaging, Healthcare IT and Radiation Therapy Trade Association and the Global Self-Care Federation, said that the private sector's ability to deliver quickly and at scale should be leveraged in preparedness, response and recovery efforts. Any new system in the global health architecture should avoid duplication, leverage existing instruments and have a clear relationship to existing frameworks. As a global technical authority, WHO should maintain focus on its core mission of setting norms and standards. Tasks more efficiently performed nationally or regionally should remain at those levels. Regarding the Pandemic Fund, continued investments and timely availability of funding during and between pandemics would enhance health system readiness and resilience. Essential health care service provision for noncommunicable diseases should continue throughout public health emergencies, and all pandemic prevention, preparedness and response efforts should support achievement of universal health coverage.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Pharmaceutical Federation, the International Council of Nurses, The World Medical Association, Inc., WaterAid International, the International College of Surgeons, PATH, Amref Health Africa, IntraHealth International, Inc. and the International Society for

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

Telemedicine and eHealth, said that it was important to involve civil society in the work of the proposed global health emergency council; apply the WHO Global Code of Practice on the International Recruitment of Health Personnel; strengthen health data governance; and provide decent, safe and responsive working conditions. Member States and WHO must involve health professionals in developing the way forward.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC., speaking at the invitation of the CHAIR, said that WHO should develop standards and public repositories for the transparent provision of information on issues such as research and development costs, subsidies, patents and clinical trials during pandemics. Governments should use appropriate permitted exceptions to intellectual property rights and should be required, under the pandemic accord, to incentivize the sharing of such rights and meaningful technology transfer. Pooling mechanisms were an alternative solution for the global sharing of knowledge and technology. She expressed support for African Member States' call for a cell-line repository for biotherapeutics and vaccines and pricing transparency.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the Framework Convention Alliance on Tobacco Control, the International Alliance of Patients' Organizations, the International College of Surgeons, the International Diabetes Federation, the International Society of Nephrology, Movendi International, PATH, The Worldwide Hospice Palliative Care Alliance, the World Hypertension League and the World Stroke Organization, said that Member States should prioritize ongoing prevention, screening and treatment in national pandemic response and recovery plans. They should also increase domestic resource allocation and develop targeted policies to address cardiovascular and noncommunicable disease risk factors; integrate noncommunicable disease data and risk factors as key performance indicators of pandemic readiness, resilience and response; strengthen primary health care and invest in family medicine to ensure equitable and continuous access to essential health services; and strengthen the noncommunicable disease component of emergency preparedness and response by formalizing the above actions in an international instrument on pandemic prevention, preparedness and response.

The representative of GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, and also on behalf of the International Federation of Medical Students' Associations, IntraHealth International Inc., PATH, The Albert B. Sabin Vaccine Institute, Inc., The Save the Children Fund, The Task Force for Global Health, Inc., WaterAid International, Women Deliver, Inc., Women in Global Health, Inc., and the World Federation of Societies of Anaesthesiologists, supported the guiding principles of coherence, equity and inclusivity and the 10 proposals, which should be connected to other ongoing processes. Targeted amendments should be made to the International Health Regulations (2005) to ensure coherence with the pandemic accord. Action should be taken to strengthen the health workforce, partnerships, networks and health data governance to foster a whole-of-society approach to health emergency prevention, detection and response. Coordination between finance and health policy-makers should be enhanced to ensure that the Pandemic Fund was sustainably financed. WHO should be at the centre of the global architecture for health emergency preparedness, response and resilience. Member States should, with critical guidance from the Secretariat, remain the driving force to ensure that the proposals moved forward swiftly and with consensus and WHO should commit to meaningful engagement with non-State actors in that regard.

Rights of reply

The representative of the UNITED STATES OF AMERICA, speaking in exercise of the right of reply, said that the President of the Russian Federation had chosen a premeditated war that had brought catastrophic loss of life and human suffering, with documented and unprecedented attacks on health care workers, hospitals and other health facilities. Although Russian military attacks on health care workers and hospitals were not new, her Government was surprised and saddened that, as a Member State on the

Executive Board, the Russian Federation was attempting to blame others for its own actions through blatant misinformation. Furthermore, the claim made by the Russian Federation that a WHO collaborating centre in the United States of America had refused to share influenza reference viruses was completely false. The Russian Federation's unprovoked and unjustified war against Ukraine had made it difficult to identify couriers equipped to ship biological materials and provide a regular delivery service from the United States of America to the Russian Federation. Her Government, which had a long, documented history of supporting the WHO Global Influenza Surveillance and Response System, as well as the sharing of critical resources within the network, would continue to work with WHO to identify solutions to support the system's work.

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, said that the mandate of WHO did not include war and peace, and the discussion of certain aspects of political processes in any country was the task of the United Nations Security Council. He urged the Chair to limit political statements. His Government was against starting a debate on the Ukrainian issue during Board meetings and against the politicization of WHO. It was the methods of military terrorism used by Kyiv that had led to a huge increase in the number of civilian casualties in Donbass, and that number had risen by a factor of four since the Armed Forces of Ukraine had begun using heavy weapons supplied by Western countries. The members of the North Atlantic Treaty Organization, therefore, bore the lion's share of responsibility for what was happening.

The meeting rose at 17:45.

FIFTH MEETING

Wednesday, 1 February 2023, at 10:00

Chair: Dr K.V. PETRIČ (Slovenia)

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

1. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 12 of the agenda (continued)

Strengthening WHO preparedness for and response to health emergencies: Item 12.1 of the agenda (continued)

- **Strengthening the global architecture for health emergency preparedness, response and resilience** (document EB152/12) (continued)

The Observer of PALESTINE, speaking on a point of order, expressed regret that observers had not been included in the trial practice of allowing constituency statements by non-State actors to be interspersed among those made by Member States not represented on the Board. Including observers in that positive, inclusive practice would improve transparency and enable the Secretariat to take the views of all participants into consideration.

Turning to the document under discussion, he welcomed the 10 proposals for strengthening the global architecture for health emergency preparedness, response and resilience. It was important to strengthen transparency and equity in order to build trust among local authorities and between local authorities and WHO to improve collaboration, as part of the overall aim of strengthening capacity to effectively manage health emergencies.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ expressed support for WHO's role as a Member State-led organization at the centre of the global architecture for health emergencies, underscoring the importance of equity as an overarching principle in efforts to guarantee access to medical countermeasures. Further inclusive discussions were required at the Member State level to fully assess the proposals. In relation to proposal 3 on scaling up the Universal Health and Preparedness Reviews and strengthening independent monitoring, it was important to ensure that such processes were implemented on a voluntary basis. Lastly, he noted that the services provided by WHO country offices were most effective when delivered within the framework of national policies and priorities.

The observer of GAVI, THE VACCINE ALLIANCE stressed the need to strengthen routine immunization, particularly among vulnerable communities, in order to rapidly respond to threats and avoid disruption during emergencies. Coordination initiatives should incorporate meaningful country engagement and reflect the global, interconnected nature of health threats, with a networked approach to ensure that health emergency processes were inclusive. Long-term, agile financing was also needed

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to ensure rapid access to vaccines and other medical countermeasures; financing plans should be developed alongside governance processes to guarantee their sustainability.

The representative of IOM welcomed the steps taken thus far to strengthen the global architecture for health emergencies, notably the commitment to equity, inclusivity and coherence. Her organization's own contribution to the discussions on a new WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (pandemic accord) focused on supporting Member States to facilitate human mobility within pandemic preparedness and response, and on ensuring that migrants had equitable access to health services, including in health emergencies. IOM supported the three pillars of the global health emergency preparedness, response and resilience architecture and welcomed the commitment to strengthening the core capacities required by the International Health Regulations (2005) through the further development of national action plans for health security and the Universal Health and Preparedness Reviews. Migration should be taken into account as a key social determinant in that regard.

The representative of IAEA stressed the need for collaboration and innovative tools to support veterinary laboratories in tackling outbreaks at the animal–human interface. To that end, the IAEA Zoonotic Disease Integrated Action initiative aimed to improve the capabilities of Member States to respond to the threat of zoonotic diseases by building resilient laboratory networks. IAEA would continue to work closely with WHO, FAO and WOAHP on a range of research projects to promote better preparedness for and response to health emergencies.

The representative of the INTERNATIONAL DEVELOPMENT LAW ORGANIZATION drew attention to the need to strengthen national legal frameworks to improve health emergency preparedness and enable Member States to implement their commitments under the International Health Regulations (2005) and any future pandemic instruments. It was also vital to bolster national and civil society capacity to understand the role of the law with regard to public health emergency preparedness and response.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, welcomed the proposals and noted the emphasis placed on the need to expand partnerships and strengthen networks for a whole-of-society approach to ensuring access to medical countermeasures. In the light of the crucial role that collaboration had played in the response to the coronavirus disease (COVID-19) pandemic, he supported a framework that would harness collaborative mechanisms to address inequities in access to medical countermeasures.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had highlighted the brutal consequences of infectious diseases for older persons and other at-risk populations. Age discrimination should be explicitly prohibited in emergency responses and in any future pandemic accord, and measures should be taken to ensure the engagement and empowerment of older people at all levels.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, said that there was a need to provide health care professionals with ethical and methodological guidelines on decision-making to ensure the best possible outcomes where resources were scarce. In addition, action plans should be developed to address the needs of vulnerable patients who were unable to access health services during health emergencies. Civil society resources should also be leveraged with a view to minimizing the risks to cancer patients during health emergencies.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, said that greater coordination was needed to ensure equitable access to new

treatments and technologies. In particular, research and development should be prioritized to ensure that they were inclusive of communities and covered climate-sensitive and epidemic-prone diseases. An open, end-to-end approach to innovation was needed to facilitate the sharing of knowledge, data and intellectual property, and to guarantee rapid progression to clinical trials, with related capacities mapped and expanded in all regions. Globally linked research infrastructure would provide the necessary flexibility to address both pandemics and existing health priorities, while financing mechanisms for research and development should ensure that new treatments and technologies were available for all.

The representative of the WORLD FEDERATION OF HEMOPHILIA, speaking at the invitation of the CHAIR, drew attention to the disruptions in treatment faced by many people living with inherited bleeding disorders as a result of the COVID-19 pandemic. In its work to strengthen health emergency preparedness and response, WHO should promote more equitable access to prophylaxis and home therapy for people living with bleeding disorders, as that would allow for optimal care while reducing the burden on emergency wards and minimizing those people's exposure to pathogens.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIR, expressed support for the 10 proposals. He urged Member States to be mindful of, and take action to reduce, the impact of health emergencies on older persons, especially those living with dementia, who had often been excluded from treatment during the COVID-19 pandemic due to a lack of preparedness within health systems.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that greater coherence was required in the design of the global architecture for health emergency preparedness, response and resilience before the proposals were taken forward. The document failed to clarify the framework for community-based primary health care as a vital part of health system preparedness and did not acknowledge the health worker shortage affecting both developing and developed countries; WHO should address those systemic issues before institutionalizing a global health emergency corps. Furthermore, caution should be exercised regarding the increased involvement of international financial institutions in global health governance, as the lending conditions imposed by such institutions negatively impacted the health of vulnerable populations and drove developing countries into debt. WHO should instead explore financing mechanisms that would break those dynamics. It should also produce guidelines to encourage local leadership of clinical trials and robust data-sharing and benefit-sharing arrangements, ensuring that interventions were acceptable and accessible to trial populations.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR, welcomed the proposed framework to strengthen the global architecture for health emergency preparedness, response and resilience, particularly the principles of equity, inclusivity and coherence. It was also positive to see an emphasis on building national capacities that ensured accountability towards communities and that advanced equity and human rights. She called on Member States to ensure that the advancement of equity within the new global architecture included the targeted and adapted measures needed to guarantee non-discrimination and the right to health for disadvantaged and at-risk groups, including persons with disabilities.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that breastfeeding was a resilient practice that could provide a lifeline during emergencies. However, it continued to come under attack from manufacturers of ultra-processed foods, which should only be used as a last resort and where appropriate support was provided. Preparedness plans should therefore take into account the operational guidance provided by the Infant Feeding in Emergencies Core Group and incorporate conflict of interest safeguards.

The REGIONAL DIRECTOR FOR AFRICA, observing that global health crises affected all segments of society, said that the COVID-19 pandemic had underscored the importance of investing in strong health systems to prepare for and respond to emergencies, while maintaining essential health service delivery. Any initiatives undertaken in that respect should take into consideration the critical role of primary health care and universal health coverage in ensuring equitable access to services and safeguarding communities from future threats. It was also vital to address shortages in the health workforce – which in the African Region were notably caused by brain drain – and redefine the role of communities in public health emergencies. Primary health care represented the first point of contact with the health care system for over 80% of the population in the African Region and provided a direct link to communities.

All Member States in the Region had undergone joint external evaluations of the core capacities required by the International Health Regulations (2005) and developed national action plans for health security, and were therefore ready to take action once sufficient financing was in place. Member States were being supported in the implementation of the new regional strategy for health security and emergencies through the Regional Office's emergency preparedness and response flagship projects, which included measures to strengthen the health workforce, national leadership, community participation and sustainable financing.

In the South-East Asia Region, nine of the 11 Member States had completed joint external evaluations of the core capacities required by the International Health Regulations (2005) and strengthened their national action plans for health security. The regional strategic road map on health security and health system resilience for emergencies 2023–2027 had been endorsed by the Regional Committee and would be implemented alongside the flagship priority programme on emergency risk management. In addition, the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies continued to guide Member States' efforts to implement the International Health Regulations (2005) in the South-East Asia and Western Pacific Regions, and a bi-regional health security action framework incorporating lessons learned from the COVID-19 pandemic and other health emergencies was being developed in consultation with Member States, partners and experts.

As the COVID-19 recovery continued, new challenges were arising that could only be addressed by improving primary health care and working with other sectors, such as water and sanitation. She therefore looked forward to working with Member States to take coordinated action on pandemic preparedness and response and to continue advocating for health as a pillar of sustainable development and security.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) thanked Member States for their comments. As speakers had noted, each country faced a unique set of threats and vulnerabilities, in terms of both their populations and the systems designed to protect them. WHO was responding to an unprecedented number of graded public health emergencies, with over 339 million people requiring urgent humanitarian assistance worldwide. Although there was no single system suitable for every context, it was possible to combine key components relating to governance, financing, tools and the health workforce within a single framework. Such a framework was not intended to interfere with any intergovernmental processes but would enable a bottom-up approach to improving global health security. That should begin with empowered, protected communities supported by effective primary health care functions that were on the front line of pandemic protection and include participatory surveillance systems capable of detecting any threats. Clinical care systems also needed to be agile and scalable to react to the stress of a health emergency without undermining other key health system components, as had occurred during the COVID-19 pandemic. In turn, those systems needed to be underpinned by national, regional and global coordination mechanisms, governance and financing. The five core systems described in the report had been identified with that in mind. National action plans for health security, informed by evaluations such as the State Party self-assessment annual reporting tool, would be central to that work. Indeed, a global or regional response would be impossible without action at the national level, and the expertise and experience of Member States was key to global health security. To that end, the Secretariat would support Member States and facilitate the operational

discussions that would feed into the deliberations of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. It was important to place Member States and their national security at the centre of solutions. WHO would play a vital coordination role – as it had done during the COVID-19 pandemic, when low- and middle-income countries had been able to receive personal protective equipment and other medical supplies through a supply chain system managed by the Organization. However, such systems would be built collectively and transparently, with the full involvement of Member States.

The ASSISTANT DIRECTOR-GENERAL (Health Emergency Intelligence and Surveillance Systems in the Emergencies Programme) noted the comments concerning the importance of ensuring equity and the need to learn lessons from the COVID-19 pandemic. It was positive to see general consensus regarding the five core systems outlined in the report, as they would govern the delivery of services at the national level. He looked forward to working with and learning from Member States and other partners in taking the next steps to develop the proposals further.

The DIRECTOR-GENERAL thanked Member States for their input. He stressed that, in undertaking work on several processes at once, there was no intention of undermining the process of amending the International Health Regulations (2005) or the work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response; rather, the aim was to maintain momentum on the issue of health emergency preparedness, response and resilience by making progress on several fronts at the same time. That work would continue in full transparency with a view to achieving the best health outcomes.

The CHAIR took it that the Board wished to note the report contained in document EB152/12.

The Board noted the report.

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

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

Standing Committee on Health Emergency Prevention, Preparedness and Response: Item 24.3 of the agenda (documents EB152/45, EB152/54 and EB152/54 Add.1)

The CHAIR invited the Board to consider the reports contained in documents EB152/45 and EB152/54, as well as the three options for addressing the misalignment between the terms of membership of the Standing Committee and the normal schedule of WHO committee membership set out in paragraphs 5 to 10 of document EB152/54 and the options for a related draft decision contained in paragraph 11 of that document. The financial and administrative implications of the proposed options for a draft decision were contained in document EB152/54 Add.1.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, welcomed the reports and expressed strong support for first option proposed for the draft decision, which would ensure a balance between continuity and the regular rotation of membership among Member States.

The representative of PARAGUAY agreed that option 1 was the best solution for the same reasons.

The representative of PERU welcomed the establishment of the Standing Committee, which would provide rapid support to WHO in the event of a public health emergency, and similarly expressed a preference for option 1.

The representative of the RUSSIAN FEDERATION expressed concern that no Member States from the Commonwealth of Independent States were represented on the Standing Committee, particularly given the importance of regional representation within WHO committees in the context of preventing and responding to communicable diseases. Option 2 was the only correct approach to addressing the misalignment in the terms of membership of the Standing Committee, as it would provide for the expiry of the terms of its members, Chair and Vice-Chair in accordance with the terms of reference. Option 1 went against the terms of reference and would therefore create an unacceptable precedent in that regard.

The representative of the UNITED STATES OF AMERICA welcomed the establishment of the Standing Committee and stressed the importance of ensuring that the WHO Health Emergencies Programme could effectively play the central coordinating role entrusted to it by Member States. She supported option 1.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Albania, Ukraine, the Republic of Moldova and Bosnia and Herzegovina aligned themselves with his statement. The establishment of the Standing Committee should strengthen WHO's central role within the global health security architecture, and the possibility of calling on relevant experts represented an opportunity to strengthen links at the regional level, including with the WHO regional offices. It would also be important for the Standing Committee to establish links with other bodies, such as the One Health High-Level Expert Panel and the Quadripartite partnership, to ensure a fully operational One Health approach to health emergency prevention, preparedness and response. He supported option 1.

The representative of CANADA refrained from expressing an opinion on the three options for addressing misalignment between the terms of membership of the Standing Committee and the normal schedule of WHO committee membership, as his delegation would be directly impacted by any decision. His Government strongly supported the establishment of the Standing Committee, which provided an important space for debate and discussion on health emergency prevention, preparedness and response, and to strengthen engagement with, and oversight of, the Health Emergencies Programme. It would also help to strengthen the Executive Board's governance capacity by giving Member States a more agile mechanism to provide guidance to the Board and advise the Director-General. Outside emergency situations, the Standing Committee would allow for more in-depth discussions on reinforcing the WHO Health Emergencies Programme, including by reviewing its reports, notably regarding the Contingency Fund for Emergencies, and the recommendations of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme. The next meeting of the Standing Committee would be critical to building a strong foundation for that vital function.

The representative of BRAZIL welcomed the establishment of the Standing Committee and called for its work to be guided by the principle of equity. It was particularly important to promote the local and regional production of health technologies in order to address the stark disparities in access to countermeasures observed during the COVID-19 pandemic, which had particularly affected developing countries. A whole-of-government approach and multistakeholder engagement were also essential to pandemic prevention, preparedness and response at the local, national, regional and international levels. His Government looked forward to learning how the Standing Committee would carry out its work in

accordance with its terms of reference, particularly during a public health emergency of international concern. That work should be based on scientific evidence, take into account the needs expressed by Member States affected by health emergencies and remain complementary to existing processes, particularly those concerning amendments to the International Health Regulations (2005) and any future pandemic accord. Regarding the terms of membership, he supported option 1.

The representative of JAPAN stressed the importance of strengthening governance within WHO in order to enhance the Organization's capacity to prepare for and respond to health emergencies. The Standing Committee should focus on the administrative aspects of such issues, including by addressing the financial and human resource burdens that might restrict the actions of the Director-General during a health emergency. The membership terms of the Standing Committee should be aligned with the schedule of the Health Assembly; his Government therefore supported option 1, which would also ensure a balance between the continuity and regular rotation of membership among Member States.

The representative of MALDIVES stressed that the mandate of the Standing Committee should be complementary to existing mechanisms to avoid any risk of duplication of efforts. It was also important to ensure continuity in the Standing Committee's work and he therefore supported option 1.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Standing Committee had the potential to make important contributions to global health security and health emergency management. The COVID-19 pandemic had shown that the global community had not been ready for a crisis on that scale. Of the recommendations from numerous reviews of the global COVID-19 response, it was striking that more than half related to the need to improve the governance of health emergency prevention, preparedness and response mechanisms, at all levels. As it carried out its duties in line with the terms of reference, the Standing Committee should consult with the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme, and more details should be provided on its linkages with other WHO technical and advisory committees. The Member States of the Region were committed to supporting the work of the Standing Committee and had a preference for option 1.

The representative of MALAYSIA commended the work of the Standing Committee at its first meeting, stressing the need for the Standing Committee to complement other processes as well as for cooperation in efforts to address gaps in the management of health emergencies.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND reiterated her Government's support for the creation of the Standing Committee and its dual mandate to act swiftly in response to a public health emergency of international concern and to help to strengthen the oversight of the WHO Health Emergencies Programme. The Standing Committee would also play an important role in improving governance, including by strengthening the Executive Board. She supported option 1.

The representative of CHINA expressed support for the work of the Standing Committee, stressing the need for a transparent and open approach that remained within the scope of the Committee's terms of reference. The Secretariat should provide the necessary support in that respect. Regarding the terms of membership, he supported option 1.

The representative of COLOMBIA welcomed the establishment of the Standing Committee, which should help to ensure that WHO governing bodies' decisions were consistent, equitable, effective and informed by a balanced approach to scientific and political considerations. His Government favoured option 1.

The CHAIR asked whether the first option proposed for the draft decision could be adopted by consensus.

The representative of the RUSSIAN FEDERATION reiterated her support for option 2.

The representative of NORWAY¹ said that the Standing Committee would give Member States an opportunity for more regular, in-depth engagement on strengthening WHO's capacities during health emergencies, which should lead to a more sustained focus on and systematic follow-up of associated issues. It was especially important to ensure that the Standing Committee was able to support a strong, rapid WHO response during public health emergencies of international concern; it should therefore adhere strictly to its terms of reference. She favoured option 1 regarding the terms of membership.

The representative of SINGAPORE¹ expressed a preference for option 1.

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

It was so agreed.

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

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

3. UNIVERSAL HEALTH COVERAGE: Item 5 of the agenda

- **Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage** (document EB152/5)

The CHAIR invited the Board to consider the report contained in document EB152/5 and to provide guidance on the specific priority areas for action based on the guiding questions set out in paragraph 35 of that document. She also drew attention to a draft decision on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies proposed by Brazil, Ethiopia, the Member States of the European Union, Kenya and Paraguay, which read:

The Executive Board, having considered the report on reorienting health systems to primary health care as a resilient foundation for universal health coverage,²

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

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

² Document EB152/5.

The Seventy-sixth World Health Assembly,

(PP1) Noting that emergency, critical and operative care services are an integral part of a comprehensive primary health care approach and are essential to ensure that the health needs of people are met across the life course without undue delay;

(PP2) Recognizing that robust emergency, critical and operative care services are at the foundation of national health systems' ability to respond effectively to emergency events including all hazards; and to ensure the implementation of the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events;

(PP3) Concerned that the COVID-19 pandemic revealed pervasive gaps in capacity of emergency, critical and operative care services that resulted in significant avoidable mortality and morbidity globally;

(PP4) Noting that integrated people-centred service delivery requires emergency, critical and operative care services that are linked to communities through primary care and by communication, transportation, referral and counter-referral mechanisms,¹ and that these components are interdependent: capacity failures in responsiveness of the emergency, critical and operative care system may result in disrupted primary care delivery and poor outcomes, while failures in primary care and social services may lead to increased use of emergency, critical and operative care services and result in delays in the appropriate provision of life-saving care;

(PP5) Emphasizing that emergency, critical and operative care represents a continuum of services from the community to health centres to primary care clinics to hospitals, and that integrated planning and implementation of these services can lead to greater efficiency, effectiveness and deliver economies of scope and scale across disease and population-specific programmes;

(PP6) Acknowledging Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), and recognizing that well-organized, safe and high-quality emergency, critical and operative care is a key mechanism for achieving a range of associated targets – including those on universal health coverage (3.8), road safety (3.6), maternal and child health (3.1, 3.2), universal access to sexual and reproductive health care services (3.7), noncommunicable diseases, mental health, and infectious disease (3.4, 3.5 and 3.3);

(PP7) Acknowledging further Sustainable Development Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable) and Goal 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels), and noting that a strong and well-resourced system for emergency, critical and operative care embedded within the broader health system is vital to maintaining the continuity of essential health services in fragile and conflict-affected settings, and to mitigating the impact of disasters, outbreaks and mass casualty incidents, including those resulting from climate change;

¹ The term ECO-system is used here to refer to emergency, critical and operative care services and the mechanisms that ensure they are accessible to the people who need them. Bull World Health Organ 2020;98:728–728A (<http://dx.doi.org/10.2471/BLT.20.280016>, accessed 12 December 2022).

(PP8) Recalling the following resolutions in which the Health Assembly prioritized integrated service-delivery models and identified emergency, critical and operative care services as fundamental: WHA56.24 (2003) on implementing the recommendations of the World report on violence and health, WHA57.10 (2004) on road safety and health (echoed by United Nations General Assembly resolution 72/271 (2018) on improving global road safety), WHA60.22 (2007) on health systems: emergency-care systems, WHA64.10 (2011) on strengthening national health emergency and disaster management capacities and resilience of health systems, WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage, WHA69.1 (2016) on strengthening essential public health functions in support of the achievement of universal health coverage, WHA72.16 (2019) on emergency-care systems for universal health coverage: ensuring timely care for the acutely ill and injured, and WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies;

(PP9) Recognizing that emergency, critical and operative care services are necessary to execute the core capacities under the International Health Regulations (2005) and to promote the enjoyment of human rights;¹

(PP10) Recalling also the mandate of WHO's Thirteenth General Programme of Work, 2019–2023 to improve integrated service delivery, protect people from health emergencies and to serve in particular the most disadvantaged, marginalized and hard-to-reach populations, to ensure that no one is left behind;²

(PP11) Noting that providing non-discriminatory and equitable access for all people to timely, safe and high-quality emergency, critical and operative care services can contribute to the reduction of disparities in health outcomes, and that safe and effective patient flow is essential to protect people during emergencies;

(PP12) Emphasizing that timely access is an essential component of quality emergency, critical and operative care services and could prevent millions of deaths and long-term impairments from injuries, infections, mental health conditions, acute exacerbations of noncommunicable diseases, acute complications of pregnancy and other health conditions, including in neonates and children;

(PP13) Noting that injury alone accounts for nearly 5 million deaths per year and that road traffic injury is the top cause of death of all those in the age group of 5–29 years;³

¹ United Nations High Commissioner for Refugees. Convention and Protocol Relating to the Status of Refugees. UNHCR. 1951 (<http://www.unhcr.org/protection/basic/3b66c2aa10/convention-protocol-relating-status-refugees.html>, accessed 10 January 2023).

Convention on the Elimination of All Forms of Discrimination against Women. U. N. Hum. Rights Off. High Comm. 1965 (<http://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx>, accessed 10 January 2023).

Convention on cluster munitions 2008 (<https://www.un.org/disarmament/convention-on-cluster-munitions/>, accessed 10 January 2023).

International Convention on the Elimination of All Forms of Racial Discrimination. U. N. Hum. Rights Off. High Comm. 1979 (<http://www.ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx>, accessed 10 January 2023).

Convention on the Rights of the Child. U. N. Hum. Rights Off. High Comm. 1989 (<http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>, accessed 10 January 2023).

International Convention on the Protection of the Rights of All Migrant Workers. U. N. Hum. Rights Off. High Comm. 1990 (<http://www.ohchr.org/EN/ProfessionalInterest/Pages/CMW.aspx>, accessed 10 January 2023).

Convention on the prohibition of the use, stockpiling, production and transfer of anti-personnel mines and on their destruction (<https://www.un.org/disarmament/anti-personnel-landmines-convention>, accessed 10 January 2023).

² Thirteenth General Programme of Work, 2019–2023. Geneva: World Health Organization; 2018; as contained in document A71/4 (http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf?ua=1or, accessed 10 January 2023) and adopted in resolution WHA71.1 (2018). [A proposal to extend the Thirteenth General Programme of Work to 2025 was submitted in 2022 (document A75/8) and approved in resolution WHA75.6 (2022).]

³ Global health estimates, World Health Organization; 2019 (<https://www.who.int/data/global-health-estimates>, accessed 10 January 2023).

and that most people affected by injury require access to emergency, critical and operative care services;

(PP14) Noting that emergency, critical and operative care interventions are effective and in general cost-effective, and concerned that the lack of investment in emergency, critical and operative care is compromising outcomes, limiting impact and increasing cost in other parts of the health system and potentially reducing impact of other health interventions;

(PP15) Noting that effective planning and resource allocation for delivery of emergency, critical and operative care requires understanding the potential and actual utilization of emergency, critical and operative care services, identifying and removing barriers to accessing care, and that it requires detailed analysis of data that is frequently unavailable or not recorded in many settings;

(PP16) Considering that quality emergency, critical and operative care services and improved outcomes are best guaranteed through ongoing monitoring to be used for service development, continuous quality improvement, targeted capacity building of the emergency, critical and operative care workforce and, as appropriate, through regulation;

(PP17) Considering that WHO has a range of guidance that allows policy-makers, planners and administrators to develop action plans that are best suited to their national contexts, along with resources for training and standards for essential emergency, critical and operative care services, equipment and supplies at each level of the health system,¹

(OP)1. CALLS FOR timely additional efforts globally to strengthen the planning and provision of emergency, critical and operative care services as part of universal health coverage, so as to meet population health needs, improve health system resilience and ensure public health security;²

(OP)2. URGES Member States in accordance with national context and priorities:³

(1) to create national policies for sustainable funding, effective governance (including coordination and regulation of public and private sector actors) and universal access to needs-based emergency, critical and operative care for all, without regard to sociocultural factors, without requirement for payment prior to life-saving emergency care, and within a broader health system that provides quality essential care and services and financial risk protection;

(2) to include emergency, critical and operative care services, with their associated rehabilitation services, across relevant health areas within national packages of services for universal health coverage, such as through use of the WHO UHC Service package delivery and implementation (SPDI) tool⁴ to identify relevant and feasible services and required resources based on national context;

(3) as appropriate, to conduct WHO emergency, critical and operative care system assessments⁵ to identify gaps and context-relevant action priorities, and to design and implement integrated national and/or regional action plans for emergency, critical and operative care;

¹ Emergency care. Geneva: World Health Organization (see www.who.int/emergencycare, accessed 25 January 2023).

² Global public health security is defined as the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries (https://www.who.int/health-topics/health-security/#tab=tab_1, accessed 12 December 2022).

³ And, where applicable, regional economic integration organizations.

⁴ See www.uhcc.who.int (accessed 25 January 2023).

⁵ See https://www.who.int/health-topics/emergency-care#tab=tab_1 (accessed 25 January 2023).

- (4) to integrate delivery of emergency, critical and operative care within relevant national health system assessments and strategies, including universal health coverage road maps, primary health care strategies, models of care, health emergency preparedness and response plans and National Action Planning for Health Security (NAPHS)¹ as appropriate;
- (5) to develop national, subnational and facility-level governance mechanisms for the coordination of routine prehospital and hospital-based emergency, critical and operative care services, patient transfer and referral services, including linkage with other relevant actors for disaster and outbreak preparedness and response;
- (6) to promote more coherent, inclusive and accessible approaches to safeguard effective emergency, critical and operative care in disasters, fragile settings and conflict-affected areas, ensuring the continuum and provision of essential health services and public health functions, in line with international humanitarian law;
- (7) to promote innovative ways for community engagement in the design and delivery of emergency, critical and operative care services, including community education on early recognition, care seeking, and first aid; training for community first aid responders (CFAR), such as the WHO CFAR programme; and structured mechanisms for incorporating community perspectives in strategic planning and monitoring of implementation;
- (8) to promote access to timely and reliable prehospital care for all, including by establishing, where they do not exist, toll-free universal access numbers that meet international standards;
- (9) to implement, as appropriate, key processes and protocols as identified in WHO guidance on delivery of emergency, critical and operative care, such as triage, checklists and the use of registries and clinical audits, including through WHO's clinical registry platform, and to adapt and operationalize WHO standards on infrastructure, personnel and material resources for emergency, critical and operative care services;
- (10) to establish, as appropriate, regulation and certification mechanisms for all personnel and equipment required to deliver emergency, critical and operative care services to ensure professional competency and high quality;
- (11) to provide dedicated pre- and in-service skill-based training in emergency, critical and operative care for all relevant health workers and interprofessional teams, including postgraduate training for doctors and nurses, training first-contact providers in WHO Basic Emergency Care, training community first aid responders, and integrating dedicated training in emergency, critical and operative care into undergraduate nursing and medical curriculums, and establishing certification pathways for prehospital providers, as appropriate to national context, taking advantage of the existing WHO training platforms, such as the WHO Academy, as a key resource;
- (12) to implement mechanisms for standardized and disaggregated data collection to characterize and report the relevant disease burden and identify high-yield mechanisms for improving the coordination, safety and quality of delivery of emergency, critical and operative care and to demonstrate the contribution of such integrated care to national targets, sustainable development goals and programmatic goals;

(OP)3. REQUESTS the Director-General:

¹ <https://www.who.int/emergencies/operations/international-health-regulations-monitoring-evaluation-framework/national-action-plan-for-health-security> (accessed 25 January 2023).

- (1) to enhance WHO's capacity at all levels, with emphasis on country offices, to provide necessary coordination, technical guidance and support for the efforts of Member States and other relevant actors to strengthen delivery of emergency, critical and operative care, including health emergency preparedness, readiness, response and recovery, across the spectrum of health services;
- (2) to promote strengthening of routine emergency, critical and operative care services for a more responsive and resilient health system, and ensure that strengthening of emergency, critical and operative care services is included in strategies for mitigating the impact of health emergencies;
- (3) to foster collaboration across relevant sectors, partnerships and action plans, and to facilitate collaboration among Member States, to support the effective dissemination and implementation of best practices and WHO resources for delivery of emergency, critical and operative care;
- (4) to create guidance for and support the development of integrated national and/or regional action plans for emergency, critical and operative care and to extend and strengthen community-based emergency, critical and operative care services;
- (5) to renew relevant efforts outlined in resolution WHA68.15 (2015) and resolution WHA72.16 (2019) to provide guidance and support to Member States for review of regulations and legislation for quality- and safety-improvement programmes with continued support for WHO's clinical registry and audit platform, and for other aspects of strengthening the provision of emergency, critical and operative care services;
- (6) to support Member States to expand policy-making, technological, administrative and clinical capacity in the area of emergency, critical and operative care, by the provision of policy options and technical guidance, supported by educational strategies and materials for health providers and planners;
- (7) to develop guidance for the consideration of Member States on comprehensive monitoring of emergency, critical and operative care services, taking into account their timeliness, quality and extensive scope, to provide data and information to be used in the development of emergency, critical and operative care services, basic and continuous training and regulation of the emergency, critical and operative care workforce;
- (8) to support Member States to identify high-priority emergency, critical and operative care services and to evaluate the planning and cost implications of integrating of these services into universal health coverage, such as through the WHO Service package delivery and implementation (SPDI) tool;
- (9) to strengthen the evidence base for emergency, critical and operative care interventions by encouraging research and supporting Member States to execute research on emergency, critical and operative care delivery, including by providing tools, protocols, indicators and other needed standards to support the collection, analysis and reporting of data, including on cost-effectiveness;
- (10) to support the integration of health facility planning, including for hospitals, with emergency, critical and operative care services, executed in line with communities' priorities and health needs, and with regard to supporting the central role of primary care, in accordance with the principles of a primary health care approach;
- (11) to support Member States to identify innovative and sustainable financing mechanisms to ensure access to essential emergency, critical and operative care services, and to facilitate awareness and international and domestic resource

mobilization, in line with the Addis Ababa Action Agenda of the Third International Conference on Financing for Development¹ by providing advocacy resources; (12) to report on progress in the implementation of this resolution to the Health Assembly in 2025, 2027 and 2029.

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

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Decision: | Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies |
| A. Link to the approved revised Programme budget 2022–2023 | |
| 1. Output(s) in the approved revised Programme budget 2022–2023 under which this draft decision would be implemented if adopted: | <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>2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities</p> <p>2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings</p> |
| 2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023: | Not applicable. |
| 3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling: | Not applicable. |
| 4. Estimated time frame (in years or months) to implement the decision: | Within 6.5 years. |
| B. Resource implications for the Secretariat for implementation of the decision | |
| 1. Total budgeted resource levels required to implement the decision, in US\$ millions: | US\$ 55.50 million. |
| 2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions: | US\$ 3.50 million. |
| 2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US\$ millions: | Not applicable. |
| 3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions: | US\$ 12.00 million. |
| 4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions: | US\$ 40.00 million. |

¹ United Nations General Assembly resolution 70/1 (2015).

- 5. Level of resources already available 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\$ 2.00 million.
 - **Remaining financing gap in the current biennium:**
US\$ 1.50 million.
 - **Estimated resources, which are currently being mobilized, if any, that 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 | | |
| B.2.a. 2022–2023 resources already planned | Staff | 0.26 | 0.23 | 0.22 | 0.24 | 0.20 | 0.22 | 0.54 | 1.90 |
| | Activities | 0.10 | 0.10 | 0.10 | 0.10 | 0.10 | 0.10 | 1.00 | 1.60 |
| | Total | 0.36 | 0.33 | 0.32 | 0.34 | 0.30 | 0.32 | 1.54 | 3.50 |
| B.2.b. 2022–2023 additional resources | Staff | – | – | – | – | – | – | – | – |
| | Activities | – | – | – | – | – | – | – | – |
| | Total | – | – | – | – | – | – | – | – |
| B.3. 2024–2025 resources to be planned | Staff | 0.50 | 0.45 | 0.45 | 0.75 | 0.40 | 0.45 | 1.00 | 4.00 |
| | Activities | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 1.20 | 0.80 | 8.00 |
| | Total | 1.70 | 1.65 | 1.65 | 1.95 | 1.60 | 1.65 | 1.80 | 12.00 |
| B.4. Future bienniums resources to be planned | Staff | 2.30 | 2.20 | 2.00 | 2.30 | 1.80 | 2.00 | 3.80 | 16.40 |
| | Activities | 3.60 | 3.50 | 3.50 | 3.50 | 3.50 | 3.50 | 2.50 | 23.60 |
| | Total | 5.90 | 5.70 | 5.50 | 5.80 | 5.30 | 5.50 | 6.30 | 40.00 |

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

The Board was further invited to consider a draft decision on increasing access to medical oxygen proposed by Australia, Bangladesh, the Central African Republic, the Member States of the European Union, Kenya, Türkiye and Uganda, which read:

The Executive Board, having considered the report on reorienting health systems to primary health care as a resilient foundation for universal health coverage,¹

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

(PP1) Recognizing the inclusion of medical oxygen as a life-saving essential medicine with no substitute on the 22nd World Health Organization Model List of Essential

¹ Document EB152/5.

Medicines¹ and the 8th World Health Organization Model List of Essential Medicines for Children,² where it is an indication for the management of hypoxaemia, including for vulnerable groups, and anaesthesia that is essential for surgery and trauma;

(PP2) Reaffirming the critical role of medical oxygen in the achievement of the Sustainable Development Goals (SDGs) for health, including reducing maternal mortality (SDG target 3.1), newborn and child mortality (SDG target 3.2) and premature mortality from chronic conditions (SDG target 3.4), and that medical oxygen has a role in the acute treatment of some AIDS-, tuberculosis- and malaria-related conditions (SDG target 3.3) and road traffic injuries (SDG target 3.6), and accelerating progress towards universal health coverage (SDG target 3.8);

(PP3) Noting that the wide application of medical oxygen is essential for the treatment of hypoxaemia across many communicable and noncommunicable diseases and medical conditions, across the life course, to which older persons in particular are vulnerable, including but not limited to coronavirus disease (COVID-19), pneumonia, tuberculosis and chronic obstructive pulmonary disease, and situations requiring surgery, emergency and critical care, and therefore necessary for the achievement of the goals and targets in the Global action plan for the prevention and control of NCDs 2013–2020,³ the End TB Strategy,⁴ the WHO package of essential noncommunicable (PEN) disease interventions for primary health care⁵ and WHO Guidelines for Safe Surgery 2009;⁶

(PP4) Underscoring that medical oxygen access is particularly critical for pregnant women during and after delivery, newborns in respiratory distress and children with pneumonia, and therefore necessary for the achievement of the goals and targets in the Global Strategy for Women's, Children's and Adolescents' health,⁷ the Every Newborn Action Plan⁸ and The integrated Global Action Plan for Pneumonia and Diarrhoea;⁹

(PP5) Concerned that complications due to preterm birth are the leading cause of global neonatal mortality and recalling that WHO recommends support for respiratory distress syndrome and the importance of safe medical oxygen use to prevent injury from toxic levels of oxygen in the blood resulting in retinopathy of prematurity (one of the leading causes of child blindness) and chronic lung disease;

¹ World Health Organization model list of essential medicines – 22nd list, 2021. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2021.02>, accessed 31 August 2022).

² World Health Organization model list of essential medicines for children – 8th list, 2021. Geneva: World Health Organization; 2021. (<https://www.who.int/publications/i/item/WHO-MHP-HPS-EML-2021.03>, accessed 31 August 2022).

³ Global action plan for the prevention and control of NCDs 2013–2020. Geneva: World Health Organization; 2013 (<https://www.who.int/publications/i/item/9789241506236>, accessed 31 August 2022).

⁴ The End TB Strategy. Geneva: World Health Organization; 2015 (<https://www.who.int/publications/i/item/WHO-HTM-TB-2015.19>, accessed 31 August 2022).

⁵ WHO package of essential noncommunicable (PEN) disease interventions for primary health care. Geneva: World Health Organization; 2020 ([https://www.who.int/publications/i/item/who-package-of-essential-noncommunicable-\(pen\)-disease-interventions-for-primary-health-care](https://www.who.int/publications/i/item/who-package-of-essential-noncommunicable-(pen)-disease-interventions-for-primary-health-care), accessed 31 August 2022).

⁶ WHO Guidelines for Safe Surgery 2009. Geneva: World Health Organization; 2009 (<https://www.who.int/publications/i/item/9789241598552>, accessed 31 August 2022).

⁷ Global Strategy for Women's, Children's and Adolescents' Health. Geneva: World Health Organization; 2015 (https://platform.who.int/docs/default-source/mca-documents/rmncah/global-strategy/ewec-globalstrategyreport-200915.pdf?Status=Master&sfvrsn=b42b6d22_4, accessed 31 August 2022).

⁸ The Every Newborn Action Plan. Geneva: World Health Organization; 2014 (<https://www.who.int/initiatives/every-newborn-action-plan>, accessed 31 August 2022).

⁹ The integrated Global Action Plan for Pneumonia and Diarrhoea. Geneva: World Health Organization; 2013 ([https://www.who.int/publications/i/item/the-integrated-global-action-plan-for-prevention-and-control-of-pneumonia-and-diarrhoea-\(gappd\)](https://www.who.int/publications/i/item/the-integrated-global-action-plan-for-prevention-and-control-of-pneumonia-and-diarrhoea-(gappd)), accessed 31 August 2022).

(PP6) Concerned that in developing countries not all health facilities have uninterrupted access to medical oxygen, and that lack of access is contributing to preventable deaths – a problem that has been exacerbated by the COVID-19 pandemic when the need for medical oxygen has exceeded the capacities of many health systems;

(PP7) Recalling the publication of WHO medical oxygen treatment guidelines, good practices, technical specifications, forecasting tools, training videos, consultations, safety guidelines¹ and the 2022 revisions to the monograph on medicinal oxygen that was adopted at the 56th meeting of the WHO Expert Committee on Specifications for Pharmaceutical Preparations for publication in the 11th edition of the International Pharmacopoeia,² which collectively aim to improve access to medical oxygen through the appropriate selection, procurement, instalment, and operation and maintenance of medical oxygen systems and related infrastructure by Member States;

(PP8) Acknowledging the inclusion of pulse oximeters and other medical oxygen-related devices as priority medical devices listed in Core Medical Equipment,³ the Interagency list of medical devices for essential interventions for reproductive, maternal, newborn and child health,⁴ the WHO list of priority medical devices for cancer management,⁵ the Priority medical devices list for the COVID-19 response and associated technical specifications,⁶ WHO-UNICEF Technical specifications and guidance for oxygen therapy devices⁷ and the List of Priority Medical Devices for management of cardiovascular diseases and diabetes,⁸ and that medical oxygen devices are also regularly highlighted in the WHO compendium of innovative health technologies for low-resource settings;⁹

(PP9) Acknowledging the role of the ACT-A Oxygen Emergency Taskforce¹⁰ in helping developing countries to finance urgently needed medical oxygen supplies to meet

¹ Oxygen [website]. Geneva: World Health Organization; (n.d.) (https://www.who.int/health-topics/oxygen#tab=tab_1, accessed 31 August 2022).

² Medicinal oxygen. Geneva: World Health Organization; 2022 (https://cdn.who.int/media/docs/default-source/essential-medicines/norms-and-standards/qas20-867-medicinal-oxygen.pdf?sfvrsn=ab60e2fe_5, accessed 31 August 2022).

³ Core medical equipment. Geneva: World Health Organization; 2011 (<https://www.who.int/publications/i/item/WHO-HSS-EHT-DIM-11.03>, accessed 31 August 2022).

⁴ Interagency list of medical devices for essential interventions for reproductive, maternal, newborn and child health. Geneva: World Health Organization; 2016 (<https://www.who.int/publications-detail-redirect/9789241565028>, accessed 31 August 2022).

⁵ WHO list of priority medical devices for cancer management. Geneva: World Health Organization; 2016. (<https://www.who.int/publications/i/item/9789241565462>, accessed 31 August 2022).

⁶ Priority medical devices list for the COVID-19 response and associated technical specifications. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/WHO-2019-nCoV-MedDev-TS-O2T.V2>, accessed 31 August 2022).

⁷ WHO-UNICEF technical specifications and guidance for oxygen therapy devices. Geneva: World Health Organization; 2019. (<https://www.who.int/publications/i/item/9789241516914>, accessed 26 January 2023).

⁸ WHO launches List of Priority Medical Devices for management of cardiovascular diseases and diabetes. Geneva: World Health Organization; 2021. (<https://www.who.int/news/item/30-06-2021-who-launches-list-of-priority-medical-devices-for-management-of-cardiovascular-diseases-and-diabetes>, accessed 31 August 2022).

⁹ WHO compendium of innovative health technologies for low-resource settings 2022. Geneva: World Health Organization; 2022. (<https://www.who.int/publications/i/item/9789240049505>, accessed 31 August 2022).

¹⁰ Chaired by Unitaid, the ACT-A Oxygen Emergency Taskforce includes WHO (and the broader biomedical consortium that WHO coordinates), UNICEF, The Global Fund, the World Bank, UNOPS, USAID, the Bill & Melinda Gates Foundation, the Clinton Health Access Initiative, Program for Appropriate Technology in Health, Access to Medicine Foundation, Save the Children and Every Breath Counts (coalition). COVID-19 oxygen emergency is impacting more than

the surging demand during the COVID-19 pandemic and recognizing that large gaps in access to medical oxygen remain globally unaddressed, especially in developing countries;

(PP10) Highlighting the opportunity to consider medical oxygen in pandemic preparedness and response efforts, including through domestic and international funding; and

(PP11) Recognizing resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines, and other health products, in order to enhance availability and affordability of medical oxygen, particularly in developing countries,

(OP)1. URGES Member States,¹ taking into account their national contexts:

- (1) to include medical oxygen and associated medical devices on national lists of essential medicines and medical devices for adults and children, including to address hypoxaemia and anaesthesia, for relevant communicable and noncommunicable conditions and injuries for all relevant patients, including mothers, newborns, infants and children;
- (2) to develop, as appropriate, costed national plans to increase access to quality assured, affordable medical oxygen systems and personnel to meet the identified needs of all patients in the context of national achievement of the health SDG targets and universal health coverage;
- (3) to develop national, regional and local health regulations, policies and plans that are informed by but not limited to WHO guidelines and technical specifications relating to medical oxygen and associated medical devices;
- (4) to assess the scale of medical oxygen access gaps in their health systems, including at subnational- and local-level health facilities, in order to provide patients with the required amounts of medical oxygen and related diagnostic tools (including pulse oximeters and patient monitors), and medical devices that deliver oxygen therapy (including invasive and non-invasive ventilators, and continuous positive airway pressure), and availability of qualified staff;
- (5) to update their national pharmacopoeia as appropriate, informed by provisions on medical oxygen in The International Pharmacopoeia;
- (6) to prevent toxic levels of medical oxygen and the provision of safe medical oxygen among preterm newborns, by using blenders, pulse oximeters and equipment that meet global standards for technical specifications;
- (7) to consider conducting regular assessments to provide for rational use of oxygen, in order to prevent under-utilization, overuse and/or inappropriate use of medical oxygen;
- (8) to consider including, as appropriate, access to medical oxygen, related diagnostics and therapies, and all medical oxygen systems and personnel in national strategies for pandemic preparedness and response and other health emergencies, including for infectious disease outbreaks;
- (9) to provide for adequate numbers of clinical staff to be appropriately trained to provide clinical assessments for hypoxaemia and to administer medical oxygen therapy, including as part of comprehensive emergency, critical and operative care services across all clinical settings;
- (10) to provide for availability of qualified staff including engineers and other staff required to establish demand, select, set up, operate and maintain the equipment and

half a million people in low- and middle-income countries every day, as demand surges. Geneva: World Health Organization; 2021 (<https://www.who.int/news/item/25-02-2021-covid-19-oxygen-emergency-impacting-more-than-half-a-million-people-in-low--and-middle-income-countries-every-day-as-demand-surges>, accessed 31 August 2022).

¹ And, where applicable, regional economic integration organizations.

all the infrastructure related to medical oxygen production, storage and uninterrupted distribution to patients;

(11) to monitor access to safe, affordable, quality assured medical oxygen and related services throughout the health system, as part of national efforts to achieve universal health coverage;

(12) to raise public awareness, as appropriate, about the life-saving role of medical oxygen as a treatment for many conditions, including the critical role of pulse oximetry as a routine screening tool, to increase public understanding of hypoxaemia and its consequences, and to build confidence in health system capacities to meet medical oxygen needs;

(13) to set up, as appropriate, national and subnational medical oxygen systems in order to secure the uninterrupted provision of medical oxygen to health care facilities at all levels comprising rural and urban set-ups;

(14) to consider the stepwise integration of medical oxygen and other medical gas systems into the construction of health care infrastructure to improve accessibility and reduce the risk of bottled medical oxygen shortages;

(15) to consider increasing domestic financing as well as international support for medical oxygen and provide transparent procurement and tendering processes, as appropriate, to ensure resilient supply chains for sustainable local manufacturing and procurement of medical oxygen and related diagnostic tools and therapies;

(16) to invest, as appropriate, in medical oxygen innovations with the potential to increase access to quality assured, affordable and reliable supplies of medical oxygen and related diagnostic tools and therapies, including those suitable for low-resource settings;

(17) to promote good manufacturing practice through strengthening of quality control in the production chain, filling and distribution of medical oxygen;

(18) to promote research, including translational research, to improve access, quality and safety of medical oxygen in health care settings;

(19) to promote mutual support, assistance and cooperation to increase access to medical oxygen; and

(20) to integrate medical oxygen data into routine health information systems;

(OP)2. REQUESTS the Director-General:

(1) to continue to highlight medical oxygen as an essential medicine and to highlight the related priority medical devices and infrastructure that must be available to all patients who need them as part of quality health systems contributing to universal health coverage;

(2) to support Member States to improve access to medical oxygen by developing guidelines, technical specifications, forecasting tools, training materials and other resources, and provide technical support especially designed to meet the needs of health systems in developing countries;

(3) to promote convergence and harmonization of regulations governing the provision of medical oxygen and access to safe, effective and quality assured medical oxygen sources and devices that meet standards set by WHO and competent authorities;

(4) to support Member States' efforts to provide adequate, predictable and sustainable financing for affordable medical oxygen and for the trained workforce required to safely install, operate and maintain the medical oxygen systems;

(5) to include medical oxygen supply in WHO-related pandemic, preparedness and response efforts;

(6) to review medical oxygen innovations and promote sharing of the innovations among Member States on voluntary and mutually agreed terms to increase access to

- quality, affordable and reliable supplies of medical oxygen and related diagnostic tools and therapies in low-resource settings;
- (7) to establish a research agenda as needed regarding the use of medical oxygen;
- (8) to collect and analyse data and share best practices in closing gaps to medical oxygen access in health systems;
- (9) to regularly consult with relevant non-State actors on all aspects of access to medical oxygen and to enable partnerships between non-State actors and Member States in the design and delivery of medical oxygen solutions;
- (10) to promote mutual support, assistance and cooperation among all stakeholders to increase access to medical oxygen; and
- (11) to report on progress in the implementation of this resolution to the Health Assembly in 2026, 2028 and 2030.

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

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| Decision: | Increasing access to medical oxygen |
| A. Link to the approved revised Programme budget 2022–2023 | |
| 1. Output(s) in the approved revised Programme budget 2022–2023 under which this draft decision would be implemented if adopted: | <p>1.3.1. Provision of authoritative guidance and standards on quality, safety and efficacy of health products, essential medicines and diagnostics lists</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>1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services</p> |
| 2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023: | Not applicable. |
| 3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling: | Zero. |
| 4. Estimated time frame (in years or months) to implement the decision: | Seven years. |
| B. Resource implications for the Secretariat for implementation of the decision | |
| 1. Total budgeted resource levels required to implement the decision, in US\$ millions: | US\$ 17.10 million. |
| 2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions: | US\$ 1.44 million. |
| 2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US\$ millions: | Not applicable. |

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| <p>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions: US\$ 8.29 million.</p> |
| <p>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions: US\$ 7.37 million.</p> |
| <p>5. Level of resources already available 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\$ 1.44 million. – Remaining financing gap in the current biennium: Zero. – Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium: Zero. |

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

| Biennium | Costs | Region | | | | | | Headquarters | Total |
|------------------------------------------------------------------|------------|--------|--------------|-----------------|--------|-----------------------|-----------------|--------------|-------|
| | | Africa | The Americas | South-East Asia | Europe | Eastern Mediterranean | Western Pacific | | |
| B.2.a. 2022–2023 resources already planned | Staff | 0.05 | 0.07 | 0.05 | 0.05 | 0.05 | 0.05 | 0.33 | 0.65 |
| | Activities | 0.06 | 0.05 | 0.05 | 0.04 | 0.05 | 0.04 | 0.50 | 0.79 |
| | Total | 0.11 | 0.12 | 0.10 | 0.09 | 0.10 | 0.09 | 0.83 | 1.44 |
| B.2.b. 2022–2023 additional resources | Staff | – | – | – | – | – | – | – | – |
| | Activities | – | – | – | – | – | – | – | – |
| | Total | – | – | – | – | – | – | – | – |
| B.3. 2024–2025 resources to be planned | Staff | 0.60 | 0.50 | 0.50 | 0.45 | 0.43 | 0.50 | 1.26 | 4.24 |
| | Activities | 1.00 | 0.65 | 0.60 | 0.30 | 0.50 | 0.50 | 0.50 | 4.05 |
| | Total | 1.60 | 1.15 | 1.10 | 0.75 | 0.93 | 1.00 | 1.76 | 8.29 |
| B.4. Future bienniums resources to be planned | Staff | 0.60 | 0.50 | 0.50 | 0.44 | 0.43 | 0.44 | 1.26 | 4.17 |
| | Activities | 0.70 | 0.55 | 0.45 | 0.25 | 0.45 | 0.40 | 0.40 | 3.20 |
| | Total | 1.30 | 1.05 | 0.95 | 0.69 | 0.88 | 0.84 | 1.66 | 7.37 |

The CHAIR also invited the Board to consider a draft decision on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage proposed by Australia, Bangladesh, Brazil, Canada, China, Egypt, the Member States of the European Union, Israel, Japan, Malaysia, Mexico, the Philippines, Switzerland, Thailand, Timor-Leste, the United Kingdom of Great Britain and Northern Ireland, the United States of America and Vanuatu, which read:

The Executive Board, having considered the report on re-orienting health systems to primary health care as a resilient foundation for universal health coverage,¹

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

(PP1) Reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health;

(PP2) Recalling United Nations General Assembly resolution 70/1 (2015) on transforming our world: the 2030 Agenda for Sustainable Development, resolutions WHA72.4 (2019) on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage and WHA72.2 (2019) on primary health care, United Nations General Assembly resolution 74/2 (2019) on the political declaration of the high-level meeting on universal health coverage, and United Nations General Assembly resolution 75/315 (2021) on scope, modalities, format and organization of the high-level meeting on universal health coverage;

(PP3) Recognizing that the 2030 Agenda for Sustainable Development acknowledges the need to achieve universal health coverage and access to quality health care, and further recognizing that vital contribution of universal health coverage is fundamental for achieving the Sustainable Development Goals (SDGs) related not only to health and well-being, but also to other socioeconomic development and recognizing that achievement of the SDGs is critical for the attainment of healthy lives and well-being for all, with a focus on health outcomes throughout the life course;

(PP4) Recognizing that health system resilience and universal health coverage are central for effective and sustainable preparedness, prevention and response to pandemics and other public health emergencies;

(PP5) Recognizing the 2030 Agenda for Sustainable Development acknowledges the fundamental role of primary health care in achieving universal health coverage and other health-related Sustainable Development Goals and targets, as envisioned in the Alma-Ata Declaration and the Declaration of Astana from the Global Conference on Primary Health Care, and that primary health care and health services should be high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, and provided with compassion, respect and dignity by health professionals who are well-trained, skilled, motivated and committed;

(PP6) Recognizing the need for health systems that are strong, resilient, functional, well governed, responsive, accountable, integrated, community-based, person-centred with enhanced patient safety, and capable of quality service delivery supported by a sufficiently funded and accessible competent health workforce, adequate health infrastructure, enabling legislative and regulatory frameworks that support equitable access to responsive and quality health services;

(PP7) Recognizing that communities, local administrations and organizations are central to achieving universal health coverage and support efforts to provide community-based health services, improve access to quality health services and care for hard-to-reach communities, including in humanitarian contexts;

(PP8) Expressing concern at the global shortfall of 15 million in the health workforce in 2020, primarily in low- and middle-income countries, and recognize the need to attract, educate, build and retain a skilled health workforce, including doctors, nurses, midwives and community health workers, who are a fundamental element of strong and resilient health systems; and recognizing that 70% of health and care workers are women and that gender inequalities undermine health system performance and global health security;

¹ Document EB152/5.

(PP9) Expressing concern over working conditions and management of the health workforce, as well as the challenge of retaining skilled health workers, and recognizing the need for governments to invest in health workforce education and improved working conditions for the health workforce, and to ensure the safety of health workers, including during pandemics;

(PP10) Recognizing the importance of preventing and responding to sexual exploitation, abuse and harassment of and by the health workforce;

(PP11) Noting with concern the threat to human health, safety and well-being caused by the coronavirus disease (COVID-19) pandemic, which has spread all over the globe and exposed the vulnerability of current global health architecture, as well as the unprecedented and multifaceted effects of the pandemic, including the severe disruption to societies, education, health systems in maintaining essential health services, economies, international trade and travel and the devastating impact on the livelihoods of people;

(PP12) Recognizing the consequence of the adverse impact of climate change on health and health systems, as well as other environmental determinants of health and underscoring the need to mitigate these impacts through adaptation and mitigation efforts, and underlining that resilient and people-centred health systems are necessary to protect the health of all people;

(PP13) Expressing concern that the number of complex emergencies is hindering the achievement of universal health coverage, and that coherent and inclusive approaches to safeguard universal health coverage in emergencies are essential, including through international cooperation, ensuring the continuum and provision of essential health services and public health functions, in line with humanitarian principles;

(PP14) Noting the improvement of SDG indicator 3.8.1 on coverage of essential health services by 2019 while expressing concern for the increased prevalence of catastrophic health spending (SDG indicator 3.8.2);

(PP15) Expressing concern that the unmet health care needs, in particular among poor households that cannot afford the cost of health services, can result in increased morbidity and mortality due to lack of or delayed accesses,

(OP)1. URGES Member States:¹

(1) to engage in the preparation of the high-level meeting of the United Nations General Assembly on universal health coverage, including the development of a concise and action-oriented, consensus-based political declaration, and to participate in the high-level meeting of the United Nations General Assembly in 2023 on universal health coverage at the highest level, preferably at the level of Heads of State and Government;

(2) to coordinate across the three high-level meetings of the United Nations General Assembly on universal health coverage, on tuberculosis and on pandemic prevention, preparedness and response to promote a coherent, integrated and action-oriented global health agenda and to maximize synergies of those meetings;

(3) to accelerate the achievement of universal health coverage as committed in resolution WHA72.4 (2019) and United Nations General Assembly resolution 74/2 (2019), through increased and sustained political leadership, public accountability, inclusiveness and social participation by all relevant stakeholders;

(4) to increase COVID-19 vaccine coverage according to WHO and nationally determined coverage targets by reaching the highest coverage among the priority-use groups and health workforce including consideration of integration into immunization programmes and primary health care, in order to conclude the acute phase of pandemic, and to strengthen health systems resilience, in particular health

¹ And, where applicable, regional economic integration organizations.

delivery systems and health workforce, including systems to prevent and respond to sexual exploitation, abuse and harassment of and by the health workforce, as a platform for the full and effective implementation of universal health coverage by 2030;

(5) to prioritize fiscal space for health through political leadership, improve health systems efficiency, address the environmental, social and economic determinants of health, reduce waste in health systems, identify new sources of revenue, mobilize domestic resources as the main source of financing for universal health coverage, as well as additional financing sources in line with SDG 17 improve public financial management, accountability and transparency, and prioritize coverage of the poor and people in vulnerable situations;

(6) to provide a comprehensive evidence-based benefit package to expand access to quality health services on the path towards progressive realization of universal health coverage informed by cost-effectiveness evidence and reduce reliance on out-of-pocket payment to minimize catastrophic health spending in order to achieve the goal of health equity;

(7) to ensure, by 2030, universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes, and ensure universal access 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;

(8) to integrate, where relevant, essential public health functions into primary health care including surveillance and outbreak control and supporting a One Health approach, sustain capacity for universal health coverage, scale up telemedicine to increase access to affordable essential health services and maintain all essential health services during emergencies, including through international cooperation;

(9) to strengthen regular monitoring and evaluation for performance improvement of universal health coverage, and to provide information to support global, regional and national monitoring of progress on universal health coverage and inform preparations for the high-level meeting of the United Nations General Assembly on universal health coverage as well as inform ongoing efforts to achieve the SDGs;

(OP)2. REQUESTS the Director-General:

(1) to provide support to Member States in the preparations for the high-level meeting of the United Nations General Assembly on universal health coverage, and coordinate across the high-level meetings of the United Nations General Assembly on universal health coverage, tuberculosis and pandemic prevention, preparedness and response, in order to ensure synergies among the three meetings and promote coherent, integrated and action-oriented global health agendas;

(2) to produce a report on universal health coverage as a technical input and hold Member States information sessions to facilitate informed discussions in advance of the negotiations on the political declaration and during the high-level meeting of the United Nations General Assembly on universal health coverage;

(3) to review the importance and feasibility of using unmet need for health care services as an additional indicator for monitoring universal health coverage, through regional consultations with Member States, as part of the ongoing WHO review process of health-related SDG indicators;

(4) to provide technical support and policy advice to Member States, in collaboration with the broader United Nations system and other relevant stakeholders, on sustainably strengthening their capacity to generate and use

evidence to inform the design and implementation of universal health coverage, strengthening primary health care, promoting access to quality-assured medical products, essential medicines, vaccines, diagnostics and devices, and addressing challenges in health workforce, including to support Member States to prevent and respond to sexual exploitation, abuse and harassment of and by the health workforce, as well as addressing challenges in health information systems and health financing;

(5) to facilitate and support the learning from and sharing of universal health coverage experiences, challenges and best practices across WHO Member States, including in humanitarian and development contexts, including through international cooperation including North–South, South–South and triangular cooperation and relevant WHO initiatives;

(6) to support the implementation of the Global Action Plan for Healthy Lives and Well-being for All in order to accelerate progress towards health-related SDG targets, through collaboration across the relevant United Nations and non-United Nations health-related agencies, with coordinated approaches and aligned support for Member State-led national plans and strategies;

(7) to continue submitting biennial report on progress made in implementing this resolution to the Health Assembly, as requested by resolution WHA72.4 (2021).

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

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| Decision: | Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage |
| A. Link to the approved revised Programme budget 2022–2023 | |
| 1. Output(s) in the approved revised Programme budget 2022–2023 under which this draft decision would be implemented if adopted: | <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>1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course</p> <p>1.1.5. Countries enabled to strengthen their health and care workforce</p> <p>1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage</p> <p>3.1.1. Countries enabled to address social determinants of health across the life course</p> <p>3.3.1. Countries enabled to address environmental determinants, including climate change</p> |
| 2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023: | Not applicable. |
| 3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling: | Not applicable. |
| 4. Estimated time frame (in years or months) to implement the decision: | Eight years (until 2030, aligned with the Sustainable Development Goals). |
| B. Resource implications for the Secretariat for implementation of the decision | |
| 1. Total budgeted resource levels required to implement the decision, in US\$ millions: | US\$ 2105.64 million. |

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| <p>2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions: US\$ 138.12 million.</p> <p>2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US\$ millions: Not applicable.</p> |
| <p>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions: US\$ 425.01 million.</p> |
| <p>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions: US\$ 1542.51 million.</p> |
| <p>5. Level of resources already available 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\$ 20.00 million. – Remaining financing gap in the current biennium: US\$ 118.12 million. – Estimated resources, which are currently being mobilized, if any, that 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 | | |
| B.2.a. 2022–2023 resources already planned | Staff | 17.60 | 4.36 | 8.56 | 5.16 | 6.40 | 5.96 | 7.21 | 55.25 |
| | Activities | 26.40 | 6.54 | 12.84 | 7.74 | 9.60 | 8.94 | 10.81 | 82.87 |
| | Total | 44.00 | 10.90 | 21.40 | 12.90 | 16.00 | 14.90 | 18.02 | 138.12 |
| B.2.b. 2022–2023 additional resources | Staff | – | – | – | – | – | – | – | – |
| | Activities | – | – | – | – | – | – | – | – |
| | Total | – | – | – | – | – | – | – | – |
| B.3. 2024–2025 resources to be planned | Staff | 56.65 | 24.63 | 21.49 | 8.19 | 17.44 | 19.43 | 22.17 | 170.00 |
| | Activities | 84.97 | 36.94 | 32.24 | 12.29 | 26.16 | 29.15 | 33.26 | 255.01 |
| | Total | 141.62 | 61.57 | 53.73 | 20.48 | 43.60 | 48.58 | 55.43 | 425.01 |
| B.4. Future bienniums resources to be planned | Staff | 194.36 | 65.84 | 57.45 | 55.83 | 111.10 | 51.95 | 80.48 | 617.01 |
| | Activities | 291.53 | 98.76 | 86.18 | 83.74 | 166.65 | 77.92 | 120.72 | 925.50 |
| | Total | 485.89 | 164.60 | 143.63 | 139.57 | 277.75 | 129.87 | 201.20 | 1542.51 |

The Board was further invited to consider a draft decision on strengthening diagnostics capacity proposed by Indonesia and the Member States of the African Region, which read:

The Executive Board, having considered the report on reorienting health systems to primary health care as a resilient foundation for universal health coverage,¹

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

(PP1) Recognizing the Alma-Ata Declaration of 1978, which identified primary health care as “essential health care based on practical, scientifically sound and socially acceptable methods and technology at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination”, and the Declaration of Astana (2018) on building sustainable primary health care in accordance with the 2030 Agenda for Sustainable Development’s call to achieve universal health coverage and health-related Sustainable Development Goals, and that diagnostics are important to ensure quality, comprehensive, and integrated primary health care and health services for everyone and everywhere;

(PP2) Recognizing that diagnostic services are vital for the prevention, diagnosis, case management, monitoring and treatment of communicable, noncommunicable, neglected tropical and rare diseases, injuries and disabilities;

(PP3) Noting that the WHO Constitution upholds the enjoyment of the highest attainable standard of health as a fundamental right of every human being, without distinction of race, religion, political belief, economic or social condition and recognizing that the achievement of any State in the promotion and protection of health is of value to all, and governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures;

(PP4) Recognizing that access to diagnostics in many countries may be reduced for households living in remote and rural areas, hard-to-reach and pastoralist communities, low-income households and people in vulnerable situations, as well as those at higher risk of disease, and that equitable access to diagnostics, in particular diagnostic imaging in developing countries, is particularly deficient and that targeted efforts are needed to lift these barriers;

(PP5) Recognizing that increasing access to diagnostics from current levels could reduce annual premature deaths, including for people living in developing countries;

Noting that equitable access to safe, effective and quality assured diagnostics requires a comprehensive health-systems approach that addresses all stages of the value chain;

(PP6) Recalling also the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and recalling the 2001 Doha Declaration on the TRIPS Agreement and Public Health, which affirms that the TRIPS Agreement can and 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, and recognizes that intellectual property protection is important for the development of new medicines and also recognizes the concerns about its effects on prices (ref: res on local production);

(PP7) Recalling resolution WHA67.20 (2014) on regulatory system strengthening for medical products, requesting the Director-General to prioritize support for

¹ Document EB152/5.

“strengthening areas of regulation of products that are the least developed, such as regulation of medical devices, including diagnostics”;¹

(PP8) Recalling resolution WHA67.23 (2014) on health intervention and technology assessment in support of universal health coverage;²

(PP9) Noting regional resolutions and initiatives on: regulation, assessment, or management of medical devices including in vitro diagnostics and on strengthening public health laboratories;³

(PP10) Noting the publication of the First WHO Model List of Essential In Vitro Diagnostics⁴ (2019); followed by the second edition⁵ (2020), third edition⁶ (2021), the guidance on selection of in vitro diagnostics at country level;⁷ and the Guidance for procurement of in vitro diagnostics and related laboratory items and equipment;⁸

(PP11) Recalling resolution WHA60.29 (2007) on health technologies covering issues arising from the deployment and use of health technologies, and the need to establish priorities in the selection and management of health technologies, specifically medical devices;⁹

(PP12) Recognizing the development of the WHO Universal Health Coverage Compendium¹⁰ and the WHO Lists of Priority Medical Devices¹¹ including those required for reproductive, maternal, newborn health,¹² cancer management,¹³ COVID-19,¹⁴ and

¹ Regulatory system strengthening for medical products, resolution WHA67.20 https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R20-en.pdf (accessed 17 October 2022).

² Health intervention and technology assessment in support of universal health coverage, resolution WHA67.23 https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R23-en.pdf (accessed 5 January 2022).

³ Strengthening public health laboratories in the WHO African Region: a critical need for disease control. (<https://www.afro.who.int/sites/default/files/sessions/resolutions/AFR-RC58-6.pdf>, accessed 4 January 2023).

⁴ First WHO model list of essential in vitro diagnostics. Geneva: World Health Organization; 2019 (WHO Technical Report Series, no. 1017). (<https://apps.who.int/iris/bitstream/handle/10665/311567/9789241210263-eng.pdf?ua=1> (accessed 4 January 2023) Licence: CC BY-NC-SA 3.0 IGO.

⁵ The selection and use of essential in vitro diagnostics. (WHO technical report series, no. 1022). 2020. Available at <https://www.who.int/publications/i/item/9789241210317> (accessed 4 January 2023).

⁶ The selection and use of essential in vitro diagnostics. (WHO Technical Report Series, No 1031). <https://www.who.int/publications/i/item/9789240019102> (accessed 31 January 2023).

⁷ Selection of essential in vitro diagnostics at country level. Geneva, WHO; 2021. Available at <https://www.who.int/publications/i/item/9789240030923> (accessed 31 October 2022).

⁸ Guidance for procurement of in vitro diagnostics and related laboratory items and equipment. Available at <https://www.who.int/publications/i/item/9789240030923> (accessed 4 January 2023).

⁹ Health technologies, resolution WHA60.29 https://apps.who.int/iris/bitstream/handle/10665/22609/A60_R29-en.pdf?sequence=1&isAllowed=y (accessed 4 January 2023).

¹⁰ UHC Compendium: Health interventions for universal health coverage. Geneva: World Health Organization; 2021. <https://www.who.int/universal-health-coverage/compendium> (accessed 30 October 2022).

¹¹ WHO Priority Medical Devices Lists <https://www.who.int/activities/prioritizing-medical-devices> (accessed 31 January 2023).

¹² Interagency list of priority medical devices for Essential interventions for Reproductive, maternal, newborn and childcare (2016). https://apps.who.int/iris/bitstream/handle/10665/205490/9789241565028_eng.pdf (accessed 31 January 2023).

¹³ WHO list of priority medical devices for cancer management (2017). <https://www.who.int/publications/i/item/9789241565462> (accessed 30 October 2022).

¹⁴ Priority medical devices for the COVID-19 response and associated technical specifications (2020). <https://www.who.int/publications/i/item/WHO-2019-nCoV-MedDev-TS-O2T.V2> (accessed 30 October 2022).

cardiovascular diseases and diabetes,¹ and for covering the broad range of medical devices used for diagnostic purposes;

(PP13) Recognizing that some of the barriers to improving equitable access to medicines are similar to those for diagnostics and that the regulation, selection, process, training for proper use, maintenance and – where appropriate – infrastructure support, are different and some even more complex, nevertheless recognizing that synergies can be used wherever possible when addressing barriers to access to medicines and diagnostics;

(PP14) Recognizing the need to establish priorities in the management of diagnostics considering procurement,² supply chain, maintenance, safe use and decommissioning, to improve health outcomes through optimal use of the resources that are often capital intensive;

(PP15) Recognizing the critical role of rapid and accurate diagnostics to combat antimicrobial resistance by guiding the correct management of infections, and the appropriate use of new and existing antimicrobials through improved antimicrobial stewardship and surveillance;

(PP16) Recognizing the lack of equitable access to basic diagnostics in many parts of the world for priority pathogens, which have been identified by WHO as having the greatest outbreak potential;

(PP17) Recognizing that appropriate diagnostics are needed to inform prediction, prevention, detection, monitoring and control of outbreaks and pandemic diseases; and noting that diagnostics capacity at national and subnational levels is essential;

(PP18) Noting the emphasis of the Access to COVID-19 Tools Accelerator³ (ACT-A) “to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines”;

(PP19) Noting the learnings derived from the Access to COVID-19 Tools Accelerator,⁴ including its diagnostics pillar, regarding the strengths and weaknesses of ACT-A;

(PP20) Noting that during COVID-19 pandemic response, despite the sharing of the genome sequence of the novel coronavirus that paved the way for the rapid development of diagnostic tests, the lack of access for developing countries in particular, to diagnostic tests, created inequities in public health response;

(PP21) Noting that the benefit of diagnostics can be maximized by the suitable health system (including laboratories), which enables selection/regulation and use of them in a proper way, with the skilled and licensed workforce operating in safe and operational facilities with the appropriate infrastructure, and adequate financing;

(PP22) Recalling resolution WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies, underscoring that timely, fair and equitable access to health products is a global priority and that the availability, accessibility, acceptability and affordability of health products are fundamental to tackling global public health emergencies;⁵

¹ WHO list of priority medical devices for management of cardiovascular diseases and diabetes (2021). <https://www.who.int/publications/i/item/9789240027978> (accessed 30 October 2022).

² Considering alternative procurement mechanisms, including pooled procurement, “bundled procurement” – including reagents, accessories-, private public partnerships (PPP), leasing, etc.

³ *Ibid.*

⁴ *Ibid.*

⁵ Strengthening WHO preparedness for and response to health emergencies, resolution WHA 74.7 (2021) (https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R7-en.pdf, accessed 22 December 2022).

(PP23) Recognizing the increasing burden of noncommunicable diseases¹ and WHO's Global Action Plan for the Prevention and Control on Noncommunicable Diseases 2013–2030² that includes addressing the lack of diagnostics for noncommunicable diseases through multistakeholder collaborations to develop new technologies that are affordable, safe, effective, and quality controlled, and improving laboratory and diagnostic capacity and human resources;³

(PP24) Recognizing the need to ensure the integrated and coordinated provision of high-quality, affordable, accessible, age and gender sensitive, and evidence-based diagnostic interventions, for all individuals without discrimination with a view to achieving universal health coverage;

(PP25) Noting the importance of point of care tests at the primary health care level as well as at the community level, including self-testing, to increase access, affordability and use of diagnostics;

(PP26) Noting the opportunities for improved diagnostics including, but not limited to, the research and development of simple, affordable tests for diseases currently lacking good quality tests, digitalization, teleradiology and clinical decision support and improved information management;⁴ point-of-care testing, and genomic sequencing;

(PP27) Noting resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines, and other health products;⁵

Noting the challenges associated with the cost of diagnostic tests in developing countries that affect access;

(PP28) Recalling resolution WHA74.6 (2021) on strengthening local production of medicines and other health technologies to improve access, which “recalls resolutions 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;”⁶

(PP29) Noting that although high burden infectious diseases persist globally, considerable efforts over the last decade by Member States, WHO, donors and other stakeholders have expanded laboratory diagnostic services and access to in vitro diagnostics for several high burden infectious diseases,⁷

(OP)1. URGES Member States, taking into account their national context and circumstances:

- (1) to consider the establishment of a national diagnostics strategy, as part of their national health plan, that includes regulation, assessment and management of

¹ Including eye, ear and oral health.

² Implementation roadmap 2023–2030 for the Global action plan for the prevention and control of NCDs 2013–2030 (<https://www.who.int/teams/noncommunicable-diseases/governance/roadmap>, accessed 31 January 2023).

³ Global action plan for the prevention and control of NCDs 2013–2020. Geneva: World Health Organization; 2013. (<https://apps.who.int/iris/handle/10665/94384>, accessed 9 November 2022) (reference to 80% of basic technologies).

⁴ WHO guideline: recommendations on digital interventions for health system strengthening. Executive summary. Geneva: World Health Organization; 2019. (WHO/RHR/19.8). Licence: CC BY-NC-SA 3.0 IGO.

⁵ WHO and Health Action International. Measuring medicine prices, availability, affordability and price components, 2nd edition 2008. https://apps.who.int/iris/bitstream/handle/10665/70013/WHO_PSM_PAR_2008.3_eng.pdf?sequence=1&isAllowed=y (accessed 25 November 2022).

⁶ Strengthening local production of medicines and other health technologies to improve access. resolution WHA74.6. Geneva: World Health Organization; 2021. Available at https://apps.who.int/gb/ebwha/pdf_files/WHA74-REC1/A74_REC1-en.pdf#page=27 (accessed 9 February 2022).

⁷ https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_R20-en.pdf ; https://cdn.who.int/media/docs/default-source/hq-hiv-hepatitis-and-stis-library/full-final-who-ghss-hiv-vh-sti_1-june2022.pdf?sfvrsn=7c074b36_13 (accessed 31 January 2023); Global technical strategy for malaria 2016–2030, 2021 update (who.int).

diagnostics and development of integrated networks to tackle all diseases and medical challenges, avoiding current silos often observed;

(2) to consider health technology assessment system for systematic evaluation on effectiveness and cost-effectiveness of diagnostics to support decision-making, for the selection of diagnostics for interventions for universal health coverage;

(3) to consider development of a national essential diagnostics list, adapting the WHO Model List of Essential In Vitro Diagnostics and the WHO lists of priority medical devices, to local context and plans to fund gaps in access to essential diagnostics, and to regularly update them;

(4) to extend the scope of the package of essential diagnostic services, and to make essential diagnostics available, accessible and affordable at the primary health care level;

(5) to invest in developing skilled workforce at all levels of the health system, with the training needed to support advances in diagnostics and the management of these technologies;

(6) to commit to the safe use of diagnostic imaging procedures by applying standards based on the international basic safety standards, where appropriate, considering the protection of patients, staff and the public;¹

(7) to commit resources to invest in research and product development and promote local production capacity for diagnostics,² particularly in developing countries;

(8) to consider including provisions that facilitate access in funding agreements for research and development in diagnostics;

(9) to take policy measures for equitable and timely access for all to diagnostics technologies and products, in particular for the benefit of developing countries, including joint development and transfer of diagnostics technologies, on voluntary and mutually agreed terms;

(10) to take into account the rights and obligations in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), including those affirmed by the Doha Declaration on the TRIPS Agreement and Public Health, in order to promote access to diagnostics and other health technologies for all;

(11) to consider, as appropriate, legislative, administrative or policy measures to prevent anti-competitive practices that hinder access to diagnostics;

(12) to leverage international and/or regional collaboration for harmonizing and promoting twinning practice and reliance mechanism for the regulation/manufacturing/supply of all types of diagnostics;

(13) to establish routine data collection systems for monitoring key data on the market shaping and effective use of diagnostics, and to use these data for evidence-based policy-making;

(14) to invest in diagnostic services, including the selection and use of essential in vitro diagnostics;

(15) to strengthen international collaboration and assistance, including during epidemics and pandemics, aligned with the International Health Regulations (2005);

(OP)2. REQUESTS the Director-General:

(1) to collect data on affordability, availability and access to essential diagnostics;

¹ International Basic Safety Standards: Report by the Secretariat. EB131/11. 2012. Available at https://apps.who.int/gb/ebwha/pdf_files/EB131/B131_11-en.pdf (accessed 4 January 2023).

² For the purpose of this resolution, “Diagnostics” as those medical devices used for: diagnostic, screening, monitoring, prediction, staging or surveillance of diseases or health condition including, both “in vitro” and “non in vitro”.

- (2) to support, upon request of Member States and as appropriate, technical advice for procurement that will enable access to good quality affordable diagnostics for all Member States;¹
- (3) to provide cross-references between the WHO Model List of Essential In Vitro Diagnostics and the diagnostic devices already included in the WHO Priority Medical Devices List, in order to facilitate the identification of relevant diagnostics for comprehensive diagnostic services, in particular through the WHO electronic platforms: e-EDL² and MeDevis;³
- (4) to update the WHO Model List of Essential In Vitro Diagnostics and WHO Lists of Priority Medical Devices, including innovative diagnostics, following review of latest evidence or health technology assessments;
- (5) to support Member States, upon their request, to develop policies for health technology management of diagnostics including national maintenance systems and disposal;
- (6) to continue to support Member States upon their request in promoting quality and sustainable local production of diagnostics, including, as appropriate, by facilitating research and development and technology transfer on voluntary and mutually agreed terms, and by coordinating with relevant international intergovernmental organizations in promoting local production in a strategic and collaborative approach;⁴
- (7) to support Member States, upon their request, to strengthen national and regional regulatory systems for diagnostics;
- (8) to support development and update of Member States' national diagnostics lists, considering the WHO lists, including cost-effectiveness and state-of-the-art diagnostics products and technologies;
- (9) to categorize a subset of the WHO Essential Diagnostics List, tailored to emergency situations, including the Interagency Emergency Health Kits;⁵
- (10) to publish publicly available information on diagnostic products and technologies⁶ from the WHO Model List of Essential In Vitro Diagnostics and the WHO lists of priority medical devices, through the WHO open platforms e-EDL and MeDevis;
- (11) to develop or strengthen national, regional and global laboratory networks and diagnostics initiatives and to support Member States in developing and implementing quality management systems towards ensuring safe, affordable, accessible diagnostic services and quality assured diagnostics;
- (12) to develop or update WHO definitions of diagnostics, through a group of experts and public consultations and to publish revised definitions before the 156th session of the Executive Board;

¹ And, where applicable, regional economic integration organizations.

² WHO Model List of Essential In Vitro Diagnostics, electronic platform. (<https://edl.who-healthtechnologies.org/>) (accessed 31 January 2023).

³ WHO Priority Medical Devices information system (<https://medevis.who-healthtechnologies.org/>) (accessed 31 January 2023).

⁴ Strengthening local production of medicines and other health technologies to improve access, resolution WHA74.6 https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R6-en.pdf (accessed 5 January 2022)

⁵ <https://www.who.int/emergencies/emergency-health-kits/interagency-emergency-health-kit-2017> (accessed 31 January 2023).

⁶ Decision WHA75(25) (2022), [https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75\(25\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75(25)-en.pdf) (accessed 31 January 2023).

(13) to take a horizontal health programme approach for all diagnostics (both in vitro and non in vitro) across diseases and avoid siloed guidance, policy and funding streams;

(14) to support Member States in creating optimized, integrated diagnostic networks and services that best serve country programmes to tackle all diagnostic systems needs, removing the oftentimes siloed programmatic and diagnostic services;

(15) to prioritize and rapidly review clinical evidence for new diagnostic interventions, services, or products for consideration in guidelines, across diseases with an effort to integrate recommendations in a disease-agnostic way, when possible;

(16) to report on progress in the implementation of this resolution to the Health Assembly in 2025.

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

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Decision: | Strengthening diagnostics capacity |
| A. Link to the approved revised Programme budget 2022–2023 | |
| 1. Output(s) in the approved revised Programme budget 2022–2023 under which this draft decision would be implemented if adopted: | |
| 1.3.1. Provision of authoritative guidance and standards on quality, safety and efficacy of health products, essential medicines and diagnostics lists | |
| 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 | |
| 1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services | |
| 1.3.4. Research and development agenda defined and research coordinated in line with public health priorities | |
| 1.3.5. Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices | |
| 2.1.2. Capacities for emergency preparedness strengthened in all countries | |
| 2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated | |
| 2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023: | Not applicable. |
| 3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling: | Zero. |
| 4. Estimated time frame (in years or months) to implement the decision: | Seven years. |
| B. Resource implications for the Secretariat for implementation of the decision | |
| 1. Total budgeted resource levels required to implement the decision, in US\$ millions: | US\$ 49.51 million. |
| 2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions: | US\$ 5.23 million. |

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US\$ millions: Zero. |
| 3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions: US\$ 11.56 million. |
| 4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions: US\$ 32.72 million. |
| 5. Level of resources already available 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\$ 4.00 million. – Remaining financing gap in the current biennium: US\$ 1.23 million. – Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium: Zero. |

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

| Biennium | Costs | Region | | | | | | Headquarters | Total |
|----------------------------------------------------------------|------------|--------|--------------|-----------------|--------|-----------------------|-----------------|--------------|-------|
| | | Africa | The Americas | South-East Asia | Europe | Eastern Mediterranean | Western Pacific | | |
| B.2.a. 2022–2023 resources already planned | Staff | 0.36 | 0.26 | 0.27 | 0.27 | 0.26 | 0.27 | 3.06 | 4.75 |
| | Activities | 0.03 | 0.03 | 0.03 | 0.03 | 0.03 | 0.03 | 0.30 | 0.48 |
| | Total | 0.39 | 0.29 | 0.30 | 0.30 | 0.29 | 0.30 | 3.36 | 5.23 |
| B.2.b. 2022–2023 additional resources | Staff | – | – | – | – | – | – | – | – |
| | Activities | – | – | – | – | – | – | – | – |
| | Total | – | – | – | – | – | – | – | – |
| B.3. 2024–2025 resources to be planned | Staff | 0.77 | 0.57 | 0.59 | 0.59 | 0.57 | 0.59 | 6.64 | 10.32 |
| | Activities | 0.09 | 0.07 | 0.07 | 0.07 | 0.07 | 0.07 | 0.80 | 1.24 |
| | Total | 0.86 | 0.64 | 0.66 | 0.66 | 0.64 | 0.66 | 7.44 | 11.56 |
| B.4. Future bienniums resources to be planned | Staff | 2.26 | 1.68 | 1.73 | 1.73 | 1.66 | 1.73 | 19.44 | 30.23 |
| | Activities | 0.19 | 0.14 | 0.14 | 0.14 | 0.14 | 0.14 | 1.60 | 2.49 |
| | Total | 2.45 | 1.82 | 1.87 | 1.87 | 1.80 | 1.87 | 21.04 | 32.72 |

The representative of the REPUBLIC OF MOLDOVA said that growing disparities in access to essential health services should be addressed by removing unnecessary barriers to services and tackling the shortage of health workers, including by improving their working conditions and making use of new technologies to enhance, and potentially speed up, training. Particular attention should be given to strengthening the maternal and child health workforce, and to chronic diseases, which could be managed

more efficiently through the use of smart technology. It was important to consider how to make primary health care more technologically advanced and more attractive for both health workers and patients, with a view to achieving universal health coverage through strong national health systems.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, commended the progress made towards achieving universal health coverage, despite the many ongoing challenges. The Member States of the Region supported the four priority areas for action identified in the report. To that end, WHO and its development partners should provide technical and financial support to develop evidence-based, contextualized approaches that would allow Member States to: get back on track in achieving universal health coverage; create costed national plans and packages as part of resource mobilization efforts; reform national health systems with a focus on primary health care; and build equity-oriented data and information capacities. Particular emphasis should be placed on supporting Member States to strengthen their commitment to primary health care through concrete actions and a whole-of-society approach; to increase resources for health, particularly domestic resources, and use them more efficiently, with targeted strategies to reach vulnerable populations; and to leverage COVID-19 pandemic recovery plans to improve the resilience of local health systems.

Concerning the alignment between the Health Assembly and the high-level meetings of the United Nations General Assembly on health, it was vital to take a coordinated, multisectoral and whole-of-government approach; action and investment up to 2030 should support country-specific priorities and national plans aimed at achieving the health-related Sustainable Development Goals. She asked for the Member States of the African Region to be added to the lists of sponsors of the draft decisions on increasing access to medical oxygen and on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Ukraine, the Republic of Moldova and Bosnia and Herzegovina aligned themselves with his statement. Strong, equitable and sustainably financed health systems were the backbone of quality primary health services, universal health coverage and global health security; efforts to strengthen those systems should address financing, governance, human resources, infrastructure, information systems, access to commodities, health monitoring and community participation. Indeed, no country could provide universal health coverage without essential public functions to protect and promote the health of populations. Furthermore, primary health services should be considered an essential part of health systems as a whole, rather than a functionally separate entity. They should be person-centred and encompass preventive, curative, rehabilitative and palliative services for communities and individuals. Other population-level functions, such as disease surveillance, could also be more efficiently organized at the national or subnational levels.

Primary health care should cover health promotion, with a focus on noncommunicable and communicable diseases, vaccination and infection prevention and control, as well as services that improved maternal, child and adolescent health, mental health, and sexual and reproductive health and rights, in accordance with the Beijing Platform for Action, the Programme of Action of the International Conference on Population and Development and paragraph 34 of the European Consensus on Development. As the first line of defence against epidemics and other health crises, primary health services should be sufficiently resilient to maintain the provision of essential services in emergency situations. In that regard, the community health workforce was essential to ensuring access to primary health care. Tackling the social and environmental determinants of health, as well as inequity and gender equality in health systems, was also a prerequisite for equitable health systems and universal health coverage, and social protection should be provided to guarantee access to health services without any risk of debt. Lastly, adequate, sustainable financing was needed, including through domestic health financing strategies based on the solidarity-based pooling of funds and according to national need.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed concern over the lack of global progress towards universal health coverage, particularly in relation to financial protection. She supported the priority areas for action outlined in the report and noted that WHO's role in tracking progress and public health expenditure would be critical to prioritizing efforts. It was important to address shortages in the health workforce, particularly the lack of community health workers. Those shortages had been exacerbated by the COVID-19 pandemic, which had also exposed growing inequities in health; increased focus was therefore needed on equity, gender and inclusion to ensure that health coverage was truly universal. Her Government welcomed the development of the universal health coverage service package delivery and implementation tool and the OneHealth tool, and encouraged the Secretariat to continue expanding those tools, including through the integration of cost-effectiveness evidence. Member States should be supported in building their capacity to use those tools effectively, while buy-in from development partners and other entities of the United Nations system would also be essential.

She welcomed the proposed actions to shape a coherent narrative across the health-related high-level meetings of the United Nations General Assembly, stressing the need to maximize the political commitment to health and minimize competition between health agendas, which should be consolidated where possible. Lastly, it was vital to orient the international and regional health and finance architecture to support domestic resource mobilization for universal health coverage. She therefore endorsed efforts to convene global health and financing partners to explore sustainable, long-term investment in that area and establish a dialogue on Health for All as part of WHO's 75th anniversary.

The representative of the REPUBLIC OF KOREA said that the priority areas for action would be essential to achieve the Sustainable Development Goals, and that there should be a particular focus on promoting research that identified vulnerable groups in order to design more active policy interventions to address their needs. The Secretariat should therefore provide guidance to support Member States in building research, data and information systems suited to their respective context and priorities. Given the negative impact of the COVID-19 pandemic on mental health worldwide, related services and infrastructure should be strengthened through the provision of local, community-based primary health care. The Secretariat should work with Member States that had made the most progress towards universal health coverage to provide education and training in that regard. In the run-up to the high-level meeting of the United Nations General Assembly on universal health coverage, consideration should be given to holding an event linking the financial and health sectors with a view to promoting collective investment in that area.

The representative of TIMOR-LESTE, speaking on behalf of the Member States of the South-East Asia Region, said that the three high-level meetings of the United Nations General Assembly due to take place in 2023 presented a great opportunity to drive the global health agenda forwards. The issues of universal health coverage, tuberculosis and pandemic prevention, preparedness and response to be addressed at the high-level meetings were all interlinked, as highlighted in the draft decision on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage. She urged Member States to support that draft decision, which also sought to ensure adequate investment and better allocation of resources for health and emphasized the importance of measuring unmet health needs. The feasibility of using unmet health needs as an additional indicator for monitoring universal health coverage could also be discussed during regional consultations held as part of WHO's broader review of progress on the health-related Sustainable Development Goals.

The representative of BRAZIL said that a lack of adequate financing and inefficient use of available resources were major challenges in achieving universal health coverage and called for more funding to universalize access to health services, including through comprehensive primary health care. It was important to strengthen international cooperation and ensure that both national and international health financing commitments were honoured. Efficient and participatory health systems required commitment from society, with clear mechanisms for inclusion, transparency and accountability, as well

as multisectoral participation and dialogue with the various social actors; his own Government had taken that approach in national initiatives. It was also essential to address the needs of and challenges faced by the health workforce, which was key to achieving universal health coverage. He hoped that the upcoming high-level meeting of the United Nations General Assembly on universal health coverage would lead to concrete actions towards expanding local production and affordable access to medical products and technologies; the draft decision on preparation for that meeting represented an important step towards reaching consensus on an associated political declaration. He expressed support for the other three draft decisions under discussion.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that a strategy had been adopted at the sixty-ninth session of the Regional Committee to build more resilient health systems with a view to achieving universal health coverage and improving health security. The Region faced significant challenges, which often required different solutions from those applied in other regions. Particular support was needed to develop service delivery models that were tailored to the specific circumstances of individual countries, based on lessons learned at the international level. Health financing was another area requiring support, particularly in terms of developing appropriate strategies to strengthen financial protection mechanisms. He thanked the Secretariat for the support provided thus far to identify priority regional benefits packages for the delivery of universal health coverage, and the Regional Office for its work to strengthen family medicine programmes alongside the World Organization of Family Doctors and the Arab Board of Health Specializations.

Speaking in his national capacity, he stressed the importance of a high-level coordination mechanism to support efforts to achieve universal health coverage, especially in the context of crises, insufficient government commitment and low budgets. Attaining the health-related Sustainable Development Goals required the mobilization of both domestic and international resources and support, particularly in low-income countries, countries affected by armed conflict and countries under the threat of health emergencies. Budgetary challenges were heightened further in countries such as Yemen, where large numbers of internally displaced persons represented a great burden on already fragile health systems. Although some progress had been made to improve primary health care provision nationally, additional support was needed. Increased support was also needed in the area of health information systems and data collection. He hoped that strong political commitment could be secured at the high-level meeting of the United Nations General Assembly on universal health coverage.

The representative of CANADA said that the shift towards the endemic management of COVID-19 represented an opportunity to refocus attention on investment in primary health care and health systems strengthening as a means to achieve universal health coverage and strengthen global health security. Integrated and fully accessible sexual and reproductive health services were a fundamental component of universal health coverage and critical to achieving the Sustainable Development Goals; diagnostics capacity was similarly crucial to ensure a strong health system. The Secretariat should continue to play a key role by providing technical and policy support to Member States; to that end, it was positive to see that a radical reorientation of health systems towards primary health care as the foundation of universal health coverage had been included in the draft Proposed programme budget for 2024–2025. He asked how the Secretariat's support to Member States would evolve in line with that approach. The high-level meeting of the United Nations General Assembly on universal health coverage represented an opportunity to join forces to develop a concise, action-oriented, consensus-based political declaration; WHO could provide technical expertise and play an important role in that endeavour, with the Secretariat supporting the preparatory process.

The representative of BOTSWANA said that WHO, other entities of the United Nations system and development partners should support the creation of an investment case for the health sector as an advocacy tool that could be used to demonstrate value while identifying gaps in provision. That would inform the identification of priorities and help to focus investment. In addition, the documentation and

institutionalization of high-impact, evidence-based interventions would allow for the effective and efficient delivery of primary health care at the national, regional and global levels, and facilitate South–South and South–North exchanges of knowledge and best practice. He supported the four draft decisions.

The representative of the UNITED STATES OF AMERICA said that universal health coverage would serve as a strong foundation for addressing future pandemics. It was therefore positive that the draft decision on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage underscored the importance of coordination across all three high-level meetings on health to take place in 2023. Indeed, political leadership was key to building strong, comprehensive resilient health systems with primary health care as a fundamental component, and Member States should recommit to investing in essential health services, including sexual and reproductive health services, to accelerate collective progress towards universal health coverage. Additional efforts and cooperation were also needed to ensure that historically marginalized and excluded populations were able to access those services. Her Government was pleased that the draft decision on preparation for the high-level meeting highlighted the linkages between climate change and health; engagement with all stakeholders and sectors was needed in the preparations for the upcoming high-level meetings on health. She asked to be added to the list of sponsors of the draft decision on increasing access to medical oxygen. She expressed support for the draft decision on strengthening diagnostics capacity and looked forward to further discussions on equitable access to diagnostics during deliberations of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and in other forums. However, it was regrettable that the content of previous informal consultations on the subject had been leaked to the media; Member States should respect the confidential nature of informal negotiations.

The representative of ETHIOPIA called on Member States to support the draft decision on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies, which addressed the gaps identified and lessons learned during the COVID-19 pandemic and would improve preparedness for future health challenges, while also contributing to the realization of universal health coverage. WHO's 75th anniversary was an opportunity to catalyse additional efforts in that regard. Lastly, she expressed support for the draft decisions on increasing access to medical oxygen and on strengthening medical diagnostics capacity.

The representative of the RUSSIAN FEDERATION agreed that primary health care was key to achieving universal health coverage, as established by the Declaration of Alma-Ata and the Declaration of Astana. The Secretariat and Member States should continue to be guided by the principles of those declarations and use new data and evidence-based approaches to reduce inequalities in access to health services. The Russian health care system was proof that universal health coverage could be achieved. The COVID-19 pandemic had shown the importance of ensuring unhindered access to prevention, diagnostic and treatment services. It was therefore surprising that some Member States had not supported the inclusion of that concept in the draft decision on strengthening diagnostics capacity, the final draft of which was not aligned with the previous references to “unhindered access” in resolutions WHA74.7 and WHA73.1. She hoped that the draft decision would still enable progress towards the Organization's goals, despite being weakened by those omissions.

The representative of MALDIVES expressed support for the priority areas for action described in the report and welcomed the development of an integrated health tool for national strategic health planning and costing. Given the high costs of social health insurance models for countries, it was necessary to achieve a balance between public financing and out-of-pocket expenditure, while improving efficiencies and health outcomes, and minimizing wastage. She therefore asked development partners to provide technical support in developing domestically sustainable financing mechanisms

suites to small island developing States and other resource-deficient countries. Global and regional partnerships were also needed to ensure cost-effective and sustainable access to research, and medical technology and products, particularly in resource-deficient countries. Support from the Secretariat should be focused on the development of health information systems and effective health data governance mechanisms to track inequities, in addition to capacity-building and coordination activities more generally. During preparations for the high-level meetings of the United Nations General Assembly on health, a coordinated and harmonized Health in All Policies approach would be necessary to reaffirm collective commitment to universal health coverage and achieve the related targets. Her Government therefore supported the draft decision on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage.

The representative of MADAGASCAR drew attention to the health challenges faced in his country and outlined national measures aimed at achieving universal health coverage. However, those efforts required further support, as resources were limited. More specifically, the Secretariat should help his Government to develop evidence-based approaches and tools, mobilize resources, coordinate multisectoral action, and establish a basket fund to improve infrastructure and equipment.

The representative of GHANA expressed concern that global progress was not on track to achieve the targets related to universal health coverage by 2030. His Government supported the priority areas for action outlined in the report and called on the Secretariat to help his Government to implement its flagship networks of practice strategy. Further advocacy and increased resources were needed to strengthen the commitment to primary health care and promote a whole-of-society approach to its implementation.

The representative of CHINA asked to be added to the list of sponsors of the draft decision on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies and called on Member States to support that draft decision as well as the draft decision on preparation for the high-level of the United Nations General Assembly on universal health coverage. During health emergencies, when a surge in medical needs threatened the provision of public health services, the Secretariat should play a vital role by providing evidence-based support to help Member States to adapt services and prioritize resource allocation in order to maintain the delivery of effective primary health care. Noting the importance of primary health care as a tool for achieving universal health coverage and the Sustainable Development Goals, his Government stood ready to share, with help from WHO, the steps it had taken to improve services in rural areas and prevent impoverishing health spending. The COVID-19 pandemic had shown that promoting unhindered, equitable access to safe, high-quality and affordable diagnostic tools and medical products and services was key to an effective response. His Government therefore supported efforts to increase accessibility and local production capacity, especially in developing countries. During consultations, Member States should respect earlier resolutions that had been adopted by consensus.

The representative of MALAYSIA welcomed the priority areas for action identified in the report and shared several national measures taken with a view to achieving universal health coverage and reducing out-of-pocket health care spending, including the establishment of partnerships with the private sector to improve screening services.

The representative of JAPAN welcomed the inclusion of research, data and information systems in the priority areas for action, as they were vital to both increasing equity and enhancing the efficiency of health systems and services. In the light of the slowing of progress caused by the COVID-19 pandemic, his Government supported the renewal of efforts to achieve universal health coverage, particularly those to build partnerships between finance and health ministries. Currently holding the G7 presidency, his Government was committed to advancing universal health coverage at high-level meetings and supported the draft decision on preparation for the high-level meeting on universal health

coverage. He encouraged Member States to align those efforts with work preparations for the other two high-level meetings on health due to take place in 2023 and to speak with one voice to maximize efficiency and impact.

The representative of the SYRIAN ARAB REPUBLIC, expressing concern regarding the major disparities in service coverage between rich and poor households, stressed that obstacles in accessing medical products and diagnostic tools increased inequity and harmed health systems. She supported the draft decisions but expressed reservations regarding the draft decision on strengthening diagnostics capacity, which did not fully reflect the views voiced by Member States during consultations. Her delegation had wished to see a reference to unhindered access to diagnostic tools, on the basis of language agreed upon in past resolutions, notably WHA73.1 and WHA74.7. It was unclear why certain Member States had refused to include that previously agreed language in the draft decision, thus preventing those concerns from being expressed. However, despite those reservations, her Government was prepared to join the consensus with a view to achieving the overall objective of ensuring unhindered access to diagnostic tools and other health products in developing countries.

The representative of SLOVENIA drew attention to his country's long experience in integrating primary health care into broader public health services, including through strong community engagement to address the determinants of health and improve access to health services for the most vulnerable populations. Social participation and collaboration with civil society were key to ensuring that no one was left behind and should be implemented globally. A strong health workforce was also needed to attain universal health coverage; health professionals, and particularly women, should be involved in decision-making and other efforts to address staff shortages caused by the migration of health workers, as ownership by stakeholders was essential in the implementation of solutions.

The representative of FRANCE said that the consequences of the COVID-19 pandemic called for the mobilization of actors at all levels to ensure sustainable, large-scale investment in resilient, equitable health systems and universal, solidarity-driven social protection mechanisms. That was the only way of guaranteeing high-quality health care for all and international health security. Reaffirming his Government's commitment to universal health coverage, he stressed the importance of actions to strengthen health systems in all international bodies and multilateral funding mechanisms. Achieving universal health coverage would also strengthen pandemic prevention, preparedness and response. He welcomed the vital advocacy and monitoring work of the UHC2030 platform and called for effective coordination across the three high-level meetings of the United Nations General Assembly on health.

The representative of AFGHANISTAN highlighted the diverse needs of countries at different stages of development, especially those experiencing high levels of fragility and conflict. In cases where national governments were unable to fulfil their commitments in relation to the population's health, especially at the secondary and tertiary levels, humanitarian agencies often focused on short-term life-saving interventions at the programmatic level, which further undermined national health systems. In his country, international aid tended to be allocated solely to primary health care, which opened up gaps in other areas, such as the treatment of noncommunicable diseases. Although he supported the focus on primary health care as a path towards universal health coverage, resources and strategies should address the health care continuum as a whole, with a balance between preventive and curative services to reflect requirements in different contexts. Furthermore, universal health coverage would not be possible while women and girls were unable to access education, as was currently the case in Afghanistan. He therefore called on the Board to advocate for medical education as a step towards global access to education and work for Afghan women and girls.

The representative of COLOMBIA said that national plans for the public financing of health systems oriented to primary health care, based on a multisectoral and multilateral approach, represented a virtuous circle in guaranteeing the right to health. Health services should be universal, free at the point

of use and integrated across the life course. The right to health should also be considered in relation to other rights, notably the right to decent working conditions for health workers, who were being placed in increasingly precarious and dangerous situations. Universal health systems must be person-centred, participative and non-discriminatory, recognizing differences in terms of ethnicity, gender, sexuality and disability, among other things. Adequate social security systems were also needed to prevent the use of commercial insurance policies, which only deepened social and health inequities. The challenge was therefore to build robust, autonomous health care systems that guaranteed fundamental rights and were not threatened by monopolistic economic interests. Particular attention should be given to equity in research, innovation and development, as well as efforts to mitigate and adapt to climate change.

The representative of INDIA, observing that universal health coverage had been identified as a priority area for action as part of his Government's presidency of the G20, highlighted the importance of evidence-based traditional medicine in promoting holistic health care and well-being as part of primary health care. Access to safe and affordable medical products was key to achieving universal health coverage, and models to facilitate such access needed to be strengthened. Innovation and technology also played an essential role, especially during health emergencies. The concept of global digital public health goods should therefore be promoted to allow the integration of digital tools into primary health care systems. Noting that community engagement and increased diagnostics capacity could minimize the impact of pandemics, he called for support to enable Member States to transform their pandemic response measures into sustainable interventions, which should include community-based surveillance, diagnostics and vaccine administration mechanisms. Efforts were also needed to train and upskill human resources for health.

The representative of PERU noted the importance of population coverage, service coverage and financial coverage in achieving universal health coverage, observing that financial protection was key to reducing out-of-pocket health care spending. With regard to population coverage, the Secretariat should share successful examples of health observatories undertaking effective surveillance and monitoring to identify risk profiles for diseases and monitor the healthy population in a cost-effective manner. It would also be useful to establish a shared definition of the concept of primary health care, with clear and transparent parameters to facilitate comparison of the health systems and budgets of different Member States. In addition, primary health care policies and budgets should pay greater attention to healthy populations and those that were not using health care services. During the COVID-19 pandemic, many people had died from preventable and controllable chronic conditions due to a delay in intervention; a paradigm shift was needed within primary health care to identify the most cost-effective ways to improve outcomes in such cases. His Government supported the four draft decisions.

(For continuation of the discussion and adoption of decisions, see the summary records of the sixth meeting, section 2.)

The meeting rose at 13.05.

SIXTH MEETING

Wednesday, 1 February 2023, at 14:35

Chair: Dr K.V. PETRIČ (Slovenia)

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

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

Standing Committee on Health Emergency Prevention, Preparedness and Response: Item 24.3 of the agenda (documents EB152/45, EB152/54 and EB152/54 Add.1) (continued from the fifth meeting, section 2)

The CHAIR said that it had been agreed following informal consultations to amend the chapeau of the operative paragraph in the first option proposed for a draft decision on the terms of membership of the Standing Committee on Health Emergency Prevention, Preparedness and Response, as set out in paragraph 11 of document EB152/54.

At the request of the CHAIR, the LEGAL COUNSEL read out option one with the proposed amendment to the chapeau of the operative paragraph. The first option proposed for the draft decision would be amended to read:

“The Executive Board decided, consistent with the duration of the term of the Executive Board:

- (1) to extend the current terms of the three members of the Standing Committee whose terms would otherwise expire in December 2024 until the closure of the Seventy-eighth World Health Assembly (2025);
- (2) to extend the current terms of the Chair and Vice-Chair of the Standing Committee, whose terms would otherwise expire on 4 December 2023, until the closure of the Seventy-seventh World Health Assembly (2024); and
- (3) that the current terms of the other members of the Standing Committee and the subsequent terms of all its members will continue as provided in its terms of reference as contained in decision EB151(2) (2022).

The representative of the RUSSIAN FEDERATION thanked the Secretariat for holding the consultations, for taking a constructive approach and for addressing the matter in a legally appropriate manner.

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

The decision, as amended, was adopted.¹

¹ Decision EB152(2).

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE (continued)**2. UNIVERSAL HEALTH COVERAGE:** Item 5 of the agenda (continued)

- **Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage** (document EB152/5) (continued from the fifth meeting, section 3)

The CHAIR invited the Board to resume its consideration of the report contained in document EB152/52 and the draft decisions on strengthening diagnostics capacity; on increasing access to medical oxygen; on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies; and on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage.

The representative of KAZAKHSTAN¹ said that continuing to hold meetings of the WHO governing bodies in hybrid format would be a useful practice. Noting the clear connection between primary health care and universal health coverage, she recommended including primary health care as an item on the agenda of the 2023 high-level meeting of the United Nations General Assembly on universal health coverage. It would be useful to hold a panel discussion on the topic of primary health care for achieving universal health coverage and the Sustainable Development Goals, which her Government would be interested in co-chairing. Her Government and WHO would hold an international conference on primary health care in October 2023, which she invited Member States to attend.

The representative of GUATEMALA¹ said that prevention and rapid assessment of threats and risks were key to improving health and quality of life. Member States should work together to achieve universal health coverage and other health-related targets by providing technical support, building capacities, stepping up health promotion efforts and maintaining the focus on equity. He was grateful to PAHO and Member States for their continued support in that regard. The Government of the Republic of China (Taiwan),² in particular, had been a valuable partner in his Government's efforts to tackle the pandemic of coronavirus disease (COVID-19) and other health challenges, to improve the health of the people of Guatemala and to address the post-pandemic recovery. As a result, his Government would request the participation of the Republic of China (Taiwan)² in the Seventy-sixth World Health Assembly as an observer and its inclusion in WHO meetings, mechanisms and activities.

The representative of POLAND¹ said that it was essential to achieve the Sustainable Development Goals and universal health coverage and to focus on health outcomes throughout the life course to ensure that everyone lived healthy lives and experienced well-being. All governments should make prevention of catastrophic, out-of-pocket spending a priority. To that end, it was important to address the significant inequality in the relationship between States and payers, on the one hand, and medicine suppliers, on the other, in part by again holding discussions on the role of fair pricing for medicinal products at the Health Assembly. Member States required consistent analysis of and support for their efforts to achieve universal health coverage and promote equity. Her Government was working to expand universal health coverage and to ensure that the millions of refugees from Ukraine who had entered Poland as a result of the unprovoked and unjustified aggression by the Government of the Russian Federation had access to her country's health system. She called on Member States to actively participate in the upcoming high-level meeting of the United Nations General Assembly on universal health coverage and to commit to expanding universal health coverage. She thanked the governments of Guyana and Thailand for

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

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

facilitating that process and expressed her support for all efforts aimed at providing basic health care packages.

The representative of THAILAND¹ said that there was an urgent need to invest in more resilient health systems that were focused on primary health care and supported by an adequate, qualified health workforce. Since low levels of catastrophic health spending could stem from poor access to health services, it was important to additionally monitor unmet health needs in order to effectively gauge progress towards universal health coverage. Her Government was committed to fully engaging in the regional consultations in that regard. She invited the Board to adopt the draft decision on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that ensuring timely, equitable, fair and unhindered access to health products should be a global priority, as the availability, accessibility and affordability of health products were fundamental to tackling public health emergencies. It was regrettable that the draft decision on strengthening diagnostics capacity did not include the term “unhindered” because ensuring unhindered access to diagnostics would help to save lives within developing countries’ health systems. He thanked the delegations that had been supportive of that crucial concept during the drafting process.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, and also on behalf of the Global Health Council, The Task Force for Global Health, Inc., IntraHealth International, Inc., Women Deliver, Inc., the United Nations Foundation Inc., The Albert B. Sabin Vaccine Institute, Inc., Women in Global Health, Inc., the World Hepatitis Alliance, the International Planned Parenthood Federation, Amref Health Africa, WaterAid International, the World Federation of Societies of Anaesthesiologists and the International Federation of Medical Students’ Associations, said that the COVID-19 pandemic, conflict and the climate crisis had reversed progress towards global health and development targets, restricted human rights, in particular for women and children, and further widened inequities. Member States had to strengthen global solidarity and cooperation and ensure that all people could access quality health services without financial hardship. She called on Member States to prioritize primary health care as the key to building resilient health systems. They should also prioritize: the provision of comprehensive health and nutrition benefits packages and essential services such as water, sanitation and hygiene, particularly for vulnerable populations; spending on health; and the implementation of comprehensive, multisectoral, gender-sensitive and equitable health financing policies. Countries’ health workforces should be strengthened through national policies that ensured safe working environments, fair remuneration and opportunities, respect for labour rights and competency-based training. It was also important to increase support to resource-constrained countries, meet aid commitments, ensure that external spending was aligned with domestic priorities, and champion participatory and inclusive health governance. Lastly, she called on Member States to participate in the United Nations General Assembly high-level meeting on universal health coverage at the highest level, to support civil society participation throughout the preparations for that meeting and to identify areas of convergence and common interest among the three high-level meetings on health due to take place in 2023.

The representative of GERMANY¹ urged Member States to reinforce their commitment to the 2030 Agenda for Sustainable Development by building people-centred primary health systems that promoted, protected and ensured enjoyment of all human rights. To achieve universal health coverage, it was important to ensure sustainable financing of national health systems, primarily through domestic resources and horizontal health programmes, while also considering national circumstances, priorities and fiscal capacities. In addition, capacity-building measures should be scaled up to strengthen the health workforce. Sexual and reproductive health and rights were also a key component of universal health coverage. It was crucial to ensure alignment in the workstreams of the three high-level health-related

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

meetings due to take place in 2023, as well as between the workstreams of WHO and the United Nations General Assembly. All three high-level meetings should result in concise, action-oriented and consensus-driven political declarations, agreed in advance through intergovernmental negotiations. WHO should be actively involved at every step in the process.

The representative of the PHILIPPINES,¹ expressing support for the priorities outlined in the report, emphasized the importance of addressing underfunded areas (“pockets of poverty”), such as maternal and infant mortality, tuberculosis and stunting, which had been undermined during the COVID-19 pandemic. To ensure that research, data and information systems were equity-oriented, developing Member States should receive support in increasing their access to and capacity for digital technology, public purchasing mechanisms and collaborative surveillance and in optimizing their import processes. Countries also required support in strengthening health security institutions at the national and subnational levels; developing guidelines and tools to enable frontline health workers to deliver evidence-based cost-effective interventions; strengthening health facilities to close gaps in primary health care; updating national health insurance systems to enhance primary care benefits packages and shift supply-side investments to primary care facilities; and improving accessibility to high-quality and safe medicines and services in all facilities.

The representative of BANGLADESH¹ said that flexible and predictable funding from donors, increased soft loans from international financial institutions and flexibility for WHO to repurpose voluntary contributions were needed to reduce financing gaps. WHO’s continued support in policy and strategy areas at the country level and increased equity-based funding remained crucial. To ensure access to health products and health services for all, Member States should take into account the impact of the COVID-19 pandemic, climate change and political crises and uphold the principles of solidarity, inclusivity and the right to health for all. The Secretariat should develop a series of questions to ensure alignment of its interventions at the three upcoming high-level meetings of the United Nations General Assembly on health. Issues to consider included: how to ensure that political commitments were made to strengthen primary health care and achieve universal health coverage; how to make health services and supplies available and equitable in order to address inequality and health inequity within and among countries; and how to delink essential health services and supplies from political and commercial interests.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, and also on behalf of the Framework Convention Alliance on Tobacco Control, the International Alliance of Patients’ Organizations, the International College of Surgeons, the International Diabetes Federation, the International Society of Nephrology, PATH, the World Hypertension League, the World Organization of Family Doctors and the World Stroke Organization, expressed disappointment that the world was not on track to achieve the health-related targets of the Sustainable Development Goals, but welcomed the valuable guidance provided to Member States through the four priority areas of action set out in the report. In the absence of universal health coverage, circulatory disease, which was the number-one cause of death and disability worldwide, had a catastrophic impact on development and was responsible for generational poverty in many countries.

Highlighting the importance of primary health care in achieving universal health coverage, he called on Member States to: accelerate progress towards universal health coverage through robust and well-financed primary health care systems and the principles of quality, equity, accessibility and affordability; ensure adequate and sustained financing for and availability of circulatory health services, while also incorporating digital innovations into circulatory health; include cost-effective circulatory health interventions in national packages of essential interventions to be delivered at the primary health care level, drawing on examples from Appendix 3 of WHO’s Global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the HEARTS technical package; and engage with

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

people living with noncommunicable diseases and circulatory conditions. He expressed support for the draft decision on strengthening diagnostics capacity, which would help to significantly reduce the burden of circulatory disease and to alleviate poverty.

The representative of NORWAY,¹ speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, expressed appreciation for WHO's continued commitment to enhancing universal health coverage, particularly its efforts to reorient health systems towards strong primary health care as a resilient foundation for the fulfilment of the right to health for all. To achieve universal health coverage, all individuals needed to have equal access to high-quality health services and to safe, effective and affordable pharmaceuticals and vaccines, without financial hardship. Prevention of catastrophic health expenditure required a system of social protection, and nationally defined essential public health functions to monitor and protect the health of citizens and prevent diseases were needed to make universal health coverage affordable. Achieving human-centred universal health coverage required political leadership that prioritized fiscal space for health, improved financial management, accountability, transparency, regular monitoring and evaluation. It also required stronger national plans based on comprehensive public social and health services and a qualified health workforce, along with adequate and sustainable national funding. Comprehensive community-based primary health care and universal access to sexual and reproductive health services were also essential.

She called on global health initiatives to support countries on their path to universal health coverage, building on their comparative advantages and complementing national processes. Achieving universal health coverage must remain the primary responsibility of national authorities, which should commit to ensuring sustainable domestic spending for health. Coordination of international financing should also be enhanced, with stronger mutual accountability at the country level. Universal health coverage should remain a top priority within the Thirteenth General Programme of Work, 2019–2025 and beyond. She looked forward to the high-level meeting of the United Nations General Assembly as a way to ensure that universal health coverage remained high on the global political agenda.

The representative of INDONESIA¹ asked to be added to the lists of sponsors of the draft decisions on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage; on increasing access to medical oxygen; and on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies. Highlighting the importance of global collaboration on both communicable and noncommunicable diseases, supported by adequate and sustainable funding mechanisms, she called on the Secretariat to further support Member States in strengthening their national plans in both areas and to ensure clear alignment between WHO and other global health initiatives, in close consultation with Member States.

The representative of NAMIBIA¹ expressed concern that the global community was not on track to achieve universal health coverage by 2030 and that out-of-pocket expenditure on health continued to increase at an alarming rate. An urgent paradigm shift was needed to adequately address all three dimensions of universal health coverage, particularly financial protection. In that regard, he requested the Secretariat to work closely with health partners and countries to increase domestic resources for universal health coverage through a multisectoral approach, and to support Member States in addressing the social determinants of health. He expressed support for the four draft decisions.

The representative of the WORLD MEDICAL ASSOCIATION, speaking at the invitation of the CHAIR, and also on behalf of the International Pharmaceutical Federation, the International Council of Nurses, the International Association for Hospice and Palliative Care, Inc., the International College of Surgeons, IntraHealth International, Inc., Women Deliver and Movendi International, welcomed the report's focus on the lack of concrete operational steps to realize targets that had been included in domestic legislation and plans. An adequate and sustainably financed health workforce, including

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

palliative care specialists, that was focused on integrated service delivery for primary health care was one such vital operational step that should not be neglected in light of the projected shortfall in health workers by 2030. Governments and employers had to provide safe, supportive environments to help health workers to thrive and ensure the retention of qualified and valuable staff, by ensuring decent working conditions.

She welcomed the call for national health systems to be inclusive of civil society and called for concrete mechanisms to enable policy-makers and regulators to interact with health-related nongovernmental organizations to enhance equity, contribute to the provision of high-quality patient care and create enabling workplaces for the health workforce. The upcoming high-level meeting of the United Nations General Assembly on universal health coverage represented a unique opportunity to reinvigorate the process towards universal health coverage. Action-oriented outcomes, together with implementation and accountability, were needed to strengthen health systems.

The representative of SOUTH AFRICA¹ reaffirmed her support for a primary health care and health system strengthening approach to achieving universal health coverage and improving health security. Member States must be supported in developing integrated approaches to that end. Resilient health systems required timely and equitable access to medicines, therapeutics and diagnostics, and the four draft decisions under discussion would drive efforts and strengthen primary health care. She asked to be added to the list of sponsors of the draft decision on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage. The high-level meeting would help to enhance political leadership on health issues. WHO should be actively engaged in the preparations for that meeting and the two other health-related high-level meetings of the United Nations General Assembly to take place in 2023 in order to ensure alignment across the three meetings, reinvigorate progress towards universal health coverage and address bottlenecks.

The representative of EGYPT¹ asked to be added to the list of sponsors of the draft decision on increasing access to medical oxygen and recognized the importance of the draft decision on strengthening diagnostics capacity, which was vital to ensure comprehensive and integrated health services for all.

The representative of ZAMBIA,¹ expressing concern about inadequate public funding for health, emphasized the need to reorient health systems towards primary health care for the achievement of universal health coverage, particularly in light of the COVID-19 pandemic and the impacts of climate change. To strengthen national plans and increase government financing for the progressive realization of universal health coverage, there was a need for greater equity in WHO's budget allocation. She called for financial and other resources to be allocated to WHO's regional offices on an equitable basis to enable them to function effectively.

The representative of AUSTRALIA¹ welcomed WHO's sustained action to support Member States' progress on critical elements of universal health coverage. The upcoming high-level meeting of the United Nations General Assembly on universal health coverage should be used to reaffirm high-level political commitment to strengthening universal health coverage as the global community worked to recover from the COVID-19 pandemic. The draft decision on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage would be a useful tool for discussions at the meeting. Coordinated multisectoral approaches were vital to delivering strong outcomes.

Turning to the draft decision on increasing access to medical oxygen, he noted the co-sponsorship for the proposed World Health Assembly resolution and commended the leadership of the representative of Uganda in that initiative, which would strengthen the systems and infrastructure needed to deliver medical oxygen and address gaps in access, particularly those identified during the pandemic. He expressed support for the draft decisions on strengthening diagnostics capacity and on integrated

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

emergency, critical and operative care for universal health coverage and protection from health emergencies.

Protecting and advancing the universal right to high-quality sexual and reproductive health services was essential to achieving universal health coverage. His Government advocated for equitable access to health services for all, including women and girls, and recognized that, in order to achieve universal health coverage, coordinated provision of high-quality, affordable, accessible, age-responsive and gender-responsive services was needed for all individuals without discrimination.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIR, and also on behalf of the Handicap International Federation, the International Association for Hospice and Palliative Care, Inc., the International Federation on Ageing, The Royal Commonwealth Society for the Blind – Sightsavers, and The Worldwide Hospice Palliative Care Alliance, said that persons with disabilities continued to face multiple barriers to realizing their right to health, with many facing catastrophic health expenditure and poverty. Universal health coverage would only be achieved through concerted action to tackle inequities across the continuum of care, with investment targeted at groups at the highest risk of being left behind. That meant making health systems more inclusive through people-centred and whole-of-society approaches founded on primary health care.

She urged Member States to: ensure health equity for persons with disabilities and older people, through non-discrimination and inclusive health financing; make people-centred primary health care accessible; make health governance inclusive; ensure access for all to the full spectrum of health and care products, facilities, services and information; and foster the meaningful engagement of persons with disabilities and older people at all levels.

The representative of TÜRKİYE¹ said that the COVID-19 pandemic had clearly demonstrated the importance of universal health coverage and Member States should therefore step up their commitment to closing gaps, particularly by strengthening primary health care. WHO's role in monitoring indicators and progress on universal health coverage was appreciated. In preparing for the 2023 high-level meeting of the United Nations General Assembly on universal health coverage, the Secretariat should raise awareness of the importance of universal health coverage within both health ministries and country and liaison offices. Her Government would also welcome support in its awareness-raising work with relevant stakeholders. She thanked the representative of Uganda for his leadership on the draft decision on increasing access to medical oxygen.

The representative of ESWATINI¹ thanked the Member States of the African Region and other low- and middle-income countries for their active engagement in developing the draft decision on strengthening diagnostics capacity. The draft decision covered all types of diagnostics for the diagnosis, screening, monitoring, prediction, staging and surveillance of diseases or health conditions. The draft decision requested the Secretariat to meet with experts in the field of diagnostics, to develop WHO-endorsed definitions of diagnostics and to take a horizontal health programme approach to all diagnostics across diseases. It also urged Member States to develop guidelines and processes to rapidly improve access to diagnostics.

The representative of ARGENTINA¹ said that, at the regional level, there was a need to improve health outcomes, address the needs of the ageing population, incorporate cost-effective technologies, ensure both horizontal and vertical equity, adapt health care provision and coverage to the epidemiological situation, provide a minimum package of standard benefits, invest in prevention and health promotion, and generate sustainable financing mechanisms. The Secretariat should promote the principles of solidarity, transparency and equity in areas such as the local manufacturing of medical products, research and development, access to health products, financing and pricing.

The Secretariat should take an active role in the preparations for the three high-level meetings of the United Nations General Assembly on health due to take place in 2023 in order to avoid duplication

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

and foster combined efforts, taking into account the need for coordination with Member States. In that regard, it would be useful to hold information sessions and preliminary consultations in Geneva before the meetings.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC., speaking at the invitation of the CHAIR, and also on behalf of Stichting Health Action International, Public Services International, Oxfam and the World Council of Churches, said that, in its preparation for the high-level meeting of the United Nations General Assembly on universal health coverage, WHO should include measures to make access to new medical technologies more equitable, by removing monopoly-based incentives and delinking research and development costs from the prices of medicines, vaccines and other medical technologies. Member States should establish and progressively expand non-price-related incentives for biomedical innovation, such as market entry rewards, while also lowering prices and ensuring more equitable access.

He expressed regret that the final draft decision on strengthening diagnostics capacity did not request the Secretariat to conduct a study into anti-competitive practices that hindered or created barriers to universal and equitable access to diagnostic capacities, and that it did not urge Member States to take policy measures to facilitate, without restriction, unhindered and equitable access to diagnostics technologies and products. WHO should urge the United Nations General Assembly to prioritize health promotion in all sectors to achieve universal health coverage.

The representative of KENYA¹ welcomed the strategic priorities proposed by the Secretariat, which took into consideration the different contexts of Member States. The latter needed more support in designing health financing models to enable them to deliver universal health coverage in an equitable and sustainable manner, ensuring that available financing was aligned with national priorities and plans. Countries in economic and epidemiological transition, in particular, required contextualized support to ensure that no one was left behind and that budget prioritization was based on the best available data. To ensure greater commodity security and resilience, more support was needed to promote the regional and local manufacture and procurement of high-quality health products and technologies. Member States should include the above proposals in the outcome documents to be negotiated at each of the three health-related high-level meetings of the United Nations General Assembly to take place in 2023. She expressed support for all four of the draft decisions under discussion.

The representative of UGANDA¹ thanked Member States for their support for the draft decision on increasing access to medical oxygen and the Secretariat for its tireless coordination and guidance during the negotiation process. Studies showed that less than half of all health facilities in least developed countries had uninterrupted access to medical oxygen, a situation that contributed to preventable death and had been exacerbated by the COVID-19 pandemic. He welcomed the inclusion of medical oxygen in the WHO Model List of Essential Medicines. Medical oxygen was widely used in medical practices globally and improving access would bring enormous benefits to Member States. He called on the Executive Board to adopt the draft decision and recommend the issue for inclusion on the agenda of the Seventy-sixth World Health Assembly.

The representative of SINGAPORE¹ called on the Secretariat to facilitate the sharing of lessons learned and best practices in strengthening universal health coverage, while also recognizing the need for adaptation to national contexts. Public-private partnerships could be used to address manpower constraints in primary health care, including through the use of portable subsidies and per-capita payments for preventive health care and chronic care. Resilient, well-organized primary health care systems, underpinned by public health expertise, were a strong first line of defence when it came to effectively carrying out communicable disease surveillance, outbreak control and vaccine

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

administration. Public-sector investment in the health workforce was vital to building resilience against health emergencies and driving economic growth.

The representative of the UNITED REPUBLIC OF TANZANIA,¹ noting with concern that the world was not on track to attain the Sustainable Development Goals, encouraged the Secretariat to help Member States to invest in building resilient health systems that could respond to and recover from epidemics with minimal impact. She expressed support for the draft decisions on increasing access to medical oxygen; on strengthening diagnostics capacity; and on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies. She called on the Secretariat to increase investment, focusing on: integrating mental health services into primary health care and community health; strengthening rehabilitation services for chronic diseases, including movement disorders and childhood conditions; and ensuring that low- and middle-income countries had access to quality and affordable medicines and medical products.

The representative of HAITI¹ welcomed the focus on primary health care in achieving universal health coverage. One of the greatest challenges that his country faced was the loss of human resources as a result of an increase in brain drain. Priority should therefore be given to resource mobilization. Universal health coverage would not be achieved if a programme-based approach with targeted investments continued to be applied. Member States and international donors therefore needed to adopt a new approach to health financing in order to ensure that no one was left behind.

The representative of the SYRIAN ARAB REPUBLIC welcomed the diverse range of views expressed by both non-State actors and countries with observer status, but asked for clarification on the procedure governing the use of constituency statements and the participation of countries with observer status in the meeting.

At the invitation of the CHAIR, the LEGAL COUNSEL recalled that the decision had been taken at the Board's first meeting to extend the constituency statement trial to the current session of the Executive Board. Under that trial, non-State actors were invited to organize into constituencies and deliver a small number of constituency statements on a limited number of agenda items, including the item under discussion, interspersed among the statements delivered by representatives of Member States not represented on the Board. In keeping with the standard order of speakers, observers would be given the floor after the Member States not represented on the Board. The Executive Board would be given the chance to review the constituency statement trial later in the current session.

The representative of MOZAMBIQUE¹ expressed the hope that, at the upcoming high-level meeting of the United Nations General Assembly on universal health coverage, Member States would renew their political commitments and realign their policies and advocacy efforts to accelerate progress towards the Sustainable Development Goals. Universal health coverage depended on the availability of equitable resources and WHO and other partners should work together to mobilize and invest more international and domestic funds in strengthening primary health care. Alignment between the work of WHO and the United Nations General Assembly was key to ensuring success on global health issues. Priorities, plans and strategies should be coordinated across the three levels of the Organization and information and knowledge should be shared in order to avoid duplication, verticalization and disintegration. She expressed support for the draft decisions on increasing access to medical oxygen; on strengthening diagnostics capacity; and on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies.

The Observer of PALESTINE called for health systems worldwide to be strengthened and for emphasis to be placed on primary health care as a springboard to universal health coverage. His Government had adopted a policy along those lines in order to provide health care to Palestinian families

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

in east Jerusalem despite obstruction from the Israeli occupying Power. He welcomed the Secretariat's efforts to provide technical support to Member States, particularly in the area of mental health, and hoped that the Palestinian health authorities would continue to receive strong support from WHO in east Jerusalem. He also welcomed all efforts to organize high-level meetings on health-related issues.

The observer of GAVI, THE VACCINE ALLIANCE, said that routine immunization should be leveraged as a platform to co-deliver essential primary health services and foster resilient relationships with communities. It was also critical for pandemic prevention, preparedness and response. For equity to be at the centre of any universal health coverage strategy, there was a need to prioritize reaching risk communities, including zero-dose children (those who had not received any routine vaccinations), and to remove barriers to access, including gender-related barriers. It was important to recognize and resource the health and care workforce as the foundation of future resilience through adequate and gender-sensitive policies, equal pay and protection, including for community health workers. Participatory governance and a whole-of-society approach to universal health coverage should be ensured by including civil society and communities in the shaping of any future universal health coverage plans. Policies and political commitments made in Geneva and New York must be aligned and implemented at the national level, supported by international and domestic investments.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that, despite the progress made, vulnerable groups and marginalized populations still lacked access to life-saving health services. At the 2023 United Nations high-level meeting on universal health coverage, commitments should be made to: prioritize the health needs of the most vulnerable; invest in community health workers and volunteers; and further develop community health strategies through improved collaboration between public health services, communities and civil society organizations.

The representative of the INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS, speaking at the invitation of the CHAIR, said that vision loss was a worsening global burden, with increasing numbers of people suffering owing to a lack of access to basic eye care services. She called on Member States to ensure eye care services were included in national health funding packages, provide accessible and affordable eye care services for everyone everywhere, and implement integrated people-centred eye care in health systems through a new United Nations political declaration on universal health coverage.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, noted that the report indicated a lack of progress towards achieving the universal health coverage goals. Her organization would continue supporting the Secretariat, Member States and other stakeholders in efforts to achieve universal health coverage by facilitating access to medicines in various disease areas, including COVID-19 and noncommunicable diseases.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had highlighted the link between universal health coverage and global health security. Chronic conditions and pandemics together constituted a perfect storm that required resilient health systems and increased health equity, both of which required robust domestic financing. Integrating lessons from recent crises, including the COVID-19 pandemic, would bolster the universal health coverage agenda.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, welcomed the Director-General's call to accelerate and intensify priority actions towards achieving universal health coverage, and invited Member States to draw on his organization's resources, including clinical practice guidelines, in their efforts to deliver universal health coverage.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had highlighted the critical value of the primary health workforce. He emphasized the importance of community health workers in addressing primary health care needs and said that scaling up community health worker deployment was an effective method to address those needs. Moreover, community health worker programmes required investment and support.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, and on behalf of the International Baby Food Action Network, said that the shift towards strategic purchasing and insurance must cease; public-sector health services must be strengthened instead in order to achieve greater equity and more affordable strategies for providing universal health coverage. Limited fiscal space should not be used as an excuse for shifting from comprehensive primary health care to selective health packages that left many behind. Marginalized communities were becoming increasingly invisible within official data because of the inequity in the digitalization of health care information, which was increasing the workload of frontline workers and should be addressed.

The representative of PATH, speaking at the invitation of the CHAIR, warned that the rules governing data collection and use had not kept pace with the potential for data to improve health outcomes and posed data misuse risks. A global regulatory framework, endorsed by Member States through a Health Assembly resolution, was needed to establish minimum standards for the governance of health data, which would inform national legislation and govern health data-sharing across countries and with other parties. He called on the Secretariat and Member States to put health data governance on the agenda of the Seventy-sixth World Health Assembly and support a resolution mandating the Secretariat to work with Member States to develop a framework that was underpinned by equity and human rights-based principles.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR, and on behalf of the International Association for Dental Research, said that equitable access to affordable oral health care at the primary health care level was needed to avoid the current catastrophic health spending. To achieve the draft global oral health action plan (2023–2030), Member States must integrate oral health into national noncommunicable disease and universal health coverage agendas. National dental associations could support such efforts.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that pro-health taxation should be considered as a key tool for increasing fiscal space and emphasized the potential of alcohol taxation in achieving universal health coverage. He supported the orientation towards primary health care for a people-centred approach. Linking primary health care with civil society to provide critical people-centred services was an important tool for promoting equity and ensuring no one was left behind.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR, was concerned by the lack of progress towards achieving the Sustainable Development Goal targets on universal health coverage and noncommunicable diseases by 2030. She urged Member States to integrate prevention and treatment of obesity and other noncommunicable diseases into universal health coverage.

The representative of the WORLD FEDERATION OF HEMOPHILIA, speaking at the invitation of the CHAIR, applauded the progress made by Member States towards universal health coverage, but urged governments to integrate bleeding disorders into national health plans. Huge disparities in the identification rate of people with bleeding disorders existed worldwide, and therefore her organization welcomed the draft decision on strengthening diagnostics capacity. She urged Member States to take tangible steps to ensure more equitable access to diagnosis, safe treatment and care for people with bleeding disorders to leave no one behind and to achieve the Sustainable Development Goals.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, said that, while access to treatments for neglected tropical diseases remained a major challenge in many regions, research and development could support universal health coverage by developing new tools for use at the primary health care level, thereby reducing the need for specialist interventions in hospitals. She urged Member States to include monitoring of the development of and access to health tools as part of universal health coverage action plans and link universal health coverage innovation needs to investment in pandemic prevention, preparedness and response infrastructure at the upcoming health-related high-level meetings of the United Nations General Assembly.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the draft decision on strengthening diagnostics capacity, but encouraged Member States to make improvements thereto by: developing a concrete implementation plan; strengthening local diagnostics production for all diseases affecting developing countries and not just for pandemic preparedness; and improving transparency with regard to public investment in diagnostics, and their production costs and pricing structure.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, said that there was an urgent need to conduct a critical review of the status of current health systems and strengthen the commitment to universal health coverage. She called on Member States to support primary health care focal points, including pharmacists, and urged WHO Secretariat and Member States to deliver primary health care through multidisciplinary teams, with community health workers playing a vital role. She also urged the Secretariat and Member States to reinforce workforce preparedness to address the specific challenges associated with persons living with a rare disease.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, applauded progress made to date, but noted with concern that global and national data continued to mask substantial inequities, particularly among cancer patients from low-income households and individuals aged over 60 years. She encouraged Member States to demonstrate political leadership by: adequately and sustainably resourcing universal health coverage strategies domestically and aligning international support with recipient country universal health coverage and cancer strategies; implementing evidence-based approaches to the selection and scale-up of universal health coverage packages, drawing on existing cancer guidelines and working with civil society and disaggregating data; investing in primary health care as a foundation and ensuring it was supported by referrals to secondary and tertiary care; and actively supporting the draft decision on strengthening diagnostics capacity and its implementation and recommendations.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that, to achieve universal health coverage, high-quality health services must be available close to people, with adequate government financing, particularly for primary health care. Her Region was fully committed to enabling, empowering and supporting Member States to achieve universal health coverage, and several Member States in her Region had undertaken major reforms to enhance people's access to quality essential health services and provide financial protection to the most vulnerable groups. A regional system was in place to monitor countries' progress on essential health services and financial protection, with annual reports submitted to the Regional Committee. Data showed that there had been an increase in the essential health services index. Member States had repeatedly pointed out the importance of human resources and the challenges they faced in that regard, and she took note of the calls for the need to foster partnerships to respond to those public health needs. The Decade for Strengthening Human Resources for Health in the South-East Asia Region 2015–2024 focused on rural retention and transformative education for health workers, and Member States were making steady progress to that end.

Turning to the other WHO regions, she said that, despite progress in service coverage, health systems in most countries of the African Region remained significantly underfunded, understaffed and fragmented. Concerted action to invest in health systems strengthening with primary health care as a

foundation was an urgent priority for the Region. Member States in the Region of the Americas had initiated major health sector transformation processes based on primary health care and the lessons learned during the COVID-19 pandemic. Digital transformation was accelerating the delivery of health services in the Region, particularly at the first level of care. The Eastern Mediterranean Region continued to experience multiple chronic conflicts and emergencies, which had weakened health systems. In 2022, the Regional Committee had adopted a resolution to support Member States in their efforts to rebuild their health systems and advance universal health coverage by leveraging primary care and essential health functions, a multisectoral approach and community empowerment. In the European Region, health systems were under unprecedented pressure due to the combined impact of COVID-19 and the war in Ukraine, leading to a worsening mental health situation. In September 2022, the Region had published a flagship report on the state of the health and care workforce, calling for action to address the complex challenges the Region faced in attracting and retaining health and care workers. The challenges of and solutions to various components of universal health coverage would be discussed at a conference in Tallinn in December 2023. Lastly, at its seventy-third session, the Regional Committee for the Western Pacific had endorsed the Regional Framework on the Future of Primary Health Care in the Western Pacific, recognizing the need to move towards a new approach to primary health care that provided comprehensive people-centred services with continuous engagement throughout the life course.

The upcoming high-level meeting of the United Nations General Assembly on universal health coverage represented an opportunity to renew global commitment and action on achieving integrated and equity-driven universal health coverage.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Life Course), noting the comments from Member States and non-State actors on health workforce migration and the need to protect the health workforce, said that the Secretariat was supporting Member States in the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel. The Fifth Global Forum on Human Resources for Health, to be held from 3 to 5 April 2023, would be an opportunity to delve further into those issues. In terms of ensuring alignment of WHO's work with that of its partners, the Secretariat was working with the agencies committed to the Global Action Plan for Healthy Lives and Well-being for All to look at how they could align their work and jointly support countries based on national plans. In response to the request for the Secretariat to expand its financing tools, he said that an integrated health tool would soon be launched that would include the universal health coverage service package delivery and implementation tool and the OneHealth tool for national strategic health planning and costing. In addition, the upcoming 2023 global monitoring report on universal health coverage would look at both coverage and financial protection and focus on health equity, with discussions due to start shortly with Member States on the issue.

In addition to the operational framework for primary health care, and to build on the Declaration of Astana, the Secretariat had launched a primary health care measurement framework in 2022 to enable Member States to measure progress in that area. A primary health care report would be published later in 2023, showcasing the diverse range of approaches that countries used to implement primary health care. He noted the importance of taking a life-course approach to primary health care, as well as Member States' concerns about quality of care, highlighting that 50% of health facilities still lacked sufficient water and sanitation facilities. It was also important to ensure that health systems were climate-resilient and less energy-intensive, given that health systems accounted for 5% of global carbon emissions. The SCORE for health data technical package enabled countries to strengthen governance of their data systems; the Secretariat was also focusing on the integration of digital health systems and taking a holistic approach to well-being that also included traditional medicine.

The current economic situation was important in seeking to ensure equity in universal health coverage. Equity indicators would be included in the World Health Data Hub to give Member States a better view of what the equity issues were. He welcomed comments on the need to avoid hidden health care costs that could lead people to forgo care and the inclusion of that issue in the draft decision on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage; the Secretariat would work with Member States to look at ways to measure unmet health

needs. Universal health coverage could not be achieved without addressing humanitarian challenges, and the Secretariat was working to strengthen health systems affected by those challenges in order to support preparedness, response and resilience.

Concerning the upcoming high-level meeting of the United Nations General Assembly on universal health coverage, the Secretariat was providing Member States with background documents to support them in the development of the draft resolution for the meeting. In addition, a WHO-wide task force was working with all WHO regions and the Organization's office in New York, as well as with the Group of Friends of UHC, on preparations for the high-level meeting. The Secretariat was also working internally to ensure alignment of its work on the three high-level health-related meetings and would hold three multistakeholder consultations through the UHC2030 platform in May 2023, which would be an opportunity for WHO to work with ministries of finance and advocate for more money for health.

Lastly, he thanked Member States for the proposed draft decisions, which addressed issues that had been highlighted during the pandemic as neglected areas requiring additional support.

The DIRECTOR-GENERAL said that the proposed shift towards primary health care would strengthen both the provision of essential services and emergency preparedness and response activities. Such a shift would be beneficial to countries of all income levels, as the pandemic had demonstrated that weak investment in primary health care had made even high-income countries vulnerable. As primary health care was dependent on national capacities, investment was needed in each and every country.

World leaders needed to come together to invest in, train and increase the global health workforce in order to tackle the global shortage. Some countries had implemented innovative ways of training more health workers, and the Secretariat would discuss those options with Member States. It would escalate the issue on the global agenda and seek to enhance international cooperation. Human resources and finding ways to address the root cause of the global shortage would be at the centre of WHO's work for the coming five years.

The CHAIR took it that the Board wished to note the report contained in document EB152/5.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies.

The decision was adopted.¹

The CHAIR took it that the Board wished to adopt the draft decision on increasing access to medical oxygen.

The decision was adopted.²

The CHAIR took it that the Board wished to adopt the draft decision on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage.

The decision was adopted.³

¹ Decision EB152(3).

² Decision EB152(4).

³ Decision EB152(5).

The CHAIR took it that the Board wished to adopt the draft decision on strengthening diagnostics capacity.

The decision was adopted.¹

3. POLITICAL DECLARATION OF THE THIRD HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES, AND MENTAL HEALTH: Item 6 of the agenda

- **Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable disease** (documents EB152/6 and EB152/6 Add.1)

The CHAIR invited the Board to consider the draft decision on the draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases, contained in document EB152/6, the financial and administrative implications of which were contained in document EB152/6 Add.1.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, welcomed the prequalification of the first human insulin, which would result in greater access to insulin, particularly for low- and middle-income countries that faced the greatest diabetes burden. She welcomed and supported the updated Appendix 3 to the Global action plan for the prevention and control of noncommunicable diseases 2013–2020. It strengthened the menu of policy options available to Member States by providing additional interventions informed by new evidence. Sustainable and adequate financial and human resources were urgently needed to strengthen noncommunicable diseases services that included a primary health care approach, as a cornerstone for universal health coverage. She also called for multisectoral collaboration and increased investment at the national level for the prevention and control of noncommunicable diseases by strengthening the evidence base through surveillance and research. A regional strategic framework and action plan for integrated prevention and control of noncommunicable disease risk factors for Africa should be developed, with a focus on tobacco use, the harmful use of alcohol, physical inactivity, unhealthy diets, sugar-sweetened beverages, salt, and the elimination of industrially produced trans-fatty acids in processed foods. National monitoring and surveillance systems for noncommunicable diseases and their risk factors should be strengthened to ensure they generated reliable and timely data. She called for investment in research and development, particularly in low- and middle-income countries, to develop context-specific medical devices and technologies for the management of noncommunicable diseases, including cancer. She also made an urgent call for collaboration with the private sector to facilitate the procurement of the equipment, medicines and medical devices needed for noncommunicable disease prevention and control. Financial hardship and out-of-pocket payments should be reduced by strengthening health systems and universal health coverage. The Member States of the African Region would support preparations for the fourth high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases.

The representative of BRAZIL said that the COVID-19 pandemic had had a negative effect on the continuity of care for the chronically ill, and it was essential to develop strategies for building resilient national health systems, especially through primary health care. The decreasing number of cancer screening tests conducted owing to the pandemic highlighted the need to strengthen primary health care within health systems. Societies should not be divided into those who lived longer and those who did not. His Government supported the updates in Appendix 3, which would further help Member

¹ Decision EB152(6).

States to develop and monitor informed strategies for achieving the noncommunicable disease targets and improve public health.

The representative of CANADA welcomed efforts to update Appendix 3, which took into consideration new guidance, evidence and lessons learned. His Government supported and aligned itself with several of the interventions for noncommunicable disease risk factors and appreciated the opportunities provided to submit comments on the draft updates. Consideration of equity and the social determinants of health was essential when selecting and implementing the proposed interventions. Appendix 3 should highlight priority populations facing health inequalities; in Canada, monitoring and reporting on health inequalities were used to inform programmes and policies targeting priority population groups, and interventions were funded to create supportive environments for healthy living, particularly for those who faced health inequalities. Appendix 3 could also support progress towards achieving the nine voluntary global noncommunicable disease targets and target 3.4 of the Sustainable Development Goals. He requested the Secretariat to provide additional details on the anticipated outcomes of the proposed updated interventions outlined in the report. He also requested clarification on how the “5 by 5 noncommunicable diseases” agenda, including air pollution, would be integrated into updates to the global action plan and related documents, such as the implementation road map 2023–2030 for the Global action plan for the prevention and control of noncommunicable diseases 2013–2030.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries Türkiye, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova, Bosnia and Herzegovina, the potential candidate country Georgia, as well as Armenia, aligned themselves with his statement. He said that the Member States of the European Union were concerned that no country was on track to achieve all nine voluntary global noncommunicable disease targets by 2025, and that in 2019, seven of the 10 leading causes of death globally had been noncommunicable diseases. To achieve noncommunicable disease targets, efforts to prevent and control noncommunicable diseases and mental disorders must be increased and accelerated. During pandemics, humanitarian emergencies and conflicts, as during normal times, it was essential to treat and prevent noncommunicable diseases and mental disorders as well as addressing risk factors, including the social and environmental determinants of health. It was critical that noncommunicable disease and mental health preparedness and response became part of any emergency response to ensure that essential health services were always available. More equitable access to a full range of essential health services was also necessary to address noncommunicable diseases. Ambitious and sustainable health programmes and Health in All Policies strategies, designed using the One Health approach, were critical in tackling the underlying risk factors for noncommunicable diseases. Strengthened multisectoral action, increased prevention and research were also needed to tackle the growing challenge of noncommunicable diseases. The European Union and its Member States supported WHO’s efforts to develop best buys that could be used by countries depending on their epidemiological situation, needs and priorities. As many noncommunicable diseases shared common determinants and risk factors, it was essential to continue addressing noncommunicable diseases comprehensively and jointly to avoid the development of vertical, disease-specific structures. Nevertheless, some exceptions might be necessary, such as promoting mental health and addressing mental disorders due to the concerning increase in such disorders, especially among children and adolescents. He called for coordinated and multisectoral action on mental health, with the full involvement of people with lived experience and a focus on community-based approaches. Ensuring accessible, high-quality and destigmatized mental health services was key to achieving universal health coverage.

The representative of the REPUBLIC OF KOREA said that, to increase the cost-effectiveness of interventions, the application of policy options for addressing risk factors should be extended, and Member States should build health statistics systems for that purpose. The use of digital technologies should be expanded, and mechanisms for monitoring and analysing noncommunicable diseases should be established as a national priority. There was also a need to develop further guidance on new service

delivery models, including in relation to self-care; on building an appropriately skilled health workforce; and on coverage and response monitoring, in order to strengthen management of noncommunicable diseases at the global level. In light of the setbacks caused by the COVID-19 pandemic, national surveillance systems and country capacities should be strengthened. Lastly, the Secretariat should come up with ways to support Member States in exploring policies to strengthen national preparedness and awareness of additional issues that could arise as a result of the pandemic.

The representative of MALDIVES said that stringent measures must be taken to accelerate progress on, and reduce the global burden of, noncommunicable diseases. Funding and coordination gaps could be resolved through strong political commitment and a Health in All Policies approach. Treating health as an investment would boost national development, and innovative digital solutions should be used to measure the impact of policies and plans to tackle noncommunicable diseases and promote global research. Her Government therefore supported the updates to the menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases and the related draft decision, which the Executive Board should submit to the Seventy-sixth World Health Assembly. Implementation frameworks, tools and guidelines prepared at the global level were often broad in nature, and small island developing States and other resource-deficient countries faced unique structural challenges in tackling noncommunicable diseases, requiring country-specific support.

The representative of JAPAN commended the Secretariat on creating a rich selection of up-to-date guidelines and normative products on public health interventions and policies but regretted that some major cancers, such as gastric and skin cancer, were not covered in the draft updated menu of policy options, as they did not apply new WHO normative products. Such an approach could lead to investment being diverted away from certain diseases or areas. In addition, noting that an intervention could be included in the menu of policy options if its effect had been established in at least one published study in a peer-reviewed journal, he asked the Secretariat whether it was appropriate to recommend interventions for which the quality of evidence varied so significantly.

The representative of the RUSSIAN FEDERATION said that tackling noncommunicable diseases had to be a priority for global health, and related costs should be seen as investments in people's future health. While the draft updated menu of policy options contained a number of very effective interventions, further development and elaboration were required. The menu of policy options should not, for instance, contain references to specific nicotine-containing medicines for cancer prevention, as the relevant clinical tests were still ongoing. Furthermore, recommendations concerning tobacco use should be aligned with the conclusions of the WHO Framework Convention on Tobacco Control, and existing recommendations on the use of universal salt iodization should be included in the menu of policy options concerning nutrition. The Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases 2022–2025 was an important platform for cooperating and sharing information with both Member States and non-State actors on those and other issues.

The representative of TIMOR-LESTE said that mental health must remain a priority at all levels in order to respond effectively and comprehensively to mental health needs, particularly in the face of the COVID-19 pandemic. Comprehensive and integrated strategies and action were needed to strengthen promotion, prevention and rehabilitation activities and improve the quality of care for people with mental health disorders. His Government was committed to implementing WHO's comprehensive mental health action plan 2013–2020 and integrating mental health strategies into primary health care. It was also important to strengthen mental health services at the secondary and tertiary health levels.

The representative of MALAYSIA welcomed the draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases and the recommendations for the high-level meeting of the United Nations General Assembly on universal health coverage. Recognizing the chronic underinvestment in noncommunicable diseases, she emphasized the need to build sustainable, future-proof health systems, with a focus on prevention and

on improving people's overall health and well-being by looking beyond health care. The Secretariat should continue to build partnerships across governments and organizations in order to leverage collective experience and move forward in the fight against noncommunicable diseases.

The representative of SLOVAKIA said that the menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases should be seen as an evolving document that could be improved as and when evidence became available. He welcomed efforts to address childhood obesity, implement global programmes on noncommunicable diseases at the local level, address inequalities and strengthen health systems, including those weakened by conflicts and emergencies. Expressing appreciation for the work of the Global Initiative for Childhood Cancer, he said that lessons could be learned from the initiative's success with a view to scaling up the support provided to Member States, consolidating the supply of both essential and innovative medicines, developing evidence-based treatment standards and policies, improving access to clinical trials, and establishing an integrated care concept. Collaboration with stakeholders was essential and could serve as a mechanism for updated reporting on cancer and other noncommunicable diseases. He requested the Secretariat to collaborate ethically and transparently with non-State actors and provide a mapping of good practices and gaps in the area of childhood cancer, in order to give Member States the models and tools needed to achieve equity and better outcomes in that area, including in terms of access to medicines, diagnostics equipment, rehabilitation and integrated care. The Secretariat should also organize side events and consultations at upcoming Health Assemblies to help Member States to better understand the uniqueness of the Global Initiative for Childhood Cancer and how it served as a positive example for improving global action on other noncommunicable diseases.

The representative of OMAN expressed appreciation for the technical support provided at all three levels of the Organization to help countries in their strategic planning to tackle noncommunicable diseases, and welcomed the draft update to the menu of policy options. The prevention and control of noncommunicable diseases, were a priority for Member States in the Eastern Mediterranean Region, where the focus was on multisectoral engagement, capacity-building and health promotion. He recognized the efforts being made across the Region to implement WHO's flagship initiatives on cervical, breast and childhood cancers and welcomed the new Regional Cervical Cancer Elimination Strategy for the Eastern Mediterranean and the support provided by the Regional Palliative Care Expert Network.

The representative of INDIA said that there was a need to plan for population-level interventions for the prevention, screening, control and management of noncommunicable diseases, with an additional focus on wellness and well-being. Member States should have defined national action plans with specific programmatic interventions to strengthen infrastructure, human resources, diagnosis and management of noncommunicable diseases, with campaigns to promote healthy eating and physical activity, along with age-appropriate fitness protocols and guidelines. In addition to taking a holistic approach to health care, it was crucial to ensure health screening at the primary health care level. It was also important to study demographics and address the needs of at-risk and vulnerable groups using technology and digital tools. Mental health services should be integrated into primary health care to ensure that communities were actively involved in tackling mental health issues. At the global level, it was necessary to mobilize resources and build the capacities of low- and middle-income countries and step up efforts through strong, strategic leadership, cost-effective interventions and a multisectoral approach.

The representative of GHANA commended the Secretariat on galvanizing efforts on noncommunicable diseases and mental health. Primary health care must continue to be the bedrock of health and well-being for all, with more focus on prevention and control of noncommunicable diseases, health promotion, and mental health protection and care. The Secretariat should prioritize multisectoral collaboration and increased multilateralism and advocacy with a view to increasing spending on noncommunicable disease prevention services and including prevention and care services in national universal health coverage benefits packages. Related policies should address noncommunicable diseases

and related risk factors across the continuum of care and the life course, and engagement with communities and people living with noncommunicable diseases was also needed. He urged the Secretariat to facilitate strategic events aimed at building progress on noncommunicable diseases and mental health. He expressed support for the draft decision and the call for the Secretariat to map best practices on childhood cancer for improved care.

The representative of CHINA said that normative work was an irreplaceable core function of WHO. Providing global public goods, particularly technologies, was an important component of the Organization's efforts to achieve the triple billion targets. The proposed updates to the menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases would help to accelerate progress towards the nine voluntary targets of WHO's Global action plan for the prevention and control of noncommunicable diseases, as well as target 3.4 of the Sustainable Development Goals. He requested the Secretariat to provide clarification as to why 32 of the 90 updated interventions did not include a cost-effectiveness analysis and to speed up its work in that area. It would be helpful to indicate in the table containing the proposed 2022 updates to the menu of policy options whether each intervention was unchanged, had been reworded, included a newly added cost-effectiveness analysis or was completely new. Lastly, he asked the Secretariat to clarify whether scientific literature in languages other than English had been considered when updating the relevant evidence base for the interventions.

The representative of PERU said that noncommunicable diseases must remain on the global public health agenda in order to draw attention to the challenges faced in that area. Public spending on mental health remained low worldwide despite the growing number of people living with mental health disorders, particularly following the COVID-19 pandemic. WHO needed to step up its efforts on mental health, in particular through community-based health services. Related public policies should take into account the key role that mental health played in ensuring social inclusion and full community participation, and activities should have a community, human rights-based focus, recognizing that all individuals had the right to enjoy the highest attainable standard of mental health without discrimination or stigma. Regional and local actions to reduce the main morbidity and mortality factors for noncommunicable diseases should factor in cultural aspects. He expressed support for the draft decision.

The representative of the UNITED STATES OF AMERICA welcomed the opportunity to accelerate progress on noncommunicable diseases and the report's emphasis on the importance of addressing noncommunicable diseases through primary health care and by including people living with the diseases. Echoing the urgent need to address mental health needs and in light of the challenges of reporting concisely and effectively on such a broad range of issues, she recommended that the current consolidated reporting approach should be revisited to enable more discussion among Member States on those important issues. Concerning the draft updated menu of policy options, she asked for more information on the methodology used for the update, particularly on how studies were selected. Information on the strengths and limitations of the methodologies would be appreciated. Recommended interventions should be backed by evidence of effectiveness, and she welcomed the report's acknowledgement that an effective response to noncommunicable diseases required additional analysis to determine which options were most suitable in the local context. In addition, policy-makers needed to determine how to address demand patterns, including how tariffs and taxes influenced consumers. Concerning the proposal to update the menu of policy options on a rolling basis, she valued the multisectoral, multistakeholder consultative process and urged the Secretariat to engage with Member States and all other stakeholders on the updates going forward and to provide prompt feedback in order to promote buy-in and uptake of any new measures. She looked forward to continued collaboration on noncommunicable disease targets, which required a cross-sector and cross-society approach to prevent deaths, reduce disabilities and promote health and well-being.

The representative of SLOVENIA said that, while he welcomed the inclusion of health promotion in the Director-General's five priority areas, it remained a largely underfunded and underprioritized area of work, as the example of childhood cancer demonstrated. Tackling noncommunicable diseases would have massive implications for health equity and the Sustainable Development Goals, even those that went beyond health. It was essential to generate political will and implement best buys for addressing risk factors. In order to understand how to better address noncommunicable diseases, it was important to involve non-State actors in identifying needs, developing tools and evaluating progress.

The representative of DENMARK highlighted the importance of long-term investment in and commitment to mental health to improve the quality of care in that area and drive the needed transformation. A strong and concerted WHO-led effort to eliminate stigma and discrimination against people living with noncommunicable diseases was also needed. It was important to take special care of children and adolescents and address the increasing prevalence of mental health issues among those groups as a priority. He underscored the importance of high-quality research on mental health in order to eliminate stigma and improve care. Mental health must not be forgotten and encompassed a multitude of diseases that should be recognized so that they could be properly diagnosed and treated.

The representative of COLOMBIA, highlighting the role that inequality and social determinants of health played in exacerbating noncommunicable diseases, said that poor nutrition, the harmful effects of the fossil-fuel economy, climate change and armed conflict also played an increasingly important role, including affecting water and air quality. The world was facing an unprecedented mental health crisis and he therefore welcomed the strategies and protocols set out in the report. However, action should be stepped up, particularly in relation to climate change, peacebuilding and human rights. To make progress in those areas, it was essential to address inequalities, build health-centred development models and work towards universal health care, with primary health care at the core. That would bring renewed momentum to significantly reduce the high level of premature deaths and suffering caused by noncommunicable diseases. It was important to go beyond early detection and preventive medicine by providing universal access to medicines, with prices based on their therapeutic value. Global and regional governance of research and development processes were needed to ensure that the main public health challenges continued to be prioritized. It was also important to make progress on nutrition and provide universal free education to strengthen people's decision-making capacities. Stringent universal standards were needed to protect the environment and expand universal health coverage. He thanked the Secretariat for supporting his Government's proposal for a draft resolution on preventing spina bifida by fortifying food products.

The representative of MOROCCO expressed support for the draft decision on the draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases, which would strengthen efforts to address noncommunicable diseases, mental health and related risk factors at the national, regional and global levels. He outlined efforts made at the national level to prevent and control noncommunicable diseases.

(For continuation of the discussion and adoption of a decision, see the summary records of the ninth meeting, section 2.)

Rights of reply

The representative of CHINA, speaking in exercise of the right of reply, said that 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. The role of the Executive Board was to focus on important technical issues, such as addressing the persistent and far-reaching implications of the COVID-19 pandemic and promoting the construction of a more resilient global health governance structure. However, some Member States insisted on challenging the one-China principle and undermining the unified atmosphere of the Executive Board, which was not in the common

interests of the majority of Member States and to which he firmly objected. Participation of Taiwan, China in the activities of international organizations must be guided by the one-China principle and by reasonable arrangements agreed to following consultations between mainland China and Taiwan.¹

The Government of China attached great importance to the health and well-being of the people of Taiwan¹ and had made proper arrangements for the Taiwan region¹ to participate in WHO's technical activities. The Government of China had always ensured that the Taiwan region¹ obtained information on global health emergencies in a timely manner, and there had been no gaps in epidemic prevention efforts. Some delegations continued to attempt to use governing bodies meetings to push for a two-China or one-China, one-Taiwan solution when they should instead focus on promoting global health and improving global health governance. He urged the Secretariat to play an active role in ensuring compliance with WHO and United Nations resolutions, to perform its duties in accordance with related rules, and maintain WHO's strong reputation as the specialized health agency of the United Nations system.

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, expressed regret at the unprofessional, false and politicized attacks made against his Government by the representative of Poland. According to UNHCR, his country had hosted the vast majority of Ukrainian refugees since 24 February 2022, although that organization's figure of almost 2.9 million refugees was questionably low, with domestic services recording 5.2 million Ukrainian refugees, including more than 700 000 children. Those figures ran counter to allegations that his Government was an aggressor. Refugees arriving in his country were dealt with on a case-by-case basis and provided with expert emergency, psychological, medical, legal and job-seeking support, as well as temporary accommodation and welfare subsidies and benefits; children were placed in the appropriate educational structures. Polemical statements should be left out of the Board's discussions, which should remain focused on the substantive issues at hand.

The meeting rose at 17:50.

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

SEVENTH MEETING

Thursday, 2 February 2023, at 10:05

Chair: Dr K.V. PETRIČ (Slovenia)

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

1. DRAFT GLOBAL STRATEGY ON INFECTION PREVENTION AND CONTROL: Item 9 of the agenda (documents EB152/9 and EB152/9 Add. 1)

The CHAIR invited the Board to consider the report contained in document EB152/9 and to provide guidance on the elements set out in paragraph 18. She also invited the Board to consider the draft decision on the draft global strategy on infection prevention and control contained in document EB152/9, the financial and administrative implications of which were contained in document EB152/9 Add.1.

The representative of DENMARK said that political commitment was necessary to ensure the investment and multisectoral action needed for infection prevention and control programmes. The draft global strategy on infection prevention and control was a valuable step in that regard. Infection prevention and control programmes should be strengthened in hospital and primary care settings, and the importance of infection prevention and control in preventing infection transmission and tackling antimicrobial resistance should be recognized, including through health education, vaccination and measures to prevent transmission between humans and animals. Although all countries faced challenges in tackling antimicrobial resistance, low-resource settings were the most vulnerable to its effects, and global collaboration was required in response.

The global action plan on antimicrobial resistance underscored the importance of better hygiene and infection prevention measures, including vaccines. The global fight against antimicrobial resistance should not depend on the outcome of the negotiations on a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (pandemic accord). The pandemic accord would, however, lay the groundwork for strong infection prevention and control programmes with a view to creating more robust health systems to advance towards universal health coverage and to ensure a solid architecture for health emergencies.

The representative of the RUSSIAN FEDERATION said that funding for national infection prevention and control programmes must be ensured, and the draft global strategy should be aligned with the Sustainable Development Goals and other global strategies and plans. Specialists should receive training on infection prevention and control. Vital components of the draft global strategy included the establishment of multilevel national surveillance systems and surveillance of antimicrobial resistance, for which scientific research and the most up-to-date diagnostic methods would be necessary. The understanding of antimicrobial resistance should be expanded to include resistance to disinfectants as well as drugs, and the glossary for the draft global strategy should be amended accordingly.

The section of the draft global strategy on research and development should include fundamental research on preventing infections resulting from health care and on antimicrobial resistance. Comparative studies should focus on microorganisms isolated from patients and hospital environments, food and food production facilities, and animals and animal feed. It was regrettable that the draft global

strategy referred to sexual minorities. The draft decision on the draft global strategy could not be adopted unless that reference was removed.

The representative of FRANCE said that a greater emphasis on a One Health approach, building on the work of the Quadripartite One Health partnership, would help countries to mobilize investment and foster multisectoral action. The concept of infection prevention and control should be expanded to include community-level infections in addition to infections associated with health care settings. To ensure rapid and continuous progress in the implementation of the draft global strategy, the impact of related strategies and action plans should be monitored and measured through indicators and targets. Data on health care-associated infections and on infection prevention and control should be made available through surveillance networks. A behavioural science approach could contribute to the development of infection prevention and control measures that responded to needs. In that regard, he highlighted the role played by the Behavioural and Cultural Insights Unit of the Regional Office for Europe at the regional level.

The representative of MALAYSIA welcomed the strategies set out in the draft global strategy. Experts in infection prevention and control were crucial to prevent health care-associated infections, combat antimicrobial resistance and promote patient safety. In view of the current lack of training for infection prevention and control professionals, in particular doctors, recognized training programmes and a standardized curriculum for postgraduates should be developed. The capacity-building support provided to Member States to make such training available was appreciated. Infection prevention and control should be included as one of the priorities in the programme budget in order to accelerate the implementation of infection prevention and control programmes at the country level. She expressed support for the draft decision.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND drew attention to the recommendation of the Interagency Coordination Group on Antimicrobial Resistance that Member States should accelerate the development and implementation of One Health national action plans to strengthen vaccination, infection prevention and control, integrated surveillance, water, sanitation and hygiene, and waste management. Important interlinkages existed between infection prevention and control and the discussions on a pandemic accord. Barriers to investment in infection prevention and control at the global level included fiscal constraints, as well as political awareness and commitment. He therefore appreciated the political advocacy of the Global Leaders Group on Antimicrobial Resistance to prioritize work on infection prevention and control, including on water, sanitation and hygiene in health care facilities, biosecurity and vaccinations. Hand hygiene was a critical cost-effective intervention that was often overlooked. WHO's practical tools and guidance to support governments in prioritizing, budgeting and planning for water, sanitation and hygiene, and waste management in health care facilities were therefore welcome.

The representative of the REPUBLIC OF KOREA highlighted the importance of identifying priorities for infection prevention and control at the national level. A surveillance system for health care-associated infections should be established as part of national strategies. In addition, a strategy should be developed to ensure a safe environment in health care facilities and reduce the risk of hospital-acquired infections. It was important to: enhance national management of medical facilities and environments; strengthen capacity for infection control in facilities vulnerable to infection; improve monitoring of and support for infection control; and redesign response systems for health care-associated infections.

The representative of MALDIVES said that infection prevention and control was an essential part of efforts to strengthen health systems and achieve universal health coverage by the year 2030. Patient safety, infection prevention and control, and quality of care should be incorporated into a single global strategy and the Secretariat should provide technical support for the implementation of national infection

prevention and control strategies in line with the draft global strategy. Highlighting the challenges faced by small island nations and low- and middle-income countries in implementing multiple strategies and activities on addressing antimicrobial resistance and on ensuring patient safety, infection prevention and control, and overall quality of care, she reiterated the importance of adopting and endorsing strategies that Member States could implement efficiently. A single platform should be created for cross-cutting strategies in order to support the coordination of research and development among Member States. She expressed support for the draft decision.

The representative of INDIA, welcoming the draft global strategy, said that particular attention should be paid to infections acquired in community settings and to health care-associated infections. Technical support should be provided to enable Member States to strengthen country-level interventions and reinforce the role of vaccination. The draft global strategy should emphasize the importance of infection prevention and control in health care facilities. Increased investment for sustainable implementation of the draft global strategy was essential to achieve country-specific targets. The Secretariat should consider providing guidance and support on ensuring investment at the international and national levels, especially in resource-constrained settings. In addition, resources should be mapped at the global level to identify and connect the areas and countries requiring immediate support.

Data collection for surveillance of health care-associated infections was crucial to improve global decision- and policy-making. An open-source digital platform should be developed and made available to all Member States to monitor health care-associated infections. The draft global strategy should be adapted for implementation at the national level. Lastly, Member State engagement was important in the development of a global action plan on infection prevention and control.

The representative of PERU welcomed the consultative process for the development of the draft global strategy and the fact that it was informed by scientific evidence and experiences from the field. Efforts should be made to promote strengthened coordination and interlinkages between infection prevention and control programmes and related national plans through a One Health approach. He expressed support for the draft decision.

The representative of CHINA said that infection prevention and control contributed to improving other important health outcomes related to the Sustainable Development Goals, thereby reducing costs and providing safer health care services. The situation of countries, in particular developing countries, should be taken into account in the process of formulating national action plans to ensure that they were practical and feasible. Multisectoral responsibilities should be clarified, particularly with regard to the mobilization of sectors outside the health sector and efforts to increase investment. Legislation and industry standards were key to promoting the continued development of infection prevention and control in health care facilities. His Government had set clear requirements for infection prevention and control in health care institutions and was willing to share its experience with partners. He supported the draft decision.

The representative of the UNITED STATES OF AMERICA expressed support for the draft global strategy and draft decision. She encouraged the Secretariat and Member States to adopt and implement the draft global strategy in order to effectively transition coronavirus disease (COVID-19) response investments in infection prevention and control into long-term sustainable capacity gains to ensure a stronger recovery from the pandemic. High-quality and safe care was critical to universal health coverage, health security and pandemic prevention, preparedness and response. It also contributed to effective primary care and efforts to address antimicrobial resistance.

Work on infection prevention and control should be integrated as a cross-cutting health systems improvement at the global, regional, national, subnational and health care facility levels, especially in view of the increasing number of funding streams, disease-specific programmes and regional cooperation mechanisms. National ownership of infection prevention and control should be strengthened and integration of related health programmes scaled up. She expressed support for a

dedicated global strategy that integrated infection prevention and control principles, water, sanitation and hygiene activities, and global action plans addressing antimicrobial resistance with concerted efforts to improve the overall quality and safety of health care.

The representative of JAPAN expressed support for the draft global strategy. The COVID-19 pandemic, among others, had demonstrated the importance not only of preventing infections before they occurred but also of putting in place nosocomial infection control measures to ensure the continuity of medical care. Highlighting the importance of collaboration at the national and regional levels, he outlined some of the initiatives implemented by his Government and by the Regional Office for the Western Pacific in the area of infection prevention and control. His Government stood ready to collaborate with stakeholders in the promotion of infection prevention and control globally by building evidence through research and practice.

The representative of PARAGUAY said that the COVID-19 pandemic had demonstrated the need to improve national and international coordination for infection prevention and control. The draft global strategy provided a good basis to strengthen action for countries with limited financial resources and a lack of trained human resources. He described the steps taken by his Government to prevent, monitor and control infections, in particular in hospital settings. Increased support and strengthened international and regional cooperation, aligned with national initiatives, was needed in order to establish effective mechanisms to reinforce health system preparedness and response, in particular for outbreak control, and to improve surveillance capacity. His Government supported the draft decision and looked forward to working on the development of an implementation and global action plan on infection prevention and control.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, said that major epidemics over the past decade and the COVID-19 pandemic had demonstrated the insufficient progress made in infection prevention and control and the lack of global preparedness. The growing burden of mortality and morbidity resulting from health care-associated infections and antimicrobial resistance further highlighted the importance of the issue. Acknowledging WHO's efforts to tackle those challenges, she noted that the draft global strategy would enable a more effective, harmonized response.

She welcomed the extensive consultative process for the development of the draft global strategy. Its vision and three key objectives of "prevent, act, coordinate" would help to ensure a unified approach to the issue. The effective involvement of the private sector and public awareness-raising measures were crucial in preventing and controlling infections. Progress made in infection prevention and control during the COVID-19 pandemic should be sustained and investment increased. Research and capacity-building were also high-impact strategies. Implementation of the draft global strategy would prioritize infection prevention and control, thereby facilitating the mobilization of financial resources at the national level and donor support, particularly in low-resource settings, which would ensure sustainability. She expressed support for the draft decision.

The representative of BOTSWANA outlined measures taken by his Government in the area of infection prevention and control, including measures to train health care workers, raise awareness and strengthen collaboration with stakeholders. He expressed support for the draft global strategy.

The representative of OMAN said that the COVID-19 pandemic had highlighted the importance of infection prevention and control for the safety of health care professionals and future emergency preparedness and response. She expressed support for the draft global strategy, which would pave the way for decisive and visible political commitment and strengthen infection prevention and control efforts at the national, regional and global levels. The draft global strategy provided Member States with strategic directions to achieve measurable improvements, substantially reduce the risk of hospital-acquired infections, including those that exhibited antimicrobial resistance, and limit infectious disease

outbreaks by the year 2030. Realistic and measurable outcomes for follow-up and monitoring should be established, including training for all health care workers in basic infection prevention practices.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the draft global strategy, which had been shaped through global and regional consultations, creating strong momentum for its development as a comprehensive health care promotion system. Infection prevention and control was at the core of many health priorities such as quality of care, patient safety, health emergency prevention, water, sanitation and hygiene, and maternal and newborn health.

The Member States of the Eastern Mediterranean Region had made progress in infection prevention and control, including through capacity-building, training and updating guidelines, and were committed to building on those achievements. The Muscat Ministerial Manifesto on Antimicrobial Resistance highlighted the importance of infection prevention and control through a One Health approach. The COVID-19 pandemic had revealed that no country had a sufficiently strong infection prevention and control programme and that low- and middle-income countries were particularly vulnerable. However, the pandemic had also presented an opportunity to scale up those programmes across the Region and progress was being made. He stressed the importance of implementing infection prevention and control programmes, especially when many countries in the Region were experiencing conflicts and had competing priorities. Lastly, the draft global strategy contained language that had not been adopted by consensus, such as “sexual orientation”, which should be replaced with non-controversial language prior to its consideration by the Seventy-sixth World Health Assembly.

The representative of SLOVAKIA fully supported the adoption and implementation of the draft global strategy. It was imperative to understand how technologies and scientific progress affected biological and health risks. Although it was essential to strengthen health systems and ensure comprehensive infection prevention and control at the national and regional levels, the threats posed by synthetic biology and deliberate misuse of biology should also be considered more seriously. The Secretariat should organize further consultations during the intersessional period and establish a working group consisting of participants from relevant Member States, regional offices and biosecurity experts to identify the biosecurity and synthetic biology threats posed to countries and regions, the outcomes of which should be incorporated into the update of the draft global strategy. To ensure equity, it was important to discuss how all countries, in particular low- and middle-income countries, could address those challenges.

The representative of BRAZIL said that previous disease outbreaks and the COVID-19 pandemic had revealed gaps in infection prevention and control programmes around the world. An action plan and monitoring framework based on a solid architecture for health emergencies were needed, especially given the increasing endemic burden of health care-associated infections. He outlined the steps taken by his Government in the area of infection prevention and control, including efforts to expand research and development capabilities at the regional and local levels. Discussions on antimicrobial resistance must be based on science and should integrate a multisectoral response. The promotion of equitable access to quality and affordable antimicrobial agents was the first step to ensuring prudent use and boosting innovation and local production of new antimicrobial agents.

The representative of AFGHANISTAN said that health care-associated infections disproportionately affected low- and middle-income countries, including as a result of inconsistent surveillance, lack of infrastructure, trained personnel and infection prevention and control programmes, and poverty-related factors. The draft global strategy should include approaches tailored to the needs of those countries and which balanced cost and effectiveness in controlling health care-associated infections. It should also include ways of improving the quality and extent of reported data on infection prevention and control and strengthening surveillance in low-resource settings, where the burden of hospital-acquired infections was unknown owing to a lack of reported data.

Populations in fragile, conflict-affected and vulnerable settings that had received external support for infection prevention and control programmes during the COVID-19 pandemic were struggling to sustain those programmes with adequate financing and human resources. Support for infection prevention and control programmes in low- and middle-income countries should be practical, measurable, simple, cost-effective and tailored to local needs and circumstances, and studies should be conducted to evaluate possible programme and policy implementation. Continued education, awareness and political engagement were essential to bolster infection prevention and control programmes, halt the transmission of hospital-acquired infections and adapt to new challenges and risks in that area.

The representative of TIMOR-LESTE said that the devastating impact of the COVID-19 pandemic had revealed the gaps in infection prevention and control programmes. The increasing burden of infection and antimicrobial resistance was leading to challenges in health service delivery. She described the measures implemented by her Government to strengthen infection prevention and control practices and looked forward to the draft global strategy's strategic directions that would enable Member States to achieve measurable improvements and to substantially reduce the ongoing risk of health care-associated infections and limit infectious disease outbreaks by the year 2030. Preventing infections would contribute to improving critical health outcomes addressed in the Sustainable Development Goals and could help to reduce health costs and provide safer health care. She expressed support for the adoption of the draft global strategy.

The representative of THAILAND¹ said that inefficient management of infection prevention and control was a major contributor to antimicrobial resistance and health care-associated infections. Face coverings had been one of the public health measures that had prevented transmission of COVID-19. With support from the Secretariat, his Government had assessed national capacity for infection prevention and control and had taken steps to ensure the application of infection prevention and control measures in health care facilities. He expressed support for the draft decision and draft global strategy and looked forward to the development of a global action plan for infection prevention and control with clear, measurable targets and a framework for tracking progress, which would accelerate implementation towards expected outcomes at the country level.

The representative of SWITZERLAND¹ emphasized the importance of infection prevention and control in ensuring patient safety, preventing unnecessary suffering and reducing costs. She encouraged Member States to attend the Fifth Global Ministerial Summit on Patient Safety, to be held in Montreux, Switzerland, from 23 to 24 February 2023, at which the issue of infection prevention and control would be one of the main topics of discussion.

The representative of NAMIBIA¹ welcomed the draft global strategy, which would increase global attention in a key, but neglected, area of the global health architecture. Private sector engagement, risk communication and community engagement in accordance with country contexts were particularly important to infection prevention and control. With regard to the harmonization of infection prevention and control standards at the health facility level, there was often a disconnect between private and public facilities. The Secretariat should therefore work closely with all stakeholders in the public and private sectors to align the implementation of the draft global strategy at the subnational level. It should also work on a monitoring and evaluation framework in close consultation with Member States. He encouraged the Secretariat to empower regional and country offices to provide technical support to countries to implement the draft global strategy by developing country-specific operational plans. He expressed support for the draft decision.

The representative of URUGUAY¹ welcomed the draft global strategy, which would help to fill the gaps in national infection prevention and control programmes and tackle the growing endemic

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

burden of health care-associated infections and antimicrobial resistance. She outlined the measures implemented by her Government in the area of infection prevention and control. Noting the importance of national-level surveillance, she hoped that guidelines and other components of surveillance would be shared at the regional level to enable the comparison of indicators and advance towards implementation of the draft global strategy and the achievement of its objectives.

The representative of GERMANY,¹ expressing support for the draft global strategy, said that well-functioning infection prevention and control programmes were an important prerequisite for preventing health care-associated and other infections and antimicrobial resistance. To drive multisectoral action and strengthen infection prevention and control, the exchange of best practices should be fostered and research should be carried out on behavioural change. The forthcoming detailed implementation and global action plan should emphasize the linkages between the draft global strategy and patient safety programmes. In accordance with the Global Patient Safety Action Plan 2021–2030, patients should be involved in generating evidence using patient safety tools and in developing appropriate measures. The outcomes of the discussions to be held at the Fifth Global Ministerial Summit on Patient Safety should feed into the development and implementation of the draft global strategy.

The representative of AUSTRALIA¹ welcomed the draft global strategy, which was a useful tool for Member States to strengthen and integrate infection prevention and control programmes across health services to support resilient health systems. Infection prevention and control measures were essential to protect health care workers, ensure patient safety and prevent outbreaks. He welcomed the attention paid to water, sanitation and hygiene throughout the draft global strategy and within the strategic objectives. The Secretariat should scale up the support provided to low-income countries for developing infection prevention and control programmes. Greater emphasis should be placed on the importance of building an evidence base for effective infection prevention and control modules, especially for low-resource health care settings. The draft global strategy should also include explicit references to social inclusion, especially for people with a disability. The references to coordinating infection prevention and control with other health priorities and programmes, such as the One Health approach and antimicrobial resistance, were welcome, and coordination across those workstreams should continue to be strengthened. He expressed support for the draft decision.

The representative of SWEDEN¹ expressed appreciation for the development process for the draft global strategy, including the thorough multilevel consultations with Member States. Infection prevention and control was crucial to tackling antimicrobial resistance and ensuring the quality and safety of health care. He welcomed the draft global strategy's objective of facilitating deeper integration and alignment of infection prevention and control principles with water, sanitation and hygiene interventions and with global strategies and action plans to address antimicrobial resistance. The *WHO global report on infection prevention and control* contained a comprehensive analysis on which to base infection prevention and control measures, in addition to information on groups that were vulnerable to infection and antimicrobial resistance and other risks such as biological threats. In that regard, it provided a solid basis for developing and implementing an effective and successful draft global strategy. He welcomed the draft global strategy's emphasis on implementation and behavioural change while highlighting the importance of monitoring and evaluation.

The representative of BANGLADESH,¹ welcoming the draft global strategy, said that recent disease outbreaks and the COVID-19 pandemic had demonstrated the vulnerability of the global community to infection. Solidarity and inclusivity were needed to strengthen cooperation among Member States. The Secretariat should promote discussions between Member States, organizations of the United Nations system and other entities on the issue of technology transfer to developing countries to enable rapid infection detection, assessment and response. In consultation with developing countries,

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

the Secretariat should also develop pathways for ensuring equitable access to infection prevention and control tools such as diagnostics, therapeutics and vaccines. Mutual support, assistance and cooperation on research and development and on strengthening the core capacities of health systems should be promoted among Member States.

The representative of SINGAPORE¹ said that infection prevention and control was the cornerstone of outbreak preparedness and response. His Government had established a national committee in the light of the lessons learned from dealing with outbreaks that was tasked with overseeing the development and implementation of national guidelines, standards and indicators. The draft global strategy could encourage the formation of similar national committees among Member States. The Secretariat should consider working with global or regional infection prevention and control organizations and experts from interested Member States to provide education and training for relevant professionals, in line with WHO's technical guidance. In addition, the draft global strategy should highlight how infection prevention and control was critical in strengthening not only health systems but also the wider economy. Policy-makers beyond the field of public health should be encouraged to invest in and incorporate infection prevention and control programmes into national strategies.

The representative of ARGENTINA,¹ expressing support for the draft global strategy, said that the COVID-19 pandemic had demonstrated how quickly disease outbreaks could spread at the community level. The gaps in infection prevention and control programmes that existed in all countries were concerning. Her Government had implemented a range of initiatives to tackle the increasing burden of infection in line with a One Health approach and through multidisciplinary and multisectoral action.

The representative of EL SALVADOR¹ welcomed the draft global strategy and its promotion of a One Health approach. It was essential to update guidelines on prevention and control of health care-associated infections for people of all ages. Regional offices should provide technical support with regard to surveillance, monitoring and tools that facilitated automatic real-time reporting. The participation of academics, expert working groups and local committees should also be encouraged to strengthen the scientific evidence base, particularly with regard to the rational use of antibiotics. To achieve the objectives set out in the draft global strategy, it was necessary to strengthen engagement with all actors involved in processes that fostered antimicrobial resistance.

The representative of the UNITED REPUBLIC OF TANZANIA¹ expressed support for the three key objectives of the draft global strategy: to prevent, act and coordinate. Enhanced multistakeholder engagement, including with non-State actors, was key to leveraging resources. The Secretariat should develop digital accountability tools to track implementation at the global, regional, national and subnational levels.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR and also on behalf of the International Baby Food Action Network, said that the Secretariat should encourage Member States to improve public health infrastructure by promoting excellence and equity in infection prevention and control through its normative guidelines. More reliable data methodologies were needed on infection prevention and control. The use of surveys that did not include responses from the most populous countries could generate inaccurate and incomplete data. The draft global strategy should provide further information on: implementation in primary and secondary health care facilities; how minimum requirements and regulatory standards would be upheld in the private sector; and community engagement in planning and implementation. It should also address the interlinkages between human and animal health, and interventions to improve access to quality water and sanitation infrastructure.

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

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIR, highlighted the urgent need to finance and scale up access to water, sanitation and hygiene in health care facilities as an essential part of infection prevention and control. Financing should be ring-fenced to ensure that water, sanitation and hygiene was a primary prevention tool in national plans for pandemic preparedness, antimicrobial resistance, quality of care and patient safety. The collection and use of data on water, sanitation and hygiene should be prioritized in order to strengthen the performance of health systems, particularly with regard to women's health. A robust accountability framework should be put in place to drive meaningful change in prioritization and investment.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, welcomed the draft global strategy. Antimicrobial resistance was a threat to cancer care and undermined the significant progress made in cancer treatment. Good infection prevention and control practices were therefore essential to improve cancer care outcomes. Member States should engage the oncology health workforce in the coordination of infection prevention and control at the national and health facility levels. In addition, the cancer community should be included in advocacy and communications work with relevant stakeholders to raise awareness of antimicrobial resistance and the importance of implementing good infection prevention and control practices.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR, welcomed the draft global strategy and was pleased to note that continued education for health care workers was one of its strategic directions. Knowledge sharing and awareness of challenges faced by health and care workers were crucial to effective infection prevention and control. Member States should support the draft decision and leverage the expertise and resources of her Federation in developing and implementing national infection prevention and control policies.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, drew attention to the vital role played by nurses in: integrating infection prevention and control measures into patient pathways and health service delivery across the continuum of care; driving forward the planning and implementation of the draft global strategy at the national and regional levels; implementing core components of infection prevention and control; and ensuring occupational health and safety in health care facilities. Member States should invest in and protect the nursing workforce by ensuring safe staffing levels as well as by providing sufficient personal protection equipment and regular training on infection prevention and control.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Life Course), thanking participants for their feedback and guidance, said that their comments addressed critical components included in the strategy, including links with other strategies. The draft global strategy was aimed at all levels of the health system, both public and private, and target audiences at the global, national, subnational and health care facility levels.

Regarding the links between antimicrobial resistance and epidemic and pandemic resilience, the fifth strategic objective of the draft global strategy recommended establishing or improving systems for regular data collection, including high-quality laboratory data, feedback on indicators relating to infection prevention and control and water, sanitation and hygiene, and health care-associated infection surveillance. It also indicated that national infection prevention and control programmes should establish functioning and quality-controlled systems for surveillance on health care-associated infections and antimicrobial resistance according to standardized surveillance systems, such as the Global Antimicrobial Resistance and Use Surveillance System.

The Secretariat was developing guidance for rapid detection of health care-associated epidemic- and pandemic-prone diseases, as well as new adapted definitions of health care-associated infections for low-resource settings, which it was planning to issue by the end of the year 2023. The WHO Global IPC Portal had been launched in the year 2021 as a secure and confidential platform for data collection on

infection prevention and control, which would be expanded according to country needs and in line with the forthcoming monitoring framework.

Knowledge and career pathways for infection prevention and control professionals were a key strategic objective of the draft global strategy, which also referred to the importance of providing infection prevention and control education across the health education system, including through in-service training and specific training for infection prevention and control professionals. The Infection Prevention and Control Hub team at WHO headquarters had established an international working group to provide guidance and solutions for training and education on infection prevention and control. Lastly, the comments regarding the language and terminology used in the draft global strategy had been taken on board.

The Board noted the report.

The CHAIR invited the Board to consider the amended draft decision on the draft global strategy contained in document EB152/9, which would read:

The Executive Board, having considered the report by the Director-General,

Decided that informal consultations with Member States on the draft WHO global strategy on infection prevention and control will continue to be facilitated by the Secretariat prior to the Seventy-sixth World Health Assembly with a view to enabling the following draft decision to be submitted to the Seventy-sixth World Health Assembly for adoption:

The Seventy-sixth World Health Assembly, having considered the report on the draft global strategy on infection prevention and control,

Decided to adopt the WHO global strategy on infection prevention and control.

The representative of the RUSSIAN FEDERATION said that the draft decision should be amended to clarify that terminology used in the draft global strategy that had not been agreed by consensus would be changed prior to its consideration by the Seventy-sixth World Health Assembly. On previous occasions, votes had been taken at the Health Assembly on documents containing language that had not been universally accepted; a repetition of that scenario should be avoided.

The CHAIR said that the draft decision had been amended to reflect the required extended intersessional consultations with Member States on the draft global strategy to be facilitated by the Secretariat.

The representative of the RUSSIAN FEDERATION said that it should be made clear that discussions would continue until agreed language was used in the text.

The decision, as amended, was adopted.¹

2. GLOBAL ROAD MAP ON DEFEATING MENINGITIS BY 2030: Item 10 of the agenda (documents EB152/10 and EB152/10 Add. 1)

The CHAIR invited the Board to consider the report contained in document EB152/10 and to provide comments and guidance on the Secretariat's approach, as set out in paragraph 16. She also

¹ Decision EB152(7).

invited the Board to consider the draft decision on the global road map on defeating meningitis by 2030 contained in document EB152/10, the financial and administrative implications of which were contained in document EB152/10 Add.1.

The representative of PARAGUAY said that the report drew attention to the need to strengthen work at the country level and provided a framework to monitor action in priority areas. To defeat meningitis with maximum impact, sufficient resources were required at the national, regional and global levels, in particular so that access to vaccines could be guaranteed. Global immunization efforts should be redoubled and campaigns launched to build confidence in vaccines and counter misinformation. The forthcoming WHO operational manual to guide countries in developing their national strategic plans to defeat meningitis by the year 2030 would be crucial. She supported the draft decision.

The representative of FRANCE expressed support for the Secretariat's approach to tackling the issue, particularly with regard to encouraging collaboration between regions. He also supported the use of the levers of the operational framework for primary health care in combating meningitis, which would help to strengthen the integration of meningitis prevention and management into primary health care.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, said that strategic plans should take into account meningitis prevention, treatment, detection and monitoring, as well as management of meningitis and its sequelae, use of the emergency meningitis vaccine stockpile, and integration of meningitis into universal health coverage and primary health care. Monitoring should focus on: case-by-case surveillance; early detection of epidemics and appropriate response; mapping of at-risk districts; capacity-building for providers, including on the systematic use of lumbar punctures; and the use of rapid diagnostic tests. Laboratory work should be focused on molecular diagnosis of meningitis and capacity-building for laboratory staff, while vaccination efforts should focus on including meningococcal conjugate vaccines in expanded routine immunization programmes and on improving vaccination coverage.

The representative of BRAZIL highlighted the crucial role of routine immunization activities in primary health care. She also emphasized the importance of: diversifying vaccine producers; fostering innovation in developing countries; increasing vaccination coverage of existing vaccines; improving prevention strategies; and mobilizing resources. The integration of meningitis prevention, diagnosis, treatment and care into primary health care should be strengthened by reinforcing service coverage, enhancing access to medicines and vaccines, and improving surveillance and critical research. The main goals of the global road map were aligned with efforts to achieve universal health coverage and expand equitable access to primary health care. Expressing support for efforts to ensure affordable access to countermeasures, she reiterated that extensive immunization was a global public good.

The representative of the RUSSIAN FEDERATION said that the WHO Technical Taskforce on defeating meningitis by 2030 should promptly finalize the investment case setting out the financial resources required to implement the global road map in order to help countries to assess the effectiveness and appropriateness of national measures to control and defeat meningitis. She expressed support for the Secretariat's planned development of guidelines for the diagnosis, treatment and management of meningitis. Epidemiological surveillance, monitoring of antimicrobial patterns, risk and communication strategies, and maintaining primary health care and immunization services were components that should be included in national strategic plans. Her Government stood ready to participate in that work. She also supported the development of monitoring and evaluation mechanisms to assess the implementation of the global road map and hoped that the monitoring and evaluation plan would be published soon. She expressed support for the draft decision.

The representative of GHANA said that despite the progress made through vaccination and improved surveillance, meningitis remained a major public health problem in the African meningitis

belt. He welcomed the establishment of a strategy support group to facilitate the implementation of the global road map, with an emphasis on strengthening integration of meningitis prevention and management into primary health care. The Secretariat should support Member States in mobilizing resources for the effective implementation of national strategic plans on defeating meningitis and in improving the quality of laboratory testing, case management and care to reduce death and disability. He supported the draft decision.

The representative of MALAYSIA said that prevention, primarily through vaccination, was the most effective way of reducing the burden and impact of meningitis. The visionary goals of the global road map would reduce the global and economic burden of vaccine-preventable diseases and benefit countries and the global community. Diagnostic tests could improve the diagnosis and treatment of meningitis, and appropriate training and guidelines were important to guide best practices for clinical management of meningitis treatment and care to reduce sequelae and deaths. Implementation of the global road map would require political will, participation, policies and perseverance. The establishment of a strategy support group was crucial to strengthen coordination and engagement and to raise the profile of meningitis on the global public health agenda, and should include representatives from multisectoral organizations to mobilize the necessary technical, human and financial resources. Her Government was willing to provide support to WHO and its partners towards achieving the goals of the global road map. She supported the draft decision.

The representative of INDIA requested clarification on the way in which the strategic goals of the global road map would be put into effect at the country level given the varying epidemiology of meningitis around the world. The participation of Member States in developing comprehensive guidelines for the diagnosis, treatment and management of meningitis should be encouraged in order to ensure people-centred health services and quality health care service delivery. Close collaboration with Member States was needed to ensure a sufficient meningitis vaccine stockpile and to strengthen infrastructure. A robust monitoring and evaluation mechanism to share progress on each of the global road map's pillars and strategic goals at the country level would help policy-makers and public health experts to make informed decisions and design targeted interventions.

The global road map should be prioritized and integrated into country plans to ensure enhanced advocacy and engagement. Raising awareness of meningitis and its impact and ensuring equal access to meningitis prevention, treatment and support was important. Successful implementation of the global road map would depend on regional and country engagement and political commitment. Those efforts would require aligned and effective support from WHO and partners, including the private sector and civil society, to bring together all globally available resources. She expressed support for the draft decision.

The representative of JAPAN welcomed efforts to strengthen the integration of meningitis prevention and control into primary health care. Given that many cases of meningitis were preventable, the implementation of concrete plans to promote immunization in primary health care was essential. Although defining rapid diagnostic test product profiles was important, laboratory capacity should also be strengthened to facilitate early diagnosis. He had no objection to the draft decision.

The representative of CHINA was pleased to note the progress made on some of the key activities of the global road map, particularly the development of evidence-based policies and strategies. He looked forward to the monitoring and evaluation plan that was expected to be made available in mid-2023. His Government would continue to maintain its vaccination rate, conduct surveillance, raise awareness and actively engage in international cooperation. The Secretariat should continue to support countries in need to reduce morbidity and mortality from meningitis. He supported the draft decision.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that Sudan, a country within the Region that was affected by meningitis,

had taken action to defeat bacterial meningitis, including by introducing meningococcal A conjugate and pneumococcal vaccines in routine immunization, in addition to launching preventive campaigns. Other countries in the Region continued to face challenges in responding to outbreaks, particularly in the early phases of investigation and diagnosis. Reliable confirmation of diagnosis remained a challenge when cases were reported in areas that were remote or affected by complex emergencies. Meticulous laboratory work was necessary to rule out bacterial causes. He was pleased to note the progress made in relation to the global road map, particularly regarding the work conducted by the WHO Technical Taskforce and the strategy support group. The Member States of the Region looked forward to working with the Secretariat on the high-level regional analysis and to finalizing the regional implementation framework, as well as to the monitoring and evaluation plan that would be made available later in the year.

The representative of MALDIVES looked forward to the forthcoming monitoring and evaluation plan and expressed appreciation for efforts to develop a regional implementation framework to defeat meningitis by the year 2030, including by boosting diagnostic capabilities, integrating rehabilitation into all layers of health care and prevention, and increasing advocacy. The high-level landscape analysis would enable a better evaluation of the implementation of the pillars of the global road map. Adequate financial and technical resources should be mobilized for implementation of the plan. Efforts to strengthen the integration of meningitis prevention and management into primary health care required improved laboratory capacities and surveillance. Region-to-region and country-to-country collaboration was needed to integrate testing and surveillance capacities. She expressed support for the draft decision.

The representative of the REPUBLIC OF MOLDOVA expressed support for the implementation of the global road map and efforts to raise the profile of meningitis on the global health agenda. She requested the support of the working group on meningococcal vaccines and vaccination of the Strategic Advisory Group of Experts on immunization in introducing compulsory meningitis vaccination in the national immunization programme. The Secretariat should provide support at the country level to strengthen diagnostic and treatment capacities in primary health care, specialized hospitals and laboratories.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Life Course) said that the highly innovative global road map addressed meningitis not only as a treatable and preventable infectious disease but also highlighted the need to support and care for people living with the sequelae of meningitis; that new aspect would be a powerful lever to improve access to disability support. The actions set out in the global road map would not only improve meningitis prevention and control but also strengthen the integration of those efforts into primary health care.

Sufficient resources were required at the global, regional and national levels to defeat meningitis in the shortest period and with maximum impact. An investment case setting out the financial resources required to implement the global road map was being finalized and would be launched in mid-2023 as part of a pledging event. Many cases of meningitis could be prevented through vaccination. As such, and in line with the Immunization Agenda 2030, a robust framework and action mechanism was important to strengthen meningitis prevention through vaccines and immunization programmes. Lastly, he drew attention to the synergies between the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and the global road map in relation to diagnosis and treatment.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision contained in document EB152/10.

The decision was adopted.¹

3. STANDARDIZATION OF MEDICAL DEVICES NOMENCLATURE: Item 11 of the agenda (document EB152/11)

The CHAIR invited the Board to consider the report contained in document EB152/11 and to provide its views on the proposed way forward and on any adjustments that it might consider necessary, as set out in paragraph 20.

The representative of DENMARK, speaking on behalf of the Member States of the European Union, said that the candidate countries North Macedonia, Montenegro, Ukraine, the Republic of Moldova and Bosnia and Herzegovina, and the European Free Trade Association country Norway, aligned themselves with his statement. He welcomed the updates to the Global atlas of medical devices, the global model regulatory framework and the WHO Priority Medical Devices Information System, as well as the selection of a provider to map medical devices nomenclature data for integration into WHO platforms and the establishment of the Strategic and Technical Advisory Group on Medical Devices.

The continuation of mapping between relevant nomenclature systems and the planned conclusion of memorandums of understanding with the holders of the European Medical Device Nomenclature, the Global Medical Device Nomenclature, the Universal Medical Device Nomenclature System and the United Nations Standard Products and Services Code were also welcome. The Secretariat should develop and make available a timeline for the related deliverables and allocate sufficient resources to the entities that had been assigned that challenging work in order to ensure timely and smooth implementation and to guarantee sustainability. He recalled that the European Medical Device Nomenclature was a clear, transparent and free nomenclature available to all countries and which met the criteria to be considered a global public good.

The representative of CHINA expressed appreciation for the efforts of the Secretariat in promoting the standardization of medical devices nomenclature and its work on international classification, coding and nomenclature of medical devices. The in-depth investigations, scientific analysis and effective coordination had laid a solid foundation for the standardization of information on the selection, regulation, assessment and management of medical devices. His Government stood ready to share its terminology, descriptions and other relevant information on WHO platforms in order to contribute to the scientific regulation of medical devices and was willing to participate in the relevant technical work of the Secretariat. Referring to section 4.3.1.4 of the global model regulatory framework, he requested clarification on the recommended nomenclature system to be used and whether there would be a corresponding selection process for subsequent eligible nomenclature systems.

The representative of CANADA, speaking also on behalf of Australia, Brazil, Japan, the United Kingdom of Great Britain and Northern Ireland and the United States of America, expressed appreciation for the Secretariat's efforts to support Member States in accessing relevant and up-to-date medical devices nomenclature. However, he did not support the incorporation of existing nomenclatures into the WHO Priority Medical Devices Information System, due to concerns about data integrity and cost-effectiveness related to this approach, and noting that reliable, trusted and comprehensive nomenclature information was already publicly available free of charge on existing platforms, such as the Global Medical Device Nomenclature.

In addition, copying and/or mapping data from one source to another jeopardized data integrity, required significant ongoing WHO resources and could lead to confusion for medical device manufacturers if they were required to use or label a device with the WHO version of the nomenclature.

¹ Decision EB152(8).

The Secretariat should therefore link the WHO Priority Medical Devices Information System to existing free, publicly available databases, and encourage and support Member States to use such databases to access up-to-date information. WHO's feasibility study had revealed that comprehensive and reliable mapping of the European Medical Device Nomenclature and the Global Medical Device Nomenclature would be difficult because the systems had a fundamentally different architecture and number of terms, resulting in a need for additional resources, a lack of specificity and an increasing number of inaccuracies impacting ongoing sustainability. Member States should be made aware of the technical complexities and limitations of such data and mapping. The feedback of Member States should be taken on board, and he looked forward to further meaningful consultations on the matter.

The representative of MALAYSIA supported WHO's efforts to create a standardized international classification, coding and nomenclature for medical devices. The WHO Priority Medical Devices Information System was an excellent platform for compiling and integrating existing nomenclature systems for medical devices. With regard to the new grouping tool, she requested the Secretariat to consider the grouping criteria of medical devices developed and implemented in Malaysia.

The representative of GHANA, speaking on behalf of the Member States of the African Region, said that medical devices were essential to ensure accurate diagnosis and appropriate clinical care and preventive activities, as well as to ensure the well-being of populations and protect them from health emergencies. He noted the progress made in integrating information on medical devices into other WHO platforms. The Secretariat must continue to ensure the robustness of that information system and the availability of adequate information to improve the standardization of medical devices nomenclature.

The regional summary of country profiles to be updated in the WHO Global Observatory on Health Research and Development would provide useful information on medical devices standardization at a glance. The development of standards, norms and a glossary of definitions for health technologies, in particular for medical devices, should be prioritized. Enhanced regional collaboration would be necessary for the use of an official nomenclature to track medical devices within the Region. In addition, an enabling environment should be created to ensure sufficient interest among Member States. Efforts to enhance Member State engagement should continue, including through regional workshops, briefing sessions and training, in particular on the use of the standardized nomenclature.

The representative of the SYRIAN ARAB REPUBLIC emphasized the importance of a standardized classification and nomenclature, which should be based on a number of groupings and definitions such as function, location within the hospital and risk, with the possibility of adding new ones in future given the rapid development of medical devices and technologies. Following its approval, the standardized classification should be made available in all official languages of the United Nations to ensure its ease of use among regions, especially for Arabic-speaking countries, and the necessary technical support should be provided. Access to the standardized nomenclature and classification should be free of charge to help Member States to achieve the Sustainable Development Goals and to share comments, conduct research and obtain data that would help in developing the health sector. A standardized nomenclature and classification of medical devices were essential for diagnosing diseases, providing treatment and saving lives. The rights of countries to obtain those devices should be protected if sanctions were imposed upon them; preventing the supply of medical devices and technologies and the provision of post-sale maintenance services and replacement parts contributed to the spread of epidemics and an increased rate of morbidity and mortality.

The representative of the REPUBLIC OF MOLDOVA said that, in contrast to the regulation of medicines, the regulation of medical devices remained underdeveloped and with an undefined legal status. Countries were increasingly able to provide medical equipment but the lack of specialists and robust regulation were a major impediment. Lack of regulation also led to the cancellation of large-scale public procurement, which was an inefficient use of resources and gave the appearance of conflicts of interest and a risk of corruption. The Secretariat should provide logistical, financial and technical support

to help countries in strengthening their national legal frameworks, using the technical specifications for the equipment and training local specialists. Medical devices were crucial to modernize health systems and ensure high-quality medical services, especially diagnostic services.

The representative of INDIA said that a standardized nomenclature and classification of medical devices would support patient safety, allow for comparisons between medical devices and provide information on their availability and accessibility. It was also essential for defining and naming innovative technologies, classifying devices for regulatory approval and streamlining procurement. A standardized classification could be linked to other WHO international classification systems and support the provision of standardized information for policy-makers and managers. The lack of a nomenclature system had hampered the development of an evidence- and web-based health technologies database, as requested in resolution WHA60.29 (2007) on health technologies. She welcomed the proposal to organize further consultations with Member States and related stakeholders.

The representative of COLOMBIA said that some of the information in the updated Global atlas of medical devices might be out of date owing to regulatory changes that had taken place after the consultation period. His Government would seek to keep the relevant national information up to date. The international mapping of different medical devices nomenclature was useful and the update of the WHO Priority Medical Devices Information System was welcome; however, in view of the System's limitations, his Government would continue to use the Global Medical Device Nomenclature.

The representative of the REPUBLIC OF KOREA said that a more advanced and sophisticated medical devices management system should be developed to keep up with the continued expansion of the medical devices market and the development of innovative devices, including software. Standardization of medical devices was therefore crucial, and would serve as a reliable reference for countries that did not have established regulatory systems. WHO's work on the matter provided an opportunity to share views and compare perspectives. Further active consultations with relevant stakeholders were needed and information on progress should continue to be shared with Member States.

The representative of MALDIVES welcomed WHO's efforts to standardize medical devices nomenclature and the progress made in updating the WHO Priority Medical Devices Information System, and expressed support for the proposed way forward. The existence of multiple nomenclatures made it difficult to communicate important information between individuals and organizations, complicated procurement, supply, regulation and tracking, and impacted patient safety and care. For resource-limited countries such as Maldives that relied heavily on imports of medical devices, it also hindered efforts towards achieving universal health coverage targets by the year 2030. As such, similar and cross-cutting strategies should be integrated on a single platform to strengthen implementation and monitoring. The Secretariat should continue to support Member States in adopting the global model regulatory framework for conducting and implementing health technology assessments.

The representative of the RUSSIAN FEDERATION said that, although the initial aim had been to create a WHO nomenclature, that goal had gradually transformed into a decision to grant international status to an existing nomenclature. That goal had in turn not been met, owing to the introduction in various countries of alternative nomenclature classifications and the impossibility of removing them from the existing regulatory system. At the WHO information session for Member States held on 1 December 2022, it had been observed that WHO's primary task was to ensure the interconnection on the WHO Priority Medical Devices Information System platform of the Global Medical Device Nomenclature and the European Medical Device Nomenclature, as well as the platform's integration with other WHO digital platforms such as the International Classification of Diseases and Related Health Problems. Some Member States were doubtful that a comparison of the two nomenclatures would be effective in view of their differing structure and level of detail. In addition, a unified nomenclature

system was necessary in order to monitor changes in real time. The creation of a single medical devices nomenclature was therefore not appropriate at present.

The representative of THAILAND¹ commended the Secretariat and partners for their efforts and contribution to the mapping of medical devices nomenclature, including the establishment of cross-references between the different nomenclature systems. She emphasized the importance of data accuracy in the WHO Priority Medical Devices Information System, which should be regularly updated. The Secretariat should provide technical support to Member States to maximize the benefit of the System at the country level, in addition to ensuring adequate resources to accelerate those efforts and make progress towards the achievement of universal health coverage.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, urged Member States to support the Secretariat's proposed way forward. A standardized nomenclature system was a global public good. The current lack of such a system created unregulated competition and products of variable quality that negatively impacted public procurement. She called on WHO to maintain control over the process of international standardization, prioritization and regulation of medical devices while ensuring transparency and guarding against conflicts of interest.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, called on the Secretariat and Member States to: ensure that medical devices nomenclature was globally accessible, transparent and harmonized; work together with pharmacists – who were uniquely positioned to support those efforts – on the related guidelines, tools and strategic implementation; build capacity through knowledge of medical devices and nomenclature by incorporating standardized nomenclature in pharmaceutical curriculums and professional development programmes; and use trained pharmacists in disseminating knowledge of medical devices nomenclature.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Access to Medicines and Health Products) thanked Member States for their interest and input on the matter. The COVID-19 pandemic had shown that medical devices were indispensable. The lack of a harmonized nomenclature had led to challenges in procurement, follow-up, surveillance and purchasing, particularly for low- and middle-income countries. As the update of the *Global atlas of medical devices 2022* had shown, of the 180 Member States that had provided information, 45% did not have an official nomenclature system, 18% had developed their own systems that were cumbersome and incompatible with other global systems, 9% officially used the Universal Medical Device Nomenclature System, 8% officially used the Global Medical Device Nomenclature and 15% officially used the European Medical Device Nomenclature.

A unified naming system enabled better tracking, easier procurement, better harmonization of information and availability at health care facilities. During the COVID-19 pandemic, such a system would have been of significant benefit in the supply chain, whether in relation to procurement, tracking or purchasing. The Secretariat appreciated Member States' encouragement to remain vigilant regarding the transparency process and in its work on the harmonization of nomenclature. The intention was not to replace any existing nomenclature system used by Member States. A harmonized system would, however, be of benefit to Member States that did not have their own nomenclature systems. The Secretariat would continue to provide information and updates, organize Member State consultations and work with Member States and partners on that very important topic.

The Board noted the report.

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

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES (continued)**4. POLIOMYELITIS:** Item 13 of the agenda**Poliomyelitis eradication:** Item 13.1 of the agenda (document EB152/18)**Polio transition planning and polio post-certification:** Item 13.2 of the agenda (document EB152/19)

The CHAIR invited the Board to consider the reports contained in documents EB152/18 and EB152/19, in particular the guiding questions set out in paragraphs 31 and 34, respectively.

The representative of BRAZIL expressed concern at the recent emergence of new cases of poliomyelitis around the world and the risk of the disease returning in countries that had eliminated it, as warned by the scientific community. In that context, an international group of scientists and health professionals had released the 2022 Scientific Declaration on Polio to underscore the urgent need to implement the Polio Eradication Strategy 2022–2026. Poliomyelitis eradication was both feasible and urgently needed. Vaccination was key to achieving that goal, in addition to global efforts and effective implementation of both the Polio Eradication Strategy 2022–2026 and the Strategic Action Plan on Polio Transition (2018–2023). Member States should reinforce their commitment to poliomyelitis eradication and give attention to neglected diseases.

The representative of AFGHANISTAN said that significant progress had been made in his country in eradicating poliomyelitis with support from Global Polio Eradication Initiative partners, including WHO and the Regional Office for the Eastern Mediterranean, but much remained to be done. Wild poliovirus transmission in Afghanistan was currently at its lowest ever level, representing an important opportunity to end poliomyelitis. The recent resumption of nationwide poliomyelitis vaccination campaigns had been a critical step forward. However, significant barriers remained; house-to-house vaccination was still a challenge in some areas, leaving children at risk. The safety and security of workers involved in Afghanistan's poliomyelitis eradication programme also remained a chronic issue, with continued targeted attacks. Cross-border coordination with Pakistan was crucial given the single epidemiological block formed by the two countries, but the current political climate made that coordination challenging.

The sharp rise in the number of wild poliovirus cases in Pakistan together with the detection of cases in Malawi and Mozambique underscored the need for urgent action to interrupt transmission of poliovirus in Afghanistan and Pakistan. Context-specific actions and technical guidance were needed to achieve the aim of being poliomyelitis-free and for the success of poliomyelitis programmes. In the longer term, critical steps must be taken to sustain his country's poliomyelitis programme by integrating it into the national routine immunization programme and by establishing an in-country poliomyelitis laboratory.

The meeting rose at 12:50.

EIGHTH MEETING

Thursday, 2 February 2023, at 14:35

Chair: Dr Z. MUSTAFA (Malaysia)

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

1. POLIOMYELITIS: Item 13 of the agenda (continued)

Poliomyelitis eradication: Item 13.1 of the agenda (document EB152/18) (continued)

Polio transition planning and polio post-certification: Item 13.2 of the agenda (document EB152/19) (continued)

The representative of CHINA said that global eradication efforts should focus on identifying and reaching zero-dose communities. It was important to keep the poliomyelitis vaccination rate high while also promoting coronavirus disease (COVID-19) vaccination. The Secretariat should continue fostering collaboration among Member States to reduce the global transmission of wild poliovirus, enhance technical support to affected and high-risk countries and help key regions to take more rapid and effective measures towards eradication.

The representative of CANADA said that the novel oral poliovirus vaccine type 2 was promising and urged Member States and the global health community to stay focused on poliomyelitis eradication, including by properly funding the Global Polio Eradication Initiative. There should be closer collaboration with humanitarian actors, especially in hard-to-reach areas, and greater integration of poliomyelitis eradication efforts into a broader suite of health services to maximize limited resources and increase uptake in vaccine-weary contexts.

Her Government supported the transition process of integrating poliomyelitis functions into Member State public health programmes and WHO integrated public health teams. However, careful management of the process was needed to prevent backsliding. Global discussions on pandemic preparedness and response presented further opportunities to leverage poliomyelitis assets, including emergency operations centres. Countries that had transitioned must maintain strong surveillance. Although the increased focus on countries in which the virus was endemic and on the most consequential geographies (subnational areas with high rates of new cases and also affected by broader humanitarian emergencies) was welcome, it was a concern that other vulnerable countries without the means to mount effective campaigns were at greater risk of outbreaks. She asked how the Global Polio Eradication Initiative would manage that risk.

Poliomyelitis eradication would not be possible without a fully gender-responsive approach across all programme and operational areas and she looked forward to learning from the Global Polio Eradication Initiative about opportunities to make a difference on gender equality.

The representative of PERU said that a flexible approach was needed to ensure that zero-dose children had access to the oral poliovirus vaccine, with doses being administered at least four weeks apart. Strategies should be implemented to take vaccination into hard-to-reach areas, including through house-to-house visits by mobile teams and vaccination centres operating at strategic times in accessible

places, such as churches and educational institutions. The media should also issue clear messages tailored to local realities and supported by local, district and regional governments.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, outlined some of the steps taken by the Governments of the Region to eradicate poliomyelitis. It was important to raise more funds for eradication activities, enhance surveillance of vaccine-derived polioviruses, improve availability of the inactivated poliovirus vaccine and include it in routine immunization, and integrate environmental surveillance into global surveillance efforts. By addressing those challenges, governments would be better prepared for the post-certification phase. It was also a way to maintain political commitment for poliomyelitis eradication, ensure high-quality vaccine campaigns coordinated across different countries, improve routine immunization coverage, and strengthen surveillance of vaccine-preventable diseases.

The Board should note the reports contained in documents EB152/18 and EB152/19.

The representative of INDIA said that transmission of wild poliovirus type 1 and vaccine-derived poliovirus type 2 remained a threat. A comprehensive funding plan, including information about costs of vaccines, surveillance and operations, engagement with key stakeholders and identification of new funding sources were required to mobilize resources for the Polio Eradication Strategy 2022–2026.

All remaining zero-dose children must have access to the oral poliovirus vaccine. Efforts should be made to strengthen routine immunization in high-risk areas, raise vaccine awareness and establish mobile vaccination teams to cover hard-to reach areas. The new polio transition vision should be based on strong and sustainable routine immunization systems. It must strengthen surveillance, including for vaccine-derived poliovirus, promote investment in health systems and human resources and enhance engagement with governments, communities and other stakeholders.

The representative of FRANCE, welcoming the financial commitments towards poliomyelitis eradication made by many governments at the Seventy-fifth World Health Assembly, said that funding at the national level should also be increased as part of the full portfolio planning process, promoted by Gavi, the Vaccine Alliance, with the aim of including poliomyelitis vaccination in national routine immunization strategies. Investments in poliomyelitis eradication and health systems strengthening were complementary.

In order to ensure that all remaining zero-dose children had access to the oral poliovirus vaccine, those children must be identified, including with the involvement of communities and civil society. Parents should be made aware of the importance of vaccination. Efforts should be made to strengthen vaccination campaigns with the support of national and local authorities, monitor implementation and improve surveillance in the areas concerned.

With regard to transition planning, improving vaccination rates among children should be a priority given the decline in vaccination coverage triggered by the COVID-19 pandemic. Surveillance in large urban areas with a focus on at-risk populations should also be improved. Actions on containing poliovirus should be enhanced, by continuing to reduce the number of facilities using poliovirus strains while developing lower-risk alternatives.

The representative of the RUSSIAN FEDERATION said that the reports focused on countries located in only three WHO regions, namely the African, South-East Asia and Eastern Mediterranean Regions. However, the emergence of vaccine-derived poliovirus in a number of countries in the Region of the Americas and the European Region had shown that the virus could be imported over great distances and revealed gaps in surveillance. Measures for countries and regions where the virus was not endemic should be included among the key priorities in the renewed polio transition vision. Other key priorities should include: immunization and ensuring a supply of vaccines, notably inactivated poliovirus vaccine, for inclusion in routine immunization in all countries; high-quality surveillance; monitoring of poliovirus circulation; support for laboratory networks; containment; scientific research; and regional and country transition plans. Noting that regional action plans should take into account the specificities of the given region, she said that the plan for the European Region should focus on risk

groups, surveillance and containment, given the high number of laboratories in the region storing the virus.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND fully supported the efforts of the Global Polio Eradication Initiative and WHO's work on the transition. The recent re-emergence of poliomyelitis in areas previously free of the virus, including his country, was a stark reminder that, as long as the virus existed anywhere, the whole world was at risk. All Member States should maintain sensitive surveillance, high immunization coverage and compliance with containment activities in accordance with resolution WHA71.16 (2018), and he outlined steps being taken by his Government to that end.

His Government commended the work of frontline teams, which had led to a single remaining transmission chain in Pakistan and Afghanistan. It was vital to make the most of the upcoming low season to interrupt all remaining chains of poliovirus transmission in 2023. WHO should set out clearly how it would ensure lessons learned on effective eradication would be implemented. He urged the Secretariat and Member States, particularly those home to the seven most consequential geographies, to ensure the ongoing national prioritization of poliomyelitis vaccination campaigns to reach remaining zero-dose children. The Secretariat should explain how it was maximizing collaboration with Gavi on reaching zero-dose children.

He welcomed the continued commitment to integrating poliomyelitis eradication and transition efforts and underscored the need to focus not only on integration with other immunization programmes but also with broader primary health care approaches.

The representative of the REPUBLIC OF KOREA said that Member States should ensure appropriate resources for sustained, integrated disease surveillance as part of their efforts to build resilient national health systems for polio transition and noted that long-term financial sustainability was a key aim of transition. WHO should develop snapshots for each country, focusing on key milestones and challenges in the transition process. With regard to the focus areas of regional action plans, the effective integration of essential functions was vital to deliver immunization services to underserved communities. WHO should establish a technical task force to support priority countries and ensure alignment among all partners. The effective implementation of the Global Polio Eradication Initiative would help countries respond better to future public health emergencies.

The representative of the SYRIAN ARAB REPUBLIC said that it was important to ensure sufficient supplies of oral poliovirus vaccines and conduct vaccination campaigns, in particular in affected and high-risk areas. Funding was needed to strengthen surveillance in all countries so that the virus could be detected, especially in sewage. A focus should be placed on helping the most vulnerable people. House-to-house visits should be increased in high-risk countries to raise awareness, and transparency was essential to counter misinformation. There was a need to step up vaccine production to meet growing needs and to respond effectively to the emergence of new cases. Lessons should be learned from countries that had successfully eradicated poliomyelitis.

The representative of the UNITED STATES OF AMERICA said that the Global Polio Eradication Initiative should reconsider its policy of not providing direct support to integrate activities in the remaining known poliovirus reservoirs. It should provide needed surge support, identify neutral emissaries to increase access, co-design approaches in inaccessible areas and close surveillance gaps to prevent the circulation of wild poliovirus and importation, which was a concern. There should be a renewed focus on ending outbreaks, especially in Africa, through action to improve the quality, scope and speed of vaccination campaigns, and respond to an outbreak as soon as it was detected with the vaccine most readily available. The inclusion of poliovirus vaccination in other outreach activities and campaigns should be part of national action plans. A combination of enhanced campaign speed and field effectiveness would stop outbreaks more quickly and reduce the likelihood of new ones. Poliomyelitis remained a public health emergency of international concern under the International Health Regulations (2005) and all Member States should remain diligent about continued poliovirus surveillance and

vaccination. It was critical to focus on reducing the number of zero-dose children and strengthening poliomyelitis and other vaccine-preventable disease surveillance. Governments were encouraged to ensure that national programmes were sufficiently resourced to support the human and operational costs of ongoing immunization, surveillance and laboratory needs.

In closing, her Government encouraged the advancement of poliovirus containment efforts in alignment with the Global Polio Eradication Strategy 2022–2026 and the new Strategy for Global Poliovirus Containment.

The representative of TIMOR-LESTE noted with satisfaction that the South-East Asia Region had retained its poliovirus-free certification status. However, it was important to scale up surveillance, sustain vaccination coverage, and increase the poliomyelitis outbreak response since poliomyelitis remained a public health emergency of international concern. Noting that the COVID-19 pandemic had had a negative impact on routine immunization and surveillance activities, he outlined some of the actions being taken by his Government to ensure that Timor-Leste remained free of poliomyelitis and thanked WHO for its technical and financial support in that regard.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, acknowledged the crucial role of the Regional Subcommittee for Polio Eradication and Outbreaks and the vaccination efforts of health care workers. Although wild poliovirus had been largely contained within Afghanistan and Pakistan, the risk of transmission remained and Member States should sustain their poliomyelitis-essential functions.

He called on all stakeholders to seize the moment to eradicate poliomyelitis, urging leaders in Afghanistan and Pakistan, in particular, to keep up the momentum. It was important to ensure rapid detection and response to outbreaks while also prioritizing routine immunization, particularly among zero-dose children in countries with protracted outbreaks, such as Somalia and Yemen. There was a need to address challenges related to the global supply of the novel oral polio vaccine type 2 and integrate poliomyelitis-essential functions into national public health programmes. He recognized the progress made in the polio transition and the Secretariat's support for surveillance, immunization and emergency response within the context of health systems strengthening and health security. The Member States of the Eastern Mediterranean Region remained committed to a successful transition and would prioritize financial resources to secure poliomyelitis-essential functions, improve immunization coverage and strengthen emergency response capacity.

The representative of MALAYSIA welcomed the updated outbreak response guidelines and detailed global surveillance action plan for 2022–2024, which was also useful for medium-to-low risk countries like his own. The detection of vaccine-derived poliovirus type 2 in various countries had shown that poliovirus could circulate anywhere. It was vital for all Member States to optimize poliovirus vaccination coverage in all areas and the recent increase in the number of zero-dose children in high-risk areas must be addressed without further delay. Community mobilization, collaboration with civil society and strong communication strategies tailored to local needs could facilitate vaccination uptake, acceptance and access. The Global Polio Eradication Initiative should work closely with priority countries to identify gaps in surveillance and laboratory capacity so that financial support could be mobilized with a view to improving the timeliness and sensitivity of poliovirus detection.

In order to achieve the objectives of the Strategic Action Plan on Polio Transition 2018–2023, close collaboration with the polio transition priority countries was required, ensuring that their concerns and needs were addressed. Regional action plans for polio transition and integration beyond 2023 should focus on ensuring that poliomyelitis eradication gains were sustainable. Integration with other health programmes would facilitate capacity-building and drive progress towards universal health coverage. Core capacities in the areas of surveillance, laboratories and the emergency response framework should also be given priority in polio transition and integration.

The representative of PARAGUAY said that, in order to ensure sufficient funding for full implementation of the Polio Eradication Strategy 2022–2026, the financial needs and opportunities within different countries should be analysed and national resources could be supplemented by international cooperation and financing. There was also a need to establish effective and transparent accountability procedures and harmonize national priorities with global vaccination and immunization strategies.

To ensure that all remaining zero-dose children in affected and high-risk areas had access to the oral polio vaccine, the focus should be on strengthening immunization systems and improving outbreak preparedness, detection and response capacities; planning and resourcing immunization campaigns in close coordination with scientific associations and civil society; staffing vaccination teams; and organizing communication campaigns focusing on at-risk populations to address disinformation and vaccine hesitancy.

Key priorities of the renewed polio transition vision should include the development of action plans specific to each population or risk group, the strengthening of national and subnational emergency response capacities, and the provision of better guidance from regional offices to countries in identifying available financial resources. Focus areas of the regional action plans for polio transition beyond 2023 were strengthening routine immunization and surveillance of vaccine-preventable diseases and improving monitoring and laboratory capacities.

The representative of BOTSWANA said that his Government continued to support global efforts to eradicate poliomyelitis and he outlined a number of actions it had taken to that end, such as the establishment of environmental surveillance in six priority areas and the implementation of an immunization strategy aiming to reach all people eligible for vaccination.

The representative of the REPUBLIC OF MOLDOVA supported the reports. The war in Ukraine had created favourable conditions for outbreaks and the situation was inevitably affecting countries receiving Ukrainian refugees, whose vaccination status was unknown. Vaccination programmes, including for poliomyelitis, must be a priority for WHO in Ukraine. The reports should contain information regarding measures to address poliomyelitis among refugees as well as for poliomyelitis-free areas that were potentially at risk.

The overall poliomyelitis vaccination rate had decreased during the pandemic which presented a risk to all, and the routine immunization agenda must be respected.

The representative of COLOMBIA, welcoming the reports, said that progress depended on how quickly the international community could eradicate poliomyelitis in countries in which the virus was endemic, contain it in at-risk countries and stop the transmission of vaccine-derived poliovirus in countries where the wild polioviruses had already been eradicated. Poliomyelitis eradication would demonstrate the global and regional will to collaborate to move forward on high-impact common causes while working towards acceptance of the social determinants of health, overcoming inequality, and promoting universal health coverage, and he highlighted the need for more precise targets in that regard. His Government remained committed to eradication and was striving to increase vaccination coverage to pre-pandemic levels.

The representative of SLOVAKIA, endorsing the comments made by the representatives of the Republic of Moldova and Senegal, called for a greater focus of efforts on humanitarian settings, especially conflict zones, where health systems were fragile and the risk of new poliomyelitis cases was higher. Global success in poliomyelitis eradication would not be possible without targeted approaches in those settings, such as the establishment of electronic registers containing the health and personal data of displaced persons. There was also a need for enhanced policy development, as well as better communication with vaccine-hesitant populations.

The representative of YEMEN said that his Government, which had recorded cases of poliomyelitis in 2019, was continuing to take measures towards poliomyelitis eradication wherever possible but faced major difficulties due to the unstable security and economic situation in the country.

The representative of MALDIVES said that strategies and sustainable infrastructure were required to sustain the achievements of the Member States of the South-East Asia Region in poliomyelitis eradication. The poliomyelitis immunization response should be strengthened to reach zero-dose children, and the transition from the oral poliovirus vaccine to the inactivated poliovirus vaccine would help to reduce occurrences of vaccine-derived poliovirus. Targeted efforts were required to mobilize greater financial support for disease surveillance. Regional action plans for polio transition and integration beyond 2023 should focus on ensuring that poliomyelitis eradication gains were sustainable. Integration of poliomyelitis assets into other health programmes would facilitate capacity-building and drive progress towards universal health coverage.

The representative of ETHIOPIA reiterated her Government's commitment to poliomyelitis eradication and transition, emphasizing that efforts must be sustainable. It was important to strengthen surveillance and enhance measures in emergency and humanitarian settings.

The representative of MOZAMBIQUE¹ said that, despite the vaccination efforts of the subregional multi-country emergency outbreak response in her country, significant immunity gaps that could be contributing to ongoing transmission persisted. The mobilization of funding at the global and national levels for poliomyelitis eradication must be improved, and the private sector and other partners should be included in efforts. To reach every child, Member States must strengthen primary health care, encourage community involvement and take a whole-of-government and whole-of-society approach. Funding for national poliomyelitis plans should be prioritized and efforts made to boost routine immunization, build health facilities and improve community surveillance. With regard to post-poliomyelitis certification, integrated actions were needed to strengthen primary health care and community involvement.

The representative of MONACO¹ said that much remained to be done to sustain the progress made towards poliomyelitis eradication, and WHO and other organizations should continue collaborating with the Global Polio Eradication Initiative. Every effort must be made to strengthen vaccination strategies for zero-dose children, including by working with local nongovernmental organizations to ensure maximum coverage. Awareness-raising campaigns should be based on a participatory and bottom-up approach in order to foster trust in and acceptance of vaccination programmes. Commending the people working on the ground, most of whom were women, she expressed concern about the situation in Afghanistan where decades of progress in the fight against poliomyelitis were in danger of being lost. Poliomyelitis must remain a priority for global health programmes. Her Government would continue supporting WHO's eradication, transition and post-certification efforts.

The representative of PAKISTAN¹ said that although unprecedented floods had slowed the nationwide immunization campaign, his Government was continuing its work to detect, contain and eliminate all polioviruses as well as to reduce the risk of cross-border circulation between Pakistan and Afghanistan, and he outlined some of the actions being taken in that regard. His Government was grateful for the support it received from partners and was hopeful that all objectives would be met on time and in line with the Polio Eradication Strategy 2022–2026.

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

The representative of TUNISIA¹ congratulated WHO on its work on poliomyelitis eradication and welcomed the two reports under consideration. His Government was committed to achieving the goals of the Polio Eradication Strategy 2022–2026. His Government sought to ensure high vaccination coverage and surveillance to maintain the country's poliomyelitis-free status.

The representative of AUSTRALIA¹ commended the sustained efforts of the Global Polio Eradication Initiative and its partners and highlighted the need to ensure that national health and immunization systems were strong following the COVID-19 pandemic. Poliomyelitis eradication was a global public good, and renewed support for the Global Polio Eradication Initiative, including in the form of financial contributions, was needed to maintain the gains made thus far and help to close the significant funding gap. Her Government was pleased to have contributed to the Polio Eradication Strategy 2022–2026.

Recurring outbreaks of vaccine-derived poliomyelitis remained a concern and Member States must work with key partners to strengthen their routine immunization systems. Doing so would yield benefits in the fight against all vaccine-preventable diseases and mitigate poliomyelitis-related risks.

She commended the commitment of the Global Polio Eradication Initiative to continue operations in Afghanistan and noted with concern the restrictions being placed on women working for nongovernmental organizations. It was vital that women could participate in house-to-house campaigns in order to sustain high-coverage levels and reach zero-dose children. The safety of all frontline poliomyelitis workers should remain a priority.

The representative of ZAMBIA¹ said that the re-emergence of wild poliovirus type 1 and vaccine-derived poliovirus type 2 in the African Region and beyond was of great concern and had shown that there was no room for complacency.

More engagement with strategic funding partners was needed to mobilize the resources required to implement the Polio Eradication Strategy 2022–2026. Consideration should be given to new approaches in responding to multiple outbreaks of vaccine-preventable diseases. Since the target population was usually the same, it would be helpful to move away from parallel programmes towards integration of services. Member States should be supported in using technology to map hard-to-reach areas where most zero-dose children were to be found.

The representative of EL SALVADOR¹ recognized the need for consensus on the key priorities for the renewed polio transition vision and on the focus areas of the action plans for polio transition. At the regional level, efforts should be made to ensure the surveillance of acute flaccid paralysis in children under 15 years of age, the detection of suspected cases, and the provision of technical support in updating mitigation and risk analysis plans. The shipment of specimens linked to suspected cases of poliomyelitis should be coordinated.

The representative of GERMANY¹ said that the outbreaks of wild poliovirus and the detection of vaccine-derived poliovirus in 2022 had shown that no one was safe until everyone was safe. In order to achieve global eradication, the Polio Eradication Strategy 2022–2026 must be fully financed and all remaining zero-dose children, especially in high-risk areas, had to be reached. The Global Polio Eradication Initiative must intensify cross-programmatic integration and work in close cooperation with other health programmes.

She welcomed the WHO management response to the mid-term evaluation of the implementation of the Strategic Action Plan on Polio Transition 2018–2023 and its accompanying road map. Poliomyelitis infrastructure had been a major asset in many countries in the fight against other diseases, such as Ebola virus disease, measles and COVID-19. The development of a resource mobilization strategy to generate predictable and flexible funding to sustain poliomyelitis assets was a key priority. Her Government appreciated WHO's advocacy activities in that area and was pleased that the integration

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

of essential functions into the base segment of the WHO programme budget would continue for the period 2024–2025.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIR, said that the Global Polio Eradication Initiative must focus on those countries in which poliomyelitis remained endemic and on the most consequential geographies. Best practices and tailored approaches should be applied to reach children with poliovirus vaccines and other vital health interventions, and he highlighted the important role of the Gender Equality Strategy 2019–2023 of the Global Polio Eradication Initiative.

The detection of poliovirus in previously poliomyelitis-free countries demonstrated that the existence of the virus anywhere was a threat everywhere. All countries must maintain high levels of population immunity, identify and address pockets of low coverage, and ensure robust surveillance to prevent outbreaks. Further financial investment was needed by all sectors to overcome challenges and sustain gains.

The representative of the TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR and drawing attention to the alarming rise in new cases, said that political leaders must renew their commitment to poliomyelitis eradication and offer greater financial support. There was an urgent need for early detection and outbreak response, microplanning and improvement plans, prompt mobilization of human resources, faster distribution of funds, better cross-border collaboration, increased access to underserved populations and comprehensive, integrated action plans for vaccine hesitancy. Formal consultations should be held with the participation of Member States and Global Polio Eradication Initiative partners to develop an action plan to address programme challenges. A strategy for mobilizing Member State, regional and partner support should also be developed.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, welcomed WHO's efforts on poliomyelitis eradication. However, the 2022 outbreaks in countries where the virus was not endemic had shown the failure of the vertical strategy. Action should be taken to prioritize improved access to safe water and sanitation, integrate local public health poliomyelitis interventions within comprehensive primary health care, ensure decent work for health workers involved in poliomyelitis programmes, include rehabilitation in those programmes, and encourage the speedy and just resolution of conflicts impeding access to health care. Governments should address intellectual property barriers and move towards self-sufficiency in poliovirus vaccine production to ensure the long-term sustainability of vaccination programmes.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN, speaking on behalf of all six regions of WHO, said that 2022 had been a year of challenges, steady gains and hard-won access for the poliomyelitis programme. After more than a year without a case, the confirmation in April of a case of paralytic poliomyelitis in Pakistan was disappointing. The spread of poliomyelitis into Djibouti, Egypt and Sudan and outbreaks in Somalia and Yemen had shown how easily the virus could be transmitted between countries. However, those challenges had only strengthened the resolve to reach every child, leading to some successes, such as the vaccination of 200 000 zero-dose children in Somalia.

Poliomyelitis must be eradicated in the year 2023. A poliomyelitis-free world was within reach but would not come easily. The international community must work together to recover lost ground on childhood immunization, including against poliomyelitis.

Noting that the Regional Subcommittee for Polio Eradication and Outbreaks provided a crucial platform for Member States and stakeholders to identify gaps and join forces to address them promptly, he said that progress on the polio transition had been made in the six non-endemic priority countries in the Eastern Mediterranean Region, including by implementing integrated public health teams. A regional action plan had been developed to ensure coordination and support in maintaining essential public health functions. The Polio Transition Steering Committee was closely monitoring progress.

The detection of imported wild poliovirus in Malawi and Mozambique in 2022 was a reminder that all countries remained at risk until the world was poliomyelitis-free. Outbreaks of circulating

vaccine-derived polioviruses had also been recorded in Africa, reflecting the deteriorating immunization coverage among vulnerable populations. The Region had been able to act quickly by expediting technical and financial support to outbreak countries. Throughout the year 2022, Member States had taken robust steps to enhance surveillance and improve both timeliness and quality of response.

There was a strong commitment to maintaining poliomyelitis-essential functions across all regions, which was critical to achieving a poliomyelitis-free world. Member States everywhere must maintain adequate routine immunization coverage and ensure high-quality surveillance for polioviruses through acute flaccid paralysis and environmental surveillance. They must also continue to survey, identify and destroy any unneeded poliovirus infectious and potentially infectious materials as part of their national containment activities.

He was confident that, with collective resolve and strong coordination, it would be possible to stop wild poliovirus transmission in the Eastern Mediterranean Region and prevent any future emergence of wild and vaccine-derived polioviruses in all regions.

The DEPUTY DIRECTOR-GENERAL, thanking Member States for their support regarding polio transition, said that the Secretariat had taken note of all the issues raised. WHO had moved from theory to practice on polio transition in 2022. The year 2023 would be time to consolidate progress and develop a new vision for the future. Having achieved a successful transition in over 50 countries, WHO had demonstrated that it was possible to integrate poliomyelitis tools, assets and functions into national systems to protect gains and support broader public health. She reassured Member States that the polio transition would be integrated with work at the primary health care level.

The recommendations of the mid-term evaluation of the Strategic Action Plan 2018–2023 would inform the next stage of the transition. A clear and detailed workplan had been developed as part of the management response.

An important lesson learned was that one size did not fit all. The transition must be nuanced, flexible and context-specific. Regional action plans would therefore be country-led, context-appropriate and aligned with the local epidemiology and would form the basis of the global vision, which would align transition efforts with the evolving global health agenda, including efforts for pandemic preparedness, integrated disease surveillance and health systems recovery and resilience. Development of the new vision and the regional action plans would be inclusive and transparent. Member States, development partners, health experts, civil society and other stakeholders would have multiple opportunities to provide input, including at a number of global and regional forums to be convened by the Secretariat before the Seventy-sixth World Health Assembly and through regular interaction in other forums.

The DIRECTOR (Poliomyelitis Eradication), having thanked frontline workers for their tireless efforts to achieve poliomyelitis eradication, said that the key lesson learned from countries in which the poliovirus was endemic was the need to listen and respond to the virus. He highlighted the importance of political will, engaging with communities, integrating actions where feasible and reaching the children who were persistently missed. Following those steps had led to a sharp reduction in the number of provinces in Afghanistan and districts in Pakistan that were categorized as endemic.

The focus within the most consequential geographies was on the hardest-to-reach areas where the highest concentration of zero-dose children could be found. In the year 2022, those areas had included northern Yemen, the eastern part of the Democratic Republic of the Congo, north-western Nigeria and south-central Somalia, where inaccessibility, insecurity and protracted emergencies, such as conflicts and natural disasters, were widespread. Sustainable progress could not be achieved unless children in those areas were protected through vaccination. Those efforts, however, did not come at the expense of other measures, such as the standard outbreak responses.

As a result of concerted efforts across five countries in south-east Africa, no cases of wild poliovirus type 1 had been recorded in Malawi or Mozambique since August 2022. A solid basis for further progress had been created.

The poliomyelitis eradication programme was not an extinction programme and the poliovirus would continue to be handled by laboratories, vaccine manufacturers and research institutions.

Containment was, however, a certification requirement and did not represent a theoretical risk. The detection of wild poliovirus type 3 in sewage in the Netherlands in the fourth quarter of 2022 had highlighted the importance of the effective implementation of safeguards.

With regard to engagement with Gavi, he said that, at its Board meeting in December 2022, Gavi had agreed an inactivated poliovirus vaccine co-financing waiver, which was essential for vaccine delivery across many countries in Africa, the Eastern Mediterranean Region and beyond. The full portfolio planning process had been implemented in Pakistan to strengthen delivery mechanisms in areas where essential immunization was the weakest.

The year 2023 was critical for the poliomyelitis eradication programme. It was very important to sustain efforts and mobilize political will so that poliomyelitis remained a priority.

The DIRECTOR-GENERAL said that the world was in a better place with regard to wild poliovirus, particularly in Afghanistan and Pakistan. However, the last mile was the hardest and there was no room for complacency. It was time to double down on efforts.

The CHAIR took it that the Board wished to note the reports contained in documents EB152/18 and EB152/19.

The Board noted the reports.

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

2. SUBSTANDARD AND FALSIFIED MEDICAL PRODUCTS: Item 7 of the agenda (documents EB152/7 and EB152/7Add.1)

The CHAIR drew attention to the draft decision contained in document EB152/7. The financial and administrative implications of the draft decision for the Secretariat were set out in document EB152/7 Add.1.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Ukraine, the Republic of Moldova and Bosnia and Herzegovina, and the European Free Trade Association country Norway aligned themselves with the statement.

He fully supported the activities of the WHO Member State mechanism on substandard and falsified medical products and acknowledged the added value of cooperation among WHO regions in counteracting the distribution of such products. WHO had an important role to play in helping Member States to address the threat to public health. Resources, strategic and longer-term planning, capacity building, cooperation and reporting were required. The aim was to increase access to existing documentation, such as guidance and training materials, and improve the interoperability of different reporting systems at the regional and global levels while taking into consideration the lessons learned from the COVID-19 pandemic.

WHO must have a leadership role in coordinating the efforts of all national competent authorities since stronger regional collaboration would allow for optimal use of resources for capacity-building. Member States should, in collaboration with the Secretariat, take steps to share existing web based tools and platforms with a view to integrating them into one single platform. Emerging trends in falsification should be targeted.

The outcome of an independent evaluation of the mechanism should be reported to the governing bodies in line with current reporting requirements.

The representative of BRAZIL supported initiatives that promoted access to affordable, safe and quality medical products, including through actions to prevent, detect and respond to substandard and falsified medical products. Such efforts should not, however, hamper the critical work being done to enable access through the production of generic medicines.

Her Government welcomed the decision to conduct an independent evaluation of the Member State mechanism as well as the initiative of the Steering Committee to develop a structured strategic plan that could assist in tracking progress and prioritizing efforts.

The representative of PARAGUAY drew attention to the list of prioritized activities for 2022–2023 set out in Annex 2 to the report. Regarding Activity A, her Government was particularly interested in participating in the working group chaired by Brazil to develop a risk matrix to determine which products to include in post-market surveillance. With regard to Activity E, the Member State mechanism should evaluate the implementation of the actions to share experience and monitor the work undertaken in each country so as to make uniform progress within a given time frame. Regarding Activity G, she welcomed the progress made towards identifying and developing appropriate strategies to understand and address distribution and supply and looked forward to the development of the strategic road map. It was important to establish a reporting mechanism and registry so that action could be taken when irregularities occurred. Her Government supported the draft decision.

The representative of the SYRIAN ARAB REPUBLIC speaking on behalf of the Member States of the Eastern Mediterranean Region, said that substandard and falsified medical products posed a significant danger to public health in his region. Adequate control over the supply chain was needed and, given difficulties in detecting falsified and substandard products, field detection technologies should be made available at the grass-roots level. Surveillance measures must be applied strictly and substandard and falsified medical products must be denounced whenever they were identified, including in the context of post-market surveillance.

Member States must establish their own frameworks to tackle the issue of substandard and falsified medical products. WHO should continue to facilitate the exchange of experiences at all levels and provide technical training on prevention, detection and response. It should also provide technical support to help Member States to identify gaps in national legislation and regulatory structures and strengthen national regulatory authorities. A better system should be put in place for regional communication and dissemination of information between the Member State mechanism and Member States with the involvement of competent technical groups at all levels. Appropriate interfaces between technical teams and Member States were also required.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, recognized the importance of global access to safe, effective, quality and affordable medical products, including in developing countries. The legislative and regulatory mechanisms instituted in many countries in the field of pharmaceuticals and health products were welcome but further funding was needed to address the issue of substandard and falsified medical products.

He welcomed the risk-based post-market surveillance project and the electronic tool developed to facilitate its implementation. Countries of the African Region that had conducted successful awareness-raising campaigns should share their materials with other Member States. As the issue of substandard and falsified medical products varied from country to country and depended on the capacities of the national regulatory authority, WHO was encouraged to facilitate the sharing of information and establish connections between the Global Focal Point Network and other mechanisms and platforms. Member States should also have a better understanding of track and trace technologies and put in place national traceability systems.

He endorsed the recommendations set out in the report.

The representative of MALDIVES supported an independent evaluation of the Member State mechanism in accordance with the terms of reference to be developed by the Steering Committee.

The sharing of information on substandard and falsified products between countries and with WHO was crucial to protect public health. Appropriate mechanisms must be established so that national regulatory authorities in all regions could alert one another about substandard or falsified products in real time.

The Secretariat should assist Member States in strengthening local regulatory mechanisms and in building capacities by developing accessible, user friendly and interoperable guidelines and training materials. Member States also required support to ensure the integrity of raw materials and health care products throughout the supply chain.

The representative of the RUSSIAN FEDERATION commended the activities of the Member State mechanism and supported the proposal for an independent evaluation. WHO had repeatedly underscored the importance of ensuring global access to safe, effective and quality medical products and of coordination and cooperation among Member States in that regard. It was, however, disappointing that some elements of the mechanism's work had been politicized, leading to the disruption of activities of importance for health promotion. A technical seminar on the detection of substandard and falsified medical products had been cancelled at short notice, with representatives of one country speaking out against the Russian Federation's participation. Such action was a violation of the fundamental principles of WHO and could be damaging for future work. All necessary measures should be taken to preserve WHO's independence.

The representative of CHINA said that access to safe and high-quality medical products was the cornerstone of universal health coverage. It was essential to ensure the continuity of the Member State mechanism, which provided a shared platform for coordination, cooperation and engagement on substandard and falsified medical products, which undermined health systems. The mechanism's successes should be summarized, demonstrating its value to both participating and new Member States. The proposed evaluation would help WHO to formulate strategies and carry out long-term planning, and his Government supported the draft decision.

The representative of TIMOR-LESTE recalled that the transparent sharing of information on substandard paediatric medicines through the WHO Global Surveillance and Monitoring System and the WHO alert had been very useful, resulting in their immediate detection, recall and disposal in Timor-Leste.

Her Government supported the list of prioritized activities for 2022–2023 and looked forward to receiving strategic direction on ensuring access to safe, effective, quality and affordable medical products. Action was required to strengthen the capacity of regulatory authorities on prevention, detection and response and to maintain the Global Focal Point Network for the safe, secure and efficient exchange of information between Member States and the Secretariat. The continued technical support and guidance from the Secretariat on issues related to substandard and falsified medicines was appreciated.

The representative of MALAYSIA commended the work of the WHO Global Surveillance and Monitoring System, particularly the alerts and incident reporting procedures. All medicinal products in Malaysia were subject to post-market surveillance and the national regulatory authority would be subject to assessment using the WHO Global Benchmarking Tool. His Government supported the workplan of the Member States mechanism and list of prioritized activities, particularly those concerning the distribution or supply of medicinal products via the internet, and he noted some of the steps taken by his Government in that regard. Mechanisms were required to monitor the distribution of substandard and falsified medical products in informal markets. Member States should be guided in the implementation of the risk-based surveillance programme to minimize the spread of substandard and falsified medical products.

The representative of the REPUBLIC OF KOREA supported the draft decision. The Member State mechanism had served as a useful platform for Member States over the previous decade and its independent evaluation would provide an opportunity to review past actions and prepare for future ones. For the purposes of the evaluation, consideration should be given to WHO's existing instruments, such as the Global Benchmarking Tool indicators for market control and surveillance that were already being applied in certain Member States.

The representative of MADAGASCAR said that access to safe, effective and high-quality medical products was a key aspect of universal health coverage. Substandard and falsified medical products had considerable health and socioeconomic impacts and the sharing of experience and good practices among African countries and other regions was essential.

The Secretariat should support Member States' efforts involving all relevant sectors. High-level meetings between institutions should be held to ensure greater harmonization and synergy in efforts to combat such products. There should be increased investment in reporting and traceability systems, and sanctions against traffickers should also be tightened. The independence of the agencies coordinating the efforts was a concern given that traffickers could seek to influence decision-making. Innovative and context-specific measures were required to build capacity in Member States through training and awareness-raising campaigns.

The representative of COLOMBIA welcomed the report and described some of the steps being taken by his Government to combat substandard and falsified medical products. While international regulatory convergence and harmonization would be useful to coordinate the efforts of countries to tackle the problem, the varying regulatory capacities of different countries and regions should be taken into account. Member States experiencing difficulties did not necessarily have low standards, they might simply be in the early stages of implementing the necessary systems.

There was also a need for capacity-building through the sharing of knowledge and successful experiences. Member States could then implement measures based on the success of others in line with their own national context.

The representative of the UNITED STATES OF AMERICA appreciated WHO's work to address and raise awareness of substandard and falsified medical products, such as action on cough syrups for children in response to the recent incidents of contamination. Independent and rigorous regulatory systems that provided oversight, quality control and enforcement were essential to protect consumers.

Her Government strongly supported the draft decision and looked forward to an independent evaluation of the Member State mechanism, which would be critical to chart the mechanism's future direction and to the development of a strategic plan for consideration in the year 2023.

The progress made under prioritized Activity H concerning the distribution of substandard and falsified medical products through informal markets and the strong Member State engagement on the topic were welcome. WHO's engagement with other bodies working on the supply chain for medical products was appreciated and other ways of enhancing such coordination should be considered. All Member States should engage with the Secretariat on the prioritized activities and should access WHO guidance and tools.

The representative of BOTSWANA welcomed the progress made in addressing substandard and falsified medical products and described a number of steps being taken by his Government in that regard. He noted the report and supported the draft decision. The incidents of contaminated cough syrup for children were of concern and WHO's ongoing support to ensure the quality, safety and efficacy of all medical products was appreciated.

The representative of SLOVAKIA strongly supported the work of WHO on substandard and falsified medical products, particularly the discussion regarding the regulation of paediatric medicines. Stronger collaboration was needed to secure patient safety, and access to certified essential medicines, including palliative care medications, was essential to treat all diseases, including childhood cancer.

The representative of THAILAND¹ said that strong collaboration was needed among all stakeholders to ensure the effective prevention and detection of and response to substandard and falsified medical products. The capacities of national focal points should be strengthened to ensure that reliable evidence continued to be provided to the WHO Global Surveillance and Monitoring System. The work to manage substandard and falsified medical products should not create barriers to accessing quality generic products. Her Government supported the draft decision and expected the outcomes of the independent evaluation to support effective context-based activities in every country.

The representative of INDONESIA¹ supported the list of prioritized activities. The high numbers of substandard and falsified medical products showed the need for better cooperation and stronger detection capacities. WHO should support Member States in ensuring the integrity of raw materials and health care products throughout the supply chain as well as in developing measures and strategies to boost capacities to monitor raw materials and ensure the quality of finished products. Her Government encouraged the Member State mechanism to prioritize activities on the issue and prevent future incidents.

The representative of AUSTRALIA¹ expressed concern about reported incidents of contaminated cough syrup for children and supported WHO's urgent call for countries, manufacturers and suppliers to do more to prevent, detect and respond quickly to contaminated medicines. Noting the importance of surveillance, he welcomed the support provided by WHO to help governments increase surveillance to detect and remove from circulation any substandard medicines identified in WHO medical alerts. The Member State mechanism must address the situation directly in accordance with its mandate at the next Steering Committee meeting in March 2023 or sooner.

His Government welcomed the proposal for the Steering Committee to develop a strategic plan for consideration by the mechanism and would support a full independent evaluation of the mechanism.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, said that pharmacists were at the forefront of the fight against falsified medicines. The Federation had, in close collaboration with WHO and universities, piloted a course on the topic for undergraduate pharmacy students, which had proved useful for professional practice and had been a great example of successful collaboration and action at the global level. Similar projects could drive forward the Member State mechanism and empower pharmacists to intervene and minimize harm from falsified medicines.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that an evaluation of the mechanism should include recommendations to address the lack of equitable access to medicines, high pricing, supply and demand issues, and regulatory failures that enabled the circulation of quality-compromised medicines. Universal health care, a robust health system, a capable medicines regulator and affordable pricing would help to eliminate substandard and falsified medical products.

Barriers, such as intellectual property rights, must be addressed. The requirement to meet manufacturing standards should not become an obstacle to access. To avoid conflict of interest, the financing of medicine regulators should be secured by governments rather than the pharmaceutical industry.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that weak regulatory systems were the root cause of substandard and falsified medical products. Key manufacturing countries, particularly low- and middle-income countries, should actively participate in the WHO regulatory systems strengthening programme to establish their maturity level for both medicines and vaccines under the WHO Global Benchmarking Tool, and work towards becoming WHO-listed authorities. Importing countries should rely on WHO

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

prequalification. For medical products outside the scope of prequalification, countries with national regulatory authorities at maturity level 1 or 2 should consider relying on authorities transitioning towards becoming listed authorities.

The link between the Member State mechanism, the WHO Global Surveillance and Monitoring System, regulatory systems strengthening, the WHO Global Benchmarking Tool and prequalification was unclear. Those initiatives should be integrated to ensure a significant decrease in the circulation of substandard and falsified medical products.

The representative of the INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY, speaking at the invitation of the CHAIR, said that although timely access to quality medicines was an essential aspect of cost-effective cancer treatment and a key determinant of survival, children with cancer encountered barriers in accessing the quality medicines they needed. Her organization stood ready to cooperate in addressing that issue.

The representative of the UNITED STATES PHARMACOPEIAL CONVENTION, speaking at the invitation of the CHAIR, said that recent tragedies had underscored the urgent need for all Member States to appropriately fund and resource their regulators to enable them to detect, prevent and respond to dangerous products. Quality assurance had traditionally focused on end-product testing but there should be greater regulatory focus on quality controls for raw materials. Expanding quality testing to the upstream supply chain would help regulators to detect adulterated products and allow for a rapid response in times of crisis.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, welcomed the report and the recent call to action urging countries to protect children from contaminated medicines. Safe and high-quality medical products and medicines were a cornerstone for achieving target 3.8 of the Sustainable Development Goals on universal health coverage. Member States as well as relevant stakeholders should collaborate and ensure access to safe, effective, quality and affordable medicines for everyone everywhere.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, said that the Member State mechanism was the correct platform for agile cooperation between parties. Greater efforts should be aimed at increasing the technical capacity of national authorities to detect and disrupt the flow of substandard and falsified products, raise awareness among the public about the unregulated sale of health goods and facilitate the work of health professionals by securing the supply of quality-assured medicines to health facilities.

The representative of INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR and on behalf of the International Federation of Pharmaceutical Manufacturers and Associations and the International Alliance of Patients' Organizations, supported the list of prioritized activities for the period 2022–2023, particularly Activity A on strengthening the capacity of national and regional regulatory authorities for the prevention and detection of, and response to, substandard and falsified medical products.

A strong, unified and coordinated regulatory system would greatly contribute to combating substandard and falsified medical products on the African continent, from which a large percentage of fake medicines originated. The African Medicines Agency offered an unprecedented opportunity for improved regulatory reliance and should be operationalized in conjunction with awareness raising, political engagement and health systems strengthening initiatives.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Access to Medicines and Health Products) recalled that WHO had released a statement on the issue of contaminated cough syrup in January 2023 and encouraged Member States to enhance transparency and cooperation in dealing with contaminated products.

Although substandard and falsified medical products could be found in every country, they were more common in low-income countries where they were estimated to account for one out of 10 products. Investment in national regulatory authorities was therefore extremely important. She called on Member States to invest in self-assessment under the WHO Global Benchmarking Tool, which would help to detect gaps and needs and enable the Secretariat to provide focused support to strengthen national regulatory authorities. All efforts must be made in collaboration with Member States. She confirmed that 12 low- and middle-income countries had reached functional maturity level 3 of the Global Benchmarking Tool in the past five years. Various other national regulatory authorities were also undertaking the self-assessment. The Secretariat stood ready to provide training and education to national focal points to facilitate greater transparency, sharing of information and collaboration, and to enhance early prevention, detection and response.

She took note of the support for the evaluation, which would help in the development of a future strategy for the Member State mechanism.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision contained in document EB152/7.

The decision was adopted.¹

3. STRENGTHENING REHABILITATION IN HEALTH SYSTEMS: Item 8 of the agenda (document EB152/8)

The CHAIR invited the Board to consider the report contained in document EB152/8, in particular the guiding questions set out in paragraph 24. She drew attention to the draft decision on strengthening rehabilitation in health systems proposed by Argentina, Australia, Brazil, China, Colombia, Croatia, Ecuador, Eswatini, Hungary, Ireland, Israel, Japan, Kenya, Morocco, Paraguay, Peru, Romania, Rwanda and Slovakia, which read:

The Executive Board, having considered the report on strengthening rehabilitation in health systems,²

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

(PP1) Considering that the need for rehabilitation is increasing due to the epidemiological shift from communicable to noncommunicable diseases, while taking note of the fact that there are also new rehabilitation needs emerging from infectious diseases like coronavirus disease (COVID-19). Considering further that the need for rehabilitation is increasing due to the global demographic shift towards rapid population ageing accompanied by a rise in physical and mental health challenges, injuries, in particular road traffic accidents, and comorbidities;

(PP2) Expressing deep concern that rehabilitation needs are largely unmet globally and that in many countries more than 50% of people do not receive the rehabilitation services they require;

¹ Decision EB152(9).

² Document EB152/8.

(PP3) Recognizing that rehabilitation requires more attention by policymakers and domestic and international actors when setting health priorities and allocating resources, including with regards to research, cooperation and technology transfer on voluntary and mutually agreed terms and in line with their international obligations;

(PP4) Deeply concerned that most countries, especially developing countries, are not sufficiently equipped to respond to the sudden increase in rehabilitation needs created by health emergencies;

(PP5) Emphasizing that rehabilitation services are key to the achievement of Sustainable Development Goal 3 (to ensure healthy lives and promote well-being for all at all ages), as well as an essential part of achieving target 3.8 (achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all);

(PP6) Reaffirming that rehabilitation services contribute to the enjoyment of human rights, such as the right to the enjoyment of the highest attainable standard of physical and mental health including sexual and reproductive health, the right to work, the right to education, among others; and that States' obligations and commitments in this regard are consistent with the United Nations Convention on the Rights of Persons with Disabilities;

(PP7) Noting the Declaration of Astana (2018), which emphasizes that rehabilitation is an essential element of universal health coverage and an essential health service for primary health care;

(PP8) Recalling resolution WHA54.21 (2001) and the International Classification of Functioning, Disability and Health which provides a standard language and conceptual basis for the definition and measurement of health, functioning and disability;

(PP9) Recalling the role of rehabilitation for effective implementation of resolution WHA66.10 (2013), in which the Health Assembly endorsed the global action plan for the prevention and control of noncommunicable diseases 2013–2020; resolution WHA69.3 (2016) on the global strategy and action plan on ageing and health 2016–2020; resolution WHA71.8 (2018) on improving access to assistive technology; decision WHA73(33) (2020) on the road map for neglected tropical diseases 2021–2030; resolution WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies; and resolution WHA74.8 (2021) on the highest attainable standard of health for persons with disabilities;

(PP10) Recalling the political declaration of the high-level meeting on universal health coverage (2019), including the commitment therein to increase access to health services for all persons with disabilities, remove physical, attitudinal, social, structural, and financial barriers, provide quality standard of care and scale up efforts for their empowerment and inclusion;

(PP11) Noting that persons in marginalized or vulnerable situations often lack access to affordable, quality and appropriate rehabilitation services and to assistive technology, accessible products, services and environment, which impacts their health, well-being, educational achievement, economic independence and social participation;

(PP12) Concerned about the affordability of accessing rehabilitation services as well as related health products, and of assistive technology, and inequitable access to such products within and among Member States, as well as the financial hardships associated with high prices which impede progress towards achieving universal health coverage;

(PP13) Reaffirming that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of needed treatment, promotive, preventive, rehabilitative and palliative essential health services, while recognizing that for most people rehabilitation services and access to rehabilitation related assistive technology are often an out-of-pocket expense and ensuring that users' access to these services is not restricted by financial hardship or other barriers;

(PP14) Noting with concern that, in most countries, the current level of rehabilitation related workforce is insufficient in number and quality to serve the needs of the population, and that the shortage of rehabilitation professionals is higher in low and middle income countries and in rural, remote and hard to reach areas;

(PP15) 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;

(PP16) Noting that rehabilitation is a set of interventions designed to optimize functioning in individuals with health conditions or impairments in interaction with their environment; and as such, rehabilitation is an essential health strategy for achieving universal health coverage, increasing health and well-being, improving quality of life, delaying the need for long-term care and empowering persons to achieve their full potential and participate in society;

(PP17) Noting as well that the benefits of improving access to affordable assistive technology, accessible products, services and infrastructures and rehabilitation include improved health outcomes following a range of interventions, as well as facilitated participation in education, employment and other social activities, and significantly reduced health care costs and burden of care providers, and that tele-rehabilitation can contribute to the process of rehabilitation;

(PP18) Further noting that rehabilitation requires a human centred, goal oriented and holistic approach, guiding coordinated cross-governmental mechanisms that integrate measures linked to public health, education, employment, social services and community development and to work in collaboration with civil society organizations, representative organizations and other relevant stakeholders;

(PP19) Recognizing that the provision of timely care for the acutely ill and injured will prevent millions of deaths and long term disabilities and contribute to universal health coverage;

(PP20) Concerned that lack of access to rehabilitation may expose persons with rehabilitation needs to higher risks of marginalization in society, poverty, vulnerability, complications and comorbidities; and impact on function, participation and inclusion in society;

(PP21) Noting with concern that the fragmentation of rehabilitation governance in many countries and the lack of integration of rehabilitation into health systems and services and along the continuum of care result in inefficiencies and failure to respond to individual and populations' needs;

(PP22) Noting with concern the lack of awareness among health care providers of the relevance of rehabilitation across the life-course and for a wide range of health conditions, leads to preventable complications, comorbidities and long-term loss of functioning;

(PP23) Appreciating the efforts made by Member States, the WHO Secretariat and international partners in recent years to strengthen rehabilitation in health systems, but mindful of the need for further action;

(PP24) Deeply concerned that, without concerted action, including through international cooperation, for strengthening rehabilitation in health systems, rehabilitation needs will continue to go unmet with long-term consequences for persons and their families, societies and economies;

(PP25) Noting WHO's initiative "Rehabilitation 2030: A Call for Action", which acknowledges the profound unmet need of rehabilitation, emphasizes the need for equitable access to quality rehabilitation and identifies priority actions to strengthen rehabilitation in health systems,

(OP)1. URGES Member States:¹

(OP)1.1 to raise awareness and build national commitment for rehabilitation including for assistive technology and strengthen planning for rehabilitation including its integration within national health plans and policies, as appropriate, while promoting interministerial and intersectoral work and meaningful participation of rehabilitation users particularly persons with disabilities, older persons, persons in need of long-term care, community members, and community-based and civil society organizations at all stages of planning and delivery;

(OP)1.2 to incorporate appropriate ways to strengthen financing mechanisms for rehabilitation services and the provision of technical assistance, including by incorporating rehabilitation into packages of essential care where necessary;

(OP)1.3 to expand rehabilitation to all levels of health, from primary to tertiary, and to ensure the availability and affordability of quality and timely rehabilitation services, accessible and usable for persons with disabilities, and to develop the community based rehabilitation strategy, which will allow to reach underserved rural, remote and hard to reach areas, whilst implementing person-centered strategy and participatory, specialized and differentiated intensive rehabilitation services to meet the requirements of persons with complex rehabilitation needs;

(OP)1.4 to ensure the integrated and coordinated provision of high-quality, affordable, accessible, gender sensitive, appropriate and evidence-based interventions for rehabilitation along the continuum of care, including strengthening referral systems and the adaptation, provision and servicing of assistive technology related to rehabilitation including after rehabilitation, and promoting inclusive barrier-free environment;

(OP)1.5 to develop strong multidisciplinary rehabilitation skills suitable to the country context, including in all relevant health workers; to strengthen capacity for analysis and prognosis of workforce shortages as well as to promote the development of initial and continuous training for professionals and staff working in rehabilitation services; recognizing and responding to different types of rehabilitation needs, such as needs related to physical, mental, social and vocational functioning, including the integration of rehabilitation in early training of health professionals, so that rehabilitation needs can be identified at all levels of care;

(OP)1.6 to enhance health information systems to collect information relevant to rehabilitation, including system level rehabilitation data, and information on functioning, utilizing the International Classification of Functioning, Disability and Health (ICF); ensuring data disaggregation by sex, age, disability and any other context relevant factor for a robust monitoring of rehabilitation outcomes and coverage, ensuring compliance with data protection legislation, for a robust monitoring of rehabilitation outcomes and coverage;

(OP)1.7 to promote high quality rehabilitation research, including health policy and systems research;

(OP)1.8 to ensure timely integration of rehabilitation in emergency preparedness and response, including emergency medical teams;

(OP)1.9 to urge public and private stakeholders to stimulate investment in the development of available, affordable and usable assistive technology and support for implementation research and innovation for efficient delivery and equitable access with a view to maximizing impact and cost-effectiveness;

(OP)2. INVITES international organizations and other relevant stakeholders, including intergovernmental and nongovernmental organizations and organizations of persons with disabilities, private sector companies and academia:

¹ And, where applicable, regional economic integration organizations.

(OP)2.1 to support Member States,¹ as appropriate, in their national efforts to implement the actions in the Rehabilitation 2030: A Call for Action, and to strengthen advocacy for rehabilitation, as well as support and contribute to the WHO hosted World Rehabilitation Alliance, a multi-stakeholder initiative to advocate for health system strengthening for rehabilitation;

(OP)2.2 to harness and invest in research and innovation in relation to rehabilitation, inclusive of available, affordable and usable assistive technology, including the development of new technologies, and support Member States, as appropriate, in collecting health policy and system research to ensure future evidence-based rehabilitation policy and practice;

(OP)3 REQUESTS the Director-General:

(OP)3.1 to develop with input from Member States and in collaboration with relevant international organizations and other stakeholders, and to publish, before the end of 2026, a WHO baseline report with information on the capacity of Member States to respond to existing and foreseeable rehabilitation needs;

(OP)3.2 to develop feasible global health system rehabilitation targets and indicators of effective coverage of rehabilitation services for 2030, focusing on tracer health conditions, for consideration by the Seventy-ninth World Health Assembly, through the 158th session of the Executive Board;

(OP)3.3 to develop and continuously support the implementation of technical guidance and resources to provide support to Member States in their national efforts to implement the actions of the Rehabilitation 2030: A Call for Action, building on their national situation in access to physical, mental, social and vocational rehabilitation;

(OP)3.4 to ensure that there are appropriate resources at [sic] the WHO's institutional capacity, at headquarters, regional and local levels, to support Member States in strengthening and increasing the variety of available rehabilitation services and access to available, affordable and usable assistive technology, and to facilitate international collaboration in this regard;

(OP)3.5 to support Member States to systematically integrate rehabilitation and assistive technology into their emergency preparedness and response as part of their investment in strengthening their own emergency medical teams, including by addressing the long-term rehabilitation needs of those affected by emergencies, including COVID-19;

(OP)3.6 to report on progress in the implementation of this resolution to the Health Assembly in 2026, 2028 and 2030.

¹ And, where applicable, regional economic integration organizations.

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

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Decision: | Strengthening rehabilitation in health systems |
| A. Link to the approved revised Programme budget 2022–2023 | |
| 1. Output(s) in the approved revised Programme budget 2022–2023 under which this draft decision would be implemented if adopted: | <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>1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course</p> <p>2.1.2. Capacities for emergency preparedness strengthened in all countries</p> |
| 2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023: | Not applicable. |
| 3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling: | Not applicable. |
| 4. Estimated time frame (in years or months) to implement the decision: | Eight years: from 2023 to 2030. |
| B. Resource implications for the Secretariat for implementation of the decision | |
| 1. Total budgeted resource levels required to implement the decision, in US\$ millions: | US\$ 78.98 million. |
| 2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions: | US\$ 2.68 million. |
| 2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US\$ millions: | Not applicable. |
| 3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions: | US\$ 21.96 million. |
| 4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions: | US\$ 54.34 million. |

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| <p>5. Level of resources already available 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\$ 2.68 million.</p> <p>– Remaining financing gap in the current biennium: Not applicable.</p> <p>– Estimated resources, which are currently being mobilized, if any, that 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 | | |
| B.2.a. 2022–2023 resources already planned | Staff | 0.26 | 0.12 | 0.05 | 0.24 | 0.05 | 0.11 | 0.53 | 1.36 |
| | Activities | 0.14 | 0.04 | 0.02 | 0.06 | 0.00 | 0.06 | 1.00 | 1.32 |
| | Total | 0.40 | 0.16 | 0.07 | 0.30 | 0.05 | 0.17 | 1.53 | 2.68 |
| B.2.b. 2022–2023 additional resources | Staff | – | – | – | – | – | – | – | – |
| | Activities | – | – | – | – | – | – | – | – |
| | Total | – | – | – | – | – | – | – | – |
| B.3. 2024–2025 resources to be planned | Staff | 0.53 | 0.49 | 0.45 | 0.50 | 0.42 | 0.46 | 1.11 | 3.96 |
| | Activities | 3.68 | 2.72 | 0.80 | 4.16 | 1.76 | 2.88 | 2.00 | 18.00 |
| | Total | 4.21 | 3.21 | 1.25 | 4.66 | 2.18 | 3.34 | 3.11 | 21.96 |
| B.4. Future bienniums resources to be planned | Staff | 1.39 | 1.26 | 1.17 | 1.31 | 1.08 | 1.19 | 4.34 | 11.74 |
| | Activities | 9.20 | 6.80 | 2.00 | 10.40 | 2.00 | 7.20 | 5.00 | 42.60 |
| | Total | 10.59 | 8.06 | 3.17 | 11.71 | 3.08 | 8.39 | 9.34 | 54.34 |

The representative of JAPAN said that rehabilitation should be available to any person with an acute or chronic health condition, disability or injury, whether temporary or permanent. It must be strengthened in all countries in order to achieve universal health coverage and should also be provided in times of crisis, such as conflicts and disasters.

The free-of-charge online interactive training package developed by the Secretariat appeared promising and should be further promoted. WHO should also work with Member States to provide guidance on the dissemination of other tools being developed by private companies.

The representative of PERU said that, in order to strengthen rehabilitation in health systems, it was important to demonstrate that rehabilitation interventions were cost-effective not only for acute events but also for chronic health conditions. Rehabilitation must be an essential element of universal health coverage and primary health care. It must be considered in planning and budgeting processes and integrated into essential services. Developing a priority assistive products list would improve access to assistive technology. Rehabilitation should be prioritized within strategic health plans, and the Secretariat should provide technical support to Member States on development and implementation. There was also a need to work with interested organizations and partners to strengthening primary health care.

The representative of PARAGUAY said that needs and challenges regarding rehabilitation services, which were often undervalued, varied among Member States. However, the demand for such services was growing given the ageing population and the increased prevalence of communicable and noncommunicable diseases. Universal health coverage would not be possible without including rehabilitation services at all levels of the health system and as part of emergency preparedness and response. A strategic plan was needed to improve the accessibility, affordability and quality of rehabilitation. Service provision should be strengthened and appropriately financed. The Secretariat, including the regional offices, could provide support in that regard and help to harmonize national and global agendas.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Ukraine, the Republic of Moldova and Bosnia and Herzegovina aligned themselves with the statement.

Noting with satisfaction that rehabilitation was becoming a priority in health services, he supported full and timely access to comprehensive rehabilitation services for all, including for persons with a temporary or permanent disability or physical or psychological impairment. Rehabilitation should not be confined to assistive technologies but should instead address physical and mental factors and be integrated into a continuum of person-centred services, including in emergency situations. He underscored the importance of including psychological and medical support for sexual recovery in rehabilitation services.

In a spirit of compromise, the Governments of the Member States of the European Union would join the consensus on the draft decision. They remained committed to sexual and reproductive health and rights, which were essential to achieving the highest attainable standard of physical and mental health.

The Secretariat and Member States must continue to consider rehabilitation as a combination of many different intersectoral activities that helped people to strengthen or regain their functional capacity, including in the sphere of mental health.

The representative of MALDIVES said that the COVID-19 pandemic had highlighted the importance of integrating rehabilitation services into all layers of health care, especially at the primary care level, to ensure universal health coverage. Multisectoral efforts were needed to do so. Governance around rehabilitation services remained fragmented in many countries and health workforce challenges, including staff shortages, impacted the integration of rehabilitation services in health service delivery.

WHO was encouraged to apply a bottom-up approach to develop feasible global health system rehabilitation targets and indicators for 2030 and support Member States in developing strategies to incorporate rehabilitation interventions into the broader planning context. Her Government supported the draft decision.

The representative of FRANCE said that aftercare and rehabilitation services were vital to achieve universal health coverage and should be available both as part of primary health care and in emergency situations. Those services must be delivered by trained professionals and offered in a way that reduced regional inequalities and social disparities in access. WHO must strengthen the rehabilitation services available within health systems through general actions, such as the development of guidelines, handbooks and training, and targeted actions, including the implementation of strategic plans to strengthen services in specific national health systems. Such work had become particularly important since the COVID-19 pandemic, given the decline in visits to aftercare and rehabilitation facilities and the need to address the long-term effects of COVID-19 infection.

The representative of MALAYSIA took note of the commitment made by Member States to work towards the 10 areas for action and strengthen rehabilitation planning and implementation. Her Government strongly supported the creation of a multidisciplinary rehabilitation workforce and the development of comprehensive rehabilitation service delivery models through the stroke rehabilitation

continuum of care programme. The multidisciplinary team concept would facilitate the transition from the acute stroke phase to reintegration into the community.

Member States should utilize their expertise to support WHO in strengthening rehabilitation. She agreed that the current rehabilitation workforce was inadequate to serve the needs of the population at large. Enhancing community-based rehabilitation programmes required special attention from multisectoral stakeholders, continuous consultation, research to inform decisions and adequate employment of essential health practitioners alongside skilled and targeted action. Evidence-based policy-making was crucial. Population data was important to maintain community violence reduction programmes.

Rehabilitation could be strengthened in primary health care and as part of emergency preparedness. Training for essential medical rehabilitation relief team members should include rehabilitation for conditions commonly seen during disasters, identification of needs and safety precautions. Telerehabilitation must be made available in community-based centres and in family-based care. The central disaster management body for each region should include rehabilitation professionals in its coordination team.

The meeting rose at 17:35.

NINTH MEETING

Thursday, 2 February 2023, at 18:05

Chair: Dr K.V. PETRIČ (Slovenia)

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

1. STRENGTHENING REHABILITATION IN HEALTH SYSTEMS: Item 8 of the agenda (document EB152/8) (continued)

The representative of CHINA said that rehabilitation was key to the achievement of target 3.8 of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). He suggested increasing national commitments to rehabilitation services and defining country-specific development targets and activities; providing countries with WHO technical guidance to accelerate training of professionals; establishing more rehabilitation institutions through greater international cooperation, including by encouraging social actors and institutions to provide more rehabilitation beds and services; enhancing the capacities of medical rehabilitation services by helping Member States to comply with relevant guidelines, better regulate rehabilitation practices and improve rehabilitation capacities; and supporting Member States in promoting high-quality scientific research on rehabilitation. His Government was willing to cooperate with stakeholders to develop innovative and diversified rehabilitation service models.

The representative of the UNITED STATES OF AMERICA said that the focus on rehabilitation services was particularly relevant in the light of WHO's work in conflict settings. The draft decision represented an opportunity to raise awareness and enhance concrete actions with a view to strengthening and integrating rehabilitation services throughout health care systems. While the initial achievements of the WHO Rehabilitation 2030 initiative were encouraging, significant gaps remained in ensuring access to rehabilitation services, affecting not only health and functioning outcomes but also the participation and inclusion of individuals in family and community life. Assistive technology services should be integrated into comprehensive rehabilitation services. She welcomed WHO's leadership in supporting countries to accelerate integration of rehabilitation services into national health systems. Where appropriate, the Secretariat and Member States should coordinate increased financing for rehabilitation and engage with other organizations to increase their technical competencies.

The representative of ETHIOPIA said that her Government wished to be added to the list of sponsors of the draft decision. Speaking on behalf of the Member States of the African Region, she said that unmet rehabilitation needs were rising as a consequence of epidemiological and demographic shifts and health emergencies. She expressed appreciation for the Secretariat's work to spearhead global efforts to strengthen rehabilitation in health systems and ensure that rehabilitation was recognized as integral to universal health coverage, including through the integration of rehabilitation interventions into the WHO UHC Compendium, the launch of the World Rehabilitation Alliance and increased collaboration among stakeholders.

She underscored the importance of raising awareness among health decision-makers of the value of rehabilitation across the life course; strengthening workforce capacities and financing mechanisms for rehabilitation services across the health care system; ensuring the availability, accessibility and affordability of high-quality, timely rehabilitation services; producing assistive products locally;

securing increased support from stakeholders to address disparities in access; engaging local communities to support implementation and reach underserved and hard-to-reach areas; building capacities of primary community-level health workers to provide simple assistive products safely and effectively; enhancing routine health information systems to collect relevant information to promote high-quality rehabilitation research; and improving rehabilitation governance and the meaningful engagement of civil society organizations in planning and decision-making. She supported efforts to ensure the timely integration of rehabilitation into emergency preparedness and response. She welcomed WHO's work to strengthen rehabilitation in health systems in African countries and called for increased support to augment national efforts. Policy-makers should advocate for rehabilitation services when setting health priorities.

The representative of AFGHANISTAN said that, despite the increasing need for rehabilitation, the topic was being neglected and resource limitations remained, particularly in countries affected by protracted conflicts and weak, fragmented and donor-dependent health systems. He highlighted the burden that the absence of rehabilitation services placed on families and societies, its psychosocial consequences and the disability-adjusted life years lost, and provided figures and case studies from his country to illustrate the importance of rehabilitation, in particular in humanitarian settings. Policies on rehabilitation services must be developed to ensure that the required resources could be allocated as part of a contextualized, integrated health services package addressing institutional stigma and human capital development needs. Cultural interventions were also needed to mitigate social stigma. The funding of rehabilitation services should not be perceived as a cost but as an investment in happier lives for all.

The representative of the RUSSIAN FEDERATION supported the draft decision. Strengthening rehabilitation within health systems would require political commitment and improved legislation, and the rehabilitation workforce should be strengthened and expanded to meet demand. The Secretariat should play its role by supporting experience-sharing among countries on the implementation of cost-effective, evidence-based and comprehensive approaches to strengthening health care systems.

The representative of SLOVAKIA said that the draft decision provided a current, evidence-based perspective on rehabilitation and would help to strengthen the global health architecture and support the attainment of the Sustainable Development Goals, technological innovation and training of health workers. He called on the Secretariat to help countries to identify how best to implement rehabilitation services in line with local contexts; specifically, WHO country offices should engage more visibly in facilitating dialogue among relevant stakeholders to identify needs and seek solutions to ensure holistic access to rehabilitation, including through mapping activities.

The representative of COLOMBIA said that the draft decision would help to further strengthen health systems to respond to growing rehabilitation needs. She welcomed the publication of the first Global report on assistive technology, which should be translated into the official languages of WHO and be widely circulated, accompanied by technical support aimed at Member States. Other instruments referred to in the document must also be translated into the official languages and circulated for the benefit of developing countries; in particular, the Priority Assistive Products List would help countries to include those technologies in health benefit plans. To support countries in strengthening rehabilitation in health systems, the Secretariat should communicate the contact details, communication channels and procedure to be used by Member States to access technical support from the Secretariat.

The representative of INDIA said that rehabilitation must be an integral part of health services at primary, secondary and tertiary levels, stressing the need to strengthen national capacities to ensure the availability of community-based rehabilitation services. Mainstreaming community-based rehabilitation based on inclusion, participation, sustainability, empowerment, destigmatization and advocacy in primary care could do much to address gaps in rehabilitation services. The Secretariat should support Member States in strengthening such services, including through the establishment of a transdisciplinary rehabilitation task force and strategic plans for implementation. Rehabilitation should be covered in

medical training courses to strengthen rehabilitation at the primary health care level, and capacity-building and employment opportunities for health workers should be promoted, including through the use of digital platforms. Policies should be developed to address disparities concerning gender equality and finances.

To improve access to safe, high-quality assistive technologies, comprehensive, sustainable and multisectoral approaches should be developed and communication strategies involving non-State actors should be prioritized to increase awareness of the potential of such technologies. WHO should encourage investment in affordable, universally acceptable assistive technologies, and local manufacturing should be encouraged in order to boost the economy and address affordability in rural areas and among marginalized populations.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the integration of rehabilitation was essential for the delivery of universal health coverage, effective emergency preparedness and attainment of the Sustainable Development Goals. The number of individuals without access to comprehensive rehabilitation services was concerning, and while work was under way to strengthen rehabilitation in health systems, much remained to be done. She endorsed the statement made by the representative of Denmark on sexual and reproductive health and rights.

The representative of ISRAEL,¹ speaking also on behalf of Argentina, Brazil, Colombia, Croatia, Kenya, Morocco, Rwanda and Slovakia, said that rehabilitation was an essential health strategy for improving health, well-being and quality of life, delaying the need for long-term care and empowering persons to achieve their full potential. Rehabilitation was important throughout the life course and to all countries in all regions. The first step in strengthening rehabilitation was to acknowledge its importance and ensure its availability within health services to enable people to live longer and better lives. It must also be recognized, however, that rehabilitation services often involved out-of-pocket expenses and must therefore be integrated into universal health coverage and the continuum of care. The critical role of the rehabilitation workforce must also be acknowledged. Rehabilitation needs were constantly increasing because of epidemiological and demographic shifts and increasing physical and mental health challenges, and many people who could benefit from rehabilitation did not receive it, especially in low- and middle-income countries.

WHO must set a high standard in promoting access to rehabilitation services for all populations in need and in making rehabilitation a health policy priority. He encouraged WHO to send a strong message on the need to expand the integration of rehabilitation services into health systems. The ambitious draft decision set out a clear path for WHO's work on the topic for the years ahead. Acknowledging the strong support demonstrated by civil society organizations in its development, he thanked all Member States that had engaged with a constructive spirit in the negotiation process and the Secretariat for its guidance, support and commitment.

The representative of THAILAND¹ said that integrating rehabilitation into health systems required an appropriately trained health workforce. Rehabilitation and assistive technology should be an integral, fully funded part of universal health coverage benefit packages. He highlighted the importance of home- and community-based rehabilitation services, which were less costly and more accessible to a larger population than institution-based services. Low- and middle-income countries should engage in research and development to manufacture affordable and effective assistive technologies. He supported the draft decision.

The representative of ARGENTINA¹ stressed the urgency of establishing and strengthening rehabilitation services within health systems through a rights- and gender-based approach since certain

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

vulnerable population groups often encountered greater barriers to access to rehabilitation and, as a consequence, to the enjoyment of their rights and their full participation in society.

The representative of ECUADOR¹ noted that rehabilitation was not an element of primary health care in most countries and called on Member States to devote greater attention to the topic; to that end, he recommended including rehabilitation as an indicator to measure progress towards universal health coverage. Countries should implement community-based rehabilitation strategies with support from the Secretariat, involving all relevant institutions. Such strategies could include expanding orthotics and prosthetics services at health institutions and reusing specialist devices.

The representative of NAMIBIA¹ commended the Secretariat's efforts to support countries in strengthening rehabilitation within health systems. To reduce gaps in access to rehabilitation, the Secretariat should support local production of assistive technologies by working closely with key stakeholders such as academic institutions and regional economic organizations. He urged the Secretariat to embark on community engagement, especially with religious and political leaders according to country contexts, to ensure effective implementation of rehabilitation services in remote and underserved areas.

The representative of AUSTRALIA¹ welcomed the Secretariat's efforts to support Member States in embedding rehabilitation in health systems. She acknowledged the importance of addressing the unmet need for rehabilitation, especially among marginalized groups, and of adequately integrating rehabilitation services into primary health care and universal health coverage.

The representative of the UNITED REPUBLIC OF TANZANIA¹ highlighted the inequality in access to rehabilitation, which particularly affected poor populations and low- and middle-income countries. Those countries were also facing the double burden of noncommunicable and infectious diseases and should therefore be prioritized in the Secretariat's work. Rehabilitation services should be integrated into primary health care for physical disabilities, particularly for stroke patients and patients with chronic diseases. She called for functional rehabilitation for children, especially those with autism, Down syndrome and other chronic diseases. She supported the draft decision.

The representative of HANDICAP INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIR, called for specific commitments to be made on the integration of rehabilitation at all levels of the health system; expanded financial coverage of rehabilitation services and assistive technology; the strengthening of the interdisciplinary rehabilitation workforce and rehabilitation knowledge among health workers at all levels; and the definition of feasible goals and targets to ensure accountability.

The representative of CBM CHRISTOFFEL-BLINDENMISSION CHRISTIAN BLIND MISSION E.V., speaking at the invitation of the CHAIR, called for community support systems and services to be strengthened to support community-based rehabilitation and disability-inclusive, human rights-based and gender-sensitive support and care systems, which must be included in social protection mechanisms. All services should be developed in consultation with professionals, community representatives and representatives of persons with disabilities to ensure sustainable access to rehabilitation for all.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that WHO should identify and address government actions that caused disabilities requiring rehabilitation, including actions concerning the impact of natural disasters, lack of medications, medical neglect caused by staffing shortages, lack of funding for rehabilitation services and military conflict. The report had not mentioned caregivers, the impact of

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

rehabilitation on patients' and caregivers' mental health or the impact of austerity on health care policies and services. WHO should provide guidance on how, beyond distributing assistive products, the public sector could improve rehabilitation systems.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, called for policy-makers to include rehabilitation in essential health services under universal health coverage. A service delivery model combining rehabilitation and palliative care could create significant workforce and cost efficiencies in care for individuals with both noncommunicable diseases and disabilities and should therefore be considered by Member States as a policy option.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, applauded the Secretariat for its leadership in strengthening rehabilitation services for individuals with noncommunicable diseases. He highlighted the importance of cardiac rehabilitation in the management of heart conditions and the reduction of cardiovascular morbidity and mortality. Member States should integrate rehabilitation services into universal health coverage, primary health care and emergency preparedness plans.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, said that pharmacists were well equipped to support rehabilitation by optimizing medication therapy and prescribing at all levels of health care. WHO and Member States should therefore leverage pharmacists to optimize medication therapy in conjunction with rehabilitation to ensure continuous and integrated care in health systems worldwide.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Communicable and Noncommunicable Diseases) thanked Member States for their support for the first-ever draft decision on rehabilitation and acknowledged the leadership of the Government of Israel in its development. Despite progress in some countries in recent years, rehabilitation needs continued to be unmet and access remained limited in most parts of the world, with devastating and long-term consequences for individuals and their families, societies and economies. Depriving individuals of rehabilitation exposed them to a high risk of poverty, marginalization and vulnerability to disease. The draft decision would provide key pathways for accelerated actions and contribute to addressing the needs and improving the well-being of more than 2 billion people. The Secretariat would work to develop feasible global targets and indicators of effective coverage of rehabilitation services for 2030 to support Member States in implementing the Rehabilitation 2030 initiative in line with national contexts. A meeting on that initiative would take place in July 2023.

The Secretariat would also continue to work on integrating rehabilitation and assistive technologies into emergency preparedness and response; disseminating technical tools, including a basic rehabilitation package for primary care, of which mental health was a central part; and addressing rehabilitation needs, including those associated with coronavirus disease (COVID-19) and other diseases, as well as the needs of marginalized groups and people in areas affected by conflict, disaster and emergency situations. She welcomed the statement made by the representative of Denmark regarding the need to address physical and mental health conditions, including sexual functioning, through rehabilitation. She recognized the need to strengthen engagement with the research workforce, civil society and communities and support professional training, including by translating key guidance and policies into all official languages of the Organization. She noted the request for greater focus on rehabilitation across all three levels of WHO, which was fully aligned with the WHO vision and strategic priorities.

The CHAIR took it that the Board wished to note the report contained in document EB152/8.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision on strengthening rehabilitation in health systems.

The decision was adopted.¹

2. POLITICAL DECLARATION OF THE THIRD HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES, AND MENTAL HEALTH: Item 6 of the agenda (continued)

- **Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases** (documents EB152/6 and EB152/6 Add.1) (continued from the sixth meeting, section 3)

The representative of ETHIOPIA welcomed the draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases and called on the Secretariat to consider including other important interventions, especially regarding pre-hospital care, since complications of noncommunicable diseases often arose in those settings.

The representative of SINGAPORE² said that high-impact noncommunicable disease interventions required a whole-of-government, whole-of-society response, with health systems reoriented towards prevention and the centre of gravity of care shifted away from hospitals and into the community. Such interventions should be evidence-based and cost-effective to optimize use of resources. He welcomed the draft updated menu of policy options and said that there was also a place for well thought-out innovations complemented by evaluation frameworks to collect evidence. The Secretariat should look more closely at policy options involving collaboration with industry, except the tobacco industry.

The representative of ARGENTINA² thanked the Secretariat for the draft updated menu of policy options and outlined a number of interventions implemented by her Government to tackle noncommunicable diseases, focusing in particular on mental health. Her country would host the fifth Global Ministerial Mental Health Summit in 2023, which would strengthen mental health promotion and access to treatment for people with mental health needs at the regional and global levels.

The representative of THAILAND² said that interference in policy-making from the tobacco and alcohol industries and manufacturers of unhealthy foods represented a major challenge for governments that must be tackled not only through health interventions but also strong political leadership and good governance. Addressing noncommunicable disease risk factors required governments to develop regulations on tobacco-free environments, raise tax, ban advertisements and foster multisectoral efforts to promote enabling actions. He expressed support for the draft updated menu of policy options.

The representative of MEXICO² welcomed the draft updated menu of policy options. However, in future updates, the Secretariat might wish to consider including: references to relevant WHO initiatives such as the MPOWER tobacco control measures; interventions to tackle the consumption of novel and emerging tobacco and nicotine products; and non-financial interventions to raise awareness of cancer, such as an integrated early cancer detection package targeted at women.

¹ Decision EB152(10).

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

The representative of NORWAY,¹ speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, thanked the Secretariat for the updated menu of policy options. Introducing low-cost and effective, evidence-based measures to prevent and control noncommunicable diseases would contribute to reducing the otherwise inevitable increase in the disease burden on low- and middle-income countries. However, fully incorporating evidence-based interventions on mental health and air pollution would strengthen the impact of the menu of policy options. To reduce the prevalence of, and premature mortality from, noncommunicable diseases, governments must adopt policies to reduce risk factors, address the determinants of health, create healthy options and strengthen health systems with community- and human-centred comprehensive primary health care focused on noncommunicable disease prevention and control. He welcomed the Secretariat's work to improve the capacity of Member States' health services in the prevention, detection and management of common noncommunicable diseases.

He could support the draft decision as proposed by the Secretariat. However, he recalled that when the menu of policy options – then called best buys – was first adopted, it had been decided that they should be considered by the Health Assembly together with a global action plan. As the menu of policy options was now a standard component of WHO's normative guidance on noncommunicable diseases, it would be more appropriate for future updates to be the sole responsibility of the Secretariat, without the need for adoption by the governing bodies.

The representative of NAMIBIA¹ expressed concern at the increase in the proportion of deaths from noncommunicable diseases and the lack of resources allocated to mental health, particularly in low-income countries. The COVID-19 pandemic had provided a stark reminder of the urgent need to strengthen health systems by prioritizing primary health care, of which noncommunicable disease control and mental health care were vital components. He underscored the importance of reducing financial hardship and out-of-pocket payments through health system strengthening and universal health coverage, as well as the need to support countries in strengthening the mental health workforce. He welcomed the draft updated menu of policy options and supported the draft decision.

The representative of FIJI¹ said that the draft updated menu of policy options did not provide sufficient guidance on measures affecting the taxation, marketing and availability of alcohol. She therefore suggested adding a footnote to the section on the harmful use of alcohol reading: "interventions relating to excise taxes, marketing and availability of alcohol should take into account the beverage type in addition to alcohol strength".

The representative of NEW ZEALAND¹ expressed concern at the lack of progress in global noncommunicable disease control. The top-down approach taken to the mobilization of disease-based initiatives, while helpful for advocacy and resourcing, must not undermine the cohesive, integrated delivery of noncommunicable disease patient care at the primary care level. To address the persistent challenge of inadequate resourcing, the Secretariat could visualize the funding gap in future reporting to emphasize the importance of targeted resourcing. While the expansion and evidence-based revision of the draft updated menu of policy options was welcome, Member States must be able to easily implement the increased number of interventions. In that connection, the Secretariat might wish to consider implementing the original set of best buy interventions. She welcomed the proposed development of a web-based tool for countries to visualize potential gains from interventions and suggested that the Secretariat could consider providing examples of policy packages created from the draft updated menu of policy options to assist Member States in domestic planning.

The representative of URUGUAY¹ expressed support for WHO's efforts to address noncommunicable diseases and shared information about measures being implemented in her country. It would be crucial to have clear guidelines on identifying and tackling conflicts of interest in the development of public policies.

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

The representative of ITALY¹ welcomed the fact that the draft updated menu of policy options had been prepared in consultation with Member States and in consideration of the views of other stakeholders, an inclusive and transparent approach that should be ensured for any future updates. He highlighted the importance of robust scientific evidence in its development and the need for Member States to be able to select those most consistent with their national contexts. Promoting a balanced, healthy and sustainable diet and enhancing education and information campaigns were the only ways to address nutrition-related noncommunicable diseases. He also stressed the importance of mental health.

The representative of TÜRKİYE¹ said that the international community should continue to respond to noncommunicable diseases and prepare for future disruptions. Major noncommunicable disease risk factors must be addressed through investment in proven, cost-effective interventions. One of the most significant deficits in noncommunicable disease prevention and control was the lack of a global noncommunicable disease management mechanism. He therefore called for the development of a more resilient, effective and flexible mechanism to support the achievement of global targets and for a new, stronger approach to noncommunicable diseases grounded in medical, ethical, economic and public health perspectives.

The representative of BELGIUM¹ expressed concern that no country was on track to achieve the nine voluntary targets of WHO's Global action plan for the prevention and control of noncommunicable diseases 2013–2030 by 2025. The best buy interventions were critical to efforts to tackle the main risk factors of noncommunicable diseases. She commended WHO's leadership in the promotion of a "health and environment in all policies" approach to address the devastating impact of environmental pollution and climate change on human health. Best buy interventions relating to mental health, such as preventive policies in the workplace, should be developed. She supported the draft decision and echoed the suggestion made by the representative of Norway that future updates to the menu of policy options could be left to the Secretariat.

The representative of FINLAND¹ said that there must be a clear barrier between the provision of normative guidance by the Secretariat and governance by Member States. As the menu of policy options was undoubtedly normative guidance, he asked the Secretariat to explain how and when the Health Assembly could take a decision on whether future updates should become the sole responsibility of the Secretariat.

The representative of ECUADOR¹ expressed support for the draft updated menu of policy options and described his Government's efforts to tackle noncommunicable diseases in his country.

The representative of SOUTH AFRICA¹ supported the draft decision and urged the Secretariat to support Member States to implement appropriate policy options. The failure of health systems to keep up with noncommunicable disease prevention and control during the COVID-19 pandemic had shown the need to build resilient health infrastructure to deal with noncommunicable diseases, including by strengthening legislative and regulatory measures. The pandemic had also increased mental health challenges and associated costs; mental health should therefore be prioritized.

The representative of the UNITED REPUBLIC OF TANZANIA¹ expressed appreciation to the Secretariat for its support in noncommunicable disease prevention and control. Low- and middle-income countries were particularly affected by noncommunicable diseases, but investment was still not in keeping with that burden. She urged the Secretariat to prioritize mental health; early diagnosis of rheumatic fever and rheumatic diseases; improved availability of high-quality, effective medicines for noncommunicable diseases, particularly hypertension and diabetes, through local production; and

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

cancer prevention, including through screening and greater access to vaccines. She supported the draft updated menu of policy options.

The representative of the DOMINICAN REPUBLIC¹ expressed support for the draft updated menu of policy options but called on the Secretariat to explore further options, focusing in particular on mental health disorders. The economic consequences of the COVID-19 pandemic and armed conflict were challenging for mental health services, which were facing growing demand yet diminished resources. Greater public, private, national and international investment and commitment from the international community was needed to make mental health an international priority, particularly in efforts to combat stigma and discrimination. WHO must develop mental health strategies and initiatives, and mental health should be a standalone item on the agendas of its governing bodies.

The representative of BANGLADESH¹ expressed concern that progress continued to fall short of the targets in WHO's Global action plan for the prevention and control of noncommunicable diseases 2013–2030. Gains from investment in noncommunicable disease prevention and control in low- and lower-middle-income countries suggested that further country-level investment would be justified; WHO technical support to prioritize noncommunicable disease interventions in policy and strategy would be useful in that regard. To reduce tobacco use, Member States should incorporate stringent normative measures into national policies and strategies; include lessons on the harmful impact of tobacco in national curriculums; and develop public awareness-raising programmes. To improve the state of mental health, he recommended developing policy measures to promote healthy lifestyles. He supported the draft updated menu of policy options.

The Observer of PALESTINE highlighted the importance of addressing mental health. He provided information about the situation concerning noncommunicable diseases in the occupied Palestinian territory, including east Jerusalem, and thanked WHO for its close cooperation with the Palestinian authorities, which should be strengthened in order to improve the health system in the occupied Palestinian territory and enhance noncommunicable disease control. He called in particular for further technical support to strengthen mental health programmes that had deteriorated because of repeated Israeli military operations.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIR, called on WHO and Member States to mainstream ageing, disability and noncommunicable diseases into universal health coverage and primary health care packages and leverage synergies; accelerate investment in holistic age-, gender- and disability-responsive primary and community-based services and strengthen referral systems; engage people with noncommunicable diseases in the design and delivery of services; remove upper-age caps in noncommunicable disease data systems; and collect and use age-, sex- and disability-disaggregated data on people of all ages.

The representative of the INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS, speaking at the invitation of the CHAIR, said that noncommunicable eye conditions affected an increasing number of people and posed a significant challenge to health systems. She supported the adoption of the draft updated menu of policy options and called for specific commitments to the implementation of interventions for diabetic retinopathy and the integration of eye care services.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, noted that one of the actions suggested in the draft updated menu of policy options was to improve the availability of affordable essential medicines for noncommunicable diseases. In that connection, she reaffirmed her organization's commitment to working with the Secretariat and

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

Member States to identify priorities and create a favourable environment for licensing to improve access to essential medicines.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIR, expressed regret that the draft updated menu of policy options made no mention of strengthening kidney disease prevention despite the global challenges posed by kidney dysfunction. He called on Member States to routinely assess kidney function and albuminuria in people with cardiovascular disease, hypertension and diabetes to improve diagnosis and promote early treatment.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, expressed support for the draft updated menu of policy options. Noncommunicable diseases should be a cornerstone of discussions at the second high-level meeting of the General Assembly on universal health coverage, to be held in September 2023.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, said that noncommunicable disease control depended on high-quality health care systems providing services across the continuum of care, including palliative care, a cost-effective intervention that improved quality of life. Member States should emphasize the inclusion of palliative care as a best buy intervention in policy options for noncommunicable disease control.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIR, expressed disappointment at the absence of any reference to dementia in the document. Dementia continued to be excluded from national strategies and frameworks on noncommunicable diseases owing to ageism and poor awareness of the condition. His organization wished to work with the Secretariat and Member States to develop reportable, dementia-specific targets aligned with risk reduction and best buy interventions.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR and also on behalf of the International Baby Food Action Network, said that the emphasis on the cost-effectiveness of noncommunicable disease interventions prioritized minimum packages and neglected addressing structural drivers, risking the institutionalization of coping mechanisms as the new minimum standard of care. Corporate actors contributing to the noncommunicable disease burden should be regulated. The cost of noncommunicable disease treatment required more attention: for example, there was little reference in the document to structural reforms to address the high cost of therapeutics. WHO should pay greater attention to the development of appropriate indicators to track and improve progress on mental health, particularly with regard to policies and financing.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR, said that persons with disabilities were at much greater risk from noncommunicable diseases owing to underlying health conditions, unmet health needs, greater levels of poverty, discrimination and barriers to accessing services. Furthermore, many faced multiple intersecting forms of disadvantage or discrimination. Noncommunicable disease and mental health services should meet differing needs and protect against discrimination, coercion and violations of the right to health for groups that were further marginalized, including individuals with autism and intellectual impairments. She called for the prioritization of inclusive, person-centred care and equitable access to those services for persons with disabilities.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR and also on behalf of the NCD Alliance, noted with concern the insufficient progress in the coverage of essential noncommunicable disease services. The best buy interventions were a valuable resource to drive action. She encouraged Member States to: use tools such as the WHO-IARC cancer costing and planning tool to support dialogue and evidence-based selection of interventions, engaging civil society organizations in the prioritization process; include noncommunicable disease services in universal health coverage benefit packages and financial protection mechanisms; ensure people-centred care across the life course, including for vulnerable groups; and support the Secretariat in updating the best buy interventions.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had stalled efforts to prevent and control noncommunicable diseases. The root causes lay in underfinanced and poorly governed health systems, resulting in an overburdened health workforce and slow integration of noncommunicable disease prevention and care into universal health coverage benefit packages. To achieve targets on noncommunicable diseases, Member States should: advance policies and actions to provide the continuum of care for people with such diseases in line with universal health coverage principles, focusing on integrated primary health care; promote a whole-of-government and whole-of-society approach to noncommunicable diseases; and strengthen the health workforce and infrastructure.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, said that the targets of WHO's global action plan on the prevention and control of noncommunicable diseases 2013–2030 and target 3.4 of the Sustainable Development Goals could still be achieved through the implementation of measures to strengthen health systems. He urged Member States to adopt the draft updated menu of policy options with a view to reducing the burden of cardiovascular disease and its risk factors and to request the Secretariat to revise it on an ongoing basis.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Association for Dental Research, said that implementing a range of population-wide noncommunicable disease policies and services would increase the universal health coverage service coverage index for noncommunicable diseases and contribute to the achievement of global noncommunicable disease targets and new oral health targets. Member States should adopt the draft decision and contribute to the menu of cost-effective interventions for oral health and the comprehensive report on progress envisaged in the draft global oral health action plan (2023–2030).

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that the flawed concept of the “harmful use of alcohol” in the draft updated menu of policy options should be replaced with more accurate terms, since strong evidence showed that there was no healthy or safe level of alcohol use. The current update represented a missed opportunity to improve alcohol policy best buy interventions and better support Member States in using the most cost-effective interventions, such as age limit increases.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Diabetes Federation, welcomed the draft updated menu of policy options and the expansion of cost-effectiveness analyses to new interventions. However, he noted the absence of obesity-oriented actions aimed at tackling comorbidities such as diabetes. Weight management and treatment should be included in future updates. The Secretariat should develop periodic and inclusive mechanisms concerning updates to the menu of policy options to protect against undue influence from health-harming industries. The term “best buy” should be retained as it was well recognized by policy-makers.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC., speaking at the invitation of the CHAIR, noted the shocking inequality in access to effective cancer and rare disease treatments, which disproportionately affected low- and middle-income countries. The Secretariat should help Member States to understand their options regarding exceptions in exclusive patent rights for gene and cell therapies. The WHO Model List of Essential Medicines should include a category for medically important treatments that should be available “if available at affordable prices”. The Global Observatory on Health Research and Development should collect and publish information on clinical trial costs for determining the safety and efficacy of treatments and undertake other measures to implement resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines and other health products.

The representative of IAEA said that her organization was working with partners such as WHO and IARC to integrate nuclear medicine, radiotherapy and dosimetry services into comprehensive cancer control plans. Its Rays of Hope initiative, launched in 2022, had stepped up the global response, galvanizing stakeholders to support countries in procuring equipment and knowledge. Her organization would continue its longstanding collaboration on the noncommunicable disease agenda, including by supporting countries in combating malnutrition and cardiovascular diseases.

The DEPUTY DIRECTOR-GENERAL said that the increasing noncommunicable disease burden threatened sustainable development by increasing health care costs and reducing productivity, and people living with those diseases had more adverse health outcomes during emergencies. Coordination on noncommunicable diseases across the three levels of the Organization was strong and focused on reorienting health systems to include noncommunicable diseases in primary health care and on efforts to achieve universal health coverage by strengthening equity and preparedness for humanitarian emergencies.

To support the preparatory process towards the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases in 2025, governments of small island developing States had recently met to discuss strategies to accelerate implementation of cost-effective noncommunicable disease interventions and would meet again in June 2023 at the ministerial conference for small island development States on the prevention and control of noncommunicable diseases. Member States in the Western Pacific Region had endorsed a regional action framework for noncommunicable disease prevention and control and a regional framework for the future of mental health, while in the South-East Asia Region, Member States had endorsed an implementation road map for accelerating prevention and control of noncommunicable diseases. The Regional Office for Africa was supporting Member States in implementing a regional strategy to address severe noncommunicable diseases at first-level referral facilities and a regional framework to strengthen implementation of the comprehensive mental health action plan 2013–2030. While emergencies had affected the capacity of countries, territories and areas in the Eastern Mediterranean Region to prevent and control noncommunicable diseases, several had introduced new policies and were now focusing on improving noncommunicable disease management in emergency contexts. The Regional Office for the Eastern Mediterranean was also supporting countries, territories and areas in scaling up cancer prevention and care. In the European Region, guidance had been developed on the harms of novel tobacco products; countries were moving fast towards eliminating trans-fats and tracking data on the noncommunicable disease burden; and signature initiatives had been launched to reduce inequalities in the prevalence of cardiovascular disease and hypertension.

Those regional frameworks and initiatives aligned with the call in WHO’s Global action plan for the prevention and control of noncommunicable diseases 2013–2030 for governments to implement evidence-based, cost-effective policies to counter the threat of noncommunicable diseases. The draft updated menu of policy options would invigorate implementation of the global action plan and regional frameworks. Regional offices would continue to support countries in implementing best buy interventions by adopting innovative, context-specific approaches that had been proven to work and by facilitating knowledge and experience exchange.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Communicable and Noncommunicable Diseases) acknowledged the broad support from Member States on the Secretariat's efforts to develop evidence-based guidance to support countries to accelerate progress towards target 3.4 of the Sustainable Development Goals. The noncommunicable diseases and mental health packages were not just aspirational but achievable. Key pathways had been agreed on and were being delivered to accelerate action on various noncommunicable diseases and their risk factors, and the Secretariat would support Member States in implementation, in close collaboration with partners.

Efforts to achieve universal health coverage should not focus solely on the time-bound elimination of priority diseases but also on health and well-being for all. Noncommunicable diseases and mental health should be included in primary health care and universal health coverage not just to ensure equity and leave no one behind, but also to increase financial protection and contribute to the preparedness and health security agenda. The Secretariat would continue providing tailored support to meet diabetes targets through the Global Diabetes Compact, and more countries would receive support in addressing the cardiovascular disease burden through context-specific implementation of the HEARTS technical package. The Secretariat had recently launched the Global Breast Cancer Initiative Implementation Framework, which joined other global cancer initiatives such as the Cervical Cancer Elimination Initiative and the Global Initiative for Childhood Cancer. In that regard, she thanked the Government of Slovakia for its close collaboration on childhood cancer. She highlighted the need to explore all possible approaches to ensure affordable and high-quality medicines and technologies for noncommunicable disease prevention and control, including the WHO prequalification programme and private sector engagement.

Advocacy was required to ensure that mental health would continue to be prioritized and to reduce the treatment gap. The growing demand for mental health support from Member States and partner agencies prompted increased action on mental health. Given the close link between mental health, public health and socioeconomic development, transforming mental health policy and practice would deliver substantive benefits for individuals and communities.

In response to suggestions from a number of Member States regarding the procedure for approving future updates to the menu of policy options, she explained that the Secretariat had been mandated to submit the updated draft menu of policy options to the Board according to decision WHA72(11) (2019). The document would be continually updated on the basis of the latest knowledge and scientific evidence in close collaboration with Member States, the research community and academia. The menu of policy options was to be implemented in alignment with global strategies and policy interventions on mental health and air pollution, the "5 x 5 NCD agenda" and oral health. Answers to many of the technical questions raised, including on the methodology and evidence base underpinning the selection of the interventions, could be found on the dedicated online platform. Member States should define lists of priority interventions considered good value for money according to their national contexts. In that connection, a number of Member States had highlighted the need to contextualize the recommended interventions and their potential impact in terms of equity, in particular on priority populations, during country-level implementation. The potential impact of implementing policy options would be measured according to the Global Monitoring Framework for noncommunicable diseases, the Sustainable Development Goals and the indicators set out in the Thirteenth General Programme of Work, 2019–2025. The WHO OneHealth Tool could help countries to cost specific interventions according to their national contexts. The Secretariat was also developing an interactive, web-based tool for countries to use.

The fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases would provide an opportunity to adopt a new political declaration on noncommunicable diseases and accelerate progress. The Secretariat would continue working closely with countries in advance of that important event and with the Government of Argentina in the run-up to the fifth Global Ministerial Mental Health Summit. Activities concerning air pollution, mental health, climate change, biodiversity and health and social determinants of health would also contribute to the development of recommendations.

The CHAIR took it that the Board wished to note the report contained in document EB152/6.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision contained in document EB152/6.

The decision was adopted.¹

The meeting rose at 20:15.

¹ Decision EB152(11).

TENTH MEETING

Friday, 3 February 2023, at 10:00

Chair: Dr K.V. PETRIČ (Slovenia)

PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING

1. WELL-BEING AND HEALTH PROMOTION: Item 14 of the agenda (document EB152/20)

The CHAIR invited the Board to consider the report contained in document EB152/20, in particular the guiding questions on the further development of the draft WHO framework for achieving well-being set out in paragraph 10.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, said that health promotion was an essential public health function for achieving well-being and recalled that the Geneva Charter for Well-being issued by the 10th Global Conference On Health Promotion had urged countries to prioritize health and well-being as part of a larger ecosystem. At its 51st session, the Regional Committee for Africa had adopted the health promotion strategy for the African Region and the draft assessment of its implementation over 10 years had shown commendable progress in well-being and health promotion interventions in the Region. He also commended the multisectoral strategy under development for the African Region, which would advise countries on sustainable engagement with other sectors, further supporting the well-being framework.

The Member States of the African Region welcomed the focus on monitoring well-being and the call for measures beyond gross domestic product to show progress, noting that no targets or indicators under Sustainable Development Goal 3 directly measured well-being. Guidance should be developed for measuring the impact of communicable and noncommunicable diseases and other health problems on social and individual well-being as part of the framework. Moreover, there was a need to clarify how the WHO framework for achieving well-being and the operational framework for monitoring social determinants of health equity would complement each other to avoid duplication of efforts. There was also a need to strengthen governance and leadership capacity on health promotion, disease prevention and social determinants of health at the regional and country levels, and to work across sectors, including with non-traditional stakeholders, in order to advance well-being and health promotion. Member States should be supported in connection with planning, resource mobilization and evidence-based interventions addressing well-being and health promotion.

The representative of the UNITED STATES OF AMERICA welcomed the latest draft of the framework and input from other Member States. Her Government continued to support the overall direction of the framework, which was aligned with its core values and policy goals of broadening the context of health with an emphasis on equity. The greater acknowledgement of the contribution of individual health to wider societal resilience and well-being was appreciated, as was the inclusion of varied examples of national health promotion and health equity efforts.

The representative of INDIA said that well-being in his country had always been espoused as a way of life. As mental health was also a critical component of overall health and well-being, there was a need to focus on capacity-building to ensure adequate human resources for mental health care, destigmatizing mental illness and integrating well-being into the school curriculum. People should be

encouraged to seek early support for stress and common mental health problems. Well-being interventions should prioritize a life course and whole-of-society approach, and social protection and welfare systems should focus on promoting health-seeking behaviours. Interactive health communication was also critical to well-being and health promotion.

There was a need to raise awareness of the impact of climate change on human health and to strengthen the capacity of health systems to treat illnesses and diseases due to climate variability. Well-being as a whole provided a compass for public policy, including budgetary and regulatory decisions to achieve better outcomes for individuals, communities and society. That vision should be backed by sustained global investment in health care workers, health promotion, public health infrastructure and research. The global development landscape would change if the well-being of both people and the planet became central to the definition of success.

The representative of the REPUBLIC OF KOREA said that his Government supported the six strategic directions proposed in the draft framework for achieving well-being since they appeared to provide an appropriate implementation plan for enhancing health equity. It was hoped that, by building on the framework, Member States would be able to overcome newly emerging threats to sustainable well-being societies. Monitoring indicators should be developed to help to advance health equity and individual national health systems. Specific approaches should be adopted taking into account different national circumstances and resources. Regular meetings among Member States and the sharing of practices would be useful.

The representative of CANADA commended the draft framework's focus on addressing the main risk factors of noncommunicable diseases and encouraged the Secretariat to further integrate healthy eating under strategic direction 4. The draft framework might also explicitly refer to interventions in existing action plans, such as WHO's Global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the WHO Global action plan on physical activity 2018–2030. Although the draft framework recognized the determinants of health for advancing healthier populations and environments, there was a need to include environmental risk factors, particularly air pollution, hazardous chemicals and climate change, and their impacts on health and well-being. The Secretariat should take a stronger approach to integrating positive mental health promotion and broaden the scope of well-being by paying particular attention to specific populations experiencing mental wellness inequities and those facing complex mental health and substance use issues. Noting the draft framework's acknowledgement that global crises could not be addressed in isolation, he called for clear recognition of the wider health and long-term impacts of major infectious disease outbreaks on population health and well-being. Addressing the longer-term impacts of the coronavirus disease (COVID-19) pandemic, such as the long-term effects of COVID-19 infection, required coordinated and intersectoral approaches as well as greater interdisciplinary collaboration.

The representative of PERU said that successful promotion of health and well-being must be based on complementary approaches, including a Health in All Policies, whole-of-government and whole-of-society approach. There must be political commitment at the highest level in each country to provide a robust health promotion system at all levels of government, as well as sufficient resources for intensive political and social action.

The draft framework should place greater emphasis on developing and promoting research and evidence for health promotion in order to improve regulations and public policies at all levels of government; on measuring the effectiveness of health promotion interventions; and on ensuring that all countries developed a multisectoral strategic plan for promoting health, aggregating various indicators, so as to allow consolidation in a single long-term management document as part of Health in All Policies. Strengthening the political component as a driver of well-being would complement the social component of lifestyle change, and reflect the important role of local authorities.

Finally, he noted that elections were a convenient time to raise awareness of health promotion, and facilitate the conclusion of long-term consensus-based government agreements. Public policies

involving various levels of government could be developed once the main health issues and related social determinants had been identified at the local level.

The representative of FRANCE welcomed the Secretariat's cross-cutting approach to the draft framework, allowing all areas of society to be incorporated, and the repeated mention of human rights, which could be strengthened in particular by introducing the notion of the right to health throughout. On the thematic level, greater emphasis should be given among aims and indicators to mental health. The modalities for integrating digital health could be strengthened to facilitate coverage among all communities while respecting the national context. The education system should have a more prominent place in promoting health and well-being policies. Good practices in raising awareness among young people, such as peer education or community building, would give health promotion policies better reach by starting from individuals' own reference points and experiences.

The representative of MALAYSIA welcomed the draft framework's implementation and monitoring plan for integrating well-being into public health practices, as well as its general approach, strategic directions, tools and new technologies to address current and future public health challenges. As health and well-being were determined by various factors predominantly outside the health sector, there was an urgent need to adopt a whole-of-government and whole-of-society approach and to promote multilateral and multisectoral collaboration so that communities could achieve healthy living and well-being using health promotion strategies.

The representative of the RUSSIAN FEDERATION, sharing information about initiatives in his country, welcomed WHO's efforts to develop the draft framework using a process open to all Member States. The framework's intersectoral approach should not stray beyond WHO's mandate, which would risk non-implementation of the document and duplication of efforts with other United Nations system organizations. Furthermore, the framework should focus on achievable, measurable goals. The monitoring system should not impose additional burdens on Member States and the indicators developed should be based on Sustainable Development Goals assessment data. Lastly, his Government considered it unacceptable for WHO – an Organization uniting numerous distinct cultural and religious traditions – to use gender-based terminology that had not been agreed by all Member States. The use of such terminology could lead to a vote and prevent essentially satisfactory documents from being adopted as national policies. The Secretariat should take that issue into account in its work.

The representative of JAPAN said that the engagement of multiple sectors was essential to facilitate multidimensional approaches addressing environmental, societal, and economic factors and to achieve greater well-being, and common goals and guidance should be specified. Regarding the proposed measures and monitoring indicators for well-being in strategic direction 6, which included strengthening capacity for data collection and management, it was important to clarify what state of well-being should be achieved and to develop specific goals and key performance indicators for that purpose.

The representative of CHINA recognized the outcomes of previous global conferences on health promotion. Health and well-being were mutually reinforcing and his Government would welcome the creation of sustainable well-being societies, as called for in the Geneva Charter for Well-being. The draft framework should include a glossary to help to differentiate terms such as well-being, welfare and social health, and should take into consideration different national and cultural understandings of well-being. His Government stood ready to exchange relevant experience with the international community to build a well-being society.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that governments of the Region reaffirmed their commitment to: improving health promotion, well-being and disease prevention through good governance and health systems strengthening; identifying national health and well-being priorities based on the local context; and

promoting well-being for all throughout the life course to achieve universal health coverage by 2030. They also supported research for effective planning and assessment of different interventions, community empowerment and engagement to improve health-seeking behaviours. They would welcome innovative mechanisms to share evidence on developing high-impact policies to promote physical, mental and social health and well-being, and address the determinants of health. The international community should adopt multisectoral policies, consider different health contexts and develop national plans of action to achieve the highest attainable standard of physical and mental health.

The representative of AFGHANISTAN said that, according to the 1986 Ottawa Charter for Health Promotion, health was created and lived by people within the settings of their everyday life. Yet a record 339 million people across 69 countries were expected to need humanitarian assistance and protection in 2023. The nature and extent of that challenge should spur the international community to balance its investments, especially in humanitarian settings, as the world had moved from temporary emergencies to an ongoing humanitarian crisis in the form of protracted conflicts. A new paradigm was required to begin incorporating well-being and health promotion within humanitarian aid programmes. The humanitarian-development-peace nexus must no longer be neglected and should serve as guidance in humanitarian settings to help people to improve their health and well-being, give them hope for the future, and enable them to survive and thrive in the midst of crisis and to become more resilient for the post-crisis future.

The representative of BRAZIL said that a WHO framework on well-being would support Member States in building national capabilities and achieving universal health coverage. There was a need to manage the impact of intersectoral factors on population health, while addressing persistent challenges and new possibilities for health care such as digital transformation. Strategic direction 5 on promoting equitable digital systems should be further emphasized and placed earlier in the text of the draft framework, given its importance for, and tangible impact on, health promotion.

The representative of COLOMBIA said that well-being should be based on human dignity and take into account diverse sociocultural and political views and concepts such as a good life and harmony, which had long been promoted by indigenous peoples. Health promotion should be based on a more holistic, diverse and participatory vision. The international community should strive for an end to conflicts, humanitarian tragedies, structural racism and gender-based violence. It should also accelerate efforts to: combat climate change; implement intersectoral actions guaranteeing all rights, including the fundamental right to health; overcome inequality; respect ethnocultural diversity; combine biomedical knowledge with traditional medicine and alternative and complementary practices; and recognize diversity and population groups when developing health policies. Health promotion and well-being were closely linked to the development of universal, primary care-based systems.

The representative of SLOVAKIA welcomed the extension of the concept of health promotion to include other attributes and determinants linked to health. Since gross domestic product failed to robustly capture the human experience or predict resilience through crises, the international community needed a new organizing principle that envisioned and measured progress by focusing on conditions supporting health, resilience and overall well-being based on the Ottawa Charter. An expanded focus on shared responsibility could not be achieved without protecting those with unmet essential needs and exposed to toxic environments, trauma, inequalities, discrimination, stigmatization and greater vulnerability. Without at least a basic and appropriately monitored level of well-being, the concept of well-being would be defined only for certain groups or countries. Well-being policy frameworks were not without controversies and pitfalls. He therefore called for more action in the field, especially from WHO regional offices, to understand how all countries in the regions could benefit. Lastly, he encouraged reflection on whether a focus in health promotion on well-being would distract from other core principles such as justice, democracy, peace and tolerance.

The representative of GERMANY¹ commended the report and the draft framework's holistic depiction of health, including the importance of multisectoral collaboration to improve well-being and promote health across societies, and consideration of ecological determinants. The concept of universal health coverage, including sustainable- and solidarity-based health financing, should be integrated further in the draft framework. Although the incorporation of climate change and the biodiversity crisis as fundamental determinants of health and well-being was welcome, the pollution crisis should also be included and linked more closely to health. The implementation and monitoring plan should also take into account the specific challenges of low- and middle-income countries.

The representative of THAILAND¹ said that the draft framework, including its strategic directions, would represent a new chapter for population-based health promotion and well-being. A multilateral approach, sustainable funding, specific responsible agencies and political commitment were essential elements for implementation. There was, however, room for improvement and the Secretariat should provide illustrative diagrams of the key objectives, strategic directions and policy orientation to make the draft framework easier to understand. Information should also be provided on the responsibility, roles and function of each stakeholder, within and outside the health sector, and on collaboration with other sectors, since well-being was a matter of overall quality of life and did not concern the health sector alone. Her Government looked forward to reviewing the revised draft framework shortly.

The representative of JAMAICA,¹ commending WHO for including well-being in the theme of the 10th Global Conference on Health Promotion, whole-heartedly endorsed the draft framework to support Member States in establishing resilient well-being societies. Her country looked forward to the finalization of the framework and its full adoption and implementation, which would serve to bolster efforts in empowering populations to attain an optimum level of health.

The representative of LUXEMBOURG¹ acknowledged the wide-ranging domains of well-being and agreed that it could be fully attained by following the strategies described in the report, with prevention and health promotion key to success. His Government supported the use of new indicators of success beyond gross domestic product. Unless a whole-of-government approach addressing health as an investment was adopted, inequity would continue to thrive, natural and financial resources would continue to be lost and health literacy would continue to be ignored. Healthy life expectancy could be a central indicator for well-being societies.

The representative of BANGLADESH¹ said that fair opportunities for livelihood activities, a peaceful social setting and a harmonious living environment were key components for health promotion and well-being. The universal right to health could guide the framework, and political commitment from Member States to address cross-cutting issues with the potential to influence health promotion and well-being was essential. The disproportionate impact of the COVID-19 pandemic, climate change and political crises should be considered. Coordinated and broader engagement among Member States, United Nations bodies and the private sector in a whole-of-society approach was required to promote livelihood opportunities and minimize health inequalities. Special humanitarian measures should be implemented for people in humanitarian settings.

The representative of MOZAMBIQUE¹ thanked the Secretariat for facilitating consultations to develop the inclusive draft framework, which covered different social and economic segments and major determinants of health. The COVID-19 pandemic had clearly shown the need for government and society to be actively involved in health promotion. Well-structured health promotion interventions through a comprehensive draft framework were pivotal for health in low-resourced and developing countries, and a whole-of-government and whole-of-society approach was essential for implementation.

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

The representative of FINLAND¹ praised WHO's commitment to enhancing well-being through health promotion to fulfil the right to health for all and leave no one behind. The common understanding of health promotion and well-being should be updated since current challenges required a comprehensive and whole-of-government approach at all levels, not merely interventions at the individual level. His Government welcomed the draft framework but proposed that it should more comprehensively address the social determinants of health. Given the link between economy and well-being, there should be closer collaboration with the WHO Council on the Economics of Health For All when finalizing the report.

The representative of MEXICO¹ thanked the Secretariat for incorporating comments and suggestions made by his Government and welcomed the inclusion of issues such as environmental health and sustainability, specific policy examples, the circular economy and well-being indicators beyond gross domestic product. The draft framework could, however, further emphasize international cooperation and investment in low- and middle-income countries to encourage relevant States and institutions to contribute. Lastly, he reiterated his Government's suggestion to include a separate section on actions to be taken by international organizations so as to clarify their role in meeting the objectives.

The Observer of PALESTINE, noting that the long-standing Israeli occupation and repetitive military attacks had negatively affected the health and well-being of Palestinians, said that mental health promotion in armed conflict situations and under foreign occupation should be fully integrated into well-being and health promotion. Secure financial support was required for innovative well-being approaches using health promotion tools, new technologies and approaches to contribute to WHO's Thirteenth General Programme of Work, 2019–2025. Technology transfer was required to close the huge technological gap between developed and developing countries and to achieve the Sustainable Development Goals. Equitable distribution of resources and action to strengthen the global health system would help countries to prepare their health systems and overcome challenges.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that Member States should use digital health to supplement traditional health care management and delivery, governed by clear legal frameworks based on the principles of medical ethics, privacy and confidentiality, and supervision of the risks of inappropriate use as outlined in her organization's Declaration of Taipei. A comprehensive global framework to guide the governance of health data across health systems would enhance data sharing.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, said that action to address the main risk factors for cardiovascular and noncommunicable diseases should be considered as a foundation for well-being. Tobacco use remained the single most preventable cause of cardiovascular and other morbidity as well as mortality worldwide, and he urged Member States to scale up tobacco cessation services nationally and regionally, including through digital health solutions, and to fully implement the WHO Framework Convention on Tobacco Control.

The representative of the FRAMEWORK CONVENTION ALLIANCE ON TOBACCO CONTROL, speaking at the invitation of the CHAIR, welcomed the call for a well-being economy and recognition that addressing all main noncommunicable disease risk factors – including through tobacco control – was a foundation of well-being. The Secretariat should include the meaningful participation of people living with noncommunicable diseases in well-being policies and include more specific examples of well-being policies and interventions in the draft framework.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that, although the inclusion of reduced population-level alcohol use was welcome, alcohol harm and policy should be addressed more substantively in the draft framework. Accordingly, the strategic

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

directions should better address the harm caused by alcohol to people and the planet and outline more clearly the need for, and potential of, pro-health taxes for health system strengthening and sustainability.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Healthier Populations) said that WHO was developing a draft framework on health and well-being for the first time. Three rounds of consultations had been held and the comments, suggestions and feedback received were therefore greatly appreciated. The Secretariat had noted the need for a glossary and the importance of greater emphasis on mental health, and on issues such as climate change, air pollution and biodiversity, which affected environmental determinants. Regarding evidence, she assured Member States that the Secretariat was working to incorporate the World Economic Forum recommendations, and would better define monitoring and coordinate with existing initiatives and strategies. She thanked Member States for their positive and constructive recommendations, which would be very useful for the ongoing work.

The Board noted the report.

2. ENDING VIOLENCE AGAINST CHILDREN THROUGH HEALTH SYSTEMS STRENGTHENING AND MULTISECTORAL APPROACHES: Item 15 of the agenda (document EB152/21)

The CHAIR invited the Board to consider the report contained in document EB152/21, in particular the guiding questions set out in paragraph 12.

The representative of OMAN, sharing information on initiatives in her country to end violence against children, welcomed the comprehensive approach adopted by WHO through the INSPIRE framework. WHO could support Member States by engaging effectively and developing country-specific strategies.

The representative of PERU said that violence against children was a social problem with grave consequences for health, the economy and population development as well as families themselves, and was often hidden by victims. The responsibility for ending violence against children should therefore be shared among various sectors, as was the case in his country. Beyond the suffering caused by maltreatment, there were long-term consequences for mental health and children's interactions with society. WHO should therefore emphasize the need for greater attention to the mental health of children who were victims of violence, with a cross-cutting approach from primary care to rehabilitation that involved various organizations and caregivers. WHO could support Member States by strengthening scientific knowledge to provide a multisectoral response with interventions contributing to prevention and comprehensive care of children and adolescents who were victims of violence.

The representative of BRAZIL encouraged Member States to protect children's health through integrated care, paying special attention to children in vulnerable situations, and provide an environment conducive to their full development. Member States should strive to prevent violence and support specialized health services for children subjected to sexual, physical and psychological violence, neglect and/or abandonment. Efforts were required to strengthen intersectoral action, ensure access to sexual and reproductive health and rights, train health professionals in managing situations of violence against children and involve society to build a collective understanding of the importance of the protection and comprehensive care of children and adolescents.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that his Region had the third highest child homicide rate globally. It was working to strengthen the prevention of, and response to, violence against children, which was a public

health issue, and emphasized the leadership role of ministries of health in collaboration with other concerned ministries, WHO and UNICEF. However, governments in the Region faced challenges that could hinder sufficient health sector involvement in prevention and response efforts, such as new and protracted humanitarian emergencies, and other issues such as gender inequality, weak legislative frameworks and poor data to inform policy. Efforts to prevent, detect and address child maltreatment needed to be integrated into routine health service provision and their reach, uptake and effectiveness should be monitored.

The Secretariat should support Member States in enhancing efforts to prevent and respond to violence against children within the health system and through a multisectoral approach, including institutional management, planning, and the implementation, monitoring and evaluation of INSPIRE strategies. WHO support was especially needed for capacity-building initiatives on parenting programmes and the health sector response to violence against children, drawing on successful experiences in his Region and elsewhere.

The representative of MALAYSIA, sharing details of the situation in her country, welcomed the INSPIRE framework and strategies, which could be adapted to national local contexts. It would be helpful for Member States to receive technical guidance from WHO, in addition to capacity-building, for technical officers from all relevant ministries involved in what was a delicate issue.

The representative of FRANCE stressed that health professionals all too frequently lacked training and information on the guidance and specialized care available to children in difficulty. Countries should work to mobilize, inform and train all health professionals, irrespective of their area of specialization. The treatment structure should be improved for better care of children and their families, including through the provision of specialized services. WHO had a key role in ensuring: knowledge, tools and pathways for better detection of violence against children and its consequences; greater reporting by health professionals; and increased, higher-quality care to counter the short-, medium- and long-term effects of violence on health and well-being.

The representative of GHANA, speaking on behalf of the Member States of the African Region, welcomed the high levels of consultation to prevent violence against children and strengthen efforts to support the implementation of evidence-based interventions consistent with the INSPIRE framework. The uneven progress in implementing World Health Assembly resolution WHA74.17 (2021) in countries of her Region was, however, a concern.

With its unique mandate, WHO could strengthen intersectoral and multisectoral approaches to effectively address violence by ensuring national implementation capacities and leveraging Health in All Policies approaches to address the social determinants of health that were the key drivers of health outcomes and inequities. The Secretariat should support Member States in creating intersectoral bodies within ministries of health to coordinate efforts to help to address the issue of violence against women and children, and in developing robust data systems to continuously monitor achievements. The Board should approve resources for the Secretariat to provide support for strengthening the capacity of health systems across her Region, in particular where violence against children could easily be overlooked. Health workers must be able to detect and respond to such violence within routine health care systems and in a timely manner. There were inherent opportunities for scaling up health sector involvement in preventing and responding to violence against children, and every effort must be made to safeguard their physical, mental and social well-being, and not merely to ensure the absence of infirmity.

The representative of JAPAN commended WHO for developing guidance and initiatives based on the INSPIRE framework. However, as the progress of efforts varied among countries and regions, initiatives tailored to the context of each country and region should be implemented by WHO regional and country offices, UNICEF and other related organizations. WHO regional offices should provide support for incorporating assessments by municipal health nurses at newborn and infant visits into existing national maternal and child health services, as was the case in his country. It was difficult for the health sector alone to prevent and respond to child maltreatment, and multisectoral collaboration,

including education, welfare and finance was essential. WHO should support countries in tackling child abuse in a multisectoral manner in collaboration with international organizations and stakeholders.

The representative of INDIA said that there was a need to address the economic and sociocultural factors fostering a culture of violence against children, which remained widespread. A multisectoral framework of mutually reinforcing interventions should be adopted, focusing on building health system capacities at all levels. Only a small proportion of the cases of violence against children was reported and investigated, and few perpetrators held accountable. There was a need to bring uniformity in approaching, treating and documenting cases of sexual violence against children. School health and wellness programmes should focus on creating awareness of violence against children, including sexual violence, and trained and sensitized peer educators and referral pathways were important.

Strategies to address violence against children should include: strict implementation and enforcement of laws ensuring service provision; community awareness of violence against children; ensuring safe environments for children in school and public spaces; and regular parental and caregiver support through the provision of education and updated support material. To ensure multisectoral coordination in preventing violence against children, WHO could support the creation of a comprehensive framework by involving relevant ministries and departments under one platform, broaden the RESPECT women framework to support children, and ensure capacity-building at all levels of policy-making and implementation.

The representative of the REPUBLIC OF KOREA, sharing information about policies in his country, agreed that in order to eliminate violence against children, WHO could assist Member States in strengthening the capacity of their health systems to more effectively respond to child maltreatment. Measures might include the development and operation of central and local-level consultation groups of relevant organizations, and the establishment of a system for high-school institutions to respond to child abuse.

The representative of the UNITED STATES OF AMERICA affirmed the critical importance of preventing, recognizing and responding to violence against children and outlined steps being taken by her Government to that end. She thanked WHO for supporting Member States in implementing the best practices in the INSPIRE framework and for its continued efforts to empower frontline health providers by increasing their ability to provide safe environments and services to recognize the signs of violence and neglected children and offer adequate levels of care and protection. WHO should continue to support Member States in prioritizing health system strengthening and multisectoral approaches, including capacity-building measures and national legislative reforms. Comprehensive, complete and timely data was of critical importance, in particular for Member States, so that they could assess the nature and extent of the problem, direct prevention priorities accordingly and ultimately eliminate all forms of violence and exploitation of children in accordance with the Sustainable Development Goals.

The representative of CHINA said that the health system could make a difference in combating violence against children. Health departments should be involved in legislative revision. The mandates of the health department and medical agencies should be specified and action taken to enhance law enforcement and safeguard children's rights. Multisectoral collaboration should be improved and prevention enhanced through the establishment of a compulsory reporting mechanism for medical staff on duty to report any cases or suspected cases of violence against minors. Counselling and guidance for guardians should also be improved to help children to flourish physically, mentally and socially. Her Government hoped that WHO could provide more experience-derived models and technical support to enhance health systems and cross-sectoral synergy, end violence against children, and promote women and children's services.

The representative of COLOMBIA, describing measures taken at the national level to end violence against children, said that WHO should continue to facilitate the sharing of experience and capacity-building. His Government was organizing a high-level ministerial conference on ending violence against children in March 2024 in collaboration with WHO and PAHO.

The representative of the RUSSIAN FEDERATION said that health workers should be prepared and motivated to detect the signs of violence against children and take all the steps necessary to ensure timely support. Signs of violence on children should be detected both during requests for medical assistance and during proactive, preventive medical check-ups and should be reported to law enforcement agencies. Training materials for health workers should be developed along with questionnaires to survey both children and parents for use in the health system. The most important tool for preventing violence was working with the media, including social media. Particular attention should be paid to intersectoral work, especially collaboration between health services and educational institutions. His Government recommended developing seminars for educational and other interested institutions and information materials for parents on preventing violence and timely response. Plans and tasks should be synchronized to ensure the timely detection of victims and provision of specialist support. It was especially important for victims of violence to have access to medical and psychological assistance.

The representative of MALDIVES said that there was an urgent need for effective interventions on violence against children, a critical public health issue affecting billions worldwide. Delineating each level was key to the formation of holistic interventions leveraging global, regional, national, communal, familial and individual factors that supported activities to address violence against children. While health systems played a critical role in prevention and response to violence against children, a multisectoral coordinated approach and extensive means were required to protect children from all forms of violence.

Continued documentation of proven and promising practices acknowledging national needs, measures aligned with the Sustainable Development Goals, and close and well-functioning coordination were crucial. Her Government urged WHO to further support Member States in recognizing and responding to the myriad forms of violence against children and requested WHO's continued technical support in the implementation of its national plans.

The representative of YEMEN said that many countries, including his own, were facing complex difficulties in addressing violence against children, including child recruitment in armed conflict, poor access to education and health services and legislative gaps. The international community must, collectively, raise awareness about the seriousness of the issue, which health workers were ill-equipped to confront. He stressed the importance of collecting regional-level data, which should be made available to health decision-makers in order to help to draft policies for use at the community level. His Government hoped to benefit from the existing knowledge in its Region and from WHO support to help to implement national plans.

The representative of SLOVAKIA welcomed WHO's work on an important issue, and joined calls for support at the national, regional and international levels and stronger engagement from WHO regional and country offices for multisectoral and multistakeholder collaboration to scale up services. Trauma-informed holistic services centred in one place with reduced out-of-pocket costs, accessible in humanitarian settings and by vulnerable communities, and with zero stigma and secondary victimization, were essential, as were evidence-based psychotherapy and trauma incidence reduction. Those services should also support siblings and other family members, who might otherwise be forgotten, along with other unrecognized and hidden victims. Although that work was essential, Member States could not break down silos without international assistance, both from other countries and from the WHO regional offices.

The representative of MONACO¹ welcomed the publication of the clinical handbook for the health sector and the implementation of parental awareness-raising programmes to prevent maltreatment. Further progress could be made in the education sector to prevent and combat violence against children. WHO might therefore develop guidelines for Member States covering such issues as the training of teaching staff to raise awareness and improve their ability to recognize the signs of maltreatment. If programmes were to have a sustainable impact, however, they should be accompanied by policies aiming to protect children in educational settings in particular. Her Government had implemented a range of initiatives to that end.

The representative of ECUADOR¹ said that interventions to end violence against children in the Region of the Americas should continue to be expanded, which would help to strengthen comprehensive care for those affected, and to change sociocultural attitudes and determinants of health. Some of those interventions could focus on the sharing of experience with other regions and the development of technical measures to strengthen confidentiality and avoid revictimization. The issue must be addressed through a multisectoral approach prominently featuring the health sector. A further important aspect was awareness of other regions' experience and the need for the health system to work with the judiciary – an area that perhaps still needed further work. The provision of adequate mental health services was also essential.

The representative of ARGENTINA¹ said that challenges included the need for: sustained cooperation agreements between government ministries, agencies and other organizations to ensure the continuity of relevant policies; strengthened collaboration to ensure the right to health in everyday contexts such as schools, child development centres and early childhood facilities; and the development of areas for intersectoral coordination and cooperation at the local and district levels. WHO should optimize interventions through training events and outreach support in accordance with the 2016 WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children. To ensure multisectoral coordination, WHO could continue to support Member States in implementing INSPIRE and other strategies, strengthening national measures and facilitating access to international experience and expert consultations.

The representative of NEW ZEALAND¹ said that investment in multisectoral interventions and health systems strengthening was key in addressing the systemic social issues that engendered violence against children. Member States could address the key challenges of upskilling a stretched health workforce in a resource-constrained climate and deconstructing permissive attitudes towards family violence by ensuring age and sex-disaggregated data on violence against children, integrating violence prevention measures within national health, social welfare, education and justice policies, and providing the right tools and strategies for the global health workforce to prevent and respond to violence against children.

In order to integrate recognition of and response to child maltreatment into routine health service provision, WHO might emphasize the critical value of training at all workforce levels. With regard to multisectoral coordination, WHO could strengthen its support for Member States in developing clear protocols between health services and key authorities to establish coherent child-focused preventive and responsive procedures. It could also consider partnering with UNICEF and UNFPA to highlight the value of community outreach services, and integrate prevention of violence against children into existing health-focused multisectoral programmes.

The Observer of PALESTINE said that Palestinian children were exposed to unacceptable levels of violence in the occupied Palestinian territory, including east Jerusalem. The killing of children, repeated attacks against schools and health facilities, and denial of humanitarian access called for deep reflection and a concrete reaction from the international community. The daily harassment by the Israeli

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

occupying army and settlers continued to have a significant impact on the well-being of Palestinian children and created high levels of psychosocial distress. Many United Nations agencies and international humanitarian organizations had reported several forms of violence against children, such as a lack of health treatment, the extreme violence of Israeli soldiers during arrest, and no access to a lawyer or to adequate detention centres.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, suggested that the report's definition of violence as the intentional use of physical force or power should be broadened to include mental and structural violence and the slow violence of malnutrition. Neither the report nor the 2016 INSPIRE framework mentioned infanticide and abandonment of babies as part of violence against children, neglecting the youngest demographic. WHO should acknowledge patriarchy as driving the victimization of girls and toxic masculinity. The report was silent on structural drivers of violence, and neglected the role of conflict, displacement, militarized immigration systems and human trafficking in making children vulnerable to violence. To connect the INSPIRE vision to work on the ground, community engagement was necessary, particularly involving communities historically victimized or discriminated against.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, called on WHO and Member States to create child-sensitive social protection programmes. Resources should be targeted at strengthening multisectoral interventions countering sexual and gender-based violence and, importantly, associated reproductive health and mental health services. Such programmes should be sustained by building the capacity of service providers and health workers to prevent and respond to multiple forms of violence. Data processes should be strengthened to ensure that good-quality disaggregated data drove evidence-based solutions and enabled more robust information-sharing mechanisms between health, child protection systems and gender-based violence services.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIR, noted the health, educational and economic benefits of evidence-based violence prevention programmes. Vulnerability to violence against children had significantly increased due to multiple crises, and urgent action was required, including through accelerated implementation of the Global Action Plan for Healthy Lives and Well-being for All, scaling up health sector involvement, and stronger multisectoral engagement.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that the Secretariat should recognize alcohol as a major risk factor for violence against children and noted that the INSPIRE framework contained action on alcohol, but that the report under consideration did not. The Secretariat should support Member States to better help children growing up in households with alcohol use problems. It was a concern that alcohol was not included in the Global Initiative to Support Parents, and WHO should develop parenting interventions addressing alcohol. His organization stood ready to offer its expertise.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Healthier Populations) thanked all countries taking steps towards target 16.2 of the Sustainable Development Goals to end abuse, exploitation, trafficking and all forms of violence and torture against children. That important and emotional topic certainly demanded the serious consideration it had received. The health sector response should be improved, as many speakers had said, with a multisectoral approach, in particular through INSPIRE. Violence against children was preventable, not inevitable. The international community must find and implement solutions, including through the sharing of experience, thereby helping to create a better society and leading to better health outcomes.

She thanked Member States for their positive comments, suggestions and guidance on how WHO could better support them. The Secretariat had noted the importance of integrating violence prevention in health service provision and of how that response could be extended to the health sector. It had also

noted the need for better training and integration with mental health, more intersectoral action with the involvement of all relevant stakeholders, better training of health workers, a human rights-based approach, and implementation monitoring and better data, wherever possible. The Secretariat would continue working to close the gaps between countries in such an important area. In closing, she congratulated the Colombian Government on hosting the first high-level ministerial conference on ending violence against children in March 2024. PAHO and WHO would be pleased to provide technical support to ensure that event's success.

The DIRECTOR-GENERAL thanked Member States for their input and reiterated that violence against children was preventable rather than inevitable and that proven solutions existed. He called for commitment and action for the sake of the world's children.

The Board noted the report.

3. SOCIAL DETERMINANTS OF HEALTH: Item 16 of the agenda (document EB152/22)

The CHAIR invited the Board to consider the report contained in document EB152/22, in particular the guiding questions set out in paragraph 24. She also invited the Board to consider a draft decision on accelerating action on global drowning prevention, which was proposed by Albania, Andorra, Armenia, Australia, Bangladesh, Bhutan, Bosnia and Herzegovina, Botswana, Brazil, China, Costa Rica, Ecuador, Georgia, India, Israel, Jordan, Kenya, Malaysia, Maldives, Monaco, Montenegro, Nepal, North Macedonia, Norway, Oman, Paraguay, Peru, Russian Federation, Serbia, Sri Lanka, Thailand, Türkiye, Turkmenistan, United Arab Emirates and the Member States of the European Union, and read:

The Executive Board, having considered the report on social determinants of health,¹

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

(PP1) Recalling resolution WHA64.27 (2011), which recognized drowning as a leading global cause of injury-related child deaths,² requiring multisectoral approaches to prevention through the implementation of evidence-based interventions;

(PP2) Recalling also resolution WHA74.16 (2021), which recognized the need to strengthen efforts on addressing the social, economic, gender related and environmental determinants of health,³ including the need to address the consequence of the adverse impact of climate change, natural disasters and extreme weather events;

(PP3) Recalling also the adoption of resolution 75/273 (2021) by the United Nations General Assembly on global drowning prevention,⁴ inviting WHO to assist Member States in their drowning prevention efforts and to coordinate actions within the United Nations system among relevant United Nations entities;

¹ Document EB152/22.

² WHA64.27 (2011). https://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_R27-en.pdf.

³ WHA74.16 (2021). https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R16-en.pdf.

⁴ United Nations General Assembly resolution on Global drowning prevention (75/273). Available via: <https://digitallibrary.un.org/record/3925005?ln=en>.

(PP4) Recalling also the publication by the WHO Secretariat of the *Global report on drowning*,¹ as well as subsequent guidance² showing that drowning is a serious and neglected public health issue which can be prevented with feasible, low cost, effective and scalable interventions;

(PP5) Deeply concerned that drowning has been the cause of over 2.5 million preventable deaths in the past decade, but has been largely unrecognized relative to its impact and that peak drowning rates are among children;

(PP6) Recognizing the interlinkages between drowning and development, and noting that over 90% of deaths occur in low- and middle-income countries;³

(PP7) Noting with concern that the official global estimate of 235 000 deaths per annum⁴ excludes drownings attributable to flood-related climatic events and water transport incidents, resulting in a significant underrepresentation of drowning deaths;

(PP8) Underlining that drowning has connections with the social determinants of health, including through the increased vulnerabilities to the effects of climate change, in particular flooding events, which are predicted to increase in severity and frequency, unsafe modes of water transport and inherently riskier livelihoods dependent on exposure to water;

(PP9) Further underlining that in all countries other connections with the social determinants of health include drowning being a high risk in poor rural communities with close proximity to water bodies, where poverty prevents implementation of drowning prevention interventions, livelihood needs may lead to children being unsupervised, and where long-term economic and social impacts of drowning exacerbate and prolong socioeconomic marginalization;

(PP10) Emphasizing that drowning prevention requires the urgent development of an effective coordinated response among relevant stakeholders in this regard,

(OP)1. WELCOMES the invitation of the United Nations General Assembly⁵ for WHO to assist Member States, upon their request, in their drowning prevention efforts; and further accepts for WHO to coordinate actions within the United Nations system among relevant United Nations entities; and to facilitate the observance of World Drowning Prevention Day⁶ on 25 July each year;

(OP)2. URGES Member States:

(1) to assess the national situation concerning the burden of drowning, ensuring targeted efforts to address national priorities including through the appointment of a national drowning prevention focal point, as appropriate, and assuring that resources available are commensurate with the extent of the problem;

(2) to develop and implement national multisectoral drowning prevention programming, with a focus on community, including emergency response planning and linkage with community first aid response and emergency care systems as

¹ WHO (2014). *Global report on drowning: preventing a leading killer*. Available online via: <https://apps.who.int/iris/rest/bitstreams/644433/retrieve>.

² WHO (2017). *Preventing drowning: an implementation guide*. Available online via: <https://apps.who.int/iris/rest/bitstreams/1083494/retrieve> and WHO (2021). *Preventing drowning: practical guidance for the provision of day-care, basic swimming and water safety skills, and safe rescue and resuscitation training*. Available online via: <https://apps.who.int/iris/rest/bitstreams/1415756/retrieve>.

³ United Nations General Assembly resolution on Global drowning prevention (75/273). Available via: <https://digitallibrary.un.org/record/3925005?ln=en>.

⁴ WHO Global Health Estimates, 2019. Available online at: <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates>.

⁵ United Nations General Assembly resolution on Global drowning prevention (75/273). Available via: <https://digitallibrary.un.org/record/3925005?ln=en>.

⁶ <https://www.un.org/en/observances/drowning-prevention-day>.

appropriate, in line with WHO recommended interventions, particularly in countries with a high burden of drowning;

(3) to ensure that policy planning and implementation across sectors such as health, education, environment, climate adaptation planning, rural economic development, fisheries, water transport and disaster risk reduction, particularly policies which address the underlying drivers of increased flood risk, are undertaken in a manner that reduces drowning risks;

(4) to promote drowning prevention through community engagement, public awareness and behavioural change campaigns;

(5) to promote capacity-building and support international cooperation by sharing lessons learned, experiences and best practices, within and among regions.

(OP)3. REQUESTS the Director-General:

(1) to encourage research on the context and risk factors for drowning, facilitate adaptation of effective drowning prevention and safe rescue and resuscitation measures that can be applied in local communities, and evaluate the effectiveness of drowning prevention programmes;

(2) to prepare a global status report on drowning prevention by the end of 2024 to guide future targeted actions;

(3) to provide Member States, upon request, with technical knowledge and support to implement and evaluate public health, urban and environmental policies and programmes for drowning prevention and mitigation of its consequences;

(4) to foster capacity-building, and facilitate knowledge exchange among Member States and relevant stakeholders, promoting dissemination and uptake of evidence-based guidance for drowning prevention;

(5) to establish a global alliance for drowning prevention with organizations of the United Nations system, international development partners and nongovernmental organizations;

(6) to report on progress in the implementation of this resolution to the Health Assembly in 2025, to include reporting on the global status report on drowning prevention and reflect on contributions to the agenda of the Thirteenth General Programme of Work, 2019–2025; and subsequently in 2029, to include reporting on achievements of the global alliance and intersections with broader agendas including the Sustainable Development Goals and the Sendai Framework for Disaster Risk Reduction 2015–2030.

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

| | |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Decision: | Accelerating action on global drowning prevention |
| A. | Link to the approved revised Programme budget 2022–2023 |
| 1. | Output(s) in the approved revised Programme budget 2022–2023 under which this draft decision would be implemented if adopted: 3.1.1. Countries enabled to address social determinants of health across the life course |
| 2. | Short justification for considering the draft decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023: Not applicable. |
| 3. | Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling: Not applicable. |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>4. Estimated time frame (in years or months) to implement the decision: The decision would be implemented over a period of six years. Final reporting on progress made in the implementation of this decision to the Health Assembly would be in 2029.</p> |
| <p>B. Resource implications for the Secretariat for implementation of the decision</p> |
| <p>1. Total budgeted resource levels required to implement the decision, in US\$ millions: US\$ 14.490 million.</p> |
| <p>2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions: US\$ 2.375 million.</p> <p>2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US\$ millions: Zero.</p> |
| <p>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions: US\$ 4.443 million.</p> |
| <p>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions: US\$ 7.672 million.</p> |
| <p>5. Level of resources already available 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\$ 2.375 million. – Remaining financing gap in the current biennium: Zero. – Estimated resources, which are currently being mobilized, if any, that 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 | | |
| B.2.a. 2022–2023 resources already planned | Staff | 0.060 | – | – | – | – | 0.065 | 1.067 | 1.192 |
| | Activities | 0.078 | 0.013 | – | 0.007 | 0.011 | 0.120 | 0.954 | 1.183 |
| | Total | 0.138 | 0.013 | – | 0.007 | 0.011 | 0.185 | 2.021 | 2.375 |
| B.2.b. 2022–2023 additional resources | Staff | – | – | – | – | – | – | – | – |
| | Activities | – | – | – | – | – | – | – | – |
| | Total | – | – | – | – | – | – | – | – |
| B.3. 2024–2025 resources to be planned | Staff | 0.150 | 0.130 | 0.142 | 0.100 | 0.100 | 0.140 | 1.203 | 1.965 |
| | Activities | 0.236 | 0.230 | 0.233 | 0.233 | 0.233 | 0.233 | 1.080 | 2.478 |
| | Total | 0.386 | 0.360 | 0.375 | 0.333 | 0.333 | 0.373 | 2.283 | 4.443 |
| B.4. Future bienniums resources to be planned | Staff | 0.530 | 0.500 | 0.520 | 0.455 | 0.480 | 0.515 | 2.272 | 5.272 |
| | Activities | 0.250 | 0.250 | 0.250 | 0.250 | 0.250 | 0.250 | 0.900 | 2.400 |
| | Total | 0.780 | 0.750 | 0.770 | 0.705 | 0.730 | 0.765 | 3.172 | 7.672 |

The representative of INDIA, speaking on behalf of the Member States of the South-East Asia Region, welcomed the efforts to raise awareness of drowning issues in WHO as a follow-up to General Assembly resolution 75/273 (2021). Noting with concern that over 90% of drowning deaths occurred in low- and middle-income countries, he said that 11 Member States in his Region shared an estimated 30% of the global burden. Most of the estimated 70 000 deaths a year could be avoided if safe swimming skills were learned in childhood.

The draft decision would foster the development of policy measures and promote drowning prevention initiatives at the country level and international cooperation, and should be adopted by consensus. It would also create a mandate for WHO to research and report on drowning prevention and provide technical support. All Member States should use World Drowning Prevention Day on 25 July as an opportunity to review the effectiveness of prevention and intervention, foster multisectoral and whole-of-society commitments, and set annual targets to reduce morbidity and mortality from drowning.

The representative of PERU said that, as living, working and socioeconomic conditions had an undeniable influence on individual health, the increasing health inequities between and within countries were largely avoidable. The need for due and timely consideration of the social determinants of health had become even more apparent from the COVID-19 pandemic, which had laid bare the challenges facing the international community in addressing international health emergencies and the need for health systems strengthening to tackle health inequities using a multidisciplinary, multisectoral approach.

His Government welcomed the draft WHO operational framework for monitoring social determinants of health equity, which was aligned with follow-up activities for the health-related Sustainable Development Goals. There was currently no technical support to help countries to place sufficient emphasis on the social determinants of health through the suitable and timely adoption of decisions by national and subregional governments. National health teams required specialized support in addressing issues and lines of work that went beyond the area of health, and tools for advocacy, follow-up and evaluation were required. There was also need to create, strengthen and maintain monitoring systems, including observatories, which provided data to evaluate health inequities, the relationship with social determinants of health and the impact of national, regional and global policies targeting them. Such information was crucial for preparing policies, strategies and plans to ensure well-being and health equity for all.

The representative of AFGHANISTAN said that in the present, politicized world the slogan that health was not politics no longer seemed relevant. Efforts to improve the social determinants of health while many were making excuses for conflict and war would fail. The targets for more health-friendly living conditions would not be achieved unless the international community joined forces to put an end to conflicts. There was a need for investment in health systems with a focus on primary health care in order to achieve universal health coverage, and politicians should be encouraged to work towards peace as the means for improved social determinants of health. People, especially those in conflict zones, would not experience better health and living conditions unless they supported trustworthy, competent and dedicated leaders, paving the way for democratic systems that would invest in peace and improve the social determinants of health. Health systems must cooperate and communicate with other sectors to promote understanding of factors affecting the social determinants of health and momentum towards improving them; diplomacy, leadership and political skills from health leaders would be required.

The representative of the UNITED STATES OF AMERICA said that structural discrimination, including racism and gender inequality, was a key obstacle to achieving health for all. Her Government therefore strongly supported WHO's commitment to non-discrimination and to leaving no one behind so that every person, regardless of gender or sex, could live a healthy life. Social, economic and environmental determinants of health impacted health outcomes in all communities and also affected global resilience and emergency preparedness. Experience, including the COVID-19 pandemic, showed that historically marginalized, excluded and underserved groups without access to primary health care or nutritious food, those that were overburdened or affected by pollution, as well as those with unstable working and living conditions, were consistently the most likely to have poor health outcomes. Disruptions caused by the pandemic to sectors critical to the social determinants of health highlighted the importance of multisectoral approaches. Her Government therefore continued to urge WHO and Member States to engage a wide range of actors and build on existing efforts by civil society and the private sector at all levels to push a Health in All Policies and whole-of-society approach.

Social determinants of health remained one of WHO's several largely unfunded mandates. At a time when the Organization was moving towards more sustainable financing, it should prioritize critical functions, such as work on social determinants of health which could have a tangible impact on core priorities, including increased health equity and health system preparedness and resilience.

The representative of CHINA said that global progress in rectifying health inequities remained insufficient. WHO should continue promoting progress on social, economic and environmental factors to narrow health gaps within and between countries and alleviate health inequities.

Drowning was a major public health issue that threatened the health and development of children and predominantly affected low- and middle-income countries. Her Government called for community-focused and cross-sectoral programmes against drowning to ensure that a wide range of governmental departments took drowning risk reduction into account. Community engagement to promote public awareness and behavioural changes for drowning prevention were essential.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, said that governments of the Region were committed to advancing multisectoral collaboration on addressing social determinants of health and health inequity using Health in All Policies and whole-of-society and whole-of-government approaches. Health services that did not address social determinants exacerbated health inequities. Primary health care must therefore be strengthened and expanded to include household-level health promotion and disease prevention as well as community-based interventions that were effective in addressing the social determinants of health and improving health care use and outcomes as part of a continuum with facility-based services.

The limited real-time data in the Region for tracking social determinants of health might impact negatively on prioritizing actions aimed at advancing health equity. It was therefore a key priority for African Member States to strengthen national capacities to generate and use disaggregated data to inform evidence-based interventions addressing social determinants of health equity. He underscored the need for technical assistance and sustainable financial commitments to enable countries to analyse the effects

of factors such as socioeconomic status, education, physical environment, employment and social support networks as well as access to health care. The evidence generated should inform initiatives within and outside the health system to address social determinants of health and health equity, leaving no one behind.

The representative of CANADA noted with concern that health inequities continued to persist or worsen in many countries. It was not enough to recognize how the determinants of health shaped access to health resources and living conditions; instead, collective action was required, and greater attention should be given to key determinants, such as racism, gender-based discrimination and environmental inequities. The draft WHO world report on social determinants of health equity and draft operational framework, as well as World Health Assembly resolution WHA74.16 (2021), should be viewed not just as courses of action, but as opportunities to do things differently and build a healthier world based on the principles of equity and inclusion.

The COVID-19 pandemic had highlighted the critical need to carefully examine and improve employment conditions, access to safe housing, to clean water as well as to basic necessities for pandemic prevention, preparedness and response. In rebuilding, the international community must uphold comprehensive sexual and reproductive health and rights for all and restore essential services to support all women, girls and gender diverse people in all their diversity, including comprehensive sexuality education, contraception and safe abortion and post-abortion care. The Secretariat should encourage Member States to prioritize essential services for Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex and other gender- and sexually diverse people. Despite progress, those populations continued to face targeted discrimination and violence, as well as systemic barriers to health care and other material and social resources. In Canada, that was also true of indigenous peoples, many of whom continued to experience deep-rooted intergenerational trauma, overt and systemic racism and discrimination, and social and economic inequities as a result of colonialism. His Government remained committed to intersectoral action to reduce health inequities in Canada, was pleased to cosponsor the draft resolution on accelerating action on global drowning prevention, and continued to support and encourage global activities, such as WHO's forthcoming global knowledge exchange network.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that addressing the social determinants of health was a priority in his Region, and notable progress had been made in recent years. The landmark report of the independent Commission on Social Determinants of Health brought together a rich evidence base on health inequities and recommendations to address them within the Region's unique context. WHO was working to develop plans to address social determinants and promote health equity, for example in Morocco and the occupied Palestinian territory, including east Jerusalem. The Member States of his Region looked forward to the publication of the WHO world report on social determinants of health equity and operational framework for monitoring, and to continuing work in that critical area.

The representative of PARAGUAY said that multiple crises had exposed and aggravated inequities, with the resulting impact on health disproportionately affecting the most vulnerable. There was an urgent need for measures to address social determinants using a rights- and equity-based approach. One way for Member States to address the social determinants of health equity was through action to consolidate a multisectoral approach, empowering decision-makers and community stakeholders to develop policies ensuring that individuals had greater control of their health. Communities must have the opportunity to promote effective solutions to their problems. Addressing social determinants and health promotion should be a cross-cutting element in all public policy development and implementation. Strengthening the governance of national health authorities to improve management was a priority, and other related institutions and sectors of society should be involved and made jointly responsible for instilling a culture of health.

An updated status of social determinants was important for developing interventions tailored to different regional conditions and should be shared with Member States and focal points. Monitoring and evaluation were key for following-up and measuring the social determinants of health equity and for

policy development. A database of determinants, classified as either positive or negative, would help in designing strategies and proposing targeted solutions.

The representative of the REPUBLIC OF KOREA expressed concern that, as indicated in the draft WHO world report on social determinants of health equity, there had been insufficient attention to key social determinants. An integrated and comprehensive Health in All Policies approach was required to address health inequity. Sustainable multisectoral collaboration was essential, with the health sector taking a leadership role. Many countries lacked the policy-making system to address or conduct timely monitoring of health inequities, and that should be addressed.

The draft operational framework needed to take a broad approach with regard to groups suffering health gaps amid the COVID-19 pandemic. As vulnerable populations such as migrants and homeless people already experienced inequity in health coverage, it would be helpful to suggest specific practices for various vulnerable groups and factors to consider. His Government wished to be added to the list of sponsors of the draft decision.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND emphasized that climate change significantly threatened many of the determinants of health, impacting health outcomes and health equity. Climate indicators and measurements could be strengthened further in the draft operational framework for monitoring. Noting that flooding events were predicted to increase in severity and frequency due to the effects of climate change, her Government wished to be added to the list of sponsors of the draft decision and noted that action on accelerating action on global drowning prevention should be integrated into existing frameworks on social determinants and not constitute a stand-alone initiative. Her Government was pleased to have partnered with WHO, other Member States and partners on the health programme for the 26th Conference of the Parties to the United Nations Framework Convention on Climate Change. It was now crucial to move beyond rhetoric to implementation at a scale and pace to improve health outcomes and equity. A significant step change would be needed to adopt the multisectoral approach required. She asked how WHO would achieve a more multisectoral response and encourage greater integration across policies and programmes on social determinants, and what plans it had to engage with others beyond the health sector to address the climate change impacts.

The representative of BRAZIL said that in order to make progress on the social determinants of health, Member States must enhance the cross-cutting functions necessary to address the social determinants of equity. The role of gender as a strong, structural determinant of health must be recognized in social policy. The draft world report on social determinants of health equity should consider the disproportionate impact of the COVID-19 pandemic on those in vulnerable situations. The profound social inequalities had been even more exposed by the pandemic, in particular among indigenous peoples, whose vulnerability and social exclusion characterized a global health issue. Indigenous people must be able to enjoy the right to health according to their own requirements and specificities. His Government would present a draft resolution on the health of indigenous people for consideration by the Seventy-sixth World Health Assembly in May 2023 and counted on the support of all who took care not to leave anyone behind.

The representative of BOTSWANA noted with concern the growing evidence that the least developed countries and economies had poorer health conditions, health systems less prepared to deal with a pandemic and more people living in conditions that made them vulnerable to infection. The COVID-19 pandemic, therefore, had not only exposed the vulnerabilities of health systems, but had also brought to the fore the unfavourable conditions in which people were born, lived and worked, and the systems put in place to deal with illnesses. It was troubling that the world had not sufficiently acted on the recommendations of the Commission on Social Determinants of Health (2008) to, among others, improve daily living conditions. Lasting solutions for tackling the social determinants of health and, by extension, mitigating the impact of catastrophes remained a possible way to address the main causes of, and risk factors for, poor health. His Government agreed that primary health care and its principles

remained the key strategy for delivering health services towards universal health coverage. The Secretariat should continue assisting Member States in strengthening data systems for the timely monitoring of health inequities in order to generate evidence metrics and policy solutions.

The representative of MALAYSIA welcomed the support for addressing the social determinants of health. The COVID-19 pandemic had highlighted the enormous strain on health systems and exposed long-standing structural drivers of health inequities, including living and working environments. Examining panel data would make it possible to understand how social factors influenced health outcomes and contributed to health inequalities. In order to make progress on the social determinants of health, a multisectoral approach was needed. Strengthened collaboration within and outside the ministry of health was crucial to gather the evidence necessary to monitor progress on health inequities and provide action points to tackle them. Her Government commended the support provided by the Governments of Canada and Switzerland and stood ready to participate in any ongoing and future initiatives for action on addressing social determinants of health equity, which was a significant challenge in her country. It welcomed the Secretariat's initiative to develop an operational framework for measuring, assessing and addressing the social determinants of health and health inequities and the process for seeking and sharing Member States' feedback. Much work needed to be done by Member States to ensure that health facilities were appropriately designed, located, funded and staffed to address existing health inequities in primary care. Member States would benefit significantly from WHO guidance to achieve health equity in addressing the social determinants of health.

The representative of JAPAN said that the current multiple interlinked crises were undermining key social determinants and exacerbating health inequities. His Government understood the importance of establishing and maintaining an operational framework for measuring, assessing and addressing the social determinants of health and health inequities, as well as their impact on health outcomes. Diverse social factors should be carefully analysed to eliminate disparities in treatment outcomes. His Government wished to be added to the list of sponsors of the draft decision.

The representative of the RUSSIAN FEDERATION said that health inequity was a serious problem for States. That had become particularly apparent in recent years following many interlinked crises, the consequences of which had particularly affected poorer parts of the population, migrants and the elderly. Placing great importance in WHO's work in that area, her Government had participated actively in consultations on the draft operational framework for measuring, assessing and addressing the social determinants of health and health inequities. The development of such an important monitoring framework would help countries to fine-tune their national systems so as to find a balance in access to health systems. The framework should not, however, further burden States in terms of data collection, and should instead use the indicators agreed by Member States for monitoring progress in the Sustainable Development Goals.

The representative of INDIA said that the COVID-19 pandemic had exacerbated existing inequities and had a detrimental impact on the social determinants of health, which were a multifaceted public health issue requiring collaboration with multiple sectors and organizations. Health equity could only be achieved by avoiding a fragmented approach and harmonizing the ongoing efforts of various stakeholders. WHO and Member States needed to work in collaboration to ensure access to quality health care and education, economic stability and food security for vulnerable populations. Health literacy was equally important to ensure an individual's own proactive and correct outlook towards health. Strengthening primary health care services was an important element of health equity.

The use of digital health technologies, innovation and community-level health workers to aid health service delivery were critical tools to address gaps between rural and urban health. To tackle social determinants and promote equity and access, there was a need to encourage teleconsultation, teleradiology, technology-driven capacity-building platforms, the use of cutting-edge digital tools and longitudinal electronic health records. WHO should work with Member States to develop data sets and key indicators which could be used for monitoring, policy development and prioritizing action.

The representative of ETHIOPIA said that there should be greater focus on increased multisectoral collaboration in advancement of a Health in All Policies approach and increased support through country offices to that end. She called for greater engagement of development partners and support to strengthen routine health information systems and evidence used for decision-making. The Secretariat should strategically support health leaders in acquiring the necessary skills in health diplomacy and advancing the discussion to facilitate action. Her Government supported the draft decision.

The representative of MALDIVES said that, despite the progress made, health equity gaps in many countries had worsened as a result of the multiple crises that the world was facing. WHO and Member States should encourage and adopt Health in All Policies and whole-of-government and whole-of-society approaches to resolve those inequities. Her Government welcomed the ongoing data collection processes from Member States, which would better aid decision-making in a more country-focused and comprehensive manner. The monitoring of health inequities using adequate disaggregated data at all levels of government triangulated with cross-sectoral information should be strengthened, including by consolidating evidence of how public policies and programmes impacted health, collecting information on activities causing adverse health outcomes and measuring the current level of financial wastage in the health system. Further efforts were required to incorporate social determinants of health in the primary health care context.

The representative of COLOMBIA said that the Board's agenda should be relevant to the global health situation. In establishing priorities, it was important to recognize that epidemics thrived on socioeconomic and geographical inequalities that affected levels of trust, access to health services and the quality of surveillance. The international community should not shy away from including topics such as social determinants of health and health inequity on the agenda of the Board and the Health Assembly. In that regard, she commended the topic's inclusion.

Sharing details of her Government's move towards a preventive and predictive national health policy, she said that a Health in All Policies approach should be adopted to ensure that the entire population could enjoy the highest level of health. WHO should assist Member States in promoting health systems that prized the right to life and health over profit. Similarly, for a State to have a positive effect on the social determinants of health, it should base its approach on human rights, diversity – including gender and sexual diversity – and intercultural respect. She thanked Bangladesh and Ireland for their draft resolution, of which her country was a sponsor. Her Government wished to be added to the list of sponsors of the draft decision that addressed an important aspect of the social determinants of health.

The meeting rose at 13:05.

ELEVENTH MEETING

Friday, 3 February 2023, at 14:30

Chair: Dr K.V. PETRIČ (Slovenia)

PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING (continued)

1. SOCIAL DETERMINANTS OF HEALTH: Item 16 of the agenda (document EB152/22) (continued)

The representative of BANGLADESH,¹ speaking also on behalf of Ireland, thanked the Member States that had sponsored the draft decision on accelerating action on global drowning prevention and invited the remainder to join the list of sponsors. Drowning was a major preventable cause of mortality, especially in low- and middle-income countries, and its risks were exacerbated by flooding resulting from the climate crisis, unsafe water transport and a lack of basic safety equipment in water-based livelihoods. Communities must therefore be empowered to implement feasible, low-cost, effective and scalable interventions to prevent drowning.

The representative of NORWAY¹ said that her Government supported the focus placed on primary health care and pandemic preparedness and response in addressing health equity. The report should stress the link between health equity and the Sustainable Development Goals, and the draft operational framework should clarify WHO's monitoring responsibilities against those of other United Nations organizations. Monitoring should be aligned with efforts to strengthen health systems, universal health coverage, global pandemic preparedness and response, and measures to reduce noncommunicable diseases and mental health issues. The Secretariat should work closely with Member States to define, test and validate indicators in the operational framework, using pre-existing data collection frameworks when possible.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR and on behalf of Handicap International Federation, HelpAge International, International Federation on Ageing and The Task Force for Global Health, Inc., said that attention should be paid to the close interplay between the social determinants of health, structural factors and disability. The draft WHO world report on social determinants of health equity and its associated guidance should be aligned with resolution WHA74.8 (2021) on the highest attainable standard of health for persons with disabilities and with the WHO global report on health equity for persons with disabilities. Investment in primary health care, multisectoral action and the meaningful engagement and empowerment of persons with disabilities were also essential.

The representative of MONACO¹ expressed thanks for the important draft decision on drowning prevention. Her Government was committed to supporting its implementation at all levels.

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

The representative of NAMIBIA¹ said that, despite the good progress made in implementing the plan on social determinants of health endorsed by the World Health Assembly in 2012, significant work remained to be done. Economic and gender inequality, racism, war and the climate crisis must be addressed to reduce health inequities. The Secretariat should work with key stakeholders across all economic and social sectors in his Region, including civil society, to increase real-time data on social determinants of health to prioritize actions. He requested that the Secretariat further expand the indicators to track progress regarding marginalized groups, and that his Government be added to the list of sponsors of the draft decision on drowning prevention.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR and on behalf of the Framework Convention Alliance on Tobacco Control, Movendi International and the World Cancer Research Fund International, said that WHO should accelerate universal health coverage to provide equitable health services that did not perpetuate stigma; focus more on best buys for noncommunicable diseases; clarify the complementarity between the operational and the well-being framework to prevent duplication; and address commercial determinants of health, including protecting policy-making, from undue influence.

The representative of SOUTH AFRICA¹ noted with concern the lack of progress in implementing the recommendations on living conditions made by the WHO Commission on Social Determinants of Health in 2008, and in addressing health inequities both within and between countries. Whole-of-government, whole-of-society, multisectoral approaches centred on equity and human rights were necessary to tackle worsening health gaps in many countries, which had been exacerbated by the pandemic of coronavirus disease (COVID-19). The Secretariat should support Member States in collecting and monitoring data on social determinants of health. Her Government wished to join the list of sponsors of the draft decision on drowning prevention.

The representative of INDONESIA¹ expressed thanks for the leadership on the draft decision. His Government requested to be added to the list of sponsors and looked forward to working with WHO to establish measures and policy frameworks and foster international cooperation on drowning prevention.

The representative of FIJI,¹ noting the threat posed by climate change to the improvement of social determinants of health, said that climate adaptation measures must explicitly address health inequities, including drowning. Her Government thanked the Governments of Bangladesh and Ireland for spearheading efforts on the draft decision and wished to join the list of sponsors. The sharing of information, including know-how to improve vaccine production and distribution capacity, was fundamental in addressing social determinants of health equity. With a view to improving social determinants of health, the Secretariat should explain how it might adopt an approach to address both the national and global obstacles, such as wars, conflicts and the climate crisis, to health equity.

The representative of THAILAND¹ commended the Governments of Bangladesh and Ireland for the draft decision. Her Government had expected more detail regarding the draft world report on social determinants of health equity, which should contain updated evidence on the current status and trends to guide action. The Secretariat should leverage the available monitoring data to obtain a comprehensive picture of health equity, and ensure that the operational framework did not duplicate existing data or further burden countries. Universal health coverage was the foundation of equity in societies and must therefore receive adequate investment.

The representative of ECUADOR¹ expressed appreciation for the importance placed on sustainable, multisectoral collaboration to address the social determinants of health, equity and well-being under the Health in All Policies approach. A range of national measures had been

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

implemented to address social, economic, environmental and commercial determinants of health. He expressed his Government's support for the outline of the draft world report on the social determinants of health equity, the draft operational framework and the draft decision on drowning prevention.

The representative of SWITZERLAND¹ said that her Government welcomed the revised narrative, robust new evidence, clear call to action, and guidance on cross-cutting functions contained in the outline of the draft world report on social determinants of health equity. The lack of progress in reducing health inequities between and within countries, the increasing health gaps within populations and the chronic underfunding of the agenda on social determinants of health, both within WHO and globally, were matters of concern. Her Government would continue to support the WHO Special Initiative for Action on Social Determinants of Health for Advancing Health Equity, and promote cross-sectoral work on the root causes of poor health. The comprehensive draft operational framework would be especially useful for monitoring the progress of multisectoral approaches.

The representatives of ESWATINI¹ and SIERRA LEONE¹ requested that their Governments be added to the list of sponsors of the draft decision on drowning prevention.

The Observer of PALESTINE expressed disappointment that, once again, draft decisions and resolutions had not been shared with the Palestinian authorities. It was important to make public health professionals aware of social determinants of health and address glaring socioeconomic disparities, poor living conditions and the effects of geopolitical instability, war and conflict on health. Health inequity existed within developed countries, but it was all the more striking between developed and developing countries.

The representative of the INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS, speaking at the invitation of the CHAIR and on behalf of CBM Christoffel-Blindenmission Christian Blind Mission e.V., the Organisation pour la Prévention de la Cécité, The Fred Hollows Foundation, The Royal Commonwealth Society for the Blind – Sightsavers, the World Blind Union and the World Council of Optometry, called on Member States to prioritize equitable eye health care, ensuring integrated provision of eye care and social care and raising awareness, and to include disaggregated data within the draft operational framework.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that a global operational framework for monitoring was the only way to ensure accountability at the country level. The development of the global agenda for action on social determinants of health and of the draft operational framework should be guided by the findings of the WHO Commission on Social Determinants of Health and should involve physicians.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the Secretariat should consult with civil society organizations in all WHO regions on the draft operational framework, and should include clear guidelines on individual and collective action by Member States in the draft world report on social determinants of health equity. Member States should adopt multisectoral national plans to address social determinants of health equity, and support the Secretariat's efforts in examining the malign impact of the commercial determinants of health.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, called on Member States to prioritize and allocate sufficient public investment for children's health and nutrition, and to protect children from poverty and violence. They should also exchange best

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

practices in effectively addressing political determinants and ensure social participation, accountability and transparency for health.

The representative of THE ROYAL NATIONAL LIFEBOAT INSTITUTION, speaking at the invitation of the CHAIR, commended the leadership of Member States in highlighting the urgent need for action on drowning prevention through the corresponding draft decision and urged WHO to help to advance action in this area at all levels.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, urged Member States to implement universal health coverage and primary health care as key instruments in achieving health equity, and to address the social, economic, environmental and commercial determinants of health.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIR, called on Member States to collect and report relevant patient, citizen and health services data transparently in order to address social determinants of health through health inequity monitoring and evidence-based policies for improving primary health care, universal health coverage and health emergency preparedness.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR, urged Member States to urgently address the common risk factors of oral and noncommunicable diseases and include them in the draft operational framework; identify best practices for addressing health determinants; consult the health workforce and people living with noncommunicable diseases when establishing the proposed global network to support action on the social determinants of health equity; and involve civil society in the development of the operational framework and protect the process from undue influence.

The representative of WOMEN IN GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, said that biological sex, gender inequities and gender-equal leadership were critical social determinants of health. At the 2023 high-level meeting on universal health coverage, Member States should build on the 2019 political declaration and commit to implementing gender-responsive universal health coverage.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Healthier Populations) said that addressing health inequities and supporting countries to move towards health and well-being promotion and disease prevention was at the core of the Secretariat's work. Member States' guidance, especially the emphasis on multisectoral action, would help to ensure that the report bolstered their efforts to mitigate the impact of the climate and economic crises and the COVID-19 pandemic. The draft operational framework would enhance data collection to inform the Secretariat's recommendations to Member States. Further comments through the consultation process would be appreciated.

The Secretariat had noted the need to improve training, and information and monitoring systems; take into account human rights, as well as economic, commercial and environmental determinants; make greater use of technological advancement and innovation for health; and ensure coherence and integration with other initiatives. The support expressed for the draft decision would help the Secretariat to develop a multisectoral response to the neglected public health problem of drowning. Coordinating across all three levels of WHO, the Secretariat would also include a drowning prevention strategy with a view to implementing low-cost, effective interventions.

The representative of SLOVAKIA requested that the following report contain more data and evidence-based analysis regarding the economic value of addressing social determinants of health equity, to help to strengthen policy-making and implementation in countries that were struggling to

achieve the Sustainable Development Goals. Such tools had been introduced in his Region and had resulted in investment in universal health coverage and the saving of lives.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision on accelerating action on global drowning prevention.

The decision was adopted.¹

2. THE HIGHEST ATTAINABLE STANDARD OF HEALTH FOR PERSONS WITH DISABILITIES: Item 17 of the agenda (document EB152/23)

The CHAIR invited the Board to consider the report contained in document EB152/23, in particular the guiding questions set out in paragraph 23.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Bosnia and Herzegovina and the potential candidate country Georgia aligned themselves with his statement. Welcoming the global report on health equity for persons with disabilities, he underscored the right of persons with disabilities to enjoy the highest attainable standard of health without discrimination, in accordance with the United Nations Convention on the Rights of Persons with Disabilities. Ministries of health should play a leading role in providing equitable access to health services in all situations, particularly gender-sensitive services, vaccination, and noncommunicable disease screening and prevention. It was also important to consider sexual and reproductive health and rights, in accordance with the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development, the outcomes of their review conferences, and Article 34 of the New European Consensus on Development.

Disability-specific health services should include specialized and differentiated intensive rehabilitation services for people with complex rehabilitation needs. In addition, public health authorities should actively facilitate the full and meaningful participation of persons with disabilities and their representative organizations in the planning and implementation of health programmes and policies and in decision-making processes. Member States should work with the Secretariat to implement the recommendations and proposed actions in the new global report and in resolution WHA74.8 (2021) on the highest attainable standard for health for persons with disabilities.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, commended the quality of the report. Although most African countries had ratified the Convention on the Rights of Persons with Disabilities, there were varying degrees of implementation and the goals of the Convention were far from being achieved. Pursuant to resolution WHA74.8, the Secretariat should include disability in all its health programming and accelerate the implementation of the United Nations Disability Inclusion Strategy across WHO. It should also use the global report on health equity for persons with disabilities to increase political commitment and should provide support to countries in developing a harmonized national strategic planning tool to implement the recommendations and 40 targeted actions in the report.

Improved data collection and inclusive research on disability, including in the context of health emergencies, should be promoted to provide evidence bases, and persons with disabilities and their organizations must be meaningfully engaged in health policy-making. All stakeholders should promote

¹ Decision EB152(12).

disability inclusion in multisectoral activities, to enable persons with disabilities to fully enjoy the right to health and well-being and participate actively in the socioeconomic development of their countries.

The representative of JAPAN, welcoming the new global report on health equity for persons with disabilities, outlined measures in place in his country to safeguard the rights of persons with disabilities to participate equally in society. His Government expected the new action plan to be issued along with the global report. Multisectoral collaboration was necessary to achieve equity for persons with disabilities, and his Government would be pleased to share its experience in that regard.

The representative of MALAYSIA said that her Government noted the principles and targeted actions contained in the report, in particular the strengthening of national accountability regarding health equity for persons with disabilities. Describing her Government's numerous initiatives to provide disability-inclusive health care, she highlighted the importance of political commitment and leadership on multisectoral engagement to promote disability inclusion in the health sector. The Organization could strengthen its disability inclusion by recruiting more persons with disabilities across its three levels.

The representative of the UNITED STATES OF AMERICA commended the Secretariat for the highly consultative process and systemic approach used in developing the global report on health equity for persons with disabilities, who must have equitable access to health services and information, in particular regarding sexual and reproductive health. His Government strongly supported proposed actions to mainstream disability across WHO programmatic areas and strengthen disability inclusion.

The representative of the RUSSIAN FEDERATION said that the systematic approach outlined in the document required equally systematic, intersectoral country-level implementation. Describing the various measures taken by his Government, he encouraged the continued development and introduction of technologies to maximize health service accessibility, and neonatal screening for the early detection of diseases leading to disability. Mental health disorders were an increasing cause of disability worldwide, requiring better-quality psychiatric services. His Government requested that the Secretariat use the gender-related terminology agreed by consensus, which it had failed to do in both the draft and final global report on health equity for persons with disabilities.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the recommendations and the proposed guide for action on disability inclusion in the health sector provided valuable direction for government efforts. His Government supported the Secretariat's focus on gender-responsive action to ensure that women and girls were appropriately supported and empowered to take a full, equal and meaningful role in decision-making. Governments and multilateral organizations must consider ways to include persons with disabilities in all aspects of health. He asked the Secretariat how it was using evidence from WHO and elsewhere to mainstream disability inclusion, and how it was helping Member States to ensure consultation and participation of persons with disabilities in national health sector reform processes.

The representative of PERU said that, with a view to ensuring that persons with disabilities effectively exercised their rights and participated in society, WHO programmes should incorporate a comprehensive and inclusive approach to meet the needs of persons with disabilities. Member States should ensure that persons with disabilities had affordable access to health services, including rehabilitation, sexual and reproductive health, and home care services, that were equipped and provided by skilled personnel. The Secretariat should strengthen the promotion of community-based care through its country offices to ensure that persons with disabilities received appropriate care and rehabilitation at the local level, adapted to the socioeconomic and geographical situation. The Organization must ensure consultation with persons with disabilities and their representative organizations in the development of reports, standards and other tools that concerned them.

The representative of OMAN said that WHO's disability policy clearly demonstrated its commitment to the mainstreaming of disability throughout the Organization. His Government welcomed the Secretariat's regional and global efforts to develop practical guidance on disability-inclusive health systems, in particular the new evidence, analysis and recommendations provided in the global report on health equity for persons with disabilities, and disability inclusion within technical programmes concerning newborn, child and adolescent health. The Secretariat should pursue a unified, collaborative approach and capacity-building across WHO teams to mainstream action on health equity for persons with disabilities.

The representative of INDIA said that it was essential to integrate disability into primary health care through evidence-driven, systemic and sustainable change in the health sector to ensure equal access to health care. The affordability and accessibility of assistive technologies should be improved by promoting local manufacturing, and the cost-effectiveness of digital technologies should be leveraged to ensure broader coverage of persons with disabilities. Capacity-building for health workers and tailored treatment plans for persons with disabilities were also essential. Stigma and discrimination should be tackled through robust reporting and grievance redressal mechanisms. It was important to mobilize communities through civil society and non-State actors, increase awareness of disability and the rights of persons with disabilities, and promote their employment. The Secretariat should also support Member States to promote research and programmes on disability prevention, rehabilitation and disability-related medical issues.

The representative of FRANCE, expressing support for the conclusions and recommendations in the report, emphasized that lessons should be learned from the negative impact on persons with disabilities of the COVID-19 pandemic. Notwithstanding the ethical and legal issues raised by artificial intelligence, the responsible use of data could significantly accelerate the development of solutions to improve the lives of vulnerable populations, especially persons with disabilities. WHO and its Member States should commit to the timely and responsible development and use of artificial intelligence and digital platforms and tools and improve their accessibility for such persons. The consultations with persons with disabilities and their representatives to develop the global report on health equity for persons with disabilities was welcome.

The representative of BRAZIL, describing her Government's efforts to achieve health equity for persons with disabilities, said that it was important to integrate targeted disability-inclusive actions into comprehensive universal health care approaches. It was also essential to eliminate attitudinal, environmental and institutional barriers to access to health services by persons with disabilities, and to improve access to rehabilitation services and affordable, quality assistive technologies. The Secretariat should focus on access to effective health services during health emergencies and to cross-sectoral public health interventions to advance the global agenda of disability inclusion in health.

The representative of CHINA said that many health outcome gaps between persons with and without disabilities were preventable and it was incumbent on governments to facilitate the rights of persons with disabilities to the highest attainable standard of health. Highlighting his Government's work to address determinants of health equity, he encouraged the Secretariat to strengthen data collection and provide Member States with best practices and technical guidance to ensure better health care provision for persons with disabilities, particularly in remote areas as governments continued responding to COVID-19. His Government welcomed the 40 targeted actions proposed in the report and looked forward to working with WHO and Member States to enhance prevention, treatment and rehabilitation for persons with disabilities.

The representative of MALDIVES said that concerted, interinstitutional efforts in health infrastructure and services were required to provide equitable access to all levels of health care. She welcomed the Secretariat's continued work to support the health rights of persons with disabilities, in

accordance with the Convention on the Rights of Persons with Disabilities. The Secretariat should support Member States to continue health workforce capacity-building and to promote the inclusion of persons with disabilities in public health programmes and campaigns, and in consultations on strategies and actions plans. Furthermore, the Secretariat should recruit more persons with disabilities in regional and country offices and continue dialogue with Member States on achieving the highest level of health for persons with disabilities.

The representative of COLOMBIA said that the consultative process for the development of the global report on health equity for persons with disabilities enhanced the legitimacy and applicability of that report. Member States would require technical assistance to guide the disability-inclusive strengthening of health systems and of intersectoral efforts. It was therefore important to pursue a differentiated approach with respect to gender, ethnicity and other factors without any form of discrimination, and development models adapted to the needs of persons with disabilities. The global report should be widely disseminated in the official United Nations languages and published in accessible formats.

The representative of SLOVAKIA said that, while his Government welcomed the report, it generally expected appropriate scientific terminology and language to be used. Moreover, scoping reviews of literature were insufficient for proposing evidence-based interventions. Appreciative of certain evidence-based recommendations, his Government expected country action to be strengthened through voluntary assessments of multisectoral inclusion policies, including technological support and assistance, and integrative care, including long-term care for people with disabilities. In the next report, the Secretariat should provide more analysis of the use of instruments such as the International Classification of Functioning, Disability and Health, and early intervention, including access to rehabilitation, training and educational tools. His Government strongly recommended that the Secretariat consider preparing a joint framework for reporting on cross-cutting services and disability indicators to increase the effectiveness of health care services, particularly for persons with disabilities.

The representative of ISRAEL,¹ commending the global report on health equity for persons with disabilities, said that achieving the highest attainable standard of health for persons with disabilities would enable their full and equal participation in society. It was crucial to adapt health systems to accommodate such persons by addressing all forms of barriers to access that amounted to discrimination. Underlining the responsibility of Member States to integrate the recommendations in the report into their health systems, his Government urged the Secretariat to continue to mainstream disability across all WHO's programmatic and technical areas.

The representative of THAILAND¹ expressed appreciation for the national policy framework and the 40 actions contained in the global report on health equity for persons with disabilities. Member States would nevertheless face challenges in implementing those actions in line with their respective socioeconomic and health system contexts. The employment of persons with disabilities in the health sector could support the creation of disability-inclusive societies. In addition, it was important to apply universal design and international accessibility standards through a whole-of-government, whole-of-society approach. Equal access to education, employment and public facilities must also be secured to achieve the highest attainable standards of health for persons with disabilities.

The representative of NORWAY¹ said that, despite the positive impact of disability-inclusive approaches in the health sector on all persons, health outcomes remained poorer for persons with disabilities. The numerous commitments made at the 2022 Global Disability Summit were not enough – action must be taken. His Government therefore looked forward to the launch of WHO's technical

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

guide for action on disability inclusion in the health sector and to continued constructive collaboration with WHO and other stakeholders on that important matter.

The representative of EL SALVADOR¹ said that the report was an important step towards guaranteeing the rights and dignity of persons with disabilities. His Government recommended that, through the regional offices, the Secretariat provide technical and financial support to train multidisciplinary health teams that provided care for persons with disabilities and promoted access to educational health information through information and communication technologies. It was important to standardize an approach for early and timely detection, evaluation and intervention; ensure accurate registration of information in systems using current international classifications; invest in disability-inclusive infrastructure; and change attitudes towards disability.

The representative of FINLAND,¹ welcoming WHO's implementation of the United Nations Disability Inclusion Strategy, said that the indicators in the report clarified the status of relevant actions and progress. Although the strategy provided an excellent tool for promoting the rights of persons with disabilities at all levels, especially in communities, it was critical to fully involve persons with disabilities and their representative organizations in designing and evaluating all interventions, to achieve sustainable and inclusive development that left no one behind.

The representative of ARGENTINA¹ said that the 40 actions across the 10 strategic entry points were very useful for mainstreaming disability. The guide for action on disability inclusion in the health sector that was being developed would be an essential tool in that regard. The two working groups of technical experts and non-State actors, together with the consultation processes, were valuable for strengthening disability inclusion in WHO and created a dynamic that should be maintained in the long term. Lastly, it was important to provide palliative care for people with both physical and mental disabilities, especially those aged 70 and over.

The representative of AUSTRALIA¹ said that the recommendations, tools and principles in the global report on health equity for persons with disabilities would aid the development of strong disability-targeted actions and advance the disability inclusion agenda, and to that end the Secretariat's support was important. His Government appreciated the Secretariat's efforts to strengthen accountability for disability and inclusion in the health sector, and the development of a supporting guide for action, which must be accessible and complemented by capacity-building for implementation, and monitoring and evaluation. In developing further guidance, the Secretariat should consider the recent study on improving training for disability responsiveness, conducted by the Australian Council of Learned Academies. His Government welcomed the Secretariat's implementation of the United Nations Disability Inclusion Strategy and encouraged all United Nations partners to implement its requirements fully. The Secretariat's strong commitment to mainstreaming disability across WHO was appreciated, and it should bolster implementation of the strategy by identifying where efforts across programming, data, monitoring and evaluation, and corporate policies could be improved.

The Observer of PALESTINE, outlining national legislation to protect the rights of persons with disabilities, said that many people in the occupied Palestinian territory, including east Jerusalem, had reported that their disability was directly due to Israeli military attacks. He called on WHO to continue strengthening its programmes and the technical assistance provided to Palestine, by identifying gaps requiring future research and interventions.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the recognition of the relationship between ageing and disability in the global report on health equity for persons with disability, and its alignment with the Decade of Healthy Ageing. She called on

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

WHO to address the barriers to health experienced by older people and persons with disabilities; invest in age-, gender- and disability-responsive universal health coverage models; and adopt a rights-based approach to ensure the meaningful participation of persons with disability at all ages and levels.

The representative of CBM CHRISTOFFEL-BLINDENMISSION CHRISTIAN BLIND MISSION E.V, speaking at the invitation of the CHAIR, said that the reports on social determinants and on universal health coverage, contained in documents EB152/22 and EB152/5, respectively, did not include persons with disabilities in the marginalized groups. The Board should ensure that the recommendations of the global report and the United Nations Disability Inclusion Strategy were considered in all technical consultation topics and programmes, and support cross-sectoral approaches. Furthermore, Member States should use WHO guidance to support their implementation of resolution WHA74.8.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIR, said that, in the light of growing palliative care needs among older people and the lack of access to such services by persons with physical and mental disabilities, it was crucial to properly fund and integrate palliative care into primary health care systems. The essential palliative care package covered health worker training and access to medicines, and was cost-effective. Her association stood ready to help Member States to design such programmes in line with the guidance set out in the report.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR, said that Member States should fully engage health ministries in the implementation of the global report on health equity for persons with disabilities and provide the necessary human and financial resources. They should also reflect the challenges and solutions contained in the report in forthcoming global health processes, including the high-level meeting on universal health coverage to be convened in 2023.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, called on Member States to integrate palliative care into primary health care and guarantee its provision as part of the spectrum of health services provided for individuals with disabilities.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that attaining health equity for persons with disabilities was essential for the achievement of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). The recognition of the global report on health equity for persons with disabilities as an important step in advancing the agenda of disability inclusion in the health sector was appreciated. In line with WHO's principle of inclusiveness, persons with disabilities had been extensively consulted across all WHO regions in the development of the report.

The global report provided analysis of the factors leading to systematic health inequities for persons with disabilities and outlined key policies, programmatic actions and recommendations to reduce them. The Secretariat would take further steps to mainstream disability inclusion into all efforts towards achieving the triple billion targets and to raise awareness about the health inequities faced by persons with disabilities, including at forthcoming high-level meetings on health topics.

The Secretariat would continue to develop the guide for action on disability inclusion in the health sector, using evidence-based and inclusive research, and would provide all the necessary support to Member States, including for the development of harmonized national tools, capacity-building and the sharing of best practices. Monitoring, review and reporting were also very important for mainstreaming. The Secretariat had noted the comments on language and terminology. It would work to strengthen capacity in country and regional offices in particular, in order to drive forward the important agenda on disability inclusion.

The CHAIR took it that the Board wished to note the report contained in document EB152/23.

The Board noted the report.

3. UNITED NATIONS DECADE OF ACTION ON NUTRITION (2016–2025): Item 18 of the agenda (document EB152/24)

The CHAIR invited the Board to consider the report contained in document EB152/24, in particular the guiding questions set out in paragraph 30. She also drew attention to the draft decision on accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification, proposed by Australia, Brazil, Canada, Chile, Colombia, Ecuador, Israel, Malaysia, Paraguay and the 27 Member States of the European Union which read:

The Executive Board, having considered the report on the United Nations Decade of Action on Nutrition (2016–2025),¹ highlighting the need to accelerate progress in safe and effective food fortification,²

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following draft resolution:

The Seventy-sixth World Health Assembly,

(PP1) Recalling resolutions WHA39.31 (1986) on prevention and control of iodine disorders; WHA45.33 (1992) on national strategies for prevention and control of micronutrient malnutrition; WHA58.24 (2005) on sustaining elimination of iodine deficiency disorders; WHA65.6 (2012) on comprehensive implementation plan on maternal, infant and young child nutrition; and WHA68.19 (2015) on outcome of the Second International Congress on Nutrition, which promote food fortification as a mechanism to prevent micronutrient deficiencies and birth defects associated with nutritional deficiencies;

(PP2) Recalling resolution WHA63.17 (2010) that called on the Organization to support Member States in developing national plans for implementation of effective interventions to prevent and manage birth defects within their national maternal, newborn and child health plan, and food fortification strategies, among others, for the prevention of birth defects, and promoting equitable access to such services; and called Member States to increase coverage of effective prevention measures including folic acid supplementation;

(PP3) Recognizing that micronutrient deficiencies are a public health concern as they constitute a risk factor for many diseases, and they may lead to increasing morbidity and mortality rates; and that the latest estimates indicate 372 million preschool children and 1.2 billion women of reproductive age worldwide are at risk of at least one micronutrient deficiency;

¹ Document EB152/24.

² And supplementation strategies. According to the FAO Codex Alimentarium, for food fortification is understood, "...the addition of one or more essential nutrients to a food, whether or not it is normally contained in the food, for the purpose of preventing or correcting a demonstrated deficiency of one or more nutrients in the population or specific population groups...". The Codex Alimentarius Commission (Guidelines for vitamin and mineral food supplements CAC/GL 55 – 2005) also defines that vitamin and mineral food supplements are "sources in concentrated forms of those nutrients alone or in combinations, marketed in forms such as capsules, tablets, powders, solutions etc., that are designed to be taken in measured small-unit quantities but are not in a conventional food form and whose purpose is to supplement the intake of vitamins and/or minerals from the normal diet".

(PP4) Recognizing the primary role of healthy, balanced and diverse diets and sustainable food systems that help to reduce the prevalence of nutritional deficiencies, complemented with population strategies, such as food fortification, and/or supplementation, across the life cycle;

(PP5) Recognizing that anaemia in 2019 globally affected 570 million women of reproductive age (29.9%), 31.9 million pregnant women (36.5%) and 269 million children 6 to 59 months of age (40%), worldwide, impairing their physical capacity and work performance and, when women were pregnant, increasing the risk of complications and maternal and neonatal mortality;

(PP6) Recognizing that while the number of countries with adequate and safe iodine intake reached 118 in 2020, several countries still require increased efforts to ensure adequate iodine intake; that vitamin A deficiency in children 6 to 59 months of age remains a public health concern affecting 29% of them in 2013, putting them at increased risk of mortality; and that the lack of vitamin D exposes children to rickets and osteomalacia and adults to osteoporosis;

(PP7) Concerned that surveys evaluating folate insufficiency among women of reproductive age show that this condition is highly prevalent (>40%), increasing their probability of having babies with neural tube defects; and that an estimated 240 000 newborns worldwide die within 28 days of birth each year due to birth defects, that birth defects can lead to long-term disability, taking a significant toll on individuals, families, health systems and societies, and that nine out of 10 children born with a major birth defect are in low- and middle-income countries;

(PP8) Noting the availability of new or updated guidance and tools to support Member States in the design, development, operation, evaluation, and monitoring of their fortification programmes including WHO guidelines on fortification of different products; a Manual for millers, regulators, and programme managers, and the Micronutrient survey manual and companion toolkit, among others;

(PP9) Acknowledging the scientific evidence of the protective effect of fortifying foods with folic acid and other micronutrients of concern within populations such as, iron, vitamin A, zinc, calcium and vitamin D, when implemented as to not exceed Tolerable Upper Intake Levels; and recognizing that, according to national circumstances, safe and effective food fortification and/or supplementation policies, when adequately designed and implemented, can be a safe, proven and cost-effective intervention that improves micronutrient status and other health outcomes, including by preventing spina bifida and anencephaly;

(PP10) Acknowledging the challenges that countries face to plan, implement, monitor and educate on food fortification programmes, upon a science-based risk benefit assessment, as well as to assess the impact on the population of these measures,

(OP)1. URGES Member States,¹ taking into account their national circumstances and capacities:

- (1) to recognize the importance of, and promote, healthy and balanced diets, and nutritional education for all populations, including in regular health and promotion of maternal and child health programmes;
- (2) to make decisions on food fortification with micronutrients and/or supplementation, including to prevent birth defects on the basis of public health needs and a risk-benefit assessment, using as vehicles foodstuffs considered most appropriate in the country, and carrying out regular monitoring;
- (3) to conduct dialogues among government officials, health professionals, and civil society on the importance of preventing micronutrient deficiencies and birth

¹ And, where applicable, regional economic integration organizations.

- defects through the promotion of healthy diets, and safe and effective food fortification and/or supplementation policies, adequately designed and implemented;
- (4) to build multisectoral collaborations among health ministries and national health authorities, agriculture, social protection, trade, development, the food and food processing industry, and other stakeholders to consider implementing safe and effective food fortification and/or supplementation policies;
 - (5) to consider further strengthening surveillance and national estimates of anaemia, neural tube defects and other birth defects to better monitor progress towards prevention and to ensure accountability for improved health outcomes;
 - (6) to establish systems for newborn screening diagnosis and early management of anaemia, neural tube defects and other birth defects in newborns and children under 5 years;
 - (7) to consider, in accordance with national circumstances, appropriate ways to strengthen financing mechanisms and other enhancements for food fortification and/or supplementation programmes to ensure quality implementation, capacity to monitor compliance, impact and regular reporting of programme performance, coverage, quality, and evolution of the micronutrient status including attention to consequences of intake, coverage and status;
 - (8) to share information, as appropriate and through WHO, within the framework of the report on implementation of this resolution, on the status of food fortification in each respective country and its impact on the population, including possible adverse effects;

(OP)2. REQUESTS the Director General:

- (1) to continue providing normative evidence-based guidance and standards to Member States on food fortification and supplementation, with micronutrients and its implementation in appropriate vehicles, and the assessment of the micronutrient status and the causes of the deficiencies; based on nutritional status of the population, in particular to prevent birth defects;
- (2) to provide guidance on risk-benefit assessment, monitoring of compliance, and periodic evaluation of coverage and impact of the food fortification and supplementation programmes;
- (3) to develop technical and quality assurance guidance for food fortification and, within available resources, for supplementation, to non-State actors who produce and process food; ensuring the establishment of quality assurance and quality control systems in accordance with national standards as well as governmental inspection and technical audit, auditing to enforce them; and to strengthen the existing quality infrastructure through capacity building and experience sharing;
- (4) to develop, a report on global status of food fortification and supplementation, and use it to identify global and national priorities to periodically evaluate that food fortification programmes adheres to WHO recommendations, including not to exceed the Tolerable Upper Intake Levels for each nutrient, to allow the adjustment and promotion of food fortification programmes towards 2030;
- (5) to provide technical support to Member States to conduct needs and feasibility assessments, design fortification programmes, strengthen surveillance, to develop estimates on micronutrient deficiencies; and the prevention and management of neural tube and other birth defects;
- (6) to report on the implementation of this resolution through biennial reports to the Health Assembly, until 2030 beginning with the Seventy-ninth World Health Assembly to be issued in 2026, 2028 and 2030, respectively.

The financial and administrative implications for the Secretariat were:

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Decision: | Accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification |
| A. Link to the approved revised Programme budget 2022–2023 | |
| 1. Output(s) in the approved revised Programme budget 2022–2023 under which this draft decision would be implemented if adopted: | 3.1.2. Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach |
| 2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023: | Not applicable. |
| 3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling: | Not applicable. |
| 4. Estimated time frame (in years or months) to implement the decision: | Seven years. |
| B. Resource implications for the Secretariat for implementation of the decision | |
| 1. Total budgeted resource levels required to implement the decision, in US\$ millions: | US\$ 13.74 million. |
| 2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions: | US\$ 1.42 million. |
| 2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US\$ millions: | Zero. |
| 3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions: | US\$ 4.10 million. |
| 4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions: | US\$ 8.22 million. |

- 5. Level of resources already available 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\$ 0.82 million.
 - **Remaining financing gap in the current biennium:**
US\$ 0.60 million.
 - **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**
Zero.

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

| Biennium | Costs | Region | | | | | | Headquarters | Total |
|---------------------------------------------------------------|------------|--------|--------------|-----------------|--------|-----------------------|-----------------|--------------|-------|
| | | Africa | The Americas | South-East Asia | Europe | Eastern Mediterranean | Western Pacific | | |
| B.2.a. 2022–2023 resources already planned | Staff | 0.08 | 0.07 | 0.06 | 0.07 | 0.06 | 0.07 | 0.21 | 0.62 |
| | Activities | 0.10 | 0.10 | 0.10 | 0.10 | 0.10 | 0.10 | 0.20 | 0.80 |
| | Total | 0.18 | 0.17 | 0.16 | 0.17 | 0.16 | 0.17 | 0.41 | 1.42 |
| B.2.b. 2022–2023 additional resources | Staff | – | – | – | – | – | – | – | – |
| | Activities | – | – | – | – | – | – | – | – |
| | Total | – | – | – | – | – | – | – | – |
| B.3. 2024–2025 resources to be planned | Staff | 0.32 | 0.28 | 0.26 | 0.28 | 0.24 | 0.27 | 0.85 | 2.50 |
| | Activities | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.40 | 1.60 |
| | Total | 0.52 | 0.48 | 0.46 | 0.48 | 0.44 | 0.47 | 1.25 | 4.10 |
| B.4. Future bienniums resources to be planned | Staff | 0.64 | 0.56 | 0.54 | 0.56 | 0.48 | 0.54 | 1.70 | 5.02 |
| | Activities | 0.40 | 0.40 | 0.40 | 0.40 | 0.40 | 0.40 | 0.80 | 3.20 |
| | Total | 1.04 | 0.96 | 0.94 | 0.96 | 0.88 | 0.94 | 2.50 | 8.22 |

The representative of COLOMBIA said that the right to food was a public health issue requiring immediate intervention at the national and international levels, including actions for food security. Certain birth defects could be prevented through sufficient intake of vitamins and minerals. The draft decision would help Member States to reduce child mortality and achieve health equity, thereby supporting the attainment of the Sustainable Development Goals. It recognized the importance of the synergistic use of fortification and supplementation to improve micronutrient status, and highlighted the need to strengthen health and food systems to prevent micronutrient deficiency and improve monitoring. He thanked the sponsoring Member States, the Nutrition and Food Safety Department and civil society organizations for their support in drafting the text.

The representative of CANADA said that, despite the progress made on the global nutrition and diet-related noncommunicable disease targets established by the Health Assembly, challenges exacerbated by global shocks hindered the global community's efforts to end hunger, malnutrition, obesity and food insecurity. The Secretariat should therefore intensify its work to identify evidence-based interventions to address nutrition challenges in the context of climate change. Global efforts to address data gaps were appreciated. WHO could play a critical role in providing additional

support to countries that required assistance to develop functional data systems, especially in monitoring disparities between local populations, which could provide early-warning signals and prevent a rise in malnutrition. The nutrition sector also presented important opportunities to promote gender equality and the empowerment of women and girls, in all their diversity. Member States should improve the integration of gender equality across nutrition programming, especially in developing and implementing national action plans. Moreover, the Secretariat should consider ways to incorporate gender equality and health equity into evidence-based interventions, guidance and technical support. His Government welcomed the call being developed for multisystem priority actions in humanitarian contexts with high food insecurity and malnutrition, and highlighted its cosponsorship of the draft resolution put forward by Colombia on food fortification.

The representative of FRANCE, welcoming progress made in global nutrition, said that the commendable work done over the preceding year to promote sustainable food systems for healthy, balanced diets was essential to address the increase in the double burden of undernutrition and obesity, and to build resilience. The worsening of malnutrition since the COVID-19 pandemic, exacerbated by the Russian Federation's war of aggression against Ukraine, was of deep concern. Particularly in the light of the ongoing crisis, WHO's role in the fight against all forms of malnutrition, especially stunting, was crucial. The Secretariat should support the implementation of the Voluntary Guidelines on Food Systems and Nutrition of the Committee on World Food Security. In addition, it should continue to work on the relationship between climate and nutrition, and consider the impact of gender inequalities on nutrition. The School Meals Coalition, launched by WFP and co-led by France and Finland, was also important. With the next Nutrition for Growth Summit – to be hosted by France – coinciding with the end of the Decade of Action on Nutrition, WHO and its Member States must maintain momentum on the issue.

The representative of MALAYSIA said that the Secretariat should provide more support for strategies for intersectoral synergy in implementing nutrition-sensitive initiatives. Such strategies included a strong governance and regulatory framework, and effective measures to promote equity and accountability. In addition, UNICEF should be more involved in the open and inclusive dialogues, given that five out of six global nutrition targets were focused on children. Strongly supportive of the proposed actions for Member States, her Government suggested including a whole-of-society approach to boost the impact of holistic action on all forms of malnutrition. Moreover, food and nutrition security should be strengthened for a sustainable response to the current crisis. Reporting on the implementation of the six action areas should be a standing agenda item for the meetings of the FAO, UNICEF and WHO governing bodies, including at the regional level.

The representative of TIMOR-LESTE thanked the Secretariat for the comprehensive report and the support for fast-track momentum on the global nutrition targets. It was important to strengthen nutrition policies and the implementation of multisectoral nutrition-specific and nutrition-sensitive interventions. Her Government had undertaken significant efforts in that regard and appreciated the proposed actions for the Secretariat to strengthen technical assistance for the implementation of national plans.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, said that the fight against malnutrition in all its forms remained a regional priority. In addition to the disruption to health systems and nutrition programmes resulting from the COVID-19 pandemic, the food security situation in his Region was deteriorating because of conflict and the climate crisis, hampering progress towards the eradication of hunger and malnutrition. The rising rate of acute malnutrition in the Horn of Africa, Madagascar and the Sahel countries was of particular concern. The Secretariat should support Member States in reviewing and strengthening the implementation of national plans to accelerate progress towards the global nutrition and diet-related noncommunicable diseases targets, and strengthen national capacities in evidence-based food systems research and data collection to guide

policy-making. It should also support Member States to implement adaptation and resilience strategies and interventions for food systems and nutrition programmes in the face of the health, security and climate crises.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the support provided by the Secretariat to develop national nutrition policies and strategies was highly appreciated. Various national measures had been taken regarding, inter alia, obesity prevention, breastfeeding promotion, and the marketing of unhealthy foods to children. He thanked the Secretariat for its work with other United Nations agencies and with ministries of health to build capacity, especially for the management of severe acute malnutrition in countries in emergency situations, and for its support on child malnutrition prevention initiatives.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, endorsing the proposed actions, said that despite the strides made in improving global nutrition since 2016, the reversal of progress since the start of the COVID-19 pandemic, especially on child wasting, was deeply concerning. WHO's role in addressing that issue was critical, and the Secretariat should urgently release and implement the updated guidelines in the countries of most concern. United Nations agencies and the food systems coordination hub were important in supporting the effective integration of nutrition alongside economic, social, climate and environmental objectives into food systems transformation. In that regard, her Government looked forward to collaboration to advance the climate action and nutrition initiative of the Government of Egypt in the run up to the twenty-eighth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change. Global nutrition statistics, regularly updated to strengthen accountability, should provide the basis for the proposed dialogues. Lastly, noting the usefulness of the OECD nutrition policy marker, she asked what progress the Secretariat had made since the last Executive Board meeting in monitoring its work to mainstream improved nutrition outcomes across its wider portfolio.

The representative of JAPAN welcomed the incorporation in the report of the commitments made at the Nutrition for Growth Summit hosted by his Government in 2021. Those commitments had been analysed in the 2022 Global Nutrition Report, and it was hoped that the Secretariat would provide technical support for their implementation. His Government recognized the importance of addressing anaemia and looked forward to WHO's leadership on health workforce capacity-building to promote better nutrition. WHO's collaboration with FAO on an open and inclusive dialogue towards the end of the Decade was welcome. FAO and other United Nations agencies should continue their close cooperation to achieve improved nutrition and ensure that no one was left behind.

The representative of the RUSSIAN FEDERATION, expressing agreement with the way forward proposed in the report, recognized the Secretariat's significant work on nutrition, especially through the United Nations food systems task force. Highlighting his Government's efforts to promote healthy diets and lifestyles, he encouraged the Secretariat to continue to provide countries with methodological assistance in implementing national nutrition policies based on current scientific evidence, to achieve tangible results by 2025.

The representative of BRAZIL said that promoting healthy food was central to preventing all forms of malnutrition. WHO had an important role to play in encouraging countries to recognize the need for a broad approach beyond individual consumption choices, encompassing the entire food supply chain. Action on micronutrient deficiencies must be integrated into strategies regarding supplementation, breastfeeding and healthy eating. The development of national policies and guidelines on healthy eating should be encouraged. The Coalition of Action on Healthy Diets, the School Meals Coalition, the acceleration plan on obesity prevention, the Nutrition for Growth Summit and the proposed open dialogues towards the end of the Decade of Action on Nutrition were all important initiatives for the transformation of food systems.

The representative of the UNITED STATES OF AMERICA, applauding the leadership of the Government of Colombia on the draft decision, requested that his Government be added to the list of sponsors. The Decade of Action on Nutrition presented an important opportunity to strengthen cross-sectoral action on the topic. Despite the progress made, significant gaps remained. His Government supported the coordinated leadership of FAO and WHO on accelerating national action to reach nutrition targets and generally agreed with the actions proposed in the report. Where appropriate, WHO should coordinate with other relevant specialized organizations. The revision of the WHO child wasting guidance was critical and would have a significant impact on the ability of partners and donors to meet children's needs effectively. The Secretariat should continue to monitor its mainstreaming of improved nutrition outcomes, using the OECD nutrition policy marker. The proposed dialogue to be convened in partnership with FAO was also welcome.

The representative of PERU said that the Secretariat should support Member States to implement policies on healthy eating, with funding directed towards the triple burden of malnutrition, and enhance access to platforms that provided evidence for designing and evaluating national policies and plans. As to the format of the proposed dialogues, coordinated action on nutrition, food systems and climate change should be strengthened as part of a multisectoral approach, and the role of civil society should be included on the agendas. In addition, national policies and plans should be assessed to monitor progress on the commitments of the Second International Conference on Nutrition and the Sustainable Development Goals, and a platform containing systematized information on such monitoring and on capacity-building should be developed. It was important to promote the inclusion of nutrition on the agendas of global conferences on trade, climate change and development in order to monitor progress relating to the Second International Conference on Nutrition. National focal points should also be designated with the necessary technical and financial support for monitoring public nutrition policies. Food systems and their transformation should be assessed to boost the production and consumption of sustainable, healthy food.

The representative of MALDIVES said that, although her Government supported the proposed actions in the report, countries needed more support to undertake capacity-building, scale up advocacy to accelerate nutrition outcomes, and strengthen research frameworks for assessing the impact of trade on national nutrition interventions. WHO, its Member States, FAO and other technical organizations should support Member States to invest in robust nutrition data and research and develop and strengthen national health information systems for disaggregated nutrition surveillance, and should strongly advocate a whole-of-government, whole-of-society approach to build healthy communities. Greater focus must be given to addressing the impact of natural disasters, conflicts and the trade and economic barriers affecting progress towards nutrition targets, taking into consideration the unique situation of low-resource small island developing States and low- and middle-income countries. Despite children and adolescents being particularly affected by poor diets and malnutrition, they were not explicitly captured in the current global nutrition targets. WHO and other relevant organizations should improve tools for data collection on healthy diets and expand the scope beyond children aged under five years.

The representative of ETHIOPIA thanked the Secretariat for the comprehensive report and outlined the range of actions taken in her country on nutrition. Appreciative of WHO's work during the twenty-seventh session of the Conference of the Parties to the United Nations Framework Convention on Climate Change, her Government encouraged further advocacy and action in preparation for the next session and stood ready to host the 2023 Global Gathering of the Scaling up Nutrition Movement. The recommendation to strengthen national and subnational networks needed greater emphasis. Support for country-level efforts should be boosted, and targeted support should be provided to areas with health and humanitarian emergencies. Expressing gratitude for all the contributions to the Decade of Action on Nutrition, her Government urged all donors and partners to increase investment, support and collaboration to sustain the gains and address the remaining gaps to end all forms of malnutrition by 2030.

The representative of BANGLADESH,¹ noting the heavy dependence on imported foods in countries highly exposed to the impact of climate change and conflict, said that WHO should take a leadership role in ensuring that global food trading standards followed WHO health recommendations. It should also strengthen Codex Alimentarius standards on baby formula and support breastfeeding; promote normative measures to ensure nutrition accountability; and redouble efforts to raise awareness of the harmful impact of ultra-processed food and high sugar, fat and salt content in foods. As a fair, rule-based trade regime was essential in providing nutrient-rich food for all, collaboration with FAO, UNICEF, WHO and WTO was necessary for a coordinated approach to implement normative measures and action plans.

The representative of ECUADOR,¹ expressing support for the actions proposed in the report, said that his Government recognized the need for a comprehensive approach to overnutrition and undernutrition. Describing efforts made in his country, he highlighted the need to strengthen multisectoral coordination and implement rigorous policies on healthy food environments to ensure current and future food sustainability. He thanked the Government of Colombia for submitting the draft decision.

The representative of GUATEMALA,¹ describing his Government's work to boost the intake of micronutrients among children, said that Member States had a responsibility to work with the food industry to ensure appropriate food fortification. His Government wished to be added to the list of sponsors of the draft decision and supported the request therein for technical support to conduct relevant needs and feasibility assessments.

The representative of ARGENTINA¹ expressed concern that the consequences of the pandemic and other health emergencies had hampered efforts to end hunger and malnutrition in all its forms and to achieve the health-related targets of the Sustainable Development Goals. Describing measures to promote nutrition implemented by her Government, she recommended greater involvement of action networks in activities planned for 2023.

The representative of AUSTRALIA,¹ noting that his Government had long called for monitoring of the health impact of mandatory folic acid and iodine fortification, applauded the leadership of the Government of Colombia on the draft decision. The Secretariat's continued leadership in supporting Member States to develop their national plans and convene Member-led networks was appreciated. Networks and coalitions should continue to be established to leverage national actions. Clear and informative food labelling was vital to help consumers to make informed choices. He therefore invited Member States to join the Global Action Network on Nutrition Labelling, a WHO-supported network co-chaired by Australia, Chile and France.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, said that, to reduce stunting and child wasting, it was critical to scale up nutrition interventions and accelerate action on the Global Action Plan for Child Wasting and the pledges made at the 2021 Nutrition for Growth Summit.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, called on WHO to implement stringent conflict-of-interest mechanisms in nutrition policies. The Secretariat should provide stronger normative guidance on the political economy of agrifood systems and guide Member States on structural interventions to promote human rights. The challenges of small-scale producers, local food systems and land alienation in relation to the Decade of Action on Nutrition should have been addressed in the report.

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

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIR, said that the Secretariat should add to its recommendations accountability for the comprehensive delivery of essential nutrition actions, which should be a priority topic at the forthcoming high-level meeting on universal health coverage.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, urged WHO to leverage the vital role that pharmacies played in providing nutritional recommendations, to promote health and climate-related health adaptation and achieve global nutrition targets.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that governments should avoid corporate-influenced initiatives, such as Nutrition for Growth, that increased the unregulated access of health-harming corporations to policy-making, and stop market-led nutrition schemes that promoted damaging technologies and products. The global trade of ultra-processed products exacerbated climate change and undermined breastfeeding and healthy diets. WHO must strengthen Codex Alimentarius standards to prevent the sabotaging of the adoption of effective legislation on nutrition.

The representative of the IODINE GLOBAL NETWORK, speaking at the invitation of the Chair, urged the Secretariat to support the decision on accelerating efforts for preventing micronutrient deficiencies and their consequences through safe and effective food fortification. Hidden hunger deficiencies particularly affected women and children, could cause devastating birth defects and were among the greatest global threats to human development. A fortification strategy had successfully brought iodine deficiency under control and similar strategies should be pursued to reach vulnerable populations.

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, welcomed the report being discussed, as well as efforts to address malnutrition and strengthen national food systems. The lack of support in regulating promotion of a healthy diet was a matter of concern. The recommendations for the prevention and management of obesity over the life course should be integrated into national strategies. National road maps developed through the obesity action acceleration plan could help to meet global nutrition targets. Member States should ensure that obesity policy actions were adequately financed, protect them from industry interference, and include civil society in their development.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Healthier Populations) welcomed the increasing global rate of exclusive breastfeeding. It was important to continue the enhanced cooperation with Member States, specialized United Nations agencies and civil society that had resulted from the United Nations Decade of Action on Nutrition. Such collaboration had been demonstrated at the United Nations Food Systems Summit, which had highlighted the connection between food systems transformations, achieving the Sustainable Development Goals and tackling the climate crisis. The launch, at the twenty-seventh session of the Conference of the Parties to the United Nations Framework Convention on Climate Change, of a climate and nutrition initiative was commendable and work was under way to ensure that political commitments would be made at the forthcoming session of the Conference of the Parties. In the light of the current food and cost-of-living crisis, exacerbated by the climate crisis, the Decade of Action must remain on the agenda beyond 2025. She noted the recommendation to review the Decade of Action, which could be linked to the forthcoming Nutrition for Growth Summit.

It was vital to scale up the global response to food insecurity and people who could not afford a healthy diet, using an intersectoral approach to address inequality and ensure the sustainability of the planet. WHO was developing an action framework to address anaemia, with a gender perspective focusing on adolescent girls and women of reproductive age. Progress made with regard to healthy diets

would be coordinated with other strategies for nontransmissible diseases and access to health care. The Global Action Plan for Child Wasting would be made available in the early part of 2023. Several countries had started to introduce measures in response to that action plan and to the obesity action acceleration plan. Although progress had been made with regard to food fortification, only 45% of countries had made commitments in that regard. The Secretariat had updated its guidance and was monitoring policy-making in that area. The draft decision under discussion would enable the Secretariat to provide more effective technical assistance based on robust scientific evidence so that, in turn, Member States could make decisions to improve people's health and quality of lives.

The DIRECTOR-GENERAL drew attention to the pressing need to address both food scarcity in certain areas and an overabundance of unhealthy food in others, and to that end the full implementation of the relevant actions plans was key. The Organization's cooperation with the private sector, while exercising its regulatory function where needed, was the only effective approach that was also conducive to the achievement of the Sustainable Development Goals. While progress had been made to eliminate industrial trans-fat, much remained to be done regarding issues of salt, sugar and breastfeeding; and WHO would continue to debate and enforce regulation in that regard. The establishment of the Civil Society Commission before the Seventy-sixth World Health Assembly would strengthen work with civil society.

The CHAIR took it that the Board wished to note the report contained in document EB152/24.

The Board noted the report.

The CHAIR invited the Board to adopt the draft decision on accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification.

The decision was adopted.¹

4. BEHAVIOURAL SCIENCE FOR BETTER HEALTH: Item 19 (document EB152/25)

The CHAIR drew attention to the report contained in document EB152/25 and invited the Board to consider a draft decision on behavioural sciences for better health proposed by Bangladesh, Brunei Darussalam, Jamaica, Japan, Malaysia, Philippines, Qatar, Singapore, Slovakia, South Africa, Thailand and the United States of America, which read:

The Executive Board, having considered the report of the Director-General on behavioural sciences for better health,²

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,
(PP1) Noting that behavioural science is a multidisciplinary scientific approach that deals with human action, its psychological, social and environmental drivers, determinants and influencing factors, and that it is applied in protecting and improving people's health by informing the development of public health policies, programmes, and interventions that

¹ Decision EB152(13).

² Document EB152/25.

can range from legislation and fiscal measures to communications and social marketing, as well as to support other public health efforts;

(PP2) Acknowledging, while noting the contribution of behavioural science in achieving improved health outcomes, the centrality of epidemiological data on the incidence and prevalence of diseases and their risk factors in public health and in informing the development of health policies and the health system;

(PP3) Recognizing the value of high-quality data about behaviours collected with a variety of methods in guiding the health sector, including in health in all policies and whole-of government activities, aimed at reducing risk factors, addressing health determinants, creating environments conducive to health and well-being and increasing equal access to healthy options, and informing the development of behavioural interventions;

(PP4) Acknowledging that supporting individuals to enact healthier behaviours to achieve improved health outcomes is challenging due both to the complexity inherent in human behaviour and the different national contexts, and that no single discipline can provide a complete understanding of the matter, and that developing interventions to change behaviour of either individuals regarding their own health or health service employees and health professionals requires a comprehensive and interdisciplinary approach that includes but is not limited to anthropology, communications, economics, neuroscience, psychology, and sociology;¹

(PP5) Noting that individuals, communities and populations are often exposed to multiple behavioural influences including by all types of public and private sector communications, and that behavioural science can facilitate the understanding on how such influences and communications guide decision-making;

(PP6) Recognizing the interest among the Member States in strengthening the use of behavioural science in informing policy development and decision-making for public health and taking note of behavioural science-related initiatives on the national, regional and global level;

(PP7) Understanding that behavioural factors at the individual, collective and institutional levels, shaped by economic, environmental and social determinants of health, many of which are not amenable by individual action alone, are important contributors to increasing trends in both communicable and noncommunicable diseases and their risk factors, injuries, and health emergency risks as well as other health challenges that pose a significant challenge to health systems and increase disease burden globally, and that behavioural science can affect these outcomes therefore, improving the health and well-being of citizens is also the responsibility of the governments and in relevant contexts, nongovernmental organizations, civil society and health providers, and in private-sector entities whose products, services or other influences have a role in protecting and promoting the health of the population and preventing diseases;

(PP8) Taking note of the United Nation's Secretary-General's Guidance Note on Behavioural Science that encourages United Nations agencies to invest in behavioural science and work in a connected and collaborative interagency community to realize its tremendous potential to achieve impact;²

(PP9) Recalling the Ottawa Charter for Health Promotion (1986), the resolution WHA57.16 (2004) on health promotion and healthy lifestyles, the Rio Political Declaration on Social Determinants of Health (2011),³ the Moscow Declaration on Healthy Lifestyles and Noncommunicable Disease Control (2011), the Shanghai Declaration on Health

¹ OECD report on Behavioural Insights and Public Policy (Lessons from Around the World) (2017).

² Available at <https://www.un.org/en/content/behaviouralscience/> (accessed 26 January 2023).

³ Rio Political Declaration on Social Determinants of Health (2011), adopted by the World Conference on Social Determinants of Health (Rio de Janeiro, 19–21 October 2011), endorsed by the Sixty-fifth World Health Assembly in resolution WHA65.8 (2012).

Promotion (2016)¹ and the WHO Global Report on Health Equity for Persons with Disabilities (2022) and the United Nations Framework Convention on Climate Change and the Paris Agreement, and emphasizing the need to address health-related behaviours;

(PP10) Acknowledging that participatory approaches of behavioural science meets WHO principles for respectful care that are fundamental to optimising the design and uptake of health services and other care services, maximising adherence to treatment and improving

self-management support and reducing risk behaviours;

(PP11) Highlighting the contribution of behavioural science in achieving universal health coverage and in strengthening prevention of, preparedness for and response to public health emergencies including through strong and resilient health systems, taking into account the lessons learned from the COVID-19 pandemic;

(PP12) Concerned about the impact on behaviours of health-related misinformation and disinformation, including during the COVID-19 pandemic;

(PP13) Recognizing that cost effective and secure use of information and communication technologies in support of health and health-related fields has a potential to improve the quality and coverage of health services, increase access to health information, and skills, as well as promote positive changes in health behaviours;

(PP14) Welcoming WHO's work on behavioural sciences for better health as part of a comprehensive approach to equity in health, healthier behaviours and to achieve improved health and well-being including mental health and mental well-being;

(PP15) Recognizing the importance of building capacity to systematically adopt evidence, including from behavioural science and implementation studies, in order to: (i) understand the methods that promote systematic uptake of effective approaches to impact routine individual practices and beyond, including at the professional, organization and government levels, and (ii) understand and examine drivers of behaviour among people and what can sustain or change behaviour,

(OP)1. URGES Member States² taking into account their national and subnational circumstances, contexts and priorities:

(1) to acknowledge the role of behavioural science, through the provision of an improved understanding of individual behaviours, in the generation of evidence to inform health policies, public health activities and clinical practices, integrated with collective action through health in all policies, whole-of-government and whole-of-society approaches on economic, environmental and social determinants of health;

(2) to identify opportunities to use behavioural science in developing and strengthening effective, tailored, equitable and human-centred health-related policies and functions across sectors, while ensuring commitment, capability and coordination across sectors in achieving the health-related Sustainable Development Goals;

(3) to use behavioural science in participatory approaches including bidirectional communication with providers and local stakeholders and empower communities in understanding public health problems and designing and evaluating interventions to address them to further enhance the effectiveness, local ownership and sustainability of interventions;

(4) to develop and allocate sustainable human and financial resources for building or strengthening technical capacity for the use of behavioural science in public health;

¹ Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development (2016), adopted at the 9th Global Conference on Health Promotion, held in China from 21 to 24 November 2016.

² And, where applicable, regional economic integration organizations.

(5) to establish behavioural science functions or units for generating, sharing and translating evidence, to inform a national strategy as appropriate, and to monitor, evaluate and share lessons learned from subnational, national and regional levels responsible for the local implementation of behaviourally informed policies and interventions;

(6) to promote enabling environments and incentives, including appropriate measures in other policy areas, that encourage and facilitate behaviours that are beneficial to the physical and mental health of individuals as well as to the environment, and supportive to the development of healthy, safe and resilient communities;

(7) to strengthen the capacity of health professionals through pre-service trainings, where possible, among academia, non-State actors and civil society, where applicable, in behavioural science approaches into patient care and a variety of public health functions, as appropriate, intersectoral policy frameworks and institutional policies;

(8) to promote and support cooperation and partnership among Member States, between non-State actors, relevant stakeholders, health organizations, academic institutions, research foundations, the private sector and civil society, to implement plans and programmes based on behavioural science and to improve the quality of behavioural science insights by appropriate means, including the generation and sharing of evidence-based data which should follow the principles of interoperability and openness;

(OP)2. REQUESTS the Director General:

(1) to support the use of behavioural science approaches in the work of the Organization, across programmes and activities, and to continue to advocate an evidence- and behavioural science-based approach in informing health-related policies;

(2) to mainstream behavioural science approaches in the work of the Organization and to advocate for necessary structural considerations, including as appropriate behavioural science teams, units or functions and for the allocation of sufficient funding and human resources;

(3) to support Member States, at their request, in developing or strengthening of behavioural science function(s) or unit (s);

(4) to evaluate, within existing resources, based on a prior request by the Member State(s) concerned, the behavioural science initiatives such as policies, interventions, programmes and research and share the results of such evaluations;

(5) to establish a global repository of behavioural science evidence from empirical studies, including from randomized controlled trials on behavioural interventions that can be accessed and used in the strengthening of health promotion interventions, among others, with a view to achieve societal and lifestyle changes, and interventions aimed at tackling misinformation and disinformation related to public health, including studies with positive and no or negative outcomes;

(6) to provide behavioural science-related technical assistance, normative guidance, capacity-building and knowledge sharing to the Member States on their requests including through the WHO Academy;

(7) to compile and disseminate evidence on improved outcomes resulting from the application of the behavioural sciences to public health;

(8) to develop guidance, including through application of behavioural science, that addresses public health priorities including vaccines hesitancy, as well as misinformation and disinformation that conflicts with public health-based evidence, in particular among vulnerable groups, including migrants;

(9) to create synergies and find ways to better integrate behavioural science approaches aimed at promoting health and addressing the social determinants of health;

(10) to report on progress in implementing this resolution to the Seventy-eighth World Health Assembly in 2025, the Eightieth World Health Assembly in 2027 and the Eighty-second World Health Assembly in 2029.

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

| | |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Decision: | Behavioural sciences for better health |
| A. | Link to the approved revised Programme budget 2022–2023 |
| 1. | Output(s) in the approved revised Programme budget 2022–2023 under which this draft decision would be implemented if adopted: 4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform 4.2.5. Cultural change fostered and organizational performance enhanced through coordination of the WHO-wide transformation agenda |
| 2. | Short justification for considering the draft decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023: Not applicable. |
| 3. | Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling: Not applicable. |
| 4. | Estimated time frame (in years or months) to implement the decision: Seven years. |
| B. | Resource implications for the Secretariat for implementation of the decision |
| 1. | Total budgeted resource levels required to implement the decision, in US\$ millions: US\$ 35.46 million. |
| 2.a. | Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions: US\$ 4.63 million. |
| 2.b. | Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US\$ millions: Zero. |
| 3. | Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions: US\$ 12.50 million. |
| 4. | Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions: US\$ 18.33 million. |

- 5. Level of resources already available 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\$ 2.00 million.
 - **Remaining financing gap in the current biennium:**
US\$ 2.63 million.
 - **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**
US\$ 1.00 million.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

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 | | |
| B.2.a. 2022–2023 resources already planned | Staff | 0.41 | 0.40 | 0.28 | 0.70 | 0.27 | 0.30 | 0.67 | 3.03 |
| | Activities | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 | 0.40 | 1.60 |
| | Total | 0.61 | 0.60 | 0.48 | 0.90 | 0.47 | 0.50 | 1.07 | 4.63 |
| B.2.b. 2022–2023 additional resources | Staff | – | – | – | – | – | – | – | – |
| | Activities | – | – | – | – | – | – | – | – |
| | Total | – | – | – | – | – | – | – | – |
| B.3. 2024–2025 resources to be planned | Staff | 1.00 | 0.90 | 0.70 | 1.40 | 0.70 | 0.80 | 1.50 | 7.00 |
| | Activities | 0.70 | 0.70 | 0.70 | 0.70 | 0.70 | 0.70 | 1.30 | 5.50 |
| | Total | 1.70 | 1.60 | 1.40 | 2.10 | 1.40 | 1.50 | 2.80 | 12.50 |
| B.4. Future bienniums resources to be planned | Staff | 1.45 | 1.39 | 1.00 | 2.00 | 1.00 | 1.10 | 2.20 | 10.14 |
| | Activities | 1.04 | 1.04 | 1.04 | 1.04 | 1.04 | 1.04 | 1.95 | 8.19 |
| | Total | 2.49 | 2.43 | 2.04 | 3.04 | 2.04 | 2.14 | 4.15 | 18.33 |

The representative of MALAYSIA applauded the progress made by the Secretariat on the development of a behavioural science approach to achieve better health outcomes. The Secretariat should tailor its approach to regions and communities so that it could address the requests of Member States meaningfully. Public health relied on people’s behaviour, which was the first line of defence. The global health community should acknowledge the opportunities to build stronger networks of social and behavioural scientists, which would help to consolidate and scale up current efforts. Increased data availability provided a deeper understanding of challenges relating to health behaviours and would guide the development of effective public health interventions based on behavioural science theory, frameworks and methods. Digital technologies could help to reduce gaps between behavioural scientists, public health leaders and stakeholders, and planning for effective partnerships should be prioritized. Regular knowledge-sharing meetings should be held and interregional and interdisciplinary networking platforms should be created to allow Member States to share findings, experiences and lessons learned on the application of behavioural science.

Adoption of the draft decision would support the systematic integration of behavioural science theory, methods and approaches into public health policies. The application of behavioural science data was crucial to the development of effective policies. She expressed hope that Member States would scale up the application and integration of behavioural science and support the draft decision.

The representative of the RUSSIAN FEDERATION said that the introduction of a behavioural science approach to health was timely. It was essential to consider behavioural and cultural factors in the development of public health programmes; he therefore supported the draft decision. He welcomed WHO's work on behavioural sciences for better health and expressed support for the European regional action framework for behavioural and cultural insights for equitable health for 2022–2027 adopted by the Regional Committee for Europe. Further attention should be paid to the issue of data handling from both an organizational and an ethical perspective.

The implementation of activities such as those outlined in the document must be aligned with national and cultural norms and customs. It was therefore regrettable that the report contained controversial language that had not been agreed among Member States, namely a reference to “sexual and reproductive health rights”. The Secretariat should ensure that the report to be submitted to the Seventy-sixth World Health Assembly would contain only terminology that had been agreed by consensus.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, expressed appreciation for the commissioning of a series of studies concerning behavioural sciences carried out between 2020 and 2022, the findings of which suggested that there were significant opportunities for WHO to expand the use of behavioural sciences in the design and implementation of public health policies, strategies, interventions and evaluations.

The Secretariat should continue to play a leading role in strengthening commitment to, and creating an enabling environment for, the systematic application of behavioural sciences as part of a human-centred approach to public health. Member States should be encouraged to join the Secretariat's efforts to promote behavioural science and identify opportunities to integrate behavioural science theory, methods and approaches into public health. She highlighted the importance of generating and using social and behavioural science data and designing and testing context-specific interventions; collaborating with stakeholders to boost Region-specific behavioural science research and create a database of researchers and service providers; advocating for the inclusion of social and behavioural data as a component of national health research agendas; and engaging in other advocacy and training activities concerning behavioural sciences. She supported the draft decision.

The representative of the UNITED STATES OF AMERICA commended WHO's leadership on behavioural sciences for better health and said that countries should be supported in integrating behavioural science across public health functions. She agreed on the need to build behavioural science capacities in WHO regional offices. Where appropriate, the Secretariat and Member States should coordinate with academic institutions, the private sector, organizations of the United Nations system such as UNICEF and other organizations with behavioural science expertise to leverage a multidisciplinary approach.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that their governments encouraged the effective use of behavioural change techniques and were boosting research, investment, capacity-building and collaboration among public health experts and behavioural scientists. Welcoming the behavioural sciences for better health initiative, he urged the Secretariat to provide further guidance on proposed ways forward; mainstream and expand the application of behavioural science in public health; support studies to generate evidence for the effective use of behavioural science in joint efforts to promote health and well-being; and support the creation and institutionalization of innovative data-sharing mechanisms for high-impact policy-making to promote health and well-being as well as engaging in monitoring.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the mainstreaming of behavioural science in WHO activities. The behavioural sciences for better health initiative would benefit public health and the achievement of the triple billion targets; his Government therefore wished to be added to the list of sponsors of the draft decision.

The proposed establishment of a behavioural science function in all regional offices could be a valuable approach to address the requests of Member States, particularly when accompanied by the offer of support to Member States via country offices, the availability of a global repository of recommended tools and case studies and the establishment of regional communities of practice for knowledge-sharing. He asked the Secretariat to explain how it envisaged those regional offices would operate in practice and what evidence and experience it had used to develop the package of initiatives. The Secretariat could also consider reporting on evidence gathered from a World Bank study on national behavioural science teams; seeking increased opportunities for behavioural science experts to sit on advisory boards; supporting opportunities for embedded learning and knowledge exchange with experts; and collaborating with behavioural science experts in the early stages of policy and service development. He requested information from the Secretariat on plans for future work in the area of user needs and mainstreaming.

(For continuation of the discussion and adoption of a decision, see the summary records of the sixteenth meeting, section 2.)

Rights of reply

The representative of ISRAEL,¹ speaking in exercise of the right of reply, expressed regret that the Board's discussions had once again been used to promote the narrow and cynical political agenda of the Palestinian authorities. From an early age, children in the Palestinian territories were taught that violence, hatred and acts of terrorism were acceptable, and were exposed to the glorification of violence and incitement to hatred by the Palestinian authorities on a daily basis. Furthermore, schoolchildren were taught to read from schoolbooks containing descriptions of suicide bombings and martyrdom. Children should not be used as pawns in someone else's game. An unequivocal message must be sent to the Palestinian authorities that teaching violence, hatred and incitement to children was never the answer.

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, rejected the accusations made by the representative of France regarding food and security, particularly in relation to the special military operation in Ukraine. Food price inflation had been caused by problems in the international economy and in the economic, food and energy policies of western countries. The COVID-19 pandemic and unilateral sanctions against her country had also worsened downward trends, causing an imbalance in global markets. According to the United Nations, the problem was not the availability of food but its distribution. Food security had been ensured in Africa, Asia, Latin America and the Middle East through supplies of foodstuffs from the Russian Federation. However, global food insecurity challenges would not be resolved until the removal of the artificially established and illegitimate obstacles to the economic activities of the Russian Federation that had been put in place by the West.

The representative of FRANCE, speaking in exercise of the right of reply, said that the aggression waged by the Government of the Russian Federation against Ukraine was currently one of the major causes of global food insecurity. There were no European sanctions on the agricultural sector of the Russian Federation or on fertilizer destined for third parties. The Government of the Russian Federation was weaponizing hunger and blaming Europe, despite efforts made by her Government and partners including the European Union, the G7 and the WFP to enable the export of Ukrainian grain. She expressed support for the Black Sea Grain Initiative and commended the generosity of the Government of Ukraine, which had worked hard to maintain its role as a global provider of foodstuffs despite the consequences of the war.

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

The Observer of PALESTINE, speaking in exercise of the right of reply, said that Palestinian children were suffering and their mental and psychological state was of serious concern. The international community was aware of the situation in the occupied Palestinian territory, including east Jerusalem. It was unacceptable to suggest that the Palestinian authorities were creating terrorists, and the comment made by the representative of Israel regarding schoolbooks was slanderous. For a clearer understanding of what was happening to children in the occupied Palestinian territory, he suggested consulting reports on the matter published by WHO, UNICEF and the United Nations Office for the Coordination of Humanitarian Affairs.

The meeting rose at 18:05.

TWELFTH MEETING

Saturday, 4 February 2023, at 10:55

Chair: Dr K.V. PETRIČ (Slovenia)

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

1. POSSIBLE CONVOCAION OF A SPECIAL SESSION OF THE EXECUTIVE BOARD: Item 25.4 of the agenda (document EB152/55)

The meeting was held in private session from 10:00 to 10:55, when it resumed in public session.

The RAPPORTEUR read out the decision¹ on the possible convocation of a special session of the Executive Board, adopted by the Board in private session, which read:

The Executive Board, having considered the report by the Secretariat on the possible convocation of a special session of the Executive Board,²

Decided:

- (1) to hold a special session of the Board in the event that the outcome of the investigation process requires consideration of the matter by the Executive Board, in accordance with the procedure set out in the Annex to the report;³
- (2) to include on the agenda of the special session one item only, dedicated to considering any recommendation from the Regional Committee for the Western Pacific on the matter under discussion, as well as such consequential matters as may be appropriate;
- (3) that the special session should be convened by the Director-General, in consultation with the Chair of the Board;
- (4) that the special session should be held in person in Geneva on such date as may be decided upon, and subject to such adjustments to these arrangements as may be necessary and decided upon, by the Director-General, in consultation with the Chair of the Board;
- (5) that the modalities set out in paragraph 5 of the report by the Secretariat shall apply to the special session of the Board unless otherwise decided by the Executive Board.

¹ Decision EB152(14).

² Document EB152/55.

³ The Annex is confidential.

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES (continued)**2. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE:** Item 12 of the agenda**WHO's work in health emergencies:** Item 12.2 (document EB152/15)**• Implementation of resolution WHA75.11 (2022)** (document EB152/16)

The representative of INDIA said that the Secretariat should facilitate the alignment of national action plans for health security with existing national health strategies and priorities, all-hazards risk management frameworks and programmes relating to diseases, specific hazards, antimicrobial resistance and pandemic preparedness, applying a whole-of-government, whole-of-society and One Health approach. Existing health security tools and processes should be integrated into a single online platform, and national action plans for health security should be integrated into existing global processes and initiatives to harmonize the global health emergency architecture. The Secretariat should also facilitate transparent and monitorable collaboration to enable countries to request resources following country consultations. His Government supported the conceptual framework of the data-driven dynamic preparedness metric tool but there should be further deliberations between Member States before its adoption. The expansion of the capacities of Member States should focus on the pathways and action tracks identified in the One Health Joint Action Plan. Human, animal and environmental sectors should collaborate by looking at the national action plans for health security of Member States and the core capacities of the International Health Regulations (2005) to expand multisectoral and interdisciplinary surveillance. Collaboration between those sectors already preserved antimicrobial efficacy and ensured sustainable and equitable access to antimicrobials.

The representative of MALAYSIA said that the coronavirus disease (COVID-19) pandemic, as one of the longest ever global health emergencies, had highlighted the need to strengthen national and global health security. The core capacities of the International Health Regulations (2005) guided Member States to continue building and maintaining national capacities. Progress in relation to those capacities could be evaluated through the State Party self-assessment annual reporting tool or the joint external evaluation. The Secretariat should continue to support Member States in developing and implementing national action plans. She noted the available tools and resources, such as the Strategic Tool for Assessing Risk, the dynamic preparedness metric and the One Health Joint Plan of Action, and urged the Secretariat to continue sharing information with Member States.

The representative of DENMARK, speaking on behalf of the Member States of the European Union, said that the candidate countries North Macedonia, Montenegro, Ukraine, the Republic of Moldova and Bosnia and Herzegovina aligned themselves with the statement. WHO's work to respond to 50 emergencies worldwide and to collaborate with 900 national and international partners was highly valued.

The war of aggression started by the Government of the Russian Federation in Ukraine was unprovoked, unjustified and illegal. It grossly violated international law and the Charter of the United Nations and undermined international security and stability. The Member States of the European Union condemned it in the strongest possible terms and expressed full solidarity with Ukraine and its people. The Government of the Russian Federation should respect its responsibilities under international humanitarian law at all times. The health consequences of the invasion were severe; the multiple attacks on health care and disruption in accessing health care and medicines impacted those most in need. Moreover, public health risks had an effect beyond Ukraine and refugee-receiving countries; collective efforts should therefore reflect the magnitude and global scale of the crisis. He shared the Secretariat's concerns regarding the challenges to the response identified in the report, including staffing, and encouraged it to take further action to mitigate the negative health and humanitarian impacts of the war,

such as by ensuring access to basic health and care services, mental health and psychosocial support, routine vaccination and treatments, and support for victims of gender-based violence. Efforts to prevent and respond to sexual exploitation, abuse and harassment must be strengthened. Further reporting on measures to address the deterioration of sexual, reproductive, maternal and child health would be welcomed. He noted that resource mobilization for the health response had been successful in 2022 and expressed the hope that efforts to that end would continue.

He requested the Secretariat to prepare an updated implementation report on resolution WHA75.11 to be presented at the Seventy-sixth World Health Assembly and in a Member State briefing.

The representative of GHANA, speaking on behalf of the Member States of the African Region, said that the Secretariat's efforts to ensure that health remained a priority, health workers were protected, and the health system and facilities were functional, safe and accessible were appreciated. Increases in the risks of vaccine-preventable diseases and the spread of HIV/AIDS and multidrug-resistant tuberculosis revealed that health systems were stretched.

It was important that vulnerable populations, particularly women, children and unaccompanied children, were not overlooked in emergency situations. WHO had a unique mandate to ensure their physical and mental well-being. She requested that the Board approve resources for the Secretariat to ensure that staff and essential commodities were available for humanitarian responses. There should be no disruption to essential health services and there was an urgent need to scale up rehabilitation services and provide mental health services. In that regard, the use of community mental health teams was commendable. The Secretariat should ensure that the response to humanitarian crises included measures to prevent sexual exploitation, abuse and harassment. The Secretariat should continue to monitor and collect information on attacks on health workers, patients and facilities.

The Secretariat should recognize alcohol as a major risk factor for violence against women and children. Improvements should be made in data collection, monitoring and the capacity of the health care sector to identify domestic violence.

The representative of the REPUBLIC OF KOREA said that his Government supported WHO's humanitarian and emergency health response in Ukraine and in countries hosting and receiving refugees. The Secretariat should expand support to health care services to protect refugees in collective accommodation who were more vulnerable to infection, malnutrition and mental health problems. Refugee children and adolescents lacked access to education and experienced fatigue; the Secretariat should provide them with psychological support, including developing relevant guidelines. The Secretariat should provide regular updates about the health situation in Ukraine. He supported a briefing session for Member States to be held before the Seventy-sixth World Health Assembly.

The representative of the UNITED STATES OF AMERICA commended WHO's work at the international, regional and country levels to respond to the COVID-19 pandemic and other global health emergencies. She encouraged WHO's support of the health cluster to coordinate humanitarian health action and adhere to the emergency response framework. WHO's emphasis on cooperation at all levels was key. She urged the Secretariat to include all partners and support the participation of Taiwan¹ as an observer at the World Health Assembly and in WHO's work, affirming the slogan "Health For All".

She remained gravely concerned about the impact that the unprovoked and unjustified full-scale invasion of Ukraine was having on the health of the Ukrainian population, surrounding regions and other vulnerable groups. The humanitarian crisis caused by the aggression of the Government of the Russian Federation was indefensible. She condemned the attacks, which had caused unspeakable harm to civilians and critical infrastructure and hindered medical access for children, the elderly and other vulnerable groups. The sexual violence perpetrated by the Russian military, particularly against women and children, had immediate and long-term health impacts. She encouraged continued support for a robust, coordinated response across all three levels of the Organization through the WHO Health Emergencies Programme. She recognized efforts to ensure resources and mechanisms were in place to

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

address and prevent sexual exploitation and abuse during the emergency. In light of the worsening conditions, the Secretariat should produce a report on the health emergency in Ukraine and surrounding regions, including an update on attacks on health care since October 2022 and the secondary impacts of the war in order to better understand the impact on relief efforts and the Ukrainian health system. The report should contain an assessment of access to sexual and reproductive health services, particularly for the survivors of sexual violence. She was in favour of holding a briefing for Member States on the report ahead of the Seventy-sixth World Health Assembly. The Government of the United States of America assured the people of Ukraine of its steadfast and enduring commitment to them for as long as necessary.

The representative of the RUSSIAN FEDERATION said that the report on the implementation of WHA75.11 had become the logical extension of a resolution drawn up by the Governments of Ukraine and other Western countries against the Russian Federation. It did not solve the humanitarian situation in Ukraine and it blamed the Government of the Russian Federation for every regional and global problem. It was regrettable that WHO, which was an authoritative organization with experience in responding to emergencies, had been politicized. She denied the slanderous claims that attacks had been carried out on medical facilities, that gender-based violence had been perpetrated and that the Government of the Russian Federation was responsible for the global food crisis. No attempts had been made to explore the reasons behind or the nuances of the conflict and unacceptable terms, such as “aggression”, “invasion”, “occupied areas” and “war in Ukraine”, had been used in the report. The report was supposed to provide data relating to countries that were hosting refugees but made no mention of the refugees that had arrived in the Russian Federation, which demonstrated its one-sided and politicized nature. WHO experts had never even requested Russian data, despite her Government’s willingness to cooperate. Therefore, the report could not be submitted to the Seventy-sixth World Health Assembly in its current state. The Secretariat should review its approach, take a balanced position and remain politically neutral. The Secretariat had experience in preparing balanced reports about conflict situations and it should use that experience to rework the report.

The representative of FRANCE said that she supported the new five-year strategy for the development of national action plans for health security, given their importance for ensuring a link between capacity evaluations, financing and the implementation of capacity-building initiatives. The results framework was essential for monitoring the implementation of the plans. She supported the use of data-driven tools to strengthen preparation efforts. In that regard, the dynamic preparedness metric should obtain scientific approval before it was used by governments to set national priorities. A trial phase with an evaluation was recommended. The One Health Joint Action Plan represented an important milestone in emergency preparedness and she welcomed efforts to strengthen stakeholder and national capacities in the areas highlighted in the plan. The Standing Committee on Health Emergency Prevention, Preparedness and Response could produce guidance on national and regional priorities, particularly with regard to strengthening the core capacities. National capacity-building could be supported at the regional level by regional institutions and WHO regional offices.

The representative of the REPUBLIC OF MOLDOVA commended WHO’s response to the health emergency in Ukraine. WHO continued to be crucial in keeping the health system operational and providing life-saving services, especially in remote areas where medical services were disrupted, systems were overburdened and specialized facilities were damaged or destroyed. She was grateful for the support that the WHO Regional Office for Europe had provided to her Government, which had granted full medical coverage to all refugees. The most serious cases of violence against children happened in war zones, including Ukraine, and they involved life-changing injuries. Thousands of people were left with disabilities as a result of conflicts. It was lamentable that efforts to immunize populations and eradicate infectious diseases could not be carried out in conflict areas and left populations vulnerable. War deprived people of their most fundamental right to health. Peace and equal access to high-quality medical devices and modern diagnostic methods should be ensured, and politicians should be urged to stop wars and work together for better health for all.

The representative of CANADA said that, in order to prevent, prepare for, detect and respond to health emergencies, a global health community was required in which participation was not restricted to Member States. Many actors contributed to better public health outcomes and they should be given opportunities to participate. The Standing Committee on Health Emergency, Prevention, Preparedness and Response could provide a forum for more in-depth exploration of the questions presented to the Board in the report contained in document EB152/15.

She welcomed the report on the implementation of resolution WHA75.11 and appreciated how rapidly the Contingency Fund for Emergencies had been mobilized to respond to the humanitarian emergency in Ukraine. The unjustifiable and illegal attacks by the Government of the Russian Federation were exacerbating food insecurity and depriving millions of people of safe and reliable access to essential health services. Her Government continued to call for international humanitarian law to be respected and for medical workers to be protected. In light of the attacks recorded by the WHO Surveillance System for attacks on health care, monitoring should continue. She supported the call for the Secretariat to update the report before the Seventy-sixth World Health Assembly and hold a Member State briefing.

The representative of AFGHANISTAN emphasized that WHO was not the only actor in humanitarian crises, either technically or financially, but it did lead the most significant part of the operations – the health cluster – to ensure the required level of synergism. The Secretariat, through the WHO Health Emergencies Programme, should therefore invest further in its coordination capacity and mechanisms with local governments and other stakeholders in humanitarian settings. It should also invest in WHO's capacity to keep abreast of political developments around the world and plan proactively. Sustainability must be incorporated at all levels of decision-making and operations, which could only be achieved through effective coordination and realization of the link between humanitarian and development efforts. The disconnect between humanitarian and development efforts, especially during protracted conflicts, had caused resource wastage and lack of sustainability. The COVID-19 pandemic should have led to more global thinking and local action. In that regard, WHO should improve its relationship with local markets and the private sector to ensure better preparation for disease outbreaks. Lastly, he warned against repeating the mistake made in 2001 when emergency preparedness had been abandoned in post-conflict planning in Afghanistan. He repeated his message that, if the available time window was not utilized to strengthen local preparedness, tomorrow would be too late, especially in conflict zones such as Afghanistan.

The representative of ETHIOPIA expressed appreciation for the work of the Secretariat in addressing health emergencies caused by epidemic diseases, conflicts and climate change and other situations.

The categorization in the report of the emergency situation in northern Ethiopia as Grade 3 required a critical response from the Secretariat and other stakeholders. However, the level of attention allotted to addressing the situation by the Director-General was politically driven, which had prompted her Government to request the commissioning of an independent investigation into the Director-General's role in that regard. Conflict damaged health care infrastructure and systems, increasing mortality and morbidity rates. She expressed dismay that her Government's repeated calls to report incidents of such damage in her country through the Surveillance System for attacks on health care had not been heeded. The separate web portal on the crisis in northern Ethiopia only partially reflected the reality on the ground. It was regrettable that the Director-General had been vilifying Ethiopia and politicizing WHO's work and she called for a prompt response. Further international support would be necessary to rebuild damaged health systems. She called on the Secretariat and stakeholders to work with the Government of Ethiopia to redouble efforts to rebuild and improve damaged health care infrastructure and systems.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that, given the global reach and rapid spread of health emergencies, it was important to include experts from across the world in discussions on global health emergencies. He noted the breadth

and complexity of the health emergencies that WHO was helping countries to address and the resulting impact on the allocation of resources and on the effectiveness, morale and safety of staff. An update from the Secretariat on progress on the revised WHO Emergency Response Framework and on how WHO and Member States should respond to the analysis of the foresight report would be welcome.

He condemned the ongoing illegal and unprovoked Russian invasion of Ukraine, which continued to destroy health systems and have a grave impact on the people of Ukraine. The Government of the Russian Federation should cease attacks on civilian infrastructure and end its military aggression. The Secretariat should produce an updated report on the implementation of resolution WHA75.11 before the Seventy-sixth World Health Assembly and organize an associated briefing. The report should include an update on the number of Russian attacks on Ukrainian health care, recommendations on improving coordination between ministries, an analysis of the ability of the Ukrainian health care system to continue providing services, and an assessment of WHO and partners' ability to access and provide medical support in territory currently under Russian control. When reporting on cases of gender-based violence, the term "survivor" should be used instead of "victim".

The representative of the SYRIAN ARAB REPUBLIC supported WHO's efforts to ensure an effective response to health emergencies worldwide. It should apply a non-discriminatory and comprehensive approach consistent with its technical role, and it should ensure that its activities remained politically neutral and that it addressed emergency situations non-selectively. In that regard, the report on the implementation of resolution WHA75.11 should not lead to politicization and unilateralism. The Secretariat should maintain a balanced approach in its reports to the Board, providing substantive recommendations with regard to the situation in and around Ukraine and ensuring the provision of support. Unfortunately, it had not done so in the report on the implementation of resolution WHA75.11. She therefore aligned herself with the representative of the Russian Federation.

The representative of OMAN, acknowledging WHO's work in health emergencies and efforts to improve health for all, noted that the national action plans for health security for the relevant sectors were reviewed through national committees to comply with the recommendations of the International Health Regulations (2005) joint external evaluations. Global partnerships were essential to exchanging information on public health emergencies, epidemics and diagnostic capabilities, and to sharing samples for genetic sequencing studies and vaccines. The equitable provision of vaccines to low- and middle-income countries should be ensured. The Secretariat should establish a clear framework and allocate resources to help Member States to engage in ongoing discussions. That framework should prioritize national sovereignty while protecting the world from harm. She expressed appreciation for WHO's efforts during the COVID-19 pandemic to strengthen the global architecture for health emergency preparedness, response and resilience. Collaboration between countries had been the key to success.

The representative of BELARUS said that WHO should not exceed its mandate and collaborative efforts should not be politicized. It was clear that the assessment in the report on the implementation of resolution WHA75.11 was one-sided and that the issues of providing support to the population of Ukraine and building the capacity of health systems should be explored further. He acknowledged the difficult situation of the people of Ukraine and his Government would provide support, including free access to health services for refugees. In that regard, the Government of Belarus was working closely with the specialized agencies of the United Nations, including WHO. With regard to the link between the global food crisis and the conflict in Ukraine, sanctions against his Government worsened the situation of those suffering from disease and hunger in Belarus.

The representative of BRAZIL said that it was regrettable that there was limited and unequal access to health products and technologies related to monkeypox/mpox. Ongoing discussions within the Working Group on Amendments to the International Health Regulations (2005) and the Global Preparedness Monitoring Board should address the issue. Further discussions between Member States were needed on the Universal Health and Preparedness Review and it should function as a peer-to-peer

mechanism. The One Health Joint Plan of Action should be implemented in a balanced and cohesive manner in accordance with the environmental, economic and social pillars of sustainable development. Environmental challenges should be addressed and it was important to highlight the importance of equity as well as responsibilities with regard to international environmental law, climate change and biodiversity. During the implementation of that plan, further emphasis should be placed on pathogens that affected populations in poor countries, such as arboviruses and vector-borne diseases.

It was regrettable that the conflict in Ukraine received disproportionate attention and that other conflicts were never discussed with the same concern. He supported WHO's work in Ukraine but political polarization threatened effective multilateralism within the Organization.

The representative of PERU welcomed WHO's efforts to respond to health emergencies around the world, such as the COVID-19 pandemic, mpox and other regional and local emergencies. WHO's response to the humanitarian and health emergencies in Ukraine and in refugee-receiving countries was appreciated. He joined calls for the Secretariat to keep Member States informed about WHO's work in that regard and to update the report before the Seventy-sixth World Health Assembly.

The representative of CHINA said that he hoped that the Secretariat would keep strengthening WHO guidance on the control of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and work to assess risks and analyse pathogenicity, transmission and the ability of variants to circumvent immunity.

As the crisis in Ukraine continued, it was becoming more complex and bringing more uncertainty to the world, which benefited nobody. The Government of China had followed its own approach to support a peaceful resolution to the conflict and ease the humanitarian crisis. He appreciated the health systems of other countries that continued to protect the health rights and meet the needs of vulnerable groups. Action taken by the United Nations and its specialized agencies should help to de-escalate the situation and find diplomatic solutions. The crisis in Ukraine was a matter of international peace and security. WHO provided a platform for Member States to discuss health-related issues and those issues should not be politicized. He called on all sides to strengthen dialogue and negotiation while taking into account all concerns so as to avoid further escalation and a worsening of the humanitarian crisis.

The representative of MALDIVES said that she supported a whole-of-government, whole-of-society and One Health approach to responding to health emergencies. The COVID-19 pandemic had demonstrated the large-scale and far-reaching humanitarian impacts of health emergencies, which often resulted in crippling socioeconomic conditions in low-resource settings. Collaborative discussions between technical experts and leaders and multisectoral efforts were necessary to mitigate the detrimental effects. The Secretariat should continue to work with Member States to strengthen emergency preparedness and response in all sectors. It should advocate for increased investment in health security to ensure effective responses to future emergencies. The Secretariat and Member States should support capacity-building at subnational level to ensure an efficient response to hazards and conflicts. Emergencies had a particularly debilitating effect on resource-deficient countries that relied on imports and the kindness of other Member States.

The representative of JAPAN, condemning Russian aggression in Ukraine, said that it was important to ensure that everyone, particularly vulnerable groups, had access to basic health services. The Secretariat should continuously share information about the conflict with Member States.

Regions such as Taiwan¹ that had successfully handled the COVID-19 pandemic should be used as examples of good public health responses. No region should be left behind in addressing global health issues as that would create regional vacuums.

The Secretariat's allocation of human and financial resources should be appropriate to each response. Support should not be concentrated towards a particular health emergency. The Government of Japan was committed to responding to mpox and evaluating mpox vaccines. WHO's work should

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

focus on filling gaps in mpox research and there should be no delay in evaluating mass casualty management systems.

With regard to the development of national action plans for health security, the Secretariat should share lessons learned from the pilot phase of the Universal Health and Preparedness Review, as well as from Member States' experiences in participating in the pilot and the technical explanations of indicators, including the dynamic preparedness metric.

The Quadripartite group of partners should make recommendations to Member States on how to strengthen national coordination between the health, environmental and agricultural sectors. Those partners should communicate with their respective Member States and compile the Quadripartite's work on a single website for better communication.

The representative of MONACO¹ expressed her Government's solidarity with the Ukrainian people. Her Government had supported resolution WHA75.11 and she was concerned that the situation in Ukraine had been classified as a Grade 3 emergency. She condemned all attacks on health care. International humanitarian law, as defined in the Geneva Conventions, should be applied in full and health care and humanitarian workers should be able to access all civilians requiring assistance in Ukraine. Ukrainian civil society also played a critical role in providing health services to the wounded. She applauded those countries that had welcomed Ukrainian refugees despite the impact on their own health systems and WHO's work in responding to health emergencies, particularly poliomyelitis, in conflict zones.

The representative of UKRAINE¹ commended WHO's efforts to coordinate the health cluster, help the Ukrainian Ministry of Health to deliver health services and support medical evacuations. She welcomed efforts to ensure the effective implementation of resolution WHA75.11. She described the humanitarian and health crises in her country, which were exacerbated by ongoing attacks on critical infrastructure. She agreed that the Secretariat should update the report on the resolution before the Seventy-sixth World Health Assembly with data from after 31 October 2022. In that regard, the Secretariat should also organize a briefing for Member States.

The representative of POLAND¹ said that the Government of the Russian Federation had launched a full-scale aggressive war against Ukraine and had been killing civilians, raping women and children and spreading disinformation. Attacks on health care had limited health system capacity and left millions without access to urgently needed health care. The war had resulted in major atrocities within Ukraine, the largest refugee crisis in Europe since the Second World War and the risk of famine in countries around the world. The statement delivered by the representative of the Russian Federation had been intended to deceive the global community and it should be condemned in the strongest possible terms. The global community should pressure the Russian Government to end its aggression in order to ensure that Ukrainian independence was respected and its territorial integrity fully restored. He expressed appreciation for the collective actions of WHO and other health and humanitarian actors with regard to the conflict in Ukraine. The international community should support medical evacuations and meet the health needs of refugees. WHO, governments and nongovernmental organizations should scale up support to Ukraine, especially given the ongoing winter conditions.

The representative of NAMIBIA¹ encouraged the Secretariat to develop strategic responses and operational plans with national health authorities and partners for all graded emergencies. He expressed concern at the number of Member States reporting attacks on health care workers and patients. Health care workers saved lives and should therefore be protected. Information about those attacks should continue to be collected and action taken. The use of data-driven tools to enhance the implementation of the International Health Regulations (2005) was welcome. The Secretariat should continue

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

discussions on the improvement of tools within the Working Group on Amendments to the International Health Regulations (2005) and the Global Preparedness Monitoring Board.

The representative of NICARAGUA¹ said that dialogue mechanisms should be used to achieve peace, provide humanitarian support and remain neutral in the face of conflicts that put security and lives at risk. All Member States of the United Nations should foster relations based on the fundamental principle of equality. The politicization of international organizations, including WHO, was unacceptable and undermined their role. In the case of WHO, it hindered its ability to respond to populations most in need.

The representative of CUBA¹ said that WHO's work should be objective and transparent, and its bodies should work with accurate and confirmed information. Efforts to strengthen WHO and improve health for all should continue and should remain politically neutral, in line with the Organization's mandate.

The representative of AUSTRALIA¹ condemned the Government of the Russian Federation for its unprovoked, unjustified and illegal invasion of Ukraine. Attacks on health care infrastructure were particularly concerning and should continue to be reported to mitigate health system vulnerabilities. She welcomed the report on the implementation of resolution WHA75.11 and commended WHO's support for the humanitarian and emergency health response in Ukraine. She was also pleased to note WHO's support for mainstreaming actions for protection against sexual exploitation by implementing partners.

She appreciated efforts to respond to emergencies and to support Member States in strengthening preparedness and response activities. In that regard, inclusivity was vital. She welcomed the five-year strategy for national action plans for health security and encouraged the leveraging of financial mechanisms to accelerate implementation. The dynamic preparedness metric helped countries to make evidence-based improvements to emergency preparedness through a multisectoral approach and the strengthening of health care systems. She was pleased to note the Secretariat's work to strengthen the One Health approach to build key capacities that were supported by the work of the Quadripartite, One Health High-Level Expert Panel and the Scientific Advisory Group for the Origins of Novel Pathogens.

The representative of NORWAY¹ commended WHO's work in health and humanitarian emergencies and was pleased to note the report on the implementation of resolution WHA75.11. She strongly condemned the aggression by the Russian Government in Ukraine, which violated international law and the sovereignty and territorial integrity of the country. Constant attacks on civilians and civilian infrastructure were particularly concerning and she expressed the full and unwavering support of her Government to the people of Ukraine. She welcomed WHO's efforts to document attacks on health care providers and to strengthen Ukrainian capacity to provide health care services. Efforts to strengthen national structures to prevent and respond to gender-based violence and support neighbouring countries, including through the Refugee Health Extension, was welcome. She agreed that the Secretariat should provide an updated report on the implementation of resolution WHA75.11 before the Seventy-sixth World Health Assembly and a Member State briefing.

The representative of ARGENTINA¹ was pleased to note the report on public health emergencies, particularly with regard to mpox and the COVID-19 pandemic. Cooperation was key regarding vaccines, treatment, diagnostic capacity and research and development projects. Turning to the global genomic surveillance strategy for pathogens with pandemic and epidemic potential, 2022–2032, she highlighted the need for a framework to share information on pathogens with pandemic potential, which would benefit molecular diagnostics, candidate vaccines and therapeutics. The framework should ensure fair, timely and equal access to benefits derived from its use, in line with conventions such as the Nagoya Protocol on Access and Benefit-sharing.

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

The representative of NEW ZEALAND¹ said that her Government continued to stand in solidarity with Ukraine following the illegal and unprovoked invasion by the Russian Federation. Ukrainians were facing persistent and intensifying public health challenges and action must be taken. Reports of Russian attacks on civilian health care facilities, workers and ambulances were appalling and the disregard that the Government demonstrated for civilians, particularly women and children, was incomprehensible.

She welcomed the report on public health emergencies and commended ongoing WHO support to humanitarian and emergency responses in Ukraine. She was pleased to note that funds had been released from the Contingency Fund for Emergencies in February and March 2022 to scale up the WHO response. Reporting on WHO's support to local health responses in Ukraine and other emergency contexts would be appreciated, alongside updates to ensure emergency responses took into account all at-risk groups.

The representative of KENYA¹ welcomed the report on public health emergencies, particularly with regard to the drought and food insecurity in the Greater Horn of Africa. She echoed calls to raise US\$ 2.5 billion to boost the Contingency Fund for Emergencies, and her Government stood ready to provide additional support through the logistics hub in Nairobi and the Africa Centres for Disease Control and Prevention. She looked forward to discussions with the Global Preparedness Monitoring Board and the Working Group on Amendments to the International Health Regulations (2005) to strengthen national, regional and global capacities for emergency preparedness and response.

The representative of BANGLADESH,¹ commending WHO's work in Grade 3 emergencies, said that the Organization needed strong human and financial resources to provide timely and equitable services to countries experiencing those emergencies. Upholding human rights and the right to health for all would help to set political commitments. Humanitarian emergencies in areas experiencing inequality and health inequity were particularly concerning. It was essential to ensure affordable health services and products to people in conflict areas, who were in dire need of food and medicine. A One Health approach in those areas would not be possible until peace was restored, hence the need for political solidarity, will and commitment to resolve conflicts.

The Observer of PALESTINE noted the report on public health emergencies, which confirmed WHO's key role in emergency preparedness and response. He highlighted the emergency situation, in which health infrastructure was frequently attacked. Efforts were under way to strengthen the public health system against such attacks, which placed an excessive burden on first responders and saturated public health services. He commended the work of the United Nations and its specialized agencies and international nongovernmental organizations to ensure coverage in all areas, particularly Area C, which was inaccessible to ambulances.

The representative of the INTERNATIONAL ATOMIC ENERGY AGENCY said that the Board of Governors of the International Atomic Energy Agency had responded to Ukrainian requests for assistance. It had approved an off-cycle technical cooperation project under the Rays of Hope initiative to strengthen radiation therapy and medical imaging by providing equipment and improving human resource capabilities. In doing so, the Agency ensured additional access to, and effective delivery of, cancer management, diagnosis and treatment services, particularly in medical institutions that had become key locations for cancer patients from different regions in Ukraine. A joint mission by the Agency and WHO would assess current cancer care services in Ukraine and explore how cancer management could be enhanced. Before that mission, virtual meetings with stakeholders would be held to set up communication channels and identify priorities.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that, despite the enormous efforts of governments, international organizations, researchers and frontline responders, there was a lack of preparation for public health emergencies. The three key principles of effective preparedness – trust, equity and local action – had

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

still not been integrated into laws, policies and programmes. He expressed the hope that the World disasters report would contribute to immediate and future joint efforts.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, welcomed WHO responses to public health emergencies, many of which had occurred in hunger hotspots, as it was common for health and nutrition crises to follow emergencies. That trend would continue with the current global hunger crisis. Disease outbreaks and lack of food and water led to increased mortality, particularly among children. National action plans for health security should include acute malnutrition treatment, breastfeeding support and investments in community and primary health care.

The CHAIR took it that the Board wished to note the report on emergency preparedness and response contained in document EB152/15.

The Board noted the report.

The REGIONAL DIRECTOR FOR EUROPE said that his visit to Dnipro, Ukraine, two months earlier had confirmed his conviction that attacks on civilian energy infrastructure posed huge challenges to health and health systems. Energy was vital to ensuring hospitals functioned, maternity wards had incubators, and vaccines and blood could be stored. The Government of Ukraine needed to secure generators and access to health for the most vulnerable, particularly during winter. The Regional Office for Europe, alongside the Secretariat and health cluster partners, would triple its assistance in terms of mental health, rehabilitation and prosthesis support.

The Ukrainian health system had endured due to its heroic workforce as well as financing and budget support for salaries and medicines funded by other governments. It was essential to keep collectively advocating for humanitarian corridors to areas that were currently inaccessible, such as in Mariupol and Donbas. In refugee-hosting countries, the Regional Office for Europe worked with partners and ministries of health to address the health needs of Ukrainians. It was imperative that fatigue did not set in and that support for the Ukrainian health system continued, while efforts were sustained to leave no one behind in any Member State in the European Region.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme), noting the requests for continued discussion, consultation and process-shaping, pledged to carry out that work diligently and welcomed intersessional processes to update, engage and respond to representatives of Member States. He was pleased to note that many countries were making progress with regard to national action plans to strengthen public health security and health emergency preparedness, which was vital for global health security. He noted that many representatives had expressed the need for subnational interventions, particularly in fragile or conflict settings, and he acknowledged the ability of governments to take on board partners at national level.

The cholera pandemic that had started in 1961 had never ended and the situation was deteriorating, particularly in southern and eastern Africa. Malawi was most affected and the Government of Malawi was carrying out vital work in response. The outbreak was a result of climate change, conflict, population density and a lack of investment in water and sanitation. Controlling cholera was fundamentally linked to multisectoral preparedness and it was necessary to introduce appropriate social and economic infrastructure. He thanked the Government of Zambia, particularly the President of Zambia, for their leadership in the Global Task Force on Cholera Control.

Frontline health and humanitarian workers, nongovernmental organizations and ministries of health saved lives. The role of the Secretariat was to provide the means, training, resources and protection for them to work optimally. Protecting the lives and welfare of those health workers was not a political issue; they had the right to serve, which should be preserved regardless of the circumstances. The Secretariat would continue to carry out surveillance on behalf of all to protect that right.

With regard to the report on the implementation of resolution WHA75.11, the Secretariat was prepared to provide intersessional updates at any time. It collected data on all emergencies, and the crisis

in Ukraine had led to an unprecedented collaboration between the three levels of the Organization. He looked forward to continuing to serve the people of Ukraine.

The CHAIR took it that the Board was of the view that the report mandated by resolution WHA75.11 should be updated by the Secretariat to ensure that the most up-to-date information, including on all relevant impacts, was available at the upcoming Seventy-sixth World Health Assembly. In that regard, the Board was of the view that the Secretariat should brief Member States accordingly before the Seventy-sixth World Health Assembly. She took it that the Board acknowledged the report contained in document EB152/16.

The representative of the RUSSIAN FEDERATION, noting the statement made on behalf of her Government and other governments, said that the report on the implementation of resolution WHA75.11 was not balanced and it would not be possible to present it at the Seventy-sixth World Health Assembly in its current format. It was not up to date and needed to be completely reworked. All affected parties should be taken into account, including those hosting refugees, and the report should not contain biased statements, unfounded accusations and contentious terms.

The CHAIR asked whether the representative of the Russian Federation would be satisfied if the updated report covered all relevant points of view and impacts.

The representative of the RUSSIAN FEDERATION agreed that all points of view should be reflected in the report and that it needed to be completely reworked. She was not prepared to acknowledge the report as it stood and that a mere update was not sufficient.

The meeting rose at 13:05.

THIRTEENTH MEETING

Saturday, 4 February 2023, at 14:45

Chair: Dr K.V. PETRIČ (Slovenia)

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

PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 12 of the agenda (continued)

WHO's work in health emergencies: Item 12.2 of the agenda (continued)

- **Implementation of resolution WHA75.11 (2022)** (document EB152/16) (continued)

The CHAIR, recalling that consensus had not been reached on whether to note the report contained in document EB152/16, and given the limited time available, proposed that the Board should proceed to a vote by show of hands on that matter to ensure that all views were reflected. However, the decision to proceed to a vote should not create a precedent for future sessions of the Board.

She asked whether the Board agreed that the Secretariat should continue its work on the report with a view to presenting comprehensive, balanced and validated data, on the understanding that all relevant aspects would be included. She further asked whether the Board agreed that the Secretariat should provide a briefing on the subject in advance of the Seventy-sixth World Health Assembly.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND asked whether it would be possible for Board members to give an explanation of their vote prior to voting.

The LEGAL COUNSEL explained that Rule 55 of the Rules of Procedure of the Executive Board stated that, after the voting had been completed, Board members were permitted to make a brief statement, consisting solely of an explanation of vote.

The representative of the RUSSIAN FEDERATION asked for clarification as to whether the Board was being asked if it agreed to request the Secretariat to continue its work on the report.

The LEGAL COUNSEL said that the Board was being asked whether it understood that the Secretariat would continue its work on the report.

In response to a question raised by the representative of CANADA, the CHAIR confirmed that the Secretariat's continued work on the report referred to the process of updating the report.

The CHAIR took it that the Board understood that the Secretariat would continue to work on the report contained in document EB152/16 with a view to presenting comprehensive, balanced and validated data, and that all relevant aspects would be included.

It was so agreed.

The CHAIR took it that the Board agreed that the Secretariat would provide a briefing on the subject in advance of the Seventy-sixth World Health Assembly.

It was so agreed.

The CHAIR invited the Secretariat to proceed with a vote on whether to note the report contained in document EB152/16 by a show of hands. Once the vote was complete, she announced the results, saying that 34 Board members had the right to vote but that 6 were absent or not voting. Six Board members had abstained, and of the 22 Board members present and voting, 18 had voted in favour and 4 against.

The report contained in document EB152/16 was therefore noted by 18 votes to 4, with 6 abstentions.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in explanation of vote, expressed deep regret that the Government of the Russian Federation had pushed the Board to a vote on whether to acknowledge a technical, evidence-based report on the health impact of the war in Ukraine. Such action set a worrying precedent, as it undermined the Organization's technical mandate to update Member States on the implementation of Health Assembly resolutions. His Government acknowledged and appreciated the work that had gone into the report and duly took note of it. It was not the first time that the Government of the Russian Federation had sought to deny the existence of facts in relation to Ukraine, and that Government's attempt to politicize WHO and undermine the diligent and technical work of the Secretariat was deeply regrettable. Evidence-based work on health care must be at the heart of all WHO activities.

The representative of the UNITED STATES OF AMERICA, speaking in explanation of vote, said that she had voted in favour of noting the report but expressed disappointment that the issue had been brought to a vote, especially given the efforts of the Chair to encourage dialogue. Consensus had merely been sought in relation to updating and noting the report in a neutral manner, rather than on welcoming it, as many Board members would have preferred. Her Government supported the report and looked forward to receiving updates on implementation of resolution WHA75.11 (2022), including at the briefing to take place prior to the Seventy-sixth World Health Assembly. The information provided would be critical to enable Member States to understand the health situation in Ukraine and take action accordingly.

The representative of DENMARK, speaking in explanation of vote, expressed deep regret that the Government of the Russian Federation had forced the Board to a vote on the simple issue of acknowledging a technical report. It was not the first time that the Russian Federation had sought to deny the existence of facts in relation to the war in Ukraine. The vote set a worrying precedent in terms of undermining WHO's technical mandate to update Member States on the implementation of Health Assembly resolutions. His Government acknowledged and appreciated the work of the Secretariat in producing the report, which it duly noted.

The representative of PARAGUAY, speaking in explanation of vote, expressed regret that the Board had failed to reach consensus. Given the lack of agreement, she had voted in favour of noting the report, on the understanding that Member States would receive updated, unbiased information to ensure that any subsequent decisions took into account the evolving situation.

The representative of FRANCE, speaking in explanation of vote, welcomed the decision to note the report and expressed deep regret that a vote had been necessary despite the reasonable compromises proposed by the Chair. It was positive that the Secretariat would continue its work by updating the report prior to the Seventy-sixth World Health Assembly. Her Government strongly disapproved of certain Member States' efforts to call into question the neutrality of WHO. The highly competent international

teams that WHO had deployed in Ukraine had done remarkable work to support the efforts of the Ukrainian health services and had first-hand knowledge of the situation on the ground; their neutrality and credibility should not be called into question. It was particularly regrettable that certain Member States had politicized their assessment of the facts concerning the situation in Ukraine.

The representative of the RUSSIAN FEDERATION, speaking in explanation of vote, said that the outcome of the vote had demonstrated that far from all Board members agreed with the content of the report. It was regrettable that a precedent had been set for the preparation of an unprofessional, politicized report in what was an important forum for professional cooperation. Her Government recognized that serious pressure was being exerted on the Secretariat, but nonetheless hoped that it would find the courage, prior to the Seventy-sixth World Health Assembly, to prepare a high-quality report on the complex conflict situation in Ukraine.

The representative of BRAZIL, speaking in explanation of vote, welcomed the decision to take note of the report, pointing out that taking note of a report did not imply approval of its content. His Government regretted that it had been necessary to resort to a vote, as it could set a precedent that would have systemic negative consequences for the Organization and could hinder efforts to reach consensus in future. Regarding the next steps, he stressed the importance of ensuring that further work on the report was carried out in a balanced, unbiased way, with both facts and explanations provided and equal weight given to all parties involved.

The representative of SLOVAKIA, speaking in explanation of vote, expressed support for WHO's work to report on the situation in Ukraine, in line with paragraphs (d) and (f) of Article 2 of the Constitution of the World Health Organization. Repeated voting on technical procedures represented a deviation from the agreed objectives of the Organization's work.

The representative of the REPUBLIC OF MOLDOVA, speaking in explanation of vote, thanked the Secretariat for its highly professional report, which she had voted in favour of noting. Her Government had welcomed significant numbers of refugees from Ukraine, providing them with access to health services free of charge to ensure that their right to health was upheld. Providing accommodation and medical services to those in need was neither political nor unprofessional.

The representative of the SYRIAN ARAB REPUBLIC, speaking in explanation of vote, expressed regret that a vote had been required. However, that vote had been necessary, as the report was not balanced and was based on a politicized resolution that fell outside WHO's technical mandate. In future reports, the Secretariat should be objective and professional, and avoid politicization.

The representative of CHINA, speaking in explanation of vote, reiterated that WHO offered a platform for Member States to discuss health-related issues, which should not be politicized. The legitimate concerns of all parties should be respected, and dialogue and negotiations should be fostered by all those involved. Voting on such matters would not help to alleviate the humanitarian crisis and would only exacerbate divisions.

The DIRECTOR-GENERAL said that the report on implementation of resolution WHA75.11 had been written truthfully and in good faith, without any intention of politicizing the issue and with no undue influence from any Member States. Regarding the terminology contained in the report, discussions had been held with the relevant Member States prior to the drafting of the report. Member States were welcome to raise any concerns they had about the specific elements of the report, to indicate any factual errors it contained, and to provide updates if they believed that relevant information was missing. The Secretariat would verify any additional information provided in order to establish whether it should be included in future reports. The health of populations was fundamental to achieving peace and security.

He expressed regret at the continued allegations that his actions with regard to the conflict in northern Ethiopia had been politically motivated. His own experience of the conflict in the region was extremely painful and he aimed to speak the truth on that and any other conflict. He was hopeful that lasting peace would soon be established in Ethiopia. Indeed, peaceful solutions should be found to all conflicts; the money spent globally on weapons would be much better spent on health.

Currently, more than 330 million people were affected by health emergencies worldwide. He therefore called on Member States to support the WHO Health Emergency Appeal 2023 and to continue supporting the Contingency Fund for Emergencies.

Global Health for Peace Initiative: Item 12.3 of the agenda (document EB152/17)

The CHAIR invited the Board to consider the report contained in document EB152/17, in particular the guiding questions contained in paragraph 33.

The representative of PERU, recalling the role of WHO/PAHO in coining the concept of health as an enabler of social cohesion and peace in conflict settings, expressed support for the Global Health for Peace Initiative and its draft road map. His Government was committed to promoting and protecting human rights, including the right to health, as demonstrated by its efforts to establish broad and inclusive social dialogue and achieve universal health coverage in response to recent demonstrations in his country. The draft road map for the Global Health for Peace Initiative should contain global principles, with context-specific priorities developed during implementation at the country level. Further consultations on the draft road map should be inclusive and Member State-driven.

The representative of OMAN, highlighting the importance of peace as an essential condition for social and economic development, as well as for health and well-being, welcomed the progress made on the draft road map for the Global Health for Peace Initiative and urged all Member States to actively participate in the ongoing consultation process. His Government welcomed the approaches, principles and workstreams outlined in the current draft road map, and the policy priorities for WHO under each workstream. However, similar priorities should be proposed for Member States over the same five-year period, to complement those efforts and maximize impact. In addition, consideration of country-specific contexts would help to improve peace outcomes, such as equality, inclusiveness and local leadership and ownership, which would strengthen and empower vulnerable communities and contribute to international stability and security. It was important to build on efforts to leverage the neutrality of health activities and acceptance of health workers to prevent conflicts and promote peace, and the continued commitment of Member States and international partners was needed to strengthen the links between health and peace.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova and Bosnia and Herzegovina aligned themselves with his statement. Given the unprecedented number of complex crises driven by conflict, insecurity and climate change, it was of the utmost importance to enhance understanding of the links between health and peace, particularly the direct and indirect impact of conflict on health outcomes. People's needs and their access to health services should be at the heart of conflict prevention and resolution. While he expressed support for WHO's role as an influencer for health and peace in conflict-affected areas, there should be a clear division of tasks among WHO and its partners based on their respective mandates. Welcoming the draft road map, he said that all actions under the Global Health for Peace Initiative should be guided by the need for health interventions to be conflict-sensitive and by the "do no harm" principle. Community involvement would also be key to the Initiative's success, since health interventions, such as those to address mental health and provide psychosocial support, could reinforce peace by building trust among communities.

Regarding the consultation process on the draft road map, it was concerning that only 14 Member States had provided input through the online form. The Secretariat should provide clear information on

the draft road map's global objectives and implementation methods ahead of the second round of consultations, which should be inclusive and transparent. The draft road map should pave the way for a robust, realistic framework for action that would allow Member States to address the health–peace nexus in a context-specific manner. Lastly, it would be important for the Secretariat to develop an indicative funding estimate for the draft road map and related strategic framework.

The representative of BRAZIL agreed that WHO should play a fundamental role in promoting better health in conflict settings and in ensuring the equity and affordability of health services, thereby contributing to sustainable peace and development. However, such efforts should not be seen as a way to securitize the global health agenda, and the language used in the draft road map should make that clear. While public health challenges of a transnational nature required multilateral solutions based on dialogue, capacity-building and respect for the sovereignty of Member States, associating health-related efforts with the domestic security of individual countries would adversely impact the effectiveness of health services and WHO's capacity to work for peace. Any formal projects in that area, including the Global Health for Peace Initiative, should be carried out exclusively in the context of meaningful and comprehensive consultations with Member States, and in collaboration with other relevant entities of the United Nations system and international organizations to avoid any duplication of efforts, with Member States kept informed regarding that collaboration. Lastly, he expressed regret that earlier comments submitted during the consultation process, notably on the need for Member States to remain in charge of implementation of the Global Health for Peace Initiative, had not been taken into consideration for the draft road map.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, welcomed the Health for Peace approach as a way of pursuing universal health coverage in conflict-affected and other vulnerable settings. Drawing attention to lessons learned in the African Region during the outbreaks of Ebola virus disease, she stressed the need to incorporate communities' views, customs and concerns into health activities to avoid amplifying mistrust, especially in conflict settings. Efforts had been made in her Region to better understand how health interventions interacted with peace and conflict dynamics in different contexts. In one project in Cameroon, WHO had worked with the Government of Cameroon and IOM to use health interventions as an entry point for dialogue, with a view to strengthening trust and social cohesion and addressing the factors that enabled armed groups in the region to exploit young people. WHO should continue to work with other relevant entities of the United Nations system and non-State actors, and in consultation with all stakeholders, to identify regional priorities that could then be adopted at the country level as appropriate. The Member States of the Region supported the proposed operationalization of the Global Health and Peace Initiative at the country level through action frameworks and welcomed the continued consultations on the draft road map.

The representative of AFGHANISTAN said that the negative consequences of decisions made by politicians at both the national and international levels had led to decades of suffering among populations. Given the responsibility of the health sector to act as a bridge for peace, he called for a programme to be established to assess and treat the psychological disorders of world leaders in order to address the root causes of conflict and prevent such suffering.

The representative of TIMOR-LESTE commended the progress described in the report, observing that the links between peace and health were particularly relevant for post-conflict developing countries. To that end, her Government had taken several steps to improve health by promoting good governance and strengthening social cohesion. The Secretariat should continue mainstreaming the Health for Peace approach into WHO's global guidance documents and operations at the regional and country levels, ensuring that actions were contextualized and country-led. It should also increase its support for country offices by mobilizing resources through the Peacebuilding Fund of the United Nations. Although she appreciated the ongoing virtual consultations, in-person meetings would also be useful to increase the

participation of fragile, post-conflict and conflict-affected countries. Lastly, she expressed support for the Secretariat's work to finalize the draft road map.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, drew attention to the heavy impact of both acute and protracted conflicts and emergencies in his Region, which had led to large-scale displacement and migration. It was therefore positive to see ongoing efforts in relation to health and peace, notably through the continuation of the Global Health for Peace Initiative, and he looked forward to the further development of the draft road map.

The representative of the RUSSIAN FEDERATION said that the consultations on the draft road map had not been sufficiently transparent. Member States had been invited to provide written input, yet her Government's proposals had not been taken into account. The draft road map should not undermine national sovereignty, for instance by introducing global, regional or national social monitoring mechanisms. It should be limited to the global level and should not set objectives, or suggest priorities for Member States, or attempt to regulate interaction between governments and their citizens. Open, transparent and inclusive consultations with all Member States offered the best way to move forward.

The representative of the SYRIAN ARAB REPUBLIC said that additional consultations were needed to remove ambiguities in the draft road map and ensure that it was aligned with WHO's mandate and technical role. The draft road map should respect the sovereignty of Member States and avoid any issues that could lead to interference in their domestic affairs. In that context, the development process must be completely transparent and involve all relevant parties, with the roles of related organizations and stakeholders clearly defined in line with their respective mandates. Specifically, the draft road map should be limited to the global level, without setting objectives or suggesting priorities for Member States. Her Government stood ready to collaborate with all parties concerned to develop the draft road map along those lines, in order to contribute to health and peace for all.

The representative of COLOMBIA, observing that peace was both a right and a duty, said that his Government attached particular importance to the Global Health for Peace Initiative. He called for further support from the international community for his Government's work to maintain peace in Colombia. WHO should collaborate with other relevant entities within the United Nations system, as part of a cooperative and participatory approach to peacebuilding. Special attention should also be paid to protecting members of the medical profession.

The representative of the UNITED STATES OF AMERICA welcomed the achievements made under the six workstreams set out in the draft road map for the Global Health for Peace Initiative, particularly the development of a strategic framework and project proposals. However, she regretted that the draft road map reflected only two of the three core pillars of the Charter of the United Nations, failing to incorporate human rights. WHO should continue to promote respect for human rights and fundamental freedoms alongside other entities of the United Nations system, in line with the Charter of the United Nations. The Organization should also promote efforts to address attacks on health workers, guarantee equitable access to care and treatment, and tackle misinformation and disinformation, in addition to continuing to support Member States with regard to universal health coverage.

The representative of MALDIVES expressed support for the Global Health for Peace Initiative and called on the Secretariat to pay particular attention to the effect of human-made crises on small countries that were heavily reliant on imports. The draft road map for the Global Health for Peace Initiative should also consider the impact of conflict on women, children, persons with disabilities and other vulnerable communities. As conflicts became more protracted and complex, it was alarming to note that the vast majority of WHO's humanitarian caseload and disease outbreaks were in fragile, conflict-affected settings. She therefore called for further progress to be made on the Global Health for

Peace Initiative at the Seventy-sixth World Health Assembly, with a focus on promoting equity, inclusiveness, participation and local ownership.

The representative of SLOVAKIA expressed support for the statement made by the representative of Oman and appreciation for the strengthening of research carried out in relation to health and peace, noting that political issues often interfered with technical work and the interpretation of scientific evidence. In that regard, it was necessary to develop methodological, technical and organizational tools that would improve understanding of and communication on the Global Health for Peace Initiative among policy-makers. During the next round of consultations, region-specific priorities and objectives should be established with the participation of Member States. Those regional priorities and objectives could then be scaled up to determine the global objectives for the draft road map.

The representative of EGYPT¹ said that, while he appreciated the efforts made under the Global Health for Peace Initiative, more extensive consultations were needed to establish its scope, procedures and financing mechanisms. In particular, it was essential to preserve the sovereignty of Member States and the specific roles of the various international organizations involved, in line with their respective mandates.

The representative of SWITZERLAND¹ welcomed the progress described in the report, observing that WHO should use its unique role to promote trust and social cohesion. She called on all Member States and observers to contribute to the ongoing consultations with a view to finalizing the draft road map for the Global Health for Peace Initiative. Her Government was open to collaboration in that respect and remained committed to supporting health for peace, in the spirit of cooperation and solidarity.

The representative of TUNISIA¹ reiterated his support for the Global Health for Peace Initiative, noting that the theme of the Seventy-fifth World Health Assembly of “Health for peace and peace for health” had highlighted the need to work together to find practical solutions to the challenges of health and health security. He drew attention to his Government’s support for international peacebuilding efforts, notably as a member of the African Union Peace and Security Council, and stressed the importance of the Djerba Declaration adopted at the Eighteenth Summit of the International Organisation of La Francophonie in November 2022 and the inclusion of peace and the right to health in that organization’s priorities for the next biennium.

The representative of FINLAND,¹ welcoming the Global Health for Peace Initiative, expressed concern regarding the increase in deliberate attacks on health care providers in conflict and fragile settings, and regarding the burden faced by women and girls in such contexts. Peace and conflict-sensitivity needed to be mainstreamed in health programmes, with platforms created for discussions on that issue and people living in vulnerable situations placed at the centre of related work. Furthermore, the participation of women in decision-making and peacebuilding was fundamental to ensure that no one was left behind. Her Government looked forward to the findings of the Lancet-SIGHT Commission on Peaceful Societies through Health and Gender Equality, which would be valuable in the development of the strategic framework for the Global Health for Peace Initiative.

The representative of URUGUAY¹ said that it was essential to take health into account in strategies to bring about peace. Indeed, basic access to health services and other measures to guarantee the health of populations were fundamental to establish, maintain and consolidate peace, and prevent the social fragility that could lead to conflict. Her Government was fully committed to the women and peace and security agenda, and paid special attention to the disproportionate impact of conflict on women and children, including in relation to health. It therefore welcomed cross-cutting initiatives such as the Global Health for Peace Initiative. Member States needed to work together to achieve the highest levels of health among populations. In further work on the draft road map, local ownership and

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

leadership would be necessary, as local health care actors were best placed to understand the local context.

The representative of BANGLADESH¹ said that the draft road map represented a positive approach to establishing and maintaining peace. As international cooperation was essential to efforts to address conflict, humanitarian situations and climate change, the draft road map should enable global dialogue on the issue in the run-up to the Seventy-sixth World Health Assembly, in addition to factoring in national priorities.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that all development work by entities of the United Nations system, including WHO, should be carried out in accordance with national plans, needs and priorities, under national ownership. In that context, it was important to ensure that activities undertaken as part of the Global Health for Peace Initiative did not overlap with other internationally agreed initiatives aimed at strengthening peace.

The Observer of PALESTINE said that peace could not be achieved without justice. In that regard, the international community needed to advance health through peace by standing up for the vulnerable populations living in occupied Palestinian territory, including east Jerusalem. He supported the Global Health for Peace Initiative but expressed disappointment that Palestine had not been included in the list of sponsors of decision WHA75(24) (2022) on the Initiative. The promotion of health through peace as part of an inclusive, partnership-based approach was particularly important in the Palestinian context.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that health care services were protected under international humanitarian law on the condition that health personnel and facilities were dedicated exclusively to medical purposes. The aims of the Global Health for Peace Initiative to promote peace and influence conflict dynamics in a positive way breached the principle of medical neutrality and would increase the burden on the health workforce. The draft road map should provide for the impartial provision of health care in accordance with international humanitarian law. Health personnel must be able to comply with their ethical duty to protect the health and well-being of their patients in all contexts.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the draft road map should be updated to include a definition of peace. In addition, it failed to address the mental health challenges stemming from war, conflict and occupation and lacked indicators to assess implementation and the impact of economic sanctions on health. The Secretariat should also recognize that participation in online consultations was often not possible in conflict areas. Lastly, more information was needed on the impact and limitations of the pilot programmes that had been carried out.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that nurses had an obligation to safeguard and promote the right to health during peace and conflict by providing impartial care to those in need. Although the draft road map provided broad guidance on the setting of strategic goals and operational priorities, it lacked clarity on the engagement of health personnel in the implementation phase, which could put nursing and medical neutrality at risk. The Secretariat should therefore provide further clarification and consult stakeholders more widely in the second round of consultations. He supported the goal of designing conflict-sensitive health interventions but emphasized that the work of nurses should remain focused on improving health outcomes.

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

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the Global Health for Peace Initiative raised concerns in terms of the ethical integrity and safety of humanitarian operations and staff, and relationships with patients and communities. In shifting from working “in” conflict to working “on” conflict, the Global Health for Peace Initiative could threaten respect for medical neutrality and impartiality, especially in high-intensity conflicts. In addition, the Initiative failed to address issues relating to health care access and quality and did not differentiate between the roles and responsibilities played by different health actors in safeguarding health and peace. The Secretariat should therefore continue consultations with all stakeholders to ensure that the Global Health for Peace Initiative would not do more harm than good.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) emphasized that work on the draft road map for the Global Health for Peace Initiative was ongoing and that consultations would continue, including with partners in the field. While it was important to ensure that health professionals were working “in” rather than being perceived as working “on” conflict, that distinction was often blurred at the community level, which made it all the more important to consider local viewpoints and contexts, and further discussions needed to be held in that regard. He acknowledged that virtual consultations excluded those without adequate access to technology and said that efforts would be made to gather feedback more broadly. Responding to the concerns raised regarding the lack of a specific reference to human rights, he noted that the issue was already implicitly included in work on peace and health, but that Member States could choose to recognize it explicitly if they so wished. Given that access and perceived access to health were major stabilizing factors within communities, the aim of the Global Health for Peace Initiative was to foster a global discussion of the actions that Member States could take at a local level to incentivize peace for health. He thanked speakers for their comments and looked forward to continuing the discussion on the draft road map prior to the Seventy-sixth World Health Assembly.

The CHAIR took it that the Board wished to note the report contained in document EB152/17.

The Board noted the report.

Strengthening WHO preparedness for and response to health emergencies: Item 12.1 of the agenda (continued)

- **Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination** (document EB152/13)
- **Proportional division of funds for the Partnership Contribution of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits** (documents EB152/14 and EB152/14 Add.1)

The CHAIR invited the Board to consider the report contained in document EB152/13, in particular the guiding questions set out in paragraph 14. She further invited the Board to consider the report contained in document EB152/14, including the Director-General’s proposals set out in paragraph 6 and the draft decision on the proportional division of funds for the Partnership Contribution of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits (PIP Framework), set out in paragraph 7.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the support provided by the Secretariat on the implementation of resolution WHA75.8 (2022), including the extensive consultations with Member States, which had led to the identification of global research priorities and the generation of high-quality evidence regarding epidemic and potentially pandemic pathogens and diseases. Many Member States in the Region had participated in global clinical trials during the pandemic of coronavirus disease (COVID-19), which had

helped to build national capacities, strengthened the technical expertise of health professionals, and enabled the countries concerned to develop the governance mechanisms needed for such trials. She asked the Secretariat to build on that momentum by further developing WHO capacity at the regional level to coordinate and carry out large-scale randomized controlled trials, both during pandemics and for routine public health interventions requiring such trials. The Member States of the Region would continue to support the Secretariat's efforts to implement resolution WHA75.8 and promote robust clinical trials and called for improved coordination within the clinical trial ecosystem.

Speaking in her national capacity, she said that large multi-site, multi-country randomized controlled trials were more likely to produce the best evidence and made it possible to focus on underrepresented populations. Such trials required close collaboration between Member States, trust between academic teams and sufficient technical capacity within lead teams.

The representative of INDIA agreed that a self-assessment tool with indicators for the maturity of the clinical trial ecosystem at the national and international levels would help to identify gaps and improve the clinical trial system. In that regard, the mapping of clinical trial networks should take place on an ongoing basis, with the results made available in the public domain. The Secretariat should contribute to building capacities by providing expertise and helping to harmonize regulatory and ethical differences in multi-country collaborations. It was particularly important to strengthen the global clinical trial ecosystem to ensure that well-regulated trials could take place with adequate representation of populations that would benefit from the interventions concerned. In that context, it was critical to ensure that partners from low- and middle-income countries were able to actively participate in all stages of trials. International funding should be channelled towards the unmet needs of underserved populations, and new products should be made available in developing countries, with negotiations to ensure that pricing structures and concessions took account of resource limitations. Lastly, noting that responsible data sharing could lead to more transparent regulations and increase scientific knowledge, she called for adequate safeguards to ensure the appropriate use of study samples in multi-country trials and avoid the unnecessary transfer of samples.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking also on behalf of Argentina, Bosnia and Herzegovina, Canada, Eswatini, Japan, Malaysia, Mexico, Peru, South Africa and the United States of America, thanked the Secretariat for the consultations undertaken on strengthening clinical trials. In terms of supporting Member States, a solid first step would be to develop WHO guidance, supported by the Secretariat's work to establish baselines of existing guidance and capacities, to better understand the current global clinical trial system, in particular by completing the comprehensive mapping exercise. Another helpful resource for Member States would be the identification and timely sharing of best practice case studies. The Secretariat should focus on capacity-building and facilitating the implementation of agreed guidelines while developing new guidance where necessary, taking care to avoid duplicating existing guidance, such as that of the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use.

While the plan to develop a self-assessment tool for clinical trial ecosystems fell outside the scope of resolution WHA75.8, such a tool would be useful to inform and support Member States in implementing the resolution. The clinical trial ecosystem capacities necessary for different types of clinical studies should be taken into consideration when developing the tool, and any metrics should be complementary to existing guidelines. The tool would also need to be informed by the outcomes of the Secretariat's ongoing work on mapping and guidance development. She therefore recommended that the proposal should be submitted for further consideration at a future session of the Executive Board once progress had been made on the activities currently under way. Lastly, to enable a coordinated approach to clinical trial ecosystem strengthening, there was a need for further consideration of the respective roles of Member States, non-State actors and the Secretariat. The Secretariat should continue its work and engagement in that regard and update the WHO governing bodies accordingly.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, commended the progress made on strengthening clinical trials. In his Region, there had been an increase in the number and scope of clinical trials being conducted, as well as improvements in terms of regulatory capacity, the harmonization of requirements and protocols, the use of digital technologies, review and approval times, infrastructure and financing. However, many challenges remained, including limited capacities for the evaluation of biotechnological and gene therapy products, inadequate monitoring of the relatively small number of pregnant women enrolled in trials, and failures to report many clinical trials. Overcoming those challenges required increased domestic investment in research and development, the promotion of better access to health interventions and the strengthening of regulatory systems, together with coordination between partners to increase cost efficiency. The Secretariat should therefore continue to provide technical support to build mapping and regulatory capacities and resources to enable countries to undertake clinical trials and implement optimized clinical trial review and approval processes. The Member States of his Region endorsed the proposal to develop a self-assessment tool with indicators for the maturity of the clinical trial ecosystem at the national and international levels; such a tool should also cover the use of digital health technologies for clinical research.

Concerning the proportional division of funds for the Partnership Contribution of the PIP Framework, he expressed appreciation for the support received from Partnership Contribution funds at both the regional and country levels, which, if continued, would ensure that pandemic preparedness capacities were developed across all Member States in the Region. He therefore welcomed the proposal to maintain the current proportional division of funds.

The representative of PERU said that the Secretariat should support Member States in strengthening clinical trials at the international level by facilitating the sharing of experiences relating to regulation, governance and ecosystem organization. At the country level, it should provide tools to ensure effective coordination among the authorities responsible for regulating and developing clinical trials, notably with regard to resource allocation, to improve infrastructure and human resources. That would help to harmonize national systems to facilitate multi-country clinical trials, particularly on common health priorities. His Government supported the development of a self-assessment tool to establish the maturity of the clinical trial ecosystem, which would provide a road map for the development of national clinical trial systems that focused on local health priorities and would enable Member States to evaluate their progress based on their goals.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Ukraine and Bosnia and Herzegovina, as well as Armenia, aligned themselves with his statement. A comprehensive approach should be taken to the challenges in increasing clinical trial capacity, with a thorough overview of the multiple dimensions to be addressed. Regulatory capacity and supervision were key, including to guarantee the safety of trial participants. Improvements should be carried out through a stepwise process, starting from Member States that had achieved maturity level 4 under the WHO unified global benchmarking tool for the evaluation of national regulatory systems of medical products. The harmonization of ethics review and regulatory procedures was necessary in drafting normative guidance for novel trial modalities, as was already under way within the European Union. In addition, the European Union continued to support low- and middle-income countries in developing their research and development capacity, which would facilitate trials aimed at finding solutions for neglected tropical diseases, emerging diseases and zoonoses affecting those countries, and improve their capacity to assess innovative new antimicrobial agents and vaccines against diseases such as HIV, tuberculosis and malaria.

Given the need to find new income streams for the Organization, there should be further discussion of how WHO contributions to clinical trials leading to commercial innovations could be monetized to ensure that the public benefited from public investment. He also asked whether the lessons learned from the promotion of research and development on communicable diseases could be extended to noncommunicable diseases. Furthermore, it was important to ensure that what worked in normal times

also worked during public health emergencies of international concern. Although the COVID-19 pandemic had improved collaboration and accelerated innovation, just 5% of the related large-scale clinical trials had been appropriately randomized; that percentage could have been higher if systematic, easily accessible normative guidance had been available. Lastly, he asked for further consultations on the possibility of conducting a questionnaire on clinical trial capacities after the current session of the Board.

The representative of MALAYSIA said that it was important for the companies, universities and other stakeholders that had access to the WHO Global Influenza Surveillance and Response System to contribute to its maintenance and pledge to share vaccines, medicines and other intellectual property in the event of a pandemic. Her Government supported the draft decision on the proportional division of funds for the Partnership Contribution of the PIP Framework and hoped that lessons learned in the context of the Framework would inform the access and benefit regimes to be developed for the new WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (pandemic accord).

The representative of BRAZIL expressed support for the proposal to maintain the current proportional division of funds between pandemic preparedness measures and response activities, given the need to sustainably strengthen preparedness and surveillance capacities. In relation to clinical trials, it was crucial to improve research quality and coordination, and ensure that developing countries could participate in the early stages of research. The Secretariat should support Member States and other stakeholders to strengthen their clinical research capacities, including by boosting education and training and developing the technical qualification infrastructure of research centres. Clinical trials represented substantial opportunities, and it was necessary to ensure transparency and establish access conditions early on in the research and development process, on the basis of equitable benefit-sharing principles.

The representative of CHINA stressed the importance of strengthening coordination, improving equity and enhancing the capacity of developing countries in relation to clinical trials. His Government endorsed the Secretariat's efforts to establish the baseline of the clinical trial ecosystem and share best practices, including experiences from the COVID-19 pandemic. The Secretariat should provide further technical support for the improvement and coordination of global clinical trial systems and continue to implement resolution WHA75.8 in an inclusive and transparent manner.

The representative of FRANCE said that improvements to the global clinical trial ecosystem required a better understanding of current stakeholders and methods. In particular, during its mapping exercise, the Secretariat should examine the advantages and limitations of the various financing models already in use. It would also be useful for the Secretariat to support the development and expansion of standardized protocols for identifying research priorities; draw up an inventory of clinical trial networks; and harness the Global Accelerator for Paediatric Formulations for the generation of sound clinical data. In addition, Member States should be supported to improve the clinical trial models already in place, and his Government was in favour of developing a self-assessment tool for that purpose. In the light of the growing need for multi-country trials, such an initiative would make it possible to provide a reliable, robust response to priority research issues, including outside emergency situations. Lastly, it was necessary to make improving the quality of clinical trial ecosystems a priority and harmonize clinical trial procedures to facilitate resource mobilization.

The representative of the UNITED STATES OF AMERICA asked the Secretariat to focus its efforts on empowering more stakeholders to implement clinical research that met rigorous standards, and to avoid developing guidelines that conflicted with those issued by the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use. In health emergency response settings, the Secretariat should also rapidly convene stakeholders, including scientific and industry experts, WHO collaborating centres, regulators and host country leaders, to advance rigorous randomized controlled trials with a view to providing reliable evidence on safety and efficacy.

Her Government supported the draft decision on the proportional division of funds for the Partnership Contribution of the PIP Framework, noting that any change to the Framework's scope and financing would have an impact on the negotiations to amend the International Health Regulations (2005) and on a potential pandemic accord, and vice versa. The ongoing avian influenza outbreak underscored the importance of work on influenza pandemic preparedness, including through the Global Influenza Surveillance and Response System; investments to improve influenza preparedness and response must be maintained to strengthen the global health security architecture.

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

Rights of reply

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, said that certain Member States continued to blame and shame her Government, hindering the work of the Organization in the process. The Director-General had remained silent for eight years after the Kyiv regime had destroyed its own people in the Donbass region and now appeared to be taking one side in the conflict and ignoring the fact that civilians were being killed and civilian facilities, including hospitals, were being destroyed in that region with weapons supplied by North Atlantic Treaty Organization countries. Information on such attacks sent by her Government had not been included in the reports prepared by the Secretariat, a situation that should be corrected. Her Government would not cease to defend its people and all those who turned to it for support. Lastly, she objected to the suggestion that the vote on noting the report contained in EB152/16 had been forced by her delegation. The vote had been requested by Member States that believed that their opinion should prevail. Consensus required compromise, not imposition of the will of the majority on the minority.

The representative of DENMARK, speaking on behalf of the European Union and its Member States and in exercise of the right of reply, expressed deep regret that the representatives of the Russian Federation, Belarus and the Syrian Arab Republic had questioned the neutrality of the Secretariat and the Director-General. The direct and indirect health impacts of the war in Ukraine were of the utmost concern, and it was only natural that the health emergency caused by the Government of the Russian Federation's unprovoked and unjustified war should be addressed by WHO. The Member States of the European Union fully supported Ukraine's independence, sovereignty and territorial integrity within its internationally recognized borders, and its inherent right of self-defence against the Russian Federation's aggression, which grossly violated international law and the Charter of the United Nations and undermined international security and stability.

The representative of the UNITED STATES OF AMERICA, speaking in exercise of the right of reply, said that the Government of the Russian Federation's full-scale invasion of Ukraine had been unprovoked and unjustified. The premeditated war had resulted in catastrophic loss of life and human suffering, for which the Government of the Russian Federation was solely responsible and must be held accountable. Addressing the humanitarian crisis caused by the war instigated by the President of the Russian Federation was not a matter of politicization, but rather about ensuring the health and welfare of millions of people. The destruction of health infrastructure and disruption to medical supply chains posed a grave threat to millions of people both within and beyond Ukraine. She thanked WHO, the other entities of the United Nations systems and partners that were providing protection and access to life-saving supplies and services for affected communities and health workers, and reiterated her Government's commitment to supporting the people of Ukraine.

The representative of CHINA, speaking in exercise of the right of reply, objected to the irresponsible remarks made in reference to Taiwan¹ by the representatives of Japan and the United States of America. The issue of China's representation at the United Nations and WHO had been resolved by United Nations General Assembly resolution 2758 (XXVI) and resolution WHA25.1 (1972), which provided a legal basis for WHO to follow the one-China principle. His Government attached great importance to the health and well-being of the population of Taiwan, China and had made appropriate arrangements for the region's participation in WHO activities. Allegations to the contrary were not based on evidence, were politically motivated and caused serious disruption to the meetings and work of WHO. He urged the delegations concerned to focus on technical issues and avoid the politicization of health matters.

The representative of ETHIOPIA, speaking in exercise of the right of reply, said that the Director-General's comments on the conflict in northern Ethiopia constituted lies and misinformation. The Director-General was undermining the progress being made in the African Union-led peace process by continuing to use the WHO platform, thereby compromising the neutrality of the Organization. Such behaviour from a high official within the United Nations system was unprecedented. An investigation should be carried out to establish the full extent of the Director-General's misconduct.

The representative of the UNITED STATES OF AMERICA, speaking in exercise of the right of reply, reaffirmed that her Government would maintain its longstanding policy of supporting the meaningful participation of Taiwan in international forums, including WHO. The COVID-19 pandemic had demonstrated the urgency of engaging with all public health authorities and the value of exchanging lessons learned in real time. When coordinating global health work, it was essential for WHO to include all stakeholders, especially those, like Taiwan,¹ that had demonstrated success in the COVID-19 response and could share important, potentially life-saving information with the global community. It was important not to silence such voices, and there was no reasonable justification for preventing Taiwan¹ from participating in the Health Assembly as an observer.

The representative of JAPAN, speaking in exercise of the right of reply, said that there should be no geographical gaps when addressing the challenges of global health. In responding to COVID-19 and other infectious diseases, it was important to share information and knowledge with all countries and regions in the world, in a free, transparent and timely manner. That included regions such as Taiwan,¹ which had responded effectively to the COVID-19 pandemic.

The representative of CHINA, speaking in exercise of the right of reply, reiterated that his Government had made appropriate arrangements to ensure the participation of Taiwan, China, in WHO activities. It firmly opposed any references to the region that violated the relevant United Nations and WHO resolutions and urged the Member States concerned to focus on improving global health governance.

The CHAIR said that the comments by the representative of Ethiopia had been made in reference to allegations made by that Government in a note verbale submitted at the 150th session of the Executive Board. Since then, the Chair had received another letter from the Government of Ethiopia concerning the allegations and requesting further action. She had referred the letter to the Independent Expert Oversight Advisory Committee, which had advised that, as no substantially new evidence had been presented in the communication, there was no reason for the Board to reopen its deliberations on the matter. However, the Chair could meet with the delegation to discuss how best to proceed.

The representative of ETHIOPIA replied that it was unclear how it had been concluded that there was no evidence. The Director-General had used the official communications platforms of the Organization to promote his harmful views. She was happy to meet with the Chair, but an official

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

response was required to the letter sent by her Government requesting an investigation. Negotiations had taken place with Board members on how an investigation by the Independent Expert Oversight Advisory Committee would proceed, so it was unclear how it could be claimed that there was insufficient information for an investigation.

The DIRECTOR-GENERAL said that he would not comment further on the allegations, as due process had been observed. Recalling again his experience of the conflict in northern Ethiopia, he reiterated his support for peace both in Ethiopia and around the world.

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, said that there were always at least two parties to any conflict. She hoped that WHO would return to providing a balanced reporting of events and uphold its mandate to help all those suffering in all conflicts, without singling out particular situations.

The representative of ETHIOPIA, speaking in exercise of the right of reply, stressed again that the Director-General should not use his position for his own political agenda or to share details about his personal life.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking on a point of order, said that the current discussion should be brought to a close, as it was not on the agenda.

The meeting rose at 17:45.

FOURTEENTH MEETING

Monday, 6 February 2023, at 10:05

Chair: Dr K.V. PETRIČ (Slovenia)

Expression of sympathy

On behalf of WHO, the DIRECTOR-GENERAL conveyed his sympathy to and solidarity with the Governments and people of the Syrian Arab Republic and Türkiye following the earthquake that had struck that morning. WHO's network of emergency medical teams had been activated to provide essential health care to those in need. A briefing for Member States would be held the following day.

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

GOVERNANCE MATTERS: Item 23 of the agenda

Matters emanating from the Working Group on Sustainable Financing: Item 23.1 of the agenda

- **Report of the Agile Member States Task Group on Strengthening WHO Budgetary, Programmatic and Financing Governance** (documents EB152/33, EB152/33 Add.1 and EB152/33 Add.2)
- **Secretariat implementation plan on reform** (documents EB152/34 and EB152/34 Add.1)
- **Sustainable financing: feasibility of a replenishment mechanism, including options for consideration** (document EB152/35)

The CHAIR drew attention to the reports contained in documents EB152/33, EB152/34 and EB152/35. She invited the Board to consider the draft decision on the report of the Agile Member States Task Group on Strengthening WHO Budgetary, Programmatic and Financing Governance contained in document EB152/33 Add.1, the financial and administrative implications of which were contained in document EB152/33 Add.2, as well as the draft decision on the Secretariat implementation plan on reform contained in paragraph 19 of document EB152/34, the financial and administrative implications of which were contained in document EB152/34 Add.1. She also drew attention to the recommendations and guidance of the Programme, Budget and Administration Committee of the Executive Board set out in paragraphs 29–42 of document EB152/4.

The representative of MALDIVES, speaking in her capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to the recommendations on the report of the Agile Member States Task Group, on the Secretariat implementation plan on reform, and on the feasibility of a replenishment mechanism, contained in paragraphs 32, 26 and 42, respectively, of document EB152/4.

The representative of DENMARK, speaking on behalf of Estonia, Finland, Iceland, Norway and Sweden, expressed full support for the proposed increase in assessed contributions and commitment to strengthening WHO's leading role in global health. The recommendations of the Agile Member States Task Group struck the right balance between the respective roles and responsibilities of Member States and the Secretariat and would improve governance and support oversight and decision-making by Member States. Regarding the Secretariat's implementation plan on reform, improvements in transparency, efficiency and accountability were of particular interest. Any replenishment mechanism should be designed in such a way as to ensure programmatic value for money while also preserving WHO's unique normative mandate. He asked the Secretariat to convene in-depth consultations to facilitate a draft decision on a replenishment mechanism for consideration by the Seventy-sixth World Health Assembly. Lastly, he encouraged Member States to shoulder their responsibility for ensuring good governance by using governing bodies strategically and focusing on prioritized agenda items.

The representative of FRANCE said that the recommendations of the Agile Member States Task Group would substantially improve WHO's governance. His Government welcomed the Secretariat's implementation plan on reform and the proposed methods for monitoring progress on its implementation. The feasibility of a replenishment mechanism must continue to be explored, and its potential alignment with the general programme of work was of particular interest.

The representative of INDIA said that Member States should be involved in budget prioritization to ensure better resource allocation across all levels of the Organization; there was also a need for a more equitable allocation of resources based on national priorities, in order to generate meaningful field-level impact. A robust, transparent monitoring and evaluation mechanism, with a digital platform accessible by Member States, should be established in order to ensure efficient programme budget implementation at all three levels of WHO. In addition, Member States should participate in the early development of draft resolutions in order to ensure transparency and informed decision-making on costs. A standard template for the process of proposing and considering draft resolutions would be useful and should include financial aspects, impact, measurable outcomes and timelines. In order to monitor the implementation of, and expenditure on, resolutions, a mechanism should be put in place to ensure prompt digital reporting based on defined timelines. He acknowledged the Secretariat's efforts to develop an implementation plan on reform with clear timelines and deliverables.

The representative of BRAZIL said that the recommendations of the Working Group on Sustainable Financing should be implemented in a comprehensive and balanced manner, taking into consideration all the conditions necessary to ensure a unique, single package of WHO reform. That process should reinforce WHO's Member State-driven nature by putting the priorities, needs and gaps identified by Member States at the forefront of the Organization's programmatic work. His Government fully supported the draft decision on the report of the Agile Member States Task Group and looked forward to the consultations to be held in that regard ahead of the next session of the Board. Extensive consultations with Member States about ambitious initiatives were important for WHO's financial sustainability and, most importantly, for Member State representation. In that regard, both the report of the Task Group and the Secretariat's implementation plan on reform must practically address governing bodies oversight. Endorsing the implementation plan on reform, his Government looked forward to action on the recommendations concerning budget transparency, prioritization, decision-making and cost savings, and expected further improvements to action 32 on the approval of the costing of resolutions.

Although the analysis of the feasibility of a replenishment mechanism was welcome, much more work was needed to fine-tune the proposal. Any such mechanism should be aligned with the six principles set out by the Working Group on Sustainable Financing, have a funding envelope based on the entire base segment, independently of assessed contributions, and be fully voluntary and flexible. In

addition, Health Assembly oversight of, and consensus on, final decisions regarding the modalities and objectives of the mechanism were essential.

The representative of JAPAN said that the WHO reform process was closely linked to programme budget discussions, including with regard to increasing assessed contributions. The proposed increase in assessed contributions would lead to a substantial rise in his Government's overall contribution to WHO and would need to be justified to the people of Japan, particularly in the light of the financial impact of the pandemic of coronavirus disease (COVID-19). Nevertheless, recognizing the need for WHO to be sustainably financed, his Government would continue to fully support the Secretariat's reform process. He looked forward to the implementation plan on reform being updated to incorporate the recommendations of the Programme, Budget and Administration Committee, as well as to the updated draft Proposed programme budget 2024–2025. His Government would participate proactively in the intersessional consultations in that regard.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, said that the Secretariat should gradually increase the country and regional allocations in the draft Proposed programme budget 2024–2025 in order to strengthen its commitment to governance reforms and provide more effective support to countries. Concerning the Secretariat's implementation plan on reform, while the inclusion of high-level indicators to support results-based monitoring was welcome, the actions under the plan should be adapted to enable their integration into an appropriate framework. Action 3 should be expanded and revised to include increased monitoring of activities at all three levels of WHO, and action 4 should be aligned with the objectives of the Agile Member States Task Group by shifting to a results-based management approach for resource optimization. To ensure the predictability of funding, the feasibility of a replenishment mechanism to fund the base segment of the programme budget should be considered further before developing a general programme of work cycle.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the recommendations of the Agile Member States Task Group must be aligned with other elements of the wider package of reforms, including the Secretariat's implementation plan on reform. It was important to strengthen both the Programme, Budget and Administration Committee and the Board itself. It was pleasing that Member States had provided such a wealth of ideas on improving engagement, oversight and the provision of strategic advice to the Secretariat; that momentum and collaboration should be maintained to deliver on the recommendations of the Task Group within the necessary time frame. Commending the completion of a significant proportion of the actions in the Secretariat's implementation plan on reform, he asked the Secretariat to provide details of any potential challenges or risks it had identified in the delivery of the rest of the actions set out in the implementation plan; how it would prioritize delivery; and how Member States could best provide support in that regard. In closing, he welcomed the initial work to determine the feasibility of a replenishment mechanism.

The representative of YEMEN, calling on WHO to support the Governments of the Syrian Arab Republic and Türkiye in the wake of the earthquake, said that an item on the emergency should be added to the agenda of that session of the Board. He called for greater involvement of Member States, in particular Board members, in budget development processes.

The representative of MALAYSIA said that the well-rounded set of actions in the Secretariat's implementation plan on reform would enhance the efficiency of WHO's governing bodies, ensure better information sharing and reporting, and facilitate Member States' participation in programme budget processes, budget prioritization and resource allocation. Since the extended Thirteenth General Programme of Work, 2019–2025 was aligned with WHO priority areas and provided strategic direction for the draft Proposed programme budget 2024–2025, the cycle for a replenishment mechanism should be based on the general programme of work to ensure longer-term predictability of funding.

The representative of the RUSSIAN FEDERATION said that the reforms proposed in the report of the Agile Member States Task Group would serve as a basis for positive change to WHO's monitoring and oversight system, but that several initiatives would require further development. All Member States that wished to do so should be able to participate actively in finalizing the reforms prior to the Seventy-sixth World Health Assembly.

Noting that strengthening the role of the Programme, Budget and Administration Committee was one of the Task Group's recommendations, he said that the limited effectiveness of that Committee had once again been demonstrated at its thirty-seventh meeting. Member States' ability to engage in a substantive debate had been hindered by time constraints and the questionable grouping of agenda items, with much of the time spent deciding on the content of the Committee's report. The Committee's working methods should be changed for the sake of the whole Organization's effectiveness. While the Secretariat's efforts to improve the format and quality of the budget-related information provided were welcome, without more comprehensive data at the review stage on projected expenditures in terms of key budget items, staff costs, inflation indicators and currency fluctuations, the governing bodies' work would remain solely ceremonial. He recalled once again that the Programme, Budget and Administration Committee had already recommended the inclusion of most of that information. The issue was particularly pertinent concerning the proposed increase in assessed contributions, since it would be hard for Member States to agree to such an increase without more insight into how their contributions would be used.

Turning to the Secretariat's implementation plan on reform, he stressed again his Government's expectation that the Secretariat would soon provide its risk appetite statement for consideration by Member States. Noting that the implementation plan would be aligned with the future three-year strategy on the prevention of sexual exploitation, abuse and harassment, he said that the Secretariat should also prioritize efforts to tackle fraud and corruption, which were more widespread than sexual exploitation, abuse and harassment and caused no less reputational damage and greater financial damage. Lastly, any replenishment mechanism should be purely voluntary in nature.

The representative of SENEGAL welcomed the Secretariat's implementation plan on reform. Transparency, accountability, equity and efficiency were essential in the implementation of the programme budget and the general programme of work, and greater attention must be paid to ensuring flexible, predictable and sustainable financing. Resources should be allocated more equitably, taking into consideration different regional needs, and country allocation should be strengthened to boost impact. Expressing support for the governance-related recommendations of the Agile Member States Task Group, he called for continued governing bodies reform with a view to fostering constructive dialogue to enable Member States to provide strategic guidance to the Secretariat.

The representative of PERU expressed appreciation for the Secretariat's openness to possible reforms and its adoption of Member States' proposals, in particular those concerning budget and governance matters, and for its implementation plan on reform. Member States and the Secretariat would need to work closely on the recommendations of the Agile Member States Task Group in order to identify, approve and implement specific measures. It was also important to take into account the recommendations of the Working Group on Sustainable Financing. Given the fundamental nature of the programme budget and the general programme of work, Member States must be able to understand and influence their development and implementation in order to translate them into national priorities and results. It was therefore crucial for the Secretariat to continue to provide clear and transparent explanations concerning possible budget increases and resource mobilization and prioritization. The feasibility of a replenishment mechanism required further consultation and development, in line with the principles guiding that process, and the technical strategy of such a mechanism should be based on the general programme of work for longer-term predictability of funding.

The representative of BOTSWANA expressed support for the programme budget digital platform and the Member States portal, welcoming the proposed indicators to measure the impact of increasing

assessed contributions. Any recommended reforms must be impactful and address the health needs of all people and the systemic imbalances in programme budget allocation and prioritization. The recognition in the Secretariat's implementation plan on reform of the need for equitable resource allocation was appreciated. The implementation plan should also include a schedule for reporting to the Board.

His Government encouraged the exploration of a long-term replenishment mechanism to broaden the Organization's financing base and finance chronically underfunded programmes. The mechanism should be based on the general programme of work, the programmatic priorities and financing needs approved by Member States, and the six guiding principles set out in the recommendations of the Working Group on Sustainable Financing. Moreover, it should be developed in consultation with Member States and in line with the Framework of Engagement with Non-State Actors in order to safeguard WHO's independence. The Secretariat should develop such a mechanism for consideration at the Seventy-sixth World Health Assembly.

The representative of the UNITED STATES OF AMERICA expressed support for the draft decision on the report of the Agile Member States Task Group in order to accelerate the reform process in the run-up to the Seventy-sixth World Health Assembly. The Secretariat's implementation plan on reform and its continued commitment to further improving transparency, oversight, compliance, efficiency and accountability, especially with regard to preventing and responding to sexual exploitation, abuse and harassment, were also valued. Her Government welcomed the completion of a significant proportion of the actions set out in the implementation plan, in particular progress regarding long-standing Joint Inspection Unit and audit recommendations. Although it was understood that the plan was a living document and that results of reforms were not immediate, updates to the plan should include time frames beyond 2025, as any future increases in assessed contributions would be contingent on continued progress on reform.

Regarding the feasibility of a replenishment mechanism, more information was needed on its proposed organization and implementation, including a time frame; the portion of the base budget that would be targeted; and how the mechanism would differ from existing voluntary contributions or other funding appeals. Any replenishment mechanism should be entirely voluntary, and Member States and other donors should be permitted to make longer-term commitments or provide shorter-term contributions if they preferred. Lastly, beyond the Secretariat's work, it was also important for Member States to improve their way of working with the Board.

The representative of CHINA said that implementation of the recommendations of the Agile Member States Task Group and of the Secretariat's implementation plan on reform must be led by Member States, be based on consensus and the principles of openness, transparency and fairness, harness synergies and avoid duplication. Both the recommendations of the Agile Member States Task Group and the implementation plan should include short-term goals in addition to long-term planning. The Secretariat should also elaborate on ways to implement the recommendations, enhance its own work and provide more support to Member States, and should report regularly on implementation of both the recommendations and the implementation plan.

Any increase in assessed contributions should be accompanied by proper governance reform as agreed by Member States. Funds raised through a potential replenishment mechanism should be completely flexible and used only to supplement the base budget and chronically underfunded technical areas. Lessons should be learned from the experiences of other international organizations with similar mechanisms, and the mechanism should have a funding limit. Non-State actors should participate in the development and implementation of the replenishment mechanism in accordance with the Framework of Engagement with Non-State Actors to mitigate risks and safeguard WHO's reputation. The Secretariat should update Member States regularly on the progress made on the reform process.

The representative of COLOMBIA said that, with respect to transparency, it was important to improve the process of drafting resolutions and decisions, consider synergies with existing programmes,

and enhance the functioning of the Executive Board and the Programme, Budget and Administration Committee, in particular by making the meeting structure and reports more accessible to Member States. A mechanism to promptly fill Board vacancies would be appreciated, and the Secretariat's support on legal and procedural aspects was vital in that regard. Moreover, an updated WHO organigram would provide an overview of Member State representation and gender balance at all levels of the Organization.

The recommendation concerning guidelines and thresholds for the earmarking of voluntary contributions would make WHO more financially sustainable without increasing the pressure in relation to assessed contributions, and additional innovative mechanisms should be sought. Recognizing the need for more resources, his Government would pay close attention to the implementation of the recommendations of the Agile Member States Task Group and the Secretariat's implementation plan on reform.

The representative of PARAGUAY said that a WHO replenishment mechanism would contribute significantly to the predictability of financing, address underfunding and increase efficiency. However, basing the replenishment cycle on the general programme of work could lead to a misalignment of the replenishment cycle with the programme objectives in cases where the general programme of work was extended, especially given that the Organization was not on track to achieve the goals of the Thirteenth General Programme of Work, 2019–2025 in the coming years.

The representative of the SYRIAN ARAB REPUBLIC appreciated the expressions of solidarity following the violent earthquake that had struck her country. Although emergency teams across all sectors were working at maximum capacity, the blockade imposed on her country was seriously hampering the response to the huge disaster. She appealed to the Secretariat and all Member States to provide the necessary support swiftly in order to save lives and facilitate the passage of humanitarian and medical aid.

The representative of SLOVAKIA, underscoring the significant short- and long-term impact of the work of the Agile Member States Task Group, said that the Task Group and the Board must coordinate to ensure efficient and effective implementation of the Task Group's recommendations and to improve the work and functioning of the governing bodies and their committees. He therefore proposed that paragraph 1(c) of the draft decision on the report of the Agile Member States Task Group should be amended to include "and the Chair of the Executive Board" after "Task Group co-facilitators". He also proposed that the chapeau of paragraph 2 should be amended with the addition of the phrase "in collaboration with the Executive Board and the Chair of the Executive Board".

The representative of MALDIVES welcomed the recommendations of the Agile Member States Task Group, which identified clear roles for both the Secretariat and Member States to ensure long-term improvements to the Organization. She also welcomed the important linkage between the Secretariat's implementation plan on reform and the current WHO Management Response Plan on preventing and responding sexual exploitation, abuse and harassment. The Secretariat should continue to work with Member States to strengthen and streamline the plan's implementation in order to increase transparency and accountability going forward. Her Government looked forward to receiving updates on the Secretariat's implementation plan on reform and supported the draft decision on the report of the Agile Member States Task Group.

The representative of BANGLADESH¹ said that the Secretariat should proceed with the development of a replenishment mechanism to provide predictable and sustainable financing through voluntary contributions. There should be flexibility for the Director-General to repurpose funds from

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

the mechanism to respond to emergencies, and a certain percentage of voluntary contributions should be earmarked for use to address WHO's health priorities.

The representative of TÜRKİYE¹ conveyed sincere thanks for the condolences and solidarity expressed in the wake of the huge earthquake in his country.

The representative of AUSTRALIA¹ thanked the Secretariat for including many of the Member State proposals in its implementation plan on reform, which, together with the report of the Agile Member States Task Group, provided a strong basis for bold, lasting reforms to improve processes and enhance accountability, transparency and efficiency. She welcomed the use of future governing bodies to consider specific reform proposals, and the understanding of the implementation plan as a living document. Her Government was committed to working with WHO to implement tangible, cost-effective reforms that had a measurable impact and commended the work already under way to enhance the budget prioritization process for improved budgetary discipline and transparency. The discussions on the structure and cadence of governing bodies meetings were welcome to ensure their strategic nature and fitness for purpose. Governance reform and WHO's sustainable financing, in particular through the proposed increases in assessed contributions, must be mutually reinforcing, as both processes were integral to enabling WHO to deliver on its critical mandate. It was important to respect the consensus reached at the Seventy-fifth World Health Assembly, including the commitment to make funding of WHO's base budget fully flexible.

The representative of GERMANY¹ expressed support for the draft decision on the report of the Agile Member States Task Group. His Government was pleased with the Secretariat's substantial progress in its implementation plan on reform, especially on the costing of resolutions. The Programme budget 2022–2023 showed the weaknesses in WHO's financing. Despite the agreed gradual increase in assessed contributions, new financing models remained necessary to strengthen WHO. A replenishment mechanism as an additional, voluntary pillar of WHO funding would lead to more sustainable, transparent and, above all, predictable financing. The Secretariat should proceed with a replenishment mechanism, link it to the general programme of work and use it to fund the budget of the base segment.

The representative of NAMIBIA,¹ welcoming the recommendations in the report of the Agile Member States Task Group, said that Member States needed to participate more meaningfully in the WHO governing bodies in order to provide strategic guidance. WHO's global health financing did not reflect Member States' aspirations. Country and regional budget allocation required urgent reform and should be increased in the draft Proposed programme budget 2024–2025 to finance programmes and responses sustainably in line with country priorities and achieve universal health coverage and the Sustainable Development Goals. His Government supported the two draft decisions under discussion and encouraged the Secretariat to proceed with the proposed replenishment mechanism, which should prioritize flexible, unearmarked funding. It should also cover the entire period of the general programme of work to ensure longer-term predictability of funding, especially given that WHO was not on track to meet the targets of the Thirteenth General Programme of Work, 2019–2025. In addition, the funding envelope should be based on the budget of the base segment of the general programme of work, excluding any approved assessed contributions.

The representative of SOUTH AFRICA¹ said that the Secretariat's implementation plan on reform should be implemented in consultation with Member States. The Secretariat should continue to consult Member States on an appropriate replenishment model, which should cover the full five-year period of the general programme of work and be based on the base budget.

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

The representative of THAILAND¹ said that effective budget allocation and programmatic performance, in addition to resource mobilization, were crucial to ensure sustainable financing. The funds from the replenishment mechanism must be unearmarked and highly flexible so that they could be used in base programmes and for other urgent health needs. However, WHO funding alone could not meet national health needs. The Organization should therefore leverage its social and intellectual capital to catalyse and mobilize political and financial commitments from Member States and other partners to achieve national health objectives and the Sustainable Development Goals.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) said that the Secretariat would indicate the relevant business owners for the proposed actions in the implementation plan on reform; link the implementation plan to the future three-year strategy on preventing and responding to sexual exploitation, abuse and harassment; and report on progress through the Programme, Budget and Administration Committee, the Executive Board and the Health Assembly. It would also hold extensive consultations prior to the Seventy-sixth World Health Assembly so that Member States could set the priorities for the Secretariat. The Member States portal was now active, and the Secretariat was working to resolve security issues to allow more data and documents, including regarding progress on implementation, to be uploaded. The major risks to the delivery of the ambitious implementation plan on reform concerned human and financial resources and competing priorities in the event of an emergency. Teams were already stretched quite thin in delivering on the implementation plan, with the entire budget of one department spent on providing simultaneous interpreting for the numerous consultations with Member States. The Secretariat would be sure to coordinate closely with Member States and intended to report on both the recommendations of the Agile Member States Task Group and the implementation plan through the portal to provide Member States with a single view of the progress made on both.

With respect to financing, the Secretariat had gradually raised the share of the base segment allocated to countries from 39% in the biennium 2018–2019 to a proposed 50% for the biennium 2024–2025, which represented an increase of 4 percentage points from the current biennium 2022–2023. Nevertheless, it was important to take a holistic approach and focus on sustainable financing, as simply increasing budget ceilings would not solve problems. The Global Policy Group, WHO Representatives and the Secretariat were working to develop an action plan to boost efficiency and country impact, with due consideration of the risks. The risk appetite statement would be published imminently, and both the financial report and the draft Proposed programme budget 2024–2025 listed the principal risks. The Secretariat had put mitigation measures in place to address those risks and would continue to report to Member States in that regard.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (External Relations and Governance) said that, in relation to the earthquake in the Syrian Arab Republic and Türkiye, WHO was working with the relevant Governments, country and regional offices and the United Nations Office for the Coordination of Humanitarian Affairs, as well as through the WHO logistics hub in Dubai. It was also seeking to protect the safety of WHO staff members on the ground.

The items under discussion were of historic importance for the Organization, and full, sustainable and predictable funding was essential to enable WHO to live up to Member States' expectations as a normative organization and translate its work into real impact at the country level. The proposed replenishment mechanism was a significant new direction for WHO and would be developed in consultation with Member States prior to the Seventy-sixth World Health Assembly. The funds raised through the mechanism must be unearmarked and appropriately directed.

The CHAIR took it that the Board wished to note the reports contained in documents EB152/33, EB152/34 and EB152/35, as recommended by the Programme, Budget and Administration Committee, and concur with the proposed guidance set out in paragraphs 29–42 of the Programme, Budget and Administration Committee report contained in document EB152/4.

It was so decided.

At the invitation of the CHAIR, the SECRETARY read out the proposed amendments to the draft decision on the report of the Agile Member State Task Group contained in document EB152/33 Add.1. Paragraph 1(c) would be amended to include “and the Chair of the Executive Board” after “Task Group co-facilitators”. The chapeau of paragraph 2 would be amended to read:

“to request the Task Group co-facilitators, for consideration of the Executive Board at its 153rd session in May 2023 to prepare, in collaboration with the Chair of the Executive Board, and in consultation with Member States”.

The decision, as amended, was adopted.¹

The CHAIR took it that the Board wished to adopt the draft decision on the Secretariat’s implementation plan on reform, contained in document EB152/34, as recommended by the Programme, Budget and Administration Committee.

The decision was adopted.²

The CHAIR, recognizing the request made by the representative of Yemen concerning the inclusion of a supplementary agenda item, drew attention to the fact that a briefing on WHO’s emergency response to the earthquake would be held the following day.

Global strategies and plans of action that are scheduled to expire within one year: Item 23.2 of the agenda

- **WHO global action plan on promoting the health of refugees and migrants, 2019–2023** (document EB152/36)
- **WHO traditional medicine strategy 2014–2023** (document EB152/37)

The CHAIR invited the Board to consider the reports contained in documents EB152/36 and EB152/37, in particular the guiding questions set out in paragraphs 39 and 28, respectively. She drew attention to a draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030, proposed by Argentina, Bangladesh, Cabo Verde, Canada, Ecuador, Egypt, El Salvador, France, Germany, Guatemala, Iraq, Ireland, Luxembourg, Mexico, Peru, the Philippines, Portugal, Romania, Slovakia, Ukraine and the United States of America, which read:

The Executive Board, having considered the report by the Director-General on the WHO Global Action Plan on Promoting the Health of Refugees and Migrants 2019–2023 (WHO GAP),³

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,
(PP1) Recalling resolution WHA61.17 (2008) on the health of migrants, and resolution WHA70.15 (2017) and decision WHA72(14) (2019) on promoting the health of

¹ Decision EB152(15).

² Decision EB152(16).

³ Document EB152/36.

refugees and migrants, as well as the commitments made in the 2019 political declaration of the high-level meeting on universal health coverage,¹ to ensure that no one is left behind;

(PP2) Recognizing the role that the WHO GAP plays in advancing and coordinating WHO's work on refugee and migrant health, in line with the Thirteenth General Programme of Work, 2019–2025 and in collaboration with the International Organization for Migration, United Nations High Commissioner for Refugees, and other relevant international organizations, including but not limited to UNFPA and UNICEF and stakeholders, avoiding duplication;

(PP3) Reaffirming the goals and objectives of the WHO GAP, and recognizing its contribution and prioritization effort to improve global health equity by addressing the physical and mental health and well-being of refugees and migrants, as evidenced during the COVID 19 pandemic;

(PP4) Noting the contribution of the WHO GAP to meet the targets set in the Sustainable Development Goals, including goals 3, 5 and 10, as well as the objectives of the Global Compact for Safe, Orderly and Regular Migration and the Global Compact on Refugees,

(OP)1. DECIDES to extend the time frame of the WHO Global Action Plan on Promoting the health of refugees and migrants from 2023 until 2030:

(OP)2. URGES Member States to:

- (1) continue to address the health needs and multiple situations of vulnerability of migrants and refugees, in line with national contexts and priorities and in accordance with relevant international obligations and commitments;
- (2) strengthen the integration of refugee and migrant health in global, regional, and national initiatives, in collaboration with donors and other relevant stakeholders and partnerships including health and migration forums, to accelerate progress towards SDG target 3.8;
- (3) identify and share, through informal consultations to be convened by WHO at least every two years, challenges, lessons learned, and best practices related to the implementation of actions within the WHO GAP;

(OP)3. ENCOURAGES relevant stakeholders and networks to engage with Member States in the implementation of actions consistent with the WHO GAP;

(OP)4. REITERATES to the Director-General the importance of allocating the necessary resources to implement the WHO GAP;

(OP)5. REQUESTS the Director-General to:

- (1) continue implementing the WHO GAP;
- (2) continue to provide technical assistance, develop guidelines and promote knowledge sharing as well as collaboration and coordination within and among Member States, for the implementation of actions consistent with the WHO GAP;
- (3) promote the production of knowledge through surveillance and research and support efforts to translate the WHO GAP into concrete capacity-building actions, with a focus on the specific health needs of refugees and migrants, while taking into account their situations of vulnerability;
- (4) Submit a progress report to the WHA in 2025, 2027, and 2029 on the implementation of this resolution and the WHO GAP.

¹ United Nations General Assembly resolution 74/2, adopted 10 October 2019.

The financial and administrative implications for the Secretariat were:

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Decision: | Extension of the WHO global action plan on promoting the health of refugees and migrants |
| A. Link to the approved revised Programme budget 2022–2023 | |
| 1. Output(s) in the approved revised Programme budget 2022–2023 under which this draft decision would be implemented if adopted: | <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>1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course</p> <p>1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage</p> <p>2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported</p> <p>3.1.1. Countries enabled to address social determinants of health across the life course</p> <p>4.1.1. Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts</p> <p>4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform</p> |
| 2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023: | Not applicable. |
| 3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling: | Not applicable. |
| 4. Estimated time frame (in years or months) to implement the decision: | <p>Seven years.</p> <p>The WHO Global Action Plan on Promoting the Health of Refugees and Migrants covers the period 2019–2023. The draft decision would extend the time frame until 2030.</p> |
| B. Resource implications for the Secretariat for implementation of the decision | |
| 1. Total budgeted resource levels required to implement the decision, in US\$ millions: | US\$ 71.89 million. |
| 2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions: | US\$ 4.55 million. |
| 2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US\$ millions: | Not applicable. |
| 3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions: | US\$ 18.26 million. |
| 4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions: | |

US\$ 49.08 million.

5. Level of resources already available 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\$ 4.55 million.

– **Remaining financing gap in the current biennium:**

Not applicable.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

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 | | |
| B.2.a. 2022–2023 resources already planned | Staff | 0.22 | 0.18 | 0.17 | 0.19 | 0.16 | 0.17 | 1.01 | 2.10 |
| | Activities | 0.05 | 0.10 | 0.05 | 0.10 | 0.10 | 0.05 | 2.00 | 2.45 |
| | Total | 0.27 | 0.28 | 0.22 | 0.29 | 0.26 | 0.22 | 3.01 | 4.55 |
| B.2.b. 2022–2023 additional resources | Staff | – | – | – | – | – | – | – | – |
| | Activities | – | – | – | – | – | – | – | – |
| | Total | – | – | – | – | – | – | – | – |
| B.3. 2024–2025 resources to be planned | Staff | 1.14 | 1.11 | 0.83 | 1.09 | 0.83 | 0.88 | 3.96 | 9.84 |
| | Activities | 0.78 | 0.78 | 0.78 | 0.78 | 0.78 | 0.78 | 3.74 | 8.42 |
| | Total | 1.92 | 1.89 | 1.61 | 1.87 | 1.61 | 1.66 | 7.70 | 18.26 |
| B.4. Future bienniums resources to be planned | Staff | 3.07 | 3.00 | 2.24 | 2.94 | 2.24 | 2.37 | 10.64 | 26.50 |
| | Activities | 2.09 | 2.09 | 2.09 | 2.09 | 2.09 | 2.09 | 10.04 | 22.58 |
| | Total | 5.16 | 5.09 | 4.33 | 5.03 | 4.33 | 4.46 | 20.68 | 49.08 |

She also drew attention to a draft decision on the global strategy on traditional medicine, proposed by Bangladesh, China, Eswatini, India, Indonesia, Japan, Malaysia, Nicaragua, the Republic of Korea, Singapore, South Africa, Thailand and Türkiye, which read:

The Executive Board, having considered the report on the WHO traditional medicine strategy: 2014–2023,¹

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following decision:

The Seventy-sixth World Health Assembly,
(PP1) Recognizing General Assembly resolution 70/1 (2015) entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and its target 3.8 (Achieve universal health coverage, including financial risk protection, access to quality essential

¹ Document EB152/37.

health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all);

(PP2) Noting that in United Nations General Assembly resolution 74/2 (2019) entitled “Political declaration of the high-level meeting on universal health coverage”, Heads of State and Government recommitted to achieve universal health coverage by 2030, by inter alia, exploring ways to integrate, as appropriate, safe and evidence-based traditional and complementary medicine services within national and/or subnational health systems, particularly at the level of primary health care, according to national context and priorities;

(PP3) Noting the WHO *global report on Traditional and Complementary Medicine 2019*,¹ and progress made in the implementation of the WHO traditional medicine strategy 2014–2023;

(PP4) Highlighting the importance of WHO’s role in providing technical support on integrating evidence-based traditional and complementary medicine, as appropriate, into health systems and services by Member States, as well as in supporting measures to regulate traditional and complementary medicine practice, including legal and sustainable resources of traditional and complementary medicine, and protection and conservation of traditional and complementary medicine resources, in particular knowledge and natural resources,² according to national laws and regulations;

(PP5) Noting the reported use of traditional and complementary medicine during the COVID-19 pandemic in several Member States;

(PP6) Recognizing the efforts of Member States to evaluate through an evidence-based approach, including rigorous clinical trials as appropriate, the potential of traditional and complementary medicine, including in health system preparedness and response to health emergencies;

(PP7) Recognizing also the value and the diversity of the cultures of Indigenous Peoples and local communities and their holistic traditional knowledge,³

Decided to request the Director-General:

(OP)1. to extend the WHO traditional medicine strategy 2014–2023 until 2025;

(OP)2. to develop, guided by the WHO traditional medicine strategy 2014–2023 and in consultation with Member States⁴ and relevant stakeholders, a draft new global traditional medicine strategy 2025–2034 and to submit the strategy for consideration by the Seventy-eighth World Health Assembly in 2025, through the Executive Board at its 156th session.

¹ WHO global report on traditional and complementary medicine 2019. Geneva: World Health Organization; 2019.

² All activities will be in compliance with Member State obligations pursuant to the Convention on International Trade in Endangered Species of Wild Fauna and Flora and other international agreements on the protection of endangered species of wild fauna and flora.

³ A/C.3/76/L.22/Rev.1 Rights of indigenous peoples <https://documents-dds-ny.un.org/doc/UNDOC/LTD/N21/321/97/PDF/N2132197.pdf?OpenElement>.

⁴ And, where applicable, regional economic integration organizations.

The financial and administrative implications for the Secretariat were:

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Decision: | Global strategy on traditional medicine |
| A. Link to the approved revised Programme budget 2022–2023 | |
| 1. Output(s) in the approved revised Programme budget 2022–2023 under which this draft decision would be implemented if adopted: | <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>1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage</p> <p>1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services</p> |
| 2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023: | Not applicable. |
| 3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling: | Not applicable. |
| 4. Estimated time frame (in years or months) to implement the decision: | Two years (2023–2025). |
| B. Resource implications for the Secretariat for implementation of the decision | |
| 1. Total budgeted resource levels required to implement the decision, in US\$ millions: | US\$ 2.00 million. |
| 2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions: | US\$ 0.50 million. |
| 2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US\$ millions: | Not applicable. |
| 3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions: | US\$ 1.50 million. |
| 4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions: | Not applicable. |

- 5. Level of resources already available 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:**
Zero.
 - **Estimated resources, which are currently being mobilized, if any, that 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 | | |
| B.2.a. 2022–2023 resources already planned | Staff | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.15 | 0.21 |
| | Activities | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.29 | 0.29 |
| | Total | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.44 | 0.50 |
| B.2.b. 2022–2023 additional resources | Staff | – | – | – | – | – | – | – | – |
| | Activities | – | – | – | – | – | – | – | – |
| | Total | – | – | – | – | – | – | – | – |
| B.3. 2024–2025 resources to be planned | Staff | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.44 | 0.50 |
| | Activities | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 1.00 |
| | Total | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 1.44 | 1.50 |
| B.4. Future bienniums resources to be planned | Staff | – | – | – | – | – | – | – | – |
| | Activities | – | – | – | – | – | – | – | – |
| | Total | – | – | – | – | – | – | – | – |

The representative of CANADA said that the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 had been an essential component of broader efforts to support migrants and refugees, and that equity must be at the centre of those efforts, taking into account specific needs of populations living in situations of vulnerability and marginalization. In humanitarian and displacement contexts, women and girls, in all their diversity, encountered particular challenges in accessing high-quality health care and faced heightened protection and safety risks, including in relation to human rights abuses, exploitation, physical and sexual violence, and trafficking. That was also true for two-spirit, lesbian, gay, bisexual, transgender, queer, intersex, gender and sexually diverse individuals and other groups experiencing marginalization. Fully supportive of the extension of the global action plan to 2030, his Government urged the Secretariat to strengthen its efforts in the priority areas, in particular those that had received less attention throughout the COVID-19 pandemic. He asked the Secretariat to provide details of the direction that the extended global action plan would take, acknowledging the lessons learned and the gaps outlined in the report.

The representative of BRAZIL, noting that his Government had rejoined the Global Compact for Safe, Orderly and Regular Migration, said that the responsibility of hosting refugees and migrants must

be more equitably shared, particularly given the limited resources of many host countries. The WHO global action plan on promoting the health of refugees and migrants, 2019–2023 should be extended and should give special consideration to migrants and refugees belonging to indigenous communities. He asked to be added to the list of sponsors of the related draft decision and encouraged Member States to include refugees and other vulnerable groups in national vaccination plans, and to promote food and nutrition security for refugees and migrants.

Member States had made commendable progress in developing and implementing national strategies on traditional medicine, including in primary health care. Significant gains could be made by integrating traditional medicine into official health systems and by ensuring the safety, quality and efficiency of such medicines. Indigenous peoples had the right to maintain their traditional medicines and health practices, including the conservation of their vital medicinal plants, animals and minerals. His Government therefore supported the related draft decision.

The representative of MALAYSIA expressed full support for the WHO global action plan on promoting the health of refugees and migrants, 2019–2023. Acknowledging the Secretariat's significant efforts to maximize the contribution of traditional and complementary medicine towards universal health coverage, she said that WHO's traditional medicine strategy should emphasize the integration and active use of such medicine in all aspects of the health system, including service delivery, the health workforce, health information systems, access to essential medicines, financing and leadership. That would help to build the resilient, equitable, efficient and sustainable health systems necessary to address the unique public health challenges of the 21st century. Therefore, a set of tracking indicators and measurement approaches should be introduced to help Member States to collect and generate reliable and regular data on traditional medicine safety, quality, access and coverage, and to facilitate monitoring and evaluate ways that traditional and complementary medicine could strengthen national health systems.

The representative of CHINA noted WHO's development of a range of technical products for traditional and complementary medicine and the inclusion of a chapter on traditional medicine in the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems. The progress made in implementing the strategy and raising the profile of traditional medicine was welcome, and he thanked the Secretariat for the support provided in that regard. Globally, traditional medicine required more investment in research and greater inclusion in health systems. His Government, together with the Government of India, had therefore proposed the draft decision on the global strategy on traditional medicine in order to boost the development of traditional medicine, and he looked forward to its endorsement by Member States.

The representative of the UNITED STATES OF AMERICA said that the health needs of refugees and migrants in all their diversity must be addressed in order to achieve universal health coverage. Government leadership and collaboration with stakeholders were necessary to enhance the integration of refugee and migrant health into global, regional and national initiatives, including through inclusive health systems. Although her Government supported WHO's initiative, it was important to coordinate with IOM and UNHCR and to recognize UNFPA, UNICEF and other key humanitarian actors in the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023, given those organizations' respective mandates and operational roles. It was also essential to reach women and girls in conflict-affected and fragile settings to promote gender equality, empower all women and achieve key targets, such as reduced maternal mortality. WHO and other stakeholders should therefore support UNFPA and other partners, including the Inter-agency Working Group on Reproductive Health in Crises.

Regarding traditional medicine, it was important to exercise scientific rigour in studying safety and efficacy and in implementing evaluation work, especially where it overlapped with the work on the International Statistical Classification of Diseases and Related Health Problems. Member States must also adhere to their obligations under the Convention on International Trade in Endangered Species of Wild Fauna and Flora and take meaningful action to protect endangered species from exploitation. She

asked the Secretariat to describe the progress made on the WHO traditional medicine strategy 2014–2023 during the pandemic, and the changes that had occurred in the traditional medicine landscape. That would help to guide WHO and other stakeholders in the positioning of traditional and complementary medicine within national health systems and support the development of solutions to promote health and protect patients.

The representative of FRANCE said that to address the structural inequalities faced by refugees and migrants, which had worsened as a result of the COVID-19 pandemic, it was essential to raise awareness among health care system users and health professionals of the specific needs of migrants, for example by using bilingual health records and having mobile mental health care teams. In addition, migrants and refugees should be provided with a health appointment within a reasonable time frame to ensure that their fundamental rights were respected and public health needs were met, as well as to support the collection of health data on those groups.

The representative of INDIA, speaking on behalf of the Member States of the South-East Asia Region, said that Member States should promote the safety, quality and affordability of traditional medicine through its inclusion in national essential medicines lists and universal health coverage benefit packages; its integration into primary health care services; and the development of national policies, strategic plans and regulatory frameworks. In view of the significant developments in the global traditional and complementary medicine landscape over the preceding decade, the Secretariat should develop a new, stronger global strategy on traditional medicine in consultation with Member States and stakeholders, taking on board lessons from the current strategy, and should support Member States in developing and strengthening national traditional medicine policies to contribute to the achievement of the Sustainable Development Goals and Health for All. He thanked Member States for sponsoring the draft decision.

Speaking in his national capacity, he said that there was a need to focus on research and development; to use traditional medicine to promote health equity and address the main health issues affecting the post-COVID-19 world; and to develop guidelines for the standardized regulation of traditional medicine products.

The representative of JAPAN, recognizing the need for a longer-term vision for refugee and migrant health, said that legal and governance shortcomings in the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 should be addressed in the next plan. Accountability gaps existed where the current plan fell short of its normative commitments. WHO should lead by example and show Member States the central role that refugees and migrants played in the plan's implementation phase. Moreover, the effect of political determinants and non-health policies on the health of refugees and migrants should be addressed.

With respect to traditional medicine, a new global strategy should be developed through broad consultation and should reflect the evolving role of such medicine in the light of revised national health needs and policies in responses to global health challenges, especially the COVID-19 pandemic.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Regional Committee had approved a new strategy in October 2022 to promote the health and well-being of refugees, migrants and other displaced populations in the Region. In 2023, his Region and the WHO African and European regions would participate in the second high-level interregional meeting on the health of refugees and migrants, and his Government would host the Third Global Consultation on the Health of Refugees and Migrants.

The representative of PERU welcomed the progress made in implementing the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 and the draft decision on its extension to 2030. WHO's frontline work was essential to ensure timely recommendations on how best to meet the health needs of refugees and migrants, and the Organization should redouble its efforts to

partner with UNHCR and other entities of the United Nations system in order to pool more funding for such measures. In addition, WHO, other entities of the United Nations system and other stakeholders should help hosting countries to link different national databases concerning migrants and refugees in order to provide data for the development of national plans and actions. In a post-pandemic context, investment in infrastructure and human resources was essential to enable stretched public health systems to accommodate growing populations. In that regard, the Secretariat should support Member States in identifying funding sources and strategically allocating resources to expand public health systems. Lastly, he welcomed the draft decision on the global strategy on traditional medicine.

The representative of the REPUBLIC OF KOREA commended the Secretariat's endeavours to leverage the potential of traditional and complementary medicine, and Member States' systematic progress over the previous decade. That advancement, however, had varied among the six WHO regions, with some Member States lacking the resources needed to build research on, and establish legal and regulatory systems for, traditional and complementary medicine. The Secretariat should therefore strengthen policy and technical support for the integration of traditional and complementary medicine into health systems. His Government looked forward to working actively with the Secretariat to develop a new traditional medicine strategy for the forthcoming decade that would build on Member States' achievements, address the challenges that they faced, and consider new technologies and future health care environments.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, said that the development of a new global strategy and action plan would make an appreciable contribution to sustaining efforts to address the health challenges specific to migration and displacement. In that regard, it was important to strengthen the integration of migrant and refugee health into regional and national initiatives in a way that reduced the burden on hosting countries and enhanced partnership, capacity-building, strategic health information and multisectoral approaches to health. He was agreeable to the proposed extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030.

Despite the good progress made in implementing the WHO traditional medicine strategy 2014–2023, financial resource planning and allocation and safety monitoring mechanisms required improvement. The Member States of his Region strongly supported the elaboration of a new strategy that consolidated existing gains, addressed the challenges faced, and took into consideration lessons learned and new developments. It was important for the Secretariat to continue to provide technical, policy and financial support in the areas of research, regulation, and the monitoring and evaluation of safety, quality and efficacy. His Region supported the proposed extension of the current traditional medicine strategy until 2025.

The representative of SLOVAKIA encouraged the Secretariat to continue to strengthen and expand its support for refugee and migrant health. The WHO global action plan on promoting the health of refugees and migrants, 2019–2023 had made a significant contribution to enhancing health care service delivery to those populations, as had WHO's Health and Migration Programme. Underlining the need for a longer-term vision for refugee and migrant health, both globally and regionally, his Government acknowledged the Secretariat's work to promote knowledge-based action and increase health system capacity and sensitivity. Jointly with the Regional Office for Europe, his Government would hold a subregional meeting on the health challenges faced by refugees from Ukraine, at which the possibility of strengthening sustainable health financing for that population would be considered. A clear set of recommendations on preventing misuse of disease prevention and health care services would be welcome.

The representative of the RUSSIAN FEDERATION welcomed the two draft decisions under discussion. Noting that refugees and migrants were among the most vulnerable in society, a situation that had been worsened by the COVID-19 pandemic, he called on WHO to continue its commendable

work to support refugee and migrant health, outlining the support provided by his Government to the large number of refugees and migrants it hosted from Ukraine.

The representative of YEMEN, highlighting the heavy burden placed on health services as a result of long-running conflict in his country and in the Horn of Africa, called on the Secretariat to strengthen regional and country health systems for refugees and migrants. It should also provide support and regulatory frameworks, strategies and guidelines to enable host countries to provide more equitable health care access, thus avoiding a sense of injustice within host communities. It was crucial to extend the global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030, define clear priorities, and significantly strengthen implementation as a matter of urgency.

The representative of BOTSWANA said that, although Member States had made considerable progress in implementing the WHO traditional medicine strategy 2014–2023, the limited expertise of national health authorities and regulatory control agencies must be addressed. Welcoming the continued support of WIPO, WHO, WTO and the private sector in the development of traditional medicine and knowledge, he highlighted his Government's efforts to leverage the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights to promote the research and development of pharmaceuticals based on traditional medicine. In closing, his Government wished to be added to the list of sponsors of the two draft decisions under discussion.

The representative of the REPUBLIC OF MOLDOVA, outlining efforts in her country to meet the needs of refugees from Ukraine, said that it was crucial to have precise guidelines for emerging challenges in refugee and migrant health over the coming years. Her Government therefore supported the related draft decision. It was important to consider ways to continue health care provision in all situations; improve disease prevention and ensure healthy educational environments for all children in the context of migration; share the costs of hosting refugees more equitably; and, in view of the global health workforce shortage, facilitate the recruitment of refugees as health workers. The Secretariat should develop new road maps and regulatory and procedural guidelines and collect data to ensure evidence-based policy-making in that regard. All those aspects must also be reflected in regional strategies and action plans, taking into consideration the experiences of the most affected countries. Lastly, her Government supported the draft decision on the global strategy on traditional medicine.

The representative of COLOMBIA, describing the migrant situation in his country, said that the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 should be extended to 2030 to enable its continued adaptation to national and regional needs in that area, and migrants themselves should be included in that process. Given the importance of alternative and complementary medicines for universal health coverage and primary health care, the WHO traditional medicine strategy 2014–2023 should be updated. That must be done in consultation with indigenous peoples and other marginalized ethnic groups in order to safeguard ancestral knowledge, taking into consideration their cultures and practices and the intrinsic link between the environment and human and animal health, especially in the face of climate change. His Government wished to be added to the list of sponsors of both draft decisions under discussion and also looked forward to the draft resolution on the health of indigenous peoples to be submitted by the Government of Brazil for consideration by the Seventy-sixth World Health Assembly.

The representative of ETHIOPIA said that, although the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030 was important and timely, the inclusion of migrant and refugee health in national initiatives would further burden the weak health systems of hosting countries. Greater coordination, support and capacity-building were therefore necessary. Requesting to be added to the list of sponsors of the draft resolution on the global strategy on traditional medicine, her Government emphasized the importance

of setting standards, enhancing the engagement of local communities and stakeholders, and strengthening national regulatory functions.

The representative of TIMOR-LESTE, welcoming the creation of the WHO Global Centre for Traditional Medicines in India, said that traditional medicine had a long history of use in health promotion and disease prevention and treatment, particularly for lifestyle-related chronic diseases. The challenges in making evidence-based complementary medicine services available included difficulties in producing evidence for national policies and the lack of standardized, safe and high-quality medicines and of a trained health workforce. There was a need to integrate traditional medicine into health systems, especially at the primary health care level, and to include such medicines in national essential medicine lists. She looked forward to the Secretariat's continued technical and financial support in those areas and asked to be added to the list of sponsors of the draft decision on the global strategy on traditional medicine.

The representative of MALDIVES asked to be added to the list of sponsors of the draft decision on the global strategy on traditional medicine.

The representative of MEXICO¹ said that the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 would remain an important guiding document for promoting health as a human right and directing WHO's activities to protect refugees and migrants. Extending the global action plan to 2030 would help to consolidate work on priority areas. It was important for WHO to continue its work in order to have a positive impact on national policies, as had been the case in his country. He thanked those Member States that had shown support for the related draft decision.

The representative of PORTUGAL¹ said that promoting the health of refugees and migrants was a topic of great importance and global reach. In that regard, collaboration with IOM, UNHCR and the United Nations Network on Migration was essential to ensuring leadership, developing coordinated approaches and strengthening health systems that were sensitive to and inclusive of migrants and refugees. It was important to extend the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030, since despite the progress made thus far, much remained to be done to achieve the vision of the right to health for all.

The representative of THAILAND,¹ expressing support for the draft decision on the global strategy on traditional medicine, said that traditional medicine played a significant role in supporting the mainstream medical system, especially at the primary health care level, both as a foundation for universal health coverage and during pandemics. WHO should consider developing a model list of essential traditional medicines to be applied, based on national context, as part of universal health coverage benefit packages.

The representative of SRI LANKA¹ asked to be added to the list of sponsors of the draft decision on the global strategy on traditional medicine. Future strategic plans in that area should focus on addressing challenges, such as the lack of research data and financial support, and developing mechanisms to monitor and regulate the safety of traditional medicine practices, providers and products.

The representative of ECUADOR¹ said that refugees and migrants were undoubtedly among those most affected by the COVID-19 pandemic and thanked the Secretariat for its efforts and support in implementing the WHO global action plan on promoting the health of refugees and migrants, 2019–2023. The Secretariat should make greater efforts to highlight problems specific to refugees and migrants in accessing health; advance the creation of regional and global information access and exchange systems; promote heightened international cooperation to strengthen health services in

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

receiving countries; and continue its support to Member States. He expressed support for the draft decision on the global strategy on traditional medicine.

The representative of SPAIN¹ asked to be added to the list of sponsors of the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030.

The representative of NICARAGUA¹ called on the Board to adopt the draft decision on the global strategy on traditional medicine, which greatly benefited primary health care, universal health coverage and progress towards the Sustainable Development Goals. It was important to adopt a holistic approach to traditional medicine that incorporated indigenous peoples' world views.

The representative of ARGENTINA¹ expressed concern that the COVID-19 pandemic had exacerbated many pre-existing risk factors and structural inequalities for refugees and migrants. She supported the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030 and reaffirmed her Government's commitment to the Immunization Agenda 2030, to ensure equitable access to vaccines, in particular for vulnerable populations.

The representative of LUXEMBOURG¹ said that, in promoting refugee and migrant health, priority should be given to training health workers by further developing related initiatives at the regional level, and to addressing the lack of disaggregated and comparable data on refugee health, with greater investment in the provision of information that could inform national health policies. The high level of health illiteracy among refugees and migrants was also a concern.

The representative of EL SALVADOR,¹ said that the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030 demonstrated that health promotion was a fundamental pillar of the provision of essential health services. In that regard, it was important to strengthen and update the support provided in relation to infrastructure, human resources, health technologies and sustainable financing.

The representative of SOUTH AFRICA¹ expressed support for the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030. In addition, extending the WHO traditional medicine strategy 2014–2023 until 2025 would allow time for the strategy to be updated to reflect new developments and research.

The representative of the DOMINICAN REPUBLIC¹ asked to be added to the list of sponsors of the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030, which comprehensively addressed the health needs of those vulnerable populations. Nonetheless, some of the global action plan's strategies urgently needed to be implemented more effectively and should take in account the social determinants of health that disproportionately affected those populations and be implemented through an intersectoral and inter-agency approach that included receiving and host countries. Lastly, she welcomed the draft decision on the global strategy on traditional medicine.

(For continuation of the discussion and adoption of decisions, see the summary records of the fifteenth meeting, section 2.)

The meeting rose at 13:00.

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

FIFTEENTH MEETING

Monday, 6 February 2023, at 14:35

Chair: Dr K.V. PETRIČ (Slovenia)

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

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

Appointment of the Regional Director for the Americas: Item 25.1 of the agenda (document EB152/46) (continued from the second meeting, section 1)

The REGIONAL DIRECTOR FOR THE AMERICAS said that it was an honour and a privilege to have been elected to his position. PAHO and WHO remained united in addressing pressing global health challenges. As demonstrated during the pandemic of coronavirus disease (COVID-19), solidarity and collaboration among regions were crucial to ensuring global health. The forthcoming five years would be particularly important given the need to end the pandemic, move forward towards better preparedness and response and recover the losses caused by COVID-19. Commitment to and investment in universal health coverage would be essential.

The Americas was one of the world's regions with the most inequalities, both among and within countries. Member States faced complex health challenges, with some of the highest rates of heart disease and diabetes, persistent communicable diseases and outbreaks, and other factors, such as violence, road traffic crashes and weather events, adversely affecting populations. Five strategic priorities could help to overcome such challenges: help the region to gain control of the pandemic, by reinforcing surveillance and improving vaccine coverage; apply lessons learned from COVID-19, strengthening preparedness, detection and response capacities and guaranteeing equitable access to vaccines, medicines and health products; support Member States in their recovery from COVID-19 and their efforts to achieve the health-related Sustainable Development Goals; build resilient national health systems based on renewed and strengthened primary health care; and lastly, modernize and improve the management of PAHO and the Regional Office for the Americas, increasing their transparency and efficiency.

He aimed to support governments in strengthening primary health care by facilitating health promotion, stepping up prevention, surveillance and control of noncommunicable diseases and mental health at the primary level, and accelerating the elimination of communicable diseases. He was committed to promoting respect and gender equity within PAHO, with zero tolerance for sexual abuse and exploitation. Efforts would also be made to strengthen the presence of WHO at the country level and provide quality technical support. He stood ready to work with all Member States in the Region to advance the global health agenda in close collaboration with WHO headquarters and other regional offices.

The DIRECTOR-GENERAL said that the Regional Director for the Americas had earned the trust of Member States after a long and distinguished career in public health. His work as Regional Director would begin at a difficult time, with a growing burden of noncommunicable diseases and mental health conditions, the continued threat of communicable diseases, the impact of the climate crisis and the challenges of ageing and urbanization. It was also a time when the world was emerging from

the COVID-19 pandemic and seeking to jump-start progress towards the triple billion targets and the Sustainable Development Goals. The pandemic had demonstrated that health was not a luxury or an outcome of development, but the foundation of sustainable development and social, economic and political stability. Member States must seize the current opportunity to mobilize political and financial commitment for health. He looked forward to working with the Regional Director for a healthier, safer and fairer Region of the Americas.

The OUTGOING REGIONAL DIRECTOR FOR THE AMERICAS said that it had been an honour and a privilege to have served WHO and collaborated with Member States. She was leaving her post having learned lessons, gained experience and celebrated achievements, and with an undimmed passion and resolve to continue pursuing health for all with dignity and equity.

WHO and the world faced many complex and unprecedented challenges. While it was daunting to build an Organization that was relevant, adaptable, fit for purpose and able to lead global health policy, action and response, that was exactly what was needed. The task required new resolve, the leadership and commitment of all Member States, and an agile, adequately resourced and purposeful Secretariat.

More than ever, the world needed a strong, reliable and effective WHO. There was an urgent need to strengthen the regional offices, particularly country offices and programmes. National political commitment and good governance was equally essential. While resilient, transformed health systems were developed in individual countries, universal health coverage was predicated on reaching everyone in every country. WHO would have to address fragmentation and recommit to working together, drawing on lessons learned from the COVID-19 pandemic, namely the need for solidarity based on mutual respect and the common good.

The DIRECTOR-GENERAL said that the outgoing Regional Director for the Americas had done an outstanding job of leading the region over the past 10 years. Under her leadership, Member States had progressed in ensuring universal health coverage, reducing inequities, expanding vaccine coverage, reducing maternal mortality, eliminating diseases, addressing noncommunicable diseases and tackling many other threats to health, including antimicrobial resistance and the climate crisis. In addition, the PAHO Regional Revolving Fund for Essential Medicines and Strategic Public Health Supplies had seen a fourfold increase in procurement since 2018, supporting 100 million people with life-saving supplies. The outgoing Regional Director for the Americas had also helped to guide the region through the most severe health crisis in a century, thus leaving a very strong legacy on which to build.

The representative of HAITI,¹ speaking on behalf of the Member States of the Region of the Americas, congratulated the Regional Director on his election, confident that he would deliver high standards of physical and mental health. The Region of the Americas had demonstrated great resilience against emerging health challenges and would be even more prepared to move forward under the guidance and leadership of the Regional Director. The Regional Director's experience would help to reinforce the relationship between PAHO and WHO, and contribute to the institutional strengthening of both organizations. He would undoubtedly lead the Region towards better health equity, social justice and universal health coverage.

He welcomed the support provided by the Regional Director in the key negotiating processes under way within WHO, particularly in relation to prevention, preparedness and response to health emergencies. Lastly, the governments of the Region thanked the outgoing Regional Director for her commitment and hard work in advancing the health of the people of the Americas.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, congratulated the Regional Director on his election and looked forward to

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

working with the Americas and the other regions to achieve better health for all. She thanked the outgoing Regional Director for her outstanding leadership over the previous 10 years.

The representative of MALDIVES, speaking on behalf of the Member States of the South-East Asia Region, congratulated the Regional Director on his election, which had come at a very critical time for the global health agenda. Under his stewardship, the Region of the Americas would continue its progress in achieving all health goals. He thanked the outgoing Regional Director for her outstanding decade-long service.

The representative of MALAYSIA, speaking on behalf of the Member States of the Western Pacific Region, congratulated the Regional Director on his election and thanked the outgoing Regional Director for her good work. The Western Pacific Region stood ready to support and cooperate with the Regional Director to make the regions healthier and safer.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries Türkiye, North Macedonia, Montenegro, Serbia, Albania, Ukraine, Republic of Moldova and Bosnia and Herzegovina aligned themselves with her statement. She thanked the outgoing Regional Director for her tireless efforts and cooperation with the Organization, and welcomed the newly-elected Regional Director, wishing him success in meeting future challenges. In addition to pandemic preparedness and response, particular attention should be paid to the health-environment nexus, and the significant disease burden of noncommunicable diseases.

The representative of ESWATINI,¹ speaking on behalf of the Member States of the African Region, wished the Regional Director success in all his endeavours and thanked the outgoing Regional Director for her 10 years of work. The African Region hoped to continue collaborating with the Region of the Americas during such important times.

2. GOVERNANCE MATTERS: Item 23 of the agenda (continued)

Global strategies and plans of action that are scheduled to expire within one year: Item 23.2 of the agenda (continued)

- **WHO global action plan on promoting the health of refugees and migrants, 2019–2023** (document EB152/36) (continued from the fourteenth meeting)
- **WHO traditional medicine strategy 2014–2023** (document EB152/37) (continued from the fourteenth meeting)

The CHAIR invited the Board to consider the report contained in document EB152/36, in particular the guiding questions contained in paragraph 39, and the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants 2019–2023. She also invited the Board to consider the report contained in document EB152/37, in particular the guiding questions contained in paragraph 28, and the draft decision on the global strategy on traditional medicine.

The representative of URUGUAY¹ welcomed the establishment of the WHO Health and Migration Programme, which had thus far focused on addressing the disproportionate impact of the

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

COVID-19 pandemic on refugees and migrants. It was henceforth necessary to adopt a more long-term vision to achieve the Sustainable Development Goals, particularly universal health coverage, and the objectives of the Global Compact for Safe, Orderly and Regular Migration and Global Compact on Refugees. The unique needs of women and girl migrants must be taken into account. Her Government wished to sponsor the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants. WHO must consider the views and needs of the people concerned when implementing the plan, and work on the basis of solidarity, equity and health for all. She expressed interest in the draft decision on the global strategy on traditional medicine.

The representative of TÜRKİYE¹ welcomed the establishment of national frameworks for safe and effective traditional medicine, and commended the Secretariat for the progress made towards implementing the WHO traditional medicine strategy 2014–2023. Traditional medicine was accessible and affordable and could therefore help to achieve the Sustainable Development Goals, especially universal health coverage. It must, however, be informed by science and fall under the mandate of WHO. The Secretariat should update its strategy to guide Member States in integrating traditional medicine into their health systems. His Government supported the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030 and wished to be added to the list of sponsors.

The representative of POLAND¹ welcomed the report on the WHO global action plan being discussed and described the experience of Poland in hosting Ukrainians. It was important to take extraordinary action and be flexible with legal provisions in order to offer quality health care to refugees and migrants. Her delegation stood ready to share its experience, ideas and solutions.

The representative of LATVIA¹ asked to be added to the list of sponsors for the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants.

The representative of SINGAPORE¹ welcomed efforts to integrate evidence-based traditional and complementary medicine into health systems. The new WHO traditional medicine strategy 2025–2034 should encourage Member States to carry out robust, well-designed clinical trials that helped to strengthen the evidence base for the efficacy of traditional medicine. A clinical trials registry platform and the sharing of the results of such trials would be helpful to coordinate global efforts. The strategy should also support greater cooperation and knowledge sharing among Member States and different traditions of traditional medicine. Traditional medicine methodologies and best practices to upgrade the skills of traditional medicine practitioners should be shared.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ welcomed the Secretariat's continued work on traditional medicine and thanked the Governments of India and China for the draft decision on the same topic. He recalled the importance of burden and responsibility sharing to better protect refugees and support host countries. Support from international organizations and other stakeholders should be consistent with national legislation.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES acknowledged the progress made during the implementation of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023. In the framework of extending the plan, a firm commitment was needed to equity, transparency and inclusivity, which meant addressing barriers to exclusion. Collaboration should be ensured among governments and communities, and the participation of refugees and migrants should be guaranteed in policy-making and programming

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

at all levels of governance. Lastly, commitment was needed to strengthen domestic health monitoring and health information systems, and to promote cross-country collaboration.

The observer of the INTERNATIONAL ORGANIZATION FOR MIGRATION, welcomed the report being discussed on the WHO global action plan and applauded progress made thus far. Her organization stood ready to support Member States in global consultations related to the plan. It had worked closely with WHO on several of the items in the report and looked forward to contributing further.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC. speaking at the invitation of the CHAIR, supported the draft decision on the global strategy on traditional medicine, particularly the development of a new strategy and the inclusion of stakeholders. A key stakeholder was the People's Declaration for Traditional, Complementary and Integrative Healthcare network. The new strategy should prioritize research, integration, the regulation of practitioners and products, and the contribution to universal health coverage. It should ensure sufficient incentives and safeguards against the loss or abuse of traditional medical knowledge. An approach to intellectual property could be extrapolated from the European Union in cases where a patent required the use of a protected plant variety and where the use of the protected plant variety infringed on a patent. In such cases, both parties should be entitled to a remunerative compulsory cross-licence.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN expressed his condolences to the people affected by the earthquake in the Syrian Arab Republic and Türkiye and thanked Member States for their solidarity. A national emergency had been declared in both countries and WHO country offices were already working with local authorities while the Regional Offices for the Eastern Mediterranean and Europe were collaborating closely. WHO emergency response mechanisms had been activated.

In 2021, two thirds of the world's refugees had originated from the Eastern Mediterranean Region and the number of internally displaced persons within the Region had risen to 22 million. Global answers to migration and displacement were needed and the Regional Directors of the African, European and Eastern Mediterranean Regions therefore supported the extension of the global action plan on promoting the health of refugees and migrants.

The global action plan should be operationalized at both the regional and the country levels to maximize its impact. To that end, regional efforts were under way, including the endorsement by the Member States of the Eastern Mediterranean Region of a new regional strategy concerning displaced populations, and consultations among the Member States of the European Region on a new regional action plan. It was essential to work together across regions and implement a whole-of-route approach to refugee and migrant health. Hence the Regional Office for the Eastern Mediterranean would host the second high-level interregional meeting on the health of refugees and migrants in March 2023.

The DEPUTY DIRECTOR-GENERAL thanked Member States for their strong support and guidance on the WHO global action plan on promoting the health of refugees and migrants. The action plan contributed to other international efforts, namely the Sustainable Development Goals, the Global Compact for Safe, Orderly and Regular Migration and the Global Compact on Refugees. To support its implementation, the Secretariat had created the WHO Health and Migration Programme, which facilitated a more systematic and cross-cutting approach to refugee and migrant health, and promoted significant cooperation among all technical programmes at the Organization's three levels.

The report on the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 showed that much progress had been made towards its implementation. Between 2020 and 2022, WHO had disseminated a wide range of advocacy, evidence-based and knowledge tools to support Member States in guaranteeing refugee and migrant health, such as the publication of the first World report on the health of refugees and migrants, and policy proposals relating to migration-related public

health priorities. At the regional level, a number of strategies and action plans had been adopted in line with the priorities of the global plan. The Regional Offices for Europe, the Eastern Mediterranean and Africa had convened the first tri-regional meeting on the theme of taking a whole-of-route approach to the public health aspects of migration, while the Regional Offices for the Eastern Mediterranean and South-East Asia had hosted the two most recent Global Schools on Refugee and Migrant Health. The Eastern Mediterranean Region also planned to hold the Third Global Consultation on the Health of Refugees and Migrants.

In many countries, impressive commitments and advances had been made in addressing the health needs of refugees and migrants, which would be showcased in a compendium of country case studies currently being finalized. The compendium would contain 49 case studies taken from some 90 submissions from around the world. Such achievements included extending COVID-19 vaccination programmes to all refugees and migrants, promoting continuity and quality of essential health services and care, responding to the burden of noncommunicable diseases in refugee camps, and promoting collective health insurance for all displaced persons.

Despite those achievements, much work remained to be done and the Secretariat therefore welcomed the decision to extend the WHO global action plan in question to 2030. The extension would allow the Secretariat to continue pursuing strategic work on refugee and migrant health, maintain alignment with international frameworks, provide relevant technical support to Member States, and reorientate health systems with a primary health care approach to ensure inclusive health services and programmes for refugees and migrants. The Secretariat would continue to raise public awareness about the health of refugees and migrants, promote quality research and information, and build capacities to support evidence-based policies and actions.

Careful note had been taken of all the issues raised, which would be incorporated into the relevant work. In particular, special attention would be paid to promoting equity, integrating refugee and migrant perspectives into initiatives at all levels, and facilitating solutions to address resources constraints.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage and Life Course) said that the global strategy on traditional medicine must be backed up with scientific evidence so that it could be integrated into universal health coverage, primary health care and the One Health approach. The WHO Global Centre for Traditional Medicine would have a key role to play in scaling up the review and evaluation of the scientific evidence and data for traditional medicine. He noted the need to ensure active collaboration with indigenous communities, and efforts were ongoing in that regard, particularly on the issue of environmental health.

Regarding indicators, WHO had endorsed the Eleventh Revision of the International Statistical Classification of Diseases and Related Health Problems in 2019, which included a chapter on traditional medicine. Core indicators had been compiled and were being used by Member States across different regions. Those indicators would be consolidated and used in a Member State survey on traditional medicine. Integration with other platforms, such as those of the World Intellectual Property Organization and the World Trade Organization, was important. It was necessary to ensure intellectual property protections for traditional medicine, particularly for indigenous communities, establish international standards for trade in traditional medicine products, and ensure the safety and quality of all products. WHO and the Government of India would host the first Traditional Medicine Global Summit in 2023, focusing on the latest evidence to inform the development of the new global traditional medicine strategy.

The CHAIR took it that the Board wished to note the reports contained in documents EB152/36 and EB152/37.

The Board noted the reports.

The CHAIR took it that the Board wished to adopt the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030.

The decision was adopted.¹

The CHAIR took it that the Board wished to adopt the draft decision on the global strategy on traditional medicine.

The decision was adopted.²

WHO reform: Item 23.3 of the agenda

- **Involvement of non-State actors in WHO's governing bodies** (documents EB152/38 and EB152/38 Add.1)
- **WHO presence in countries, territories and areas** (document EB152/INF./1)

The CHAIR invited the Board to consider the draft decision contained in document EB152/38. The financial and administrative implications of the draft decision were contained in document EB152/38 Add.1.

The representative of INDIA said that greater and more flexible funds must be made available to WHO to ensure sustainable financing. WHO should focus on strengthening primary health care to enhance national capacities for health emergencies and, in turn, reduce the demand for hospital services, which increased during health emergencies.

While there was room for non-State actors to participate in governing bodies sessions as observers, decision-making should rest with Member States. It was important that conflicts of interest did not arise. Transparency must be built into all interactions with non-State actors, who should be required to adhere to WHO regulations in that regard. Data sharing with any non-State actor must have the approval of the Member State concerned. Constituency statements delivered by non-State actors should focus strictly on technical issues and be directly relevant to the agenda item. The work of the non-State actors engaging with WHO must contribute significantly to the advancement of public health. Monitoring of the performance of non-State actors should also be strengthened. In addition to non-State actors with whom it was in official relations, WHO should engage with non-State actors at the country level to increase outreach in remote areas.

The representative of GHANA, speaking on behalf of the Member States of the African Region, said that non-State actors were key to maintaining global momentum towards universal health coverage and must be seen as complementing the efforts of Member States to ensure no one was left behind. He commended the efforts of the Secretariat to improve engagement with non-State actors. WHO must continue to be an intergovernmental organization led by Member States while also valuing engagement with non-State actors. The Secretariat should continue organizing informal pre-meetings with non-State actors in official relations, as decided by the Board, and allowing constituency statements during the governing bodies meetings. It was important to continue striving towards more effective and efficient governing bodies meetings, including by promoting inclusivity.

¹ Decision EB152(17).

² Decision EB152(18).

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region and the Observer State of Palestine, welcomed efforts to improve the strategic function of the Board in line with the WHO Constitution but requested a return to the standard practice of accommodating statements from Observer States, including Palestine, as a priority. She therefore wished to make a minor amendment to the report contained in EB152/38, requesting that a new paragraph be added after paragraph 14 as follows: “14 bis. The proposed way of work should include the two United Nations Observer States in line with some Member States’ request and without any prejudice to the new way of work”. The draft decision in paragraph 18 should then be amended as follows: “Decided that the constituency statements will continue to be implemented during all WHO governing bodies meetings, in accordance with the modalities outlined in paragraphs 14 bis to 17 of document EB152/38”.

As described in the Thirteenth General Programme of Work, 2019–2025, WHO was and must remain a Member State organization, which meant that equal consideration should be given to Palestine as an Observer State and a member of the Regional Committee for the Eastern Mediterranean. Lastly, she acknowledged the important role of non-State actors regulated through official relations.

The representative of the UNITED STATES OF AMERICA supported the draft decision concerning constituency statements but considered it a priority to enable more effective participation by all categories of non-State actors. It was important to take additional measures, such as pre-meeting consultations and web-based discussions, aimed at improving the engagement of non-State actors in Member State discussions and transparency of the governing bodies. As stated under the Framework of Engagement with Non-State Actors, non-State actors should comprise philanthropic foundations, academic institutions, civil society and advocacy groups, as well as the private sector. The constituencies appeared to consider that the Framework of Engagement with Non-State Actors had not fully allowed them to engage, including during the pandemic. As a result, she hoped that the Secretariat and Member States could make efforts to remove barriers across the spectrum of non-State actors, including in the governing bodies process.

The representative of SLOVENIA expressed appreciation for the global and regional initiatives that were meaningfully engaging with non-State actors. Statements by civil society at governing bodies meetings were important, but being privy to their insights during the intersessional period was even more so. Pre-meetings and side events organized ahead of the World Health Assembly were most welcome. Further developments in engaging civil society in the work of WHO would also be welcome. Input from civil society was crucial for implementation at the country level, particularly as it could help to identify the needs of the most vulnerable and hidden populations, and contribute to the development of guidelines and tools addressing those needs. Civil society was also key to achieving health literacy, given its role in ensuring that health policies were understood within communities and in appropriately addressing misinformation and disinformation. He welcomed initiatives such as the WHO Youth Council and WHO Civil Society Commission. He commended the Secretariat for providing guidance on social participation, which had an impact on the implementation of the Thirteenth General Programme of Work, 2019–2025 and the fulfilment of goals.

The representative of DENMARK, speaking on behalf of the Nordic and Baltic countries, said that, while she supported efforts to make engagement with non-State actors more meaningful, engagement could be further improved, particularly in between governing bodies meetings. The holding of informal pre-meetings ahead of the World Health Assembly was welcome and similar meetings should be organized ahead of Executive Board sessions. Pre-meetings would allow the Secretariat to explain the general work of WHO, thereby improving information sharing with non-State actors and increasing transparency. They would also provide an opportunity for the Secretariat and Member States to collect important inputs from non-State actors. The Secretariat should provide more support in facilitating engagement between non-State actors and Member States alongside its own direct

engagement with them. More engagement among the Secretariat, non-State actors and all Member States would be very fruitful.

The representative of CANADA appreciated the Secretariat's continued efforts to promote meaningful engagement of non-State actors in the governing bodies. He supported continuation of the informal pre-meetings among non-State actors, Member States and the Secretariat prior to the World Health Assembly. In that regard, it would be useful to receive information as early as possible on the schedule, topics to be addressed and selection of panellists. He recommended that the Secretariat resume the practice of conducting web-based consultations to gather feedback from participants of pre-meetings to monitor their effectiveness. The option to provide feedback could also be included in the post-Assembly survey.

The positive experiences of Member States and non-State actors with constituency statements at the Seventy-fifth World Health Assembly was encouraging. The continued use of constituency statements at future governing bodies meetings was therefore welcome. The continued possibility for non-State actors to deliver individual statements, should they not wish to join a constituency, was pleasing, as it would ensure that Member States benefited from a diversity of views. The Secretariat should work with non-State actors to identify where their inputs would be most valuable. Those discussions could, for instance, be held during the informal pre-meetings before the World Health Assembly.

His Government supported the draft decision but proposed that a final point be added as follows: "Further decided that the Secretariat regularly consults Member States and non-State actors in official relations with a view to improving these modalities based on such consultations, and that the results of the first consultation be presented for consideration to the 156th session of the Executive Board".

The representative of MALAYSIA said that the contributions made by non-State actors were valuable and agreed with the proposed way forward outlined in the report. There was a need to strike a balance between strict time restrictions and respect for the diversity of non-State actors, and although constituency statements would save time, individual statements were an acknowledgement of such diversity. She supported the proposal to select a limited number of agenda items for constituency statements based on areas likely to attract the most interest for statements by non-State actors. Doing so would not only prevent prolonged meetings but would also promote meaningful intellectual discourse. She supported the draft decision.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed appreciation for the role of non-State actors, including civil society, in the work of WHO and the deliberations of governing bodies meetings. The Secretariat was encouraged to regularly review measures to improve engagement, including through continuous dialogue with non-State actors themselves, enabling them to meaningfully participate in decisions affecting them. He thus supported the amendment to the draft decision proposed by the representative of Canada. He requested that the amendment proposed by the representative of Oman be submitted in writing for further consideration.

He appreciated the paper under discussion that provided a summary of the 2021 country presence report and an update on preparation of the 2023 report. Noting the imbalance in staffing to support social determinants, he trusted that there would be improvements in the level of country office workforce capacity. It would be helpful to know whether the 2023 country presence report would cover relevant items from the Secretariat implementation plan on reform, in addition of country-level operational challenges already indicated, particularly the enhancement of procedures for recruitment and placement of WHO Representatives. He wondered whether the 2023 report would include data on the vacancy levels of WHO Representatives, and information on recruitment procedures for WHO Representatives and potential recruitment challenges.

The representative of the RUSSIAN FEDERATION emphasized the need to hold informal consultations with non-State actors in official relations with WHO during the intersessional period. The agenda should be established by Member States based on interactions with non-State actors, thus helping the Organization to define and resolve health challenges in a more balanced way. He supported the draft decision.

The representative of COLOMBIA noted the importance of including non-State actors in the work of the governing bodies given their role in social and political matters and in representing people at all levels. The Secretariat should continue to increase the participation of non-State actors in an inclusive and effective way, including during the intersessional period. He welcomed the amendment proposed by the representative of Canada but said that more consultations were needed before the draft decision could be adopted. National and WHO policy-making must take account of the opinions of civil society. The Secretariat must also bring more innovation to its working methods, including by using remote technology to guarantee the broadest level of participation. The opportunity to participate must be given to all types of non-State actors to avoid a situation where the only such representatives were from large organizations with influence and resources.

The representative of PERU fully supported the participation of non-State actors in the work of the governing bodies. The pre-meetings presented an opportunity for Member States to receive the valuable contributions of non-State actors ahead of the formal meetings. He supported the amendment proposed by the representative of Canada and suggested that consultations be held in 2023. Member States could then report back at the 156th session of the Board, to decide on the arrangements for future consultations. He supported the amendment proposed by the representative of Oman on the participation of States with Observer status within the United Nations.

The representative of CHINA agreed that non-State actors should continue giving constituency statements, which improved the efficiency of discussions at the governing bodies meetings. The participation of non-State actors in WHO-related activities must adhere to the Framework of Engagement with Non-State Actors so as to avoid conflicts of interest.

The representative of BANGLADESH¹ said that, although WHO was an intergovernmental organization based on leadership by Member States, it was vital to tap into the voice of non-State actors in a meaningful way. The Secretariat should hold discussions with non-State actors while adhering to the Framework of Engagement with Non-State Actors. There should be further discussion on constituency statements at the forthcoming World Health Assembly to promote transparency and efficacy in that regard. WHO's limited human resource capacity at the country level was concerning. It was worrisome that the allocation of flexible and core funding at the country level had declined because of increasing earmarked funding. WHO must be able to listen and respond to the people in order to achieve health for all. Repurposing voluntary contributions to fill the gaps in core funding would demonstrate that WHO was serious about helping people in need.

The representative of AUSTRALIA¹ said that strong, responsive and well-staffed country offices were critical to achieve sustainable health outcomes and have an impact in country. She welcomed efforts to develop effective country-level leadership with the appropriate experience and skillset, and to streamline recruitment processes to reduce time for onboarding. Achieving gender parity in country-level leadership must remain a priority. She welcomed the progress illustrated in the 2021 country presence report, including the integration of WHO's work with the United Nations Sustainable Development Cooperation Framework. She nevertheless noted with concern the decrease in flexible and core funding for country-level work. Country offices could only respond to new and emerging issues

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

with adequate resources. In addition, it was unacceptable that full access for staff with disabilities was provided in only 26% of country offices, which should be inclusive and accessible to all. She welcomed the meaningful engagement of non-State Actors in governing bodies meetings, noting the significant role they had played in supporting WHO in the COVID-19 response. She broadly supported the decision to continue implementing constituency statements in governing bodies meetings.

The Observer of PALESTINE took note of the document on WHO presence in countries, territories and areas, and called on the Secretariat to comply with official United Nations nomenclature related to Palestine when drafting its material, since WHO was a specialized United Nations agency and language used outside the United Nations system was unacceptable. He deplored the fact that the 2021 country presence report did not make mention of the WHO Office for the occupied Palestinian territory, including east Jerusalem. Such errors must be corrected in the 2023 country presence report as in all other WHO documents.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that young people, as the world's biggest demographic, had a key role in influencing change and addressing emergent global health challenges. As such, the Secretariat and Member States should make every effort to engage young people, at both the global and regional levels.

Over recent years, with WHO recovering from the impact of the pandemic, there had been limited seats and speaking opportunities for non-State actors to engage in a meaningful way. It was therefore crucial that the Secretariat and Member States include non-State actors in pre-meeting negotiations and decision-making processes; ensure an equitable number of seats and amount of time for non-State actors in all meetings; and add agenda points in WHO meetings for non-State actors to elaborate on the programme set by WHO each year. The key to achieving health for all lay in creating opportunities for engaging Member States and non-State actors to ensure an all-encompassing and empowered approach to a healthier future.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, welcomed WHO's recognition of the need to make the participation of non-State actors more meaningful, increase the efficiency and effectiveness of interactions and respect the diversity of non-State actors. It was, however, disappointing that the proposed way forward did not guarantee that consultations would take place regarding the informal pre-meetings and constituency statements. The consultation process that had taken place in 2022 to prepare the informal pre-meetings was appreciated and there should be continued engagement from all actors, including Member States, in the 2023 pre-meetings. There was a need for pre-meetings prior to the Executive Board in addition to those prior to the World Health Assembly. The lack of transparent and open dialogue on the selection of agenda items for the constituency statements, and the lack of time given to prepare properly, were regrettable.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, supported the objective of increasing the effectiveness and efficiency of engagement with non-State actors in governing bodies meetings. In that regard, she recommended that WHO commit to more systematic consultations in the preparation of pre-meetings and technical documents to leverage the expertise and community reach of organizations in official relations with WHO. Documents and decisions must be released in a timely manner to allow for consultation and coordination with non-State actors. She cautioned against limiting the size of non-State actor delegations, particularly for umbrella organizations. It was important to utilize technology to reduce barriers to participation, especially for community organizations from low- and middle-income countries. Lastly, Member State participation in informal pre-meetings should complement interactions at governing bodies meetings.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, said that non-State actors, especially civil society, must be involved in the decisions affecting their participation. Unfortunately, the report did not guarantee that non-State actors would be consulted on the agenda items that would be covered by constituency statements, nor on the organization of pre-meetings prior to the World Health Assembly. Indeed, the space assigned to non-State actors had shrunk to unprecedented levels at the present session of the Board, where they had been almost entirely excluded from the room. Such an exclusion not only conflicted with the report but also overlooked the critical role of civil society, which often filled gaps for the government in the delivery of health services. She urged Member States to request robust and meaningful non-State actor involvement in governing bodies meetings through timely consultation on joint statement agenda items and organization of pre-meetings with appropriate consultation and sufficient time for preparation.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, supported efforts to amplify the voices of non-State actors in the governing bodies. Nurses provided hands-on care, had professional knowledge and expertise, and were integral to person-centred care. Ignoring the direct voice of 28 million nurses represented by non-State actors worldwide would omit critical information needed to address global health and well-being. Non-State actors must be consulted before decision-making on agenda items and constituency statements, which should not replace individual statements.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the proposed measures failed to acknowledge the true added value of diversity and the expertise inherent in non-State actors. They risked diluting the voice of non-State actors and limiting their meaningful participation in discussions and in efforts to find solutions to current health challenges. Her organization joined others in the Joint Call for Meaningful Involvement of Non-State Actors in WHO Governing Bodies, proposed by the International Planned Parenthood Federation, requesting that the Secretariat create a transparent consultation process in which all non-State actor constituencies at the national, regional and global levels were heard. Member States must request that the Secretariat ensure robust and meaningful involvement of non-State actors in governing bodies meetings.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIR and also on behalf of the World Obesity Federation and Movendi International, welcomed the opportunity to improve processes governing non-State actor engagement, given that the current system had led to dissatisfaction among Member States and non-State actors alike. The proposed constituency statements and informal meetings were opportunities for civil society to share diverse expertise. He called on the Secretariat to engage non-State actors in organizational processes and deliver documents in a timely manner. Options for delivering statements must include pre-recorded video and remote participation to facilitate the inclusion of civil society. Member State engagement in informal meetings should be strengthened and informal meetings should supplement – not replace – civil society's participation in official proceedings.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the Secretariat had systematically marginalized the voice of civil society organizations in governing bodies meetings. While other United Nations agencies afforded civil society organizations sufficient speaking time, WHO gave individual organizations one minute, which undermined the democratization of global health. The draft decision under discussion essentially made the constituency statements a permanent feature and allowed the Secretariat to freely decide the agenda items for those statements. It thus prevented civil society organizations from providing diverse technical inputs to various agenda items and overlooked

differences among non-State actors by grouping them as constituencies. In addition, the draft decision had been proposed without any discussion with non-State actors in official relations. She called upon the Board to request that the Director-General carry out an in-depth consultation with civil society organizations and Member States on enhancing the participation of non-State actors in governing bodies meetings.

THE ASSISTANT DIRECTOR-GENERAL AD INTERIM (External Relations and Governance) took note of the comments regarding the essential role of non-State actors in delivering the global health agenda and in enriching the work of the governing bodies. He pointed out that 96 statements by non-State actors had been condensed into 13 statements on three agenda items during the 150th session of the Executive Board. It was a win-win situation for the Executive Board and civil society organizations, notwithstanding the concerns raised. The arrangement allowed items to be brought forward while concentrating them in a way that was more impactful. It was clear from the interventions that the proposed way forward was the right one, but required further work. He duly noted the suggestions for improvement, some of which could be implemented immediately, such as ensuring timely notification of meetings and increasing the number of intersessional meetings and pre-meetings. He was firmly committed to holding more consultations with non-State actors regarding agenda items for possible inclusion in constituency statements, and was willing to collect feedback from the informal sessions. The ideas about the use of technology were appreciated. He apologized for the limited presence of non-State actors in the meeting room, which was due to space constraints. There was no intent to limit the voices of non-State actors, whose diversity added value to the discussions.

The CHAIR suggested that consideration of the draft decision contained in document EB152/38 should be suspended in order to give the Secretariat more time to incorporate the proposed amendments.

It was so agreed.

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

Engagement with non-State actors: Item 23.4 of the agenda

- **Report on the implementation of the Framework of Engagement with Non-State Actors** (document EB152/39)
- **Non-State actors in official relations with WHO** (documents EB152/40 and EB152/40 Add.1)

The CHAIR drew attention to the report contained in document EB152/39. She also drew attention to the draft decision contained in document EB152/40, the financial implications of which were contained in document EB152/40 Add.1. Lastly, she drew attention to the recommendations and guidance of the Programme, Budget and Administration Committee of the Executive Board set out in paragraphs 54–63 of document EB152/4.

The representative of MALDIVES, speaking in her capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to paragraphs 54–63 of document EB152/4, particularly the recommendation therein that the Board note the reports in documents EB152/39 and EB152/40 and adopt the draft decision contained in document in EB152/40.

The representative of the UNITED STATES OF AMERICA, noting efforts to improve the implementation of the Framework of Engagement with Non-State Actors, requested updates on the

WHO Youth Council and WHO Civil Society Commission as they were rolled out. She asked how the Secretariat monitored and compared the engagement of non-State actors across the Organization, including in the regional offices; why levels of engagement varied across the Organization; and where WHO could improve outreach to ensure consistency in such engagement. She asked how many and what types of cases requiring senior management guidance had been discussed by the Proposal Review Committee for the Framework of Engagement with Non-State Actors in 2022. The evident problems with the implementation of the Framework of Engagement with Non-State Actors needed clarification.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, commended the Regional Office for Africa for its efforts to engage with non-State actors, as set out in the report being discussed, and encouraged other regional offices to do the same. Actions were appreciated to advance the implementation of the Framework of Engagement with Non-State Actors and to develop a comprehensive management response. Given the increase in proposals for engagement, the Secretariat should enhance the capacity of WHO regional and country offices to ensure efficient and timely clearances of such proposals. Adequate capacity at regional and country levels was key to ensuring due diligence on engagement with non-State actors in order to avoid potential risks associated with such engagement, including conflicts of interest and sexual exploitation, abuse and harassment. The engagement of non-State actors was vital to ensuring the delivery of essential health services in partnership with civil society organizations, particularly in humanitarian and emergency settings.

She called for continued engagement with non-State actors in areas where value could be added for Member States and the Secretariat. Furthermore, the Secretariat was encouraged to explore ways to engage with the private sector while maintaining the balance of country priorities and the role of Member States. She took note of the reports and endorsed the adoption of the draft decision.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, encouraged the Secretariat to effectively implement the Framework of Engagement with Non-State Actors. It was clear that some engagements with non-State actors violated the letter and spirit of the Framework. They included WHO's collaboration on the Healthy FIFA World Cup Qatar 2022, under which it had worked together with the Fédération Internationale de Football Association (FIFA), an organization that had entered into partnerships with health-impeding industries, such as the alcohol industry. In line with the Framework of Engagement with Non-State Actors and the WHO Framework Convention on Tobacco Control, she called on WHO to implement processes that prevented health-impeding industries – including but not limited to the tobacco industry – from influencing WHO decision-making and standard-setting through the acquisition of subsidiaries that provided health care services or medical technologies. She noted with concern that the Secretariat had not implemented paragraph 13 of the Framework, requiring non-State actors to be nongovernmental organizations, philanthropic foundations or academic institutions.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, welcomed WHO's efforts to continue constructive dialogues, staff capacity-building and effective partnerships with non-State actors to advance the public health agenda. However, partnerships with non-State actors must exist at all three levels of the Organization. Member States were encouraged to actively involve young people, including in national delegations, as a key demographic of civil society in the decision-making processes and negotiations.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that alcohol was the number one risk factor for disease in people aged 25–49 years. However, through its partnership with FIFA, WHO had helped to promote an event that had exposed children, young people and vulnerable adults to beer advertising every 40 seconds during matches. In the context of conflicts of interest, he was very concerned about WHO's dialogue with the alcohol industry. Indeed, it had been demonstrated that the implementation of the Framework of Engagement with Non-State

Actors in relation to alcohol companies was inadequate. The alcohol industry was interfering in proven best-buy interventions in alcohol policy, blocking Member States from protecting people from alcohol harm. The Secretariat must terminate its dialogue with the alcohol industry.

The representative of CHINA recognized the contributions made by non-State actors in official relations with WHO. Relevant WHO bodies should engage with non-State actors in strict accordance with the Framework of Engagement with Non-State Actors. WHO was an intergovernmental organization and decision-making processes should therefore be led by Member States. While non-State actors were not in a place to participate in decision-making, their recommendations could serve to inform Member States. The Secretariat should strengthen its supervision, review and follow-up procedures for engagement with non-State actors to ensure their participation was consistent with the spirit and principles of relevant WHO resolutions. It must terminate relations with any non-State actors found to have been involved in misconduct and, to that end, a mechanism of withdrawal should be introduced. In view of the rapid increase in the number of applications from non-State actors, it was important to adopt innovative ways of enhancing engagement based on the Framework. Noting the need for further resources, he said that the Secretariat should clarify the resources currently invested in supporting engagement with non-State actors, the demand for the immediate future and the possible allocation of follow-up resources.

The representative of MADAGASCAR said that the COVID-19 pandemic had demonstrated the value of collaborating with non-State actors, especially in relation to managing disinformation and mobilizing communities. It was necessary to build the capacities of non-State actors and to provide materials for training at the national and regional levels. Capacity-building should also be carried out for regional non-State actors, including academic institutions, which were more familiar with the situation on the ground. All country-level efforts to enhance collaboration with non-State actors should include local organizations.

The CHEF DE CABINET said that the implementation of the Framework of Engagement with Non-State Actors would continue to be improved, building on the comments and suggestions provided. The aim was to innovate further while balancing risks and benefits. The Director-General had undertaken to streamline processes and address silos across the Organization to encourage collaboration with non-State actors and harmonize approaches. The Secretariat was developing a tracking system, expected to be ready by January 2024, and was reviewing training and communications material to support the WHO workforce in engaging with non-State actors. Several multistakeholder initiatives had also been developed, such as the WHO Alliance for Anaemia Actions, the Healthy Ageing Collaborative, the Tobacco Cessation Consortium, the Youth Council and the Civil Society Commission.

It was a good idea to hold more technical meetings with non-State actors and report back to Member States more regularly. The Secretariat had hosted dialogues with non-State actors, including private sector entities, on themes such as access to medicines, technologies for diabetes care and effective use of social media to fight misinformation and disinformation. The Secretariat acknowledged that work remained to be done. It was making every effort to adapt and take on board the lessons learned from the COVID-19 pandemic. She would report back on additional improvements in January 2024.

THE ASSISTANT DIRECTOR-GENERAL AD INTERIM (External Relations and Governance) said that all efforts were anchored in the Thirteenth General Programme of Work, 2019–2025, which instructed the Secretariat to strengthen partnerships, particularly with civil society. To that end, the Secretariat had held a number of dialogues but wished to organize the work more effectively through the Youth Council and Civil Society Commission. Both were Secretariat-led WHO networks, aimed at strengthening engagement with the relevant sectors across all three levels of the Organization. The Secretariat had held a briefing on the Youth Council and Civil Society Commission in January 2023 and stood ready to hold more briefings in the future.

The CHAIR took it that the Board wished to note the reports contained in documents EB152/39 and EB152/40, as recommended by the Programme, Budget and Administration Committee, and concur with the proposed guidance set out in paragraphs 54–63 of the Programme, Budget and Administration Committee report contained in document EB152/4.

It was so decided.

The CHAIR took it that the Board wished to adopt the draft decision on engagement with non-State actors, contained in document in EB152/40, as recommended by the Programme, Budget and Administration Committee.

The decision was adopted.¹

Provisional agenda of the Seventy-sixth World Health Assembly and date and place of the 153rd session of the Executive Board: Item 23.5 of the agenda (documents EB152/41 and EB152/42)

- **Considerations for possible electronic voting at future governing bodies meetings** (document EB152/43)

3. UPDATE ON THE INFRASTRUCTURE FUND: Item 22 of the agenda

- **Geneva buildings renovation strategy** (document EB152/32)

The CHAIR drew attention to the draft decisions contained in documents EB152/41 and EB152/42. The Board was invited to note the report and provide guidance on the two action points contained in paragraph 19 of EB152/43. After considering document EB152/32, the Programme, Budget and Administration Committee recommended that the Board should note the report contained therein.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, supported the decisions taken by the Health Assembly regarding the Geneva buildings renovation strategy, including the decision to approve the use of the Real Estate Fund to finance the renovations of the main building. WHO must comply with modern energy performance standards and other additional requirements, including adaptations for persons with disabilities.

He endorsed the proposals for possible electronic voting at future governing bodies meetings but emphasized that such a system must be secure and available before the proposal was adopted. Overall, he supported the recommendations set out in the reports given their potential to improve governance and operations at all levels of the Organization.

The representative of FRANCE opposed the idea of electronic voting for secret ballots and elections as it would raise both security and legal issues. Any technical malfunctions, for example, could prevent delegates from participating or undermine the secrecy of the vote. He did not oppose electronic voting for public votes in principle. However, remote voting during in-person meetings was not desirable and electronic voting should not replace efforts to reach consensus.

The representative of BRAZIL said that decision-making by consensus remained at the heart of multilateralism. It helped to bridge gaps between different positions by identifying common ground and spearheading real, concrete and shared actions, and was especially important for health matters.

¹ Decision EB152(19).

Electronic voting might encourage dissent among delegations instead of bringing them closer. He noted the challenges associated with reinforcing decision-making by consensus as standard practice. It was regrettable that certain bodies had increasingly resorted to voting instead of making decisions based on consensus. WHO had often succeeded in achieving consensus, and that success should be valued and preserved.

The representative of UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, recognizing the point made by the representative of France regarding secret ballots, said that his own comments related to public ballots. Consensus must remain the aim of all decisions and discussions within governing bodies meetings. The relative ease of use of an electronic voting system could increase the likelihood that Member States would opt for it. However, he was sceptical that a change in rules would mitigate that risk. Member States must hold each other accountable to ensure all routes to reach consensus had been exhausted before resorting to a vote. There was no single solution to the electronic voting question and different approaches should be taken for the Executive Board and the World Health Assembly. As the Executive Board was inherently a more dynamic forum with fewer Member States called on to vote, the argument for an electronic voting system on grounds of efficiency was less robust. A show of hands, for instance, could be conducted quickly and transparently. The efficiency argument was, however, stronger for the World Health Assembly, especially as the systems were already set up at the Palais de Nations and start-up costs should therefore be lower. He was reassured that tabulation and reporting could be carried out transparently. It would be helpful to consider the experience of electronic voting in other United Nations bodies and the Secretariat should provide feedback on lessons learned.

The representative of CHINA said that Member States should do everything possible to resolve programmatic and technical issues by consensus. Voting on such issues was not conducive to ensuring unity among Member States, implementing relevant programmes and technical activities, or maintaining WHO's reputation as a specialized agency for health. The electronic voting method might save some time but it must not increase the dependence of Member States on voting. The Secretariat must assess the security of electronic voting methods, especially when used for a show of hands or secret ballots. It was important to consider both the convenience and reliability of electronic voting, as well as Member States' preferences in that respect.

The representative of MALDIVES said that the security of electronic voting systems must be regularly reviewed and updated to avoid security risks or malfunctions that impacted the legitimacy of the voting process. Provisions must remain in place to allow for manual voting should Member States opt for it. It was necessary to adapt to the needs of persons with disabilities and to establish audit trails for electronic votes. The rules of procedure for governing bodies meetings must reflect the implications of the proposed changes. She called on the Secretariat to make different means of voting available to increase efficiency and accessibility, and reduce human error. Her Government could support electronic voting only after the completion of a risk assessment and a financial analysis. It was vital that decisions continued to be made by consensus. Voting must only be considered if efforts to reach consensus had failed.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) took note of the comments made, particularly the point that consensus should remain the objective. The Secretariat would carry out a risk assessment and a financial analysis and report back to Member States.

The CHAIR took it that the Board wished to note the reports contained in documents EB152/41, EB152/42 and EB152/43, and in document EB152/32, as recommended by the Programme, Budget and Administration Committee.

The Board noted the reports.

The CHAIR took it that the Board wished to adopt the draft decision on the provisional agenda of the Seventy-sixth World Health Assembly contained in document EB152/41.

The decision was adopted.¹

The CHAIR took it that the Board wished to adopt the draft decision on the date and place of the 153rd session of the Executive Board contained in document EB152/42.

The decision was adopted.²

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

4. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 12 of the agenda (continued)

Strengthening WHO preparedness for and response to health emergencies: Item 12.1 of the agenda (continued)

- **Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination** (document EB152/13) (continued from the thirteenth meeting)
- **Proportional division of funds for the Partnership Contribution of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits** (documents EB152/14 and EB152/14 Add.1) (continued from the thirteenth meeting)

The CHAIR drew attention to the draft decision contained in document EB152/14.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed his appreciation for the Partnership Contribution of the Pandemic Influenza Preparedness Framework, particularly for the investments made relating to countries in need, including those in the Eastern Mediterranean Region. The investments were helpful in building the core capacities required by the International Health Regulations (2005). He drew attention to the importance of partnerships under the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits (the PIP Framework), as demonstrated during the COVID-19 pandemic. He supported the proportional division of Partnership Contribution funds as set out in the report on that issue, and the temporary modification of the allocation of such resources in order not to hinder response measures. He welcomed the support provided by WHO in the implementation of the PIP Framework and reiterated his commitment to it.

The representative of the REPUBLIC OF KOREA recognized the Secretariat's efforts to develop new guidance on strengthening clinical trials. He supported the proposed development of a self-assessment tool for the clinical trial ecosystem and requested that the Secretariat continue to share information about the consultation process and any progress. The need to strengthen capacities for

¹ Decision EB152(20).

² Decision EB152(21).

pandemic preparedness had never been greater and in that context, the proportional division between preparedness and response was appropriate. However, that division should remain flexible to be able to respond to the next influenza pandemic.

The representative of the RUSSIAN FEDERATION supported the proposal to develop a self-assessment tool with a view to strengthening clinical trials at both the national and international levels. Unified criteria for self-assessment for all countries would help to clarify problems and use resources more effectively. Standards must be developed for the inclusion of vulnerable groups, particularly in the early stages of a trial, and criteria should be established on the volume of data required from a clinical trial. Trial designs should take the form of short guidelines with various criteria. Caution should be exercised when assessing results as certain evaluations were subjective. Contrary to the situation that had evolved during the COVID-19 pandemic, sufficient volumes of data were needed for a particular treatment to be deemed effective.

The representative of JAPAN said that the proposal on the proportional division of funds for the Partnership Contribution set out in the report clearly reflected the lessons learned from COVID-19, including the need to strengthen pandemic preparedness and response capabilities in peacetime and provide for an initial surge of funds for pandemic response.

If pandemic response under the PIP Framework did not expand beyond influenza, her Government agreed with the allocation of contributions proposed in paragraph 1 of the draft decision. Regarding paragraph 2 of the draft decision, while a temporary modification in the allocation of resources was acceptable considering the need for rapid mobilization of funds in an emergency, maintaining accountability was also important. To achieve both goals, she requested the Director-General to immediately report on any such modifications to Member States, as well as to contributors. In that context, she proposed that the words “and contributors immediately” be added to the very end of paragraph 2.

The COVID-19 pandemic would be a catalyst for future discussions on the PIP Framework. It would be necessary to revisit Partnership contributors and their contributions in the event that mRNA vaccines for influenza were developed, the scope of pathogens covered by the PIP Framework was expanded, or an increase in the number of contributions was to be considered. The Secretariat should continue to share information on the PIP Framework on a regular basis with Member States and other entities concerned, including manufacturers.

The representative of COLOMBIA said that it was important to hold clinical trials in various areas, protect the rights of underrepresented groups and ensure the technologies used were subject to safety checks. To that end, special regulations were needed. Priorities should be established for research worldwide taking account of country and region specificities. Paediatric clinical trials should be promoted to develop special treatment strategies for children. The results of clinical trials must be shared in the interests of transparency and with a view to being used in public policy-making. Clinical trial capacities in developing countries should be enhanced and participants’ personal data protected. It was critical that developing countries had access to the health technologies being studied after the trials to ensure that participants benefited as much as possible. Patients and communities must be involved in clinical trials as they were central to the research and the recipients of the treatment. Procedures should be harmonized among countries and research committees to prevent barriers to the development of local clinical trial capacities, which would in turn help to ensure a balance between the public and the private spheres. Overall, clinical trial processes must help to strengthen health sovereignty and equity.

The representative of ARGENTINA¹ welcomed the adoption of resolution WHA75.8 (2022) on strengthening clinical trials and endorsed the statement made by the representative of the United

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

Kingdom of Great Britain and Northern Ireland. The COVID-19 pandemic had shown that many trials were not adequate in size, design or implementation, which meant they did not generate the solid evidence needed for decision-making. Strong regional capacities were vital so that trials could be run collaboratively, thus improving health outcomes. Alongside clinical trials, it was important to carry out real-life studies, applied research and financial impact analyses to obtain accurate and sustainable results. The self-assessment tool would help to improve the quality and equity of clinical trials and their ecosystems.

The representative of NORWAY¹ said that the Secretariat should develop a standardized survey to support Member States in mapping clinical trials and invite both Member States and international clinical trial networks to take part. Professional societies could also be invited so as to include the primary health care level. He reiterated the need to see the clinical trial ecosystem in a larger context in order to break down silos from clinical trials to clinical practice. In a way that did not overconsume resources, the Secretariat should consider expanding the current mapping to obtain a fuller overview. The self-assessment tool was of interest and the self-assessment sheet, developed by the European Clinical Research Infrastructure Network, could prove useful in that respect.

The representative of AUSTRALIA¹ welcomed the important work done to strengthen clinical trials. Well-designed clinical trials were critical to support development of new medical products and foster good decision-making based on safety and efficacy. She welcomed implementation of resolution WHA75.8 and the actions proposed, particularly the work to map gaps in the ecosystem of clinical trial networks and publish relevant guidance. However, further information was needed on the self-assessment tool to allow Member States to consider their participation.

She supported the draft decision to maintain the current proportional division of Partnership Contribution funds until 2030. The allocation would enable the continual strengthening of national pandemic preparedness capabilities. She welcomed the option to temporarily modify the allocation of Partnership Contribution funds to ensure response measures were not hindered during pandemic influenza emergencies.

The representative of URUGUAY¹ wished to be added to the list of sponsors of the draft decision.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the report concerning clinical trials outlined some of the challenges of generating clinical evidence but failed to adequately address issues of access. There was a need to establish conditions and principles regarding access, and ensure transparency of clinical trial data and costs to enable access to technologies and know-how. Equally, a comprehensive system of access and benefit sharing for clinical trials was necessary to facilitate timely sharing of pathogens and genomic sequences. Those aspects should be central both in the best practices document to be developed by the Secretariat, mandated in resolution WHA75.8, as well as in the self-assessment tool to be designed with broad participation, particularly of low- and middle- income countries, to improve clinical trial design across all settings.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, encouraged the Secretariat to coordinate the development of normative guidance for all aspects of clinical trials in order to further expand the guidelines of the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use and include health care professionals in their development. She supported the comprehensive mapping of national

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

clinical trial infrastructures, the inclusion of not-for-profit cooperative oncology groups therein, and the development of self-assessment tools with indicators to track progress.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that her federation was deeply concerned about the recommendation by the PIP Framework Advisory Group to expand the PIP Framework to include seasonal influenza viruses and to take the discussion to Member States. Such an expansion would not improve influenza pandemic preparedness and response, nor strengthen the WHO Global Influenza Surveillance and Response System. It would not effectively address the access and benefit-sharing challenges that it sought to improve, and would negatively impact rapid development, manufacturing and delivery of seasonal influenza vaccines. It would also necessitate a third negotiation process in parallel to the discussions between the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the International Health Regulations (2005) Emergency Committee. In addition, the PIP Framework should not be considered an access and benefit-sharing model under the new pandemic accord, as its transactional nature was not fit for purpose for rapid pandemic response.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, urged Member States to address the gaps indicated in the report on the strengthening of clinical trials by improving coordination among new and existing clinical trial networks, including multicountry platform trials, especially those conducted in and led by low- and middle-income countries, while seeking to standardize processes and requirements related to trials. Gaps should also be addressed by supporting coordination and cooperation mechanisms for regulatory authorities and ethics committees to streamline clinical trial approval and review processes; and by ensuring that clinical research activities included diverse populations, focused on priority needs, such as evidence to inform the use of antibiotics, and addressed gaps in data by collecting data disaggregated by sex and gender.

The meeting rose at 17:30.

SIXTEENTH MEETING

Monday, 6 February 2023 at 18:05

Chair: Dr K.V. PETRIČ (Slovenia)

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

1. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 12 of the agenda (continued)

Strengthening WHO preparedness for and response to health emergencies: Item 12.1 of the agenda (continued)

- **Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination** (document EB152/13) (continued)
- **Proportional division of funds for the Partnership Contribution of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits** (document EB152/14) (continued)

The representative of JAPAN proposed, following consultations with the Secretariat, that the final clause of paragraph 2 of the draft decision on the proportional division of funds for the Partnership Contribution of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits (PIP Framework), set out in paragraph 7 of document EB152/14, should be amended to include “promptly” after “the Director-General shall” and “and to manufacturers and other stakeholders” after “to Member States” in line with Section 6.14.6 of the PIP Framework.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) confirmed that the proposed amendment to the draft decision was aligned with the PIP Framework.

The CHIEF SCIENTIST AD INTERIM thanked Member States for their support and involvement in the consultations on the implementation of resolution WHA75.8 (2022) on strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination. He noted that many Member States had underscored the need to build national clinical trial capacities that met international standards, particularly with regard to regulation and ethical oversight of clinical research. There was a need for international clinical trials, not only on emerging and other communicable diseases, but also on noncommunicable diseases, such as cancer, diabetes and mental health disorders. While the lessons learned from the pandemic of coronavirus disease (COVID-19) were very important in improving clinical trial ecosystems for health emergencies, they also represented a major opportunity to improve capacity in relation to endemic communicable and noncommunicable diseases.

Noting calls for the Secretariat to proceed with the mapping of the baseline of the global clinical trial ecosystem, he confirmed that the development of a self-assessment tool for clinical trial ecosystems would be further considered once that mapping exercise had been completed and any proposal concerning such a tool would be subsequently submitted to WHO’s governing bodies for consideration.

There would continue to be extensive consultations, both on the guidance itself and on the development of the self-assessment tool. Noting the requests for further consideration to be taken of the respective roles of Member States and non-State actors in strengthening the global clinical trial ecosystem and for greater international coordination and collaboration to ensure more efficiently designed and implemented high-quality multinational clinical trials, he said that the Secretariat planned to develop, in consultation with Member States, best practices for inclusion in the guidance, including on how best to improve efficiency while maintaining a focus on quality and safety. Lastly, he confirmed that the Secretariat would build on and complement existing guidance, including that of the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that the Secretariat had a broad framework to work with Member States on improving clinical trials across the spectrum and value chain, which was particularly important in health emergency response settings. End-to-end processes with standardized frameworks and methodologies were needed to maintain and gather clinical evidence in order to test countermeasures and ensure that they could be used safely at scale, especially in health emergency contexts. The Secretariat was putting in place an important baseline for that work.

He thanked Member States for their support for, input on and contributions to the PIP Framework, which had received more than US\$ 250 million in contributions in recent years. That had enabled the worldwide expansion of the WHO Global Influenza Surveillance and Response System and increased the support provided to Member States in the areas of surveillance and laboratory training, equipment and supplies. The OpenWHO platform was fully funded and developed through the Framework and had trained 7.5 million people worldwide during the COVID-19 pandemic, with 49 different courses on COVID-19 alone in 69 languages. Such investment brought benefits for work on all respiratory pathogens. Lastly, the sharing of seasonal influenza viruses was addressed by the WHO Global Influenza Programme and WHO Global Influenza Surveillance and Response System laboratories, and there was no intention to review the scope of the Framework at the current time.

The CHAIR took it that the Board wished to note the reports contained in documents EB152/13 and EB152/14.

The Board noted the reports.

At the invitation of the CHAIR, the representative of the OFFICE OF THE LEGAL COUNSEL read out the proposed amendment to paragraph 2 of the draft decision, which would read: “that, in order to ensure that the proportional division does not hinder necessary response measures during pandemic influenza emergencies, the Director-General shall continue to be able to modify temporarily the allocation of Partnership Contribution resources as required to respond to such emergencies; and that the Director-General shall promptly report on any such modification to Member States, and to manufacturers and other stakeholders”.

The decision, as amended, was adopted.¹

PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING (continued)

2. BEHAVIOURAL SCIENCE FOR BETTER HEALTH: Item 19 of the agenda (document EB152/25) (continued from the eleventh meeting, section 4)

The representative of CANADA expressed support for the proposed way forward to further encourage the application of behavioural science to improve health promotion and for the proposed

¹ Decision EB152(22).

establishment of a behavioural science function in all regional offices. Global communities of practice would be a useful forum for knowledge sharing, alongside the regional communities of practice proposed by the representative of the United Kingdom of Great Britain and Northern Ireland. Such actions would play an integral role in building new or strengthening existing behavioural science functions within Member States; reducing gaps; and fostering collaboration. He looked forward to identifying occasions for meaningful collaboration between behavioural scientists and public health leaders; contributing to international efforts to expand the use of behavioural science and related tools, including through partnerships; and sharing expertise and empirical evidence from behavioural science projects in his country, in areas such as antimicrobial stewardship, mental health, public health measures and climate change.

The representative of INDIA, highlighting the role of behavioural science and related community-based engagement in improving health outcomes, said that the path to universal health coverage required an understanding of people's health-related behaviours. The lack of uniform guidelines, well-established training materials and skilled teachers hindered the wider integration of behavioural and social sciences into medical training. The role of behavioural science in the management of chronic diseases was also important and should be integrated into disease control programmes. She called for more research, capacity-building, standard-setting, experimentation and investment in the area of behavioural science, and improved collaboration between public health experts and behavioural scientists.

The representative of CHINA said that he wished to be added to the list of sponsors of the draft decision on behavioural science for better health. WHO should continue to play a leading role in that regard by increasing coordination with other international organizations, setting up international cooperation projects to promote behavioural science for health, improving monitoring and evaluation systems and ensuring the effectiveness of disease prevention and control efforts.

Healthy behaviours could not be separated from a healthy environment, for which access to clean and safe water resources was a basic condition. As such, the decision taken by the Government of Japan to discharge contaminated water from the Fukushima nuclear power plant into the sea that coming summer was irresponsible. Such action would harm the global marine environment and threaten the health and safety of people around the world. He urged the Government of Japan to address the legitimate and reasonable concerns of the international community and work in consultation with neighbouring countries, other stakeholders and relevant international organizations in order to dispose of the contaminated water in a fair, transparent, scientific and safe manner.

The representative of DENMARK supported the Secretariat's work to promote and further strengthen the use of behavioural science in achieving improved health outcomes and the link between behavioural science and public health interventions and policies, highlighting the important role that social and behavioural science played in enhancing trust in health authorities. She also agreed on the central role of health literacy and social determinants in designing and carrying out behaviourally informed interventions, particularly in the light of the increasing use of digital and technical solutions in health care services. The Secretariat should provide more guidance on the link between health literacy and behavioural science and take steps to further support and facilitate knowledge sharing between Member States. Her Government stood ready to share its experience and good practice in that regard.

The representative of the REPUBLIC OF KOREA asked to be added to the list of sponsors of the draft decision.

The representative of PERU said that the Secretariat should share and build on the successful experiences of Member States in using behavioural science for better health. Close collaboration was essential to ensure that information on innovative initiatives, successful experiences and new evidence was shared in relation to the use of behavioural science in health programmes, particularly during health emergencies. It was also necessary to establish multidisciplinary teams made up of experienced public

health professionals, such as psychologists, adult-education specialists, anthropologists and sociologists. To better identify opportunities for improved integration of behavioural science theory, methods and practice across all public health functions and health areas, studies should be carried out with indicators to measure the progress made in improving health. Similarly, technical cooperation mechanisms should be created to enable public-sector staff to develop policies and programmes in that regard.

To reduce the gap between behavioural scientists and public health leaders, it was important to hold meetings of public health leaders, as well as technical meetings, to foster national and regional synergies. It was also important to strengthen communities of practice and develop other collaborative processes that involved both behavioural scientists and public health leaders. Lastly, a virtual platform should be created to enable consultations and the sharing of experience, scientific innovation and practices that could be replicated and adapted by other Member States.

The representative of COLOMBIA said that it was important to take into account the impact of social determinants on behaviour when developing related policies, particularly in developing countries. Behavioural science had a decisive role to play in ensuring informed decision-making on food and nutrition, particularly in terms of the eating habits of children and adolescents, the increasing consumption of ultra-processed products, and the broader relationship between food and nutrition, on the one hand, and health, social justice and environmental protection, on the other. She asked to be added to the list of sponsors of the draft decision.

The representative of MALDIVES highlighted the importance of taking a comprehensive approach to educate all relevant stakeholders and encourage dialogue between sectors and institutions on the value of behavioural science in pursuing and achieving public health goals and helping Member States to achieve the Sustainable Development Goals more rapidly. WHO and other global partners, including non-State actors, should play a crucial role in creating experience-sharing platforms and opportunities through global forums to reduce the gap between behavioural scientists and public health leaders and ensure systematic and meaningful collaboration. Such an approach would support the integration of behavioural science into strategies and plans aimed at promoting health and well-being, and help to address the socioeconomic determinants of health. Lastly, she wished to be added to the list of sponsors of the draft decision.

The representative of SLOVAKIA said that prevention was essential in tackling the prevalence of long-term chronic conditions, a large proportion of which could be avoided by changing health-related behaviours. While the contributions of behavioural and social science to improving public health had gained in prominence, it was still underutilized in practice and in relevant research. WHO regional offices should work on the delivery and development of regionally adapted frameworks, taking into account national and regional intersectoral strategies that applied aspects of behavioural and cultural science. Regional offices should show leadership in that regard and provide updates on low-bias evidence. Lastly, the Secretariat should include in future reports a comprehensive summary of recommendations based on evidence and best practices related to behavioural and social science, along with information on the related economic impact based on case studies.

The representative of FRANCE said that behavioural science was particularly promising for reducing stigma, improving access to care for mental health issues and advancing health education and psychosocial skills. That notably involved awareness-raising campaigns and initial and continuing training of health professionals. He welcomed WHO's rigorous scientific approach to identifying opportunities for improving the integration of behavioural science theory, methods and practices across all public health functions and health issues.

The representative of FINLAND¹ said that, while behavioural science could be a valuable additional tool in informing public health policies, interventions addressing individual health behaviour

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

were only one possible approach. Population-level approaches, such as fiscal measures to limit alcohol- and tobacco-related harm, had proved effective; environments could also be actively developed to encourage healthy choices. A Health in All Policies, whole-of-government and whole-of-society approach, informed as appropriate by behavioural science, was the most sustainable way to address determinants of health, reduce risk factors and achieve improved health outcomes. He accepted the draft decision.

The representative of URUGUAY,¹ describing related policies in her country, welcomed the Secretariat's proposed way forward and the additional information on the meeting on noncommunicable diseases of the Technical Advisory Group for behavioural insights and sciences.

The representative of IRELAND¹ asked to be added to the list of sponsors of the draft decision.

The representative of SINGAPORE¹ supported the use of behavioural science in informing public health policy to promote and sustain healthy behaviour. Sharing details of related initiatives in his country, he stressed the vital role of the private sector and strong public-private partnerships in identifying opportunities to better integrate behavioural science into public health policy-making. He encouraged the Secretariat and Member States to embrace digital health technology, for example by deploying smart nudges to initiate and sustain healthy behaviour changes through positive reinforcement.

The CHIEF SCIENTIST AD INTERIM said that it was important to develop and use methodologically sound, high-quality behavioural science to ensure optimal delivery of health care, as had been demonstrated during the COVID-19 pandemic. Understanding the context-specific drivers and barriers to health, with particular attention to the environment around the individual, was essential to ensure an effective response to health issues. Given the importance of context, it was important for regional and country offices to lead the adaptation of evidence-based tools and lessons learned. Creation of local capacities was essential, as was the ongoing generation and use of regional- and country-specific social and behavioural data. The capability, motivation and opportunity of the public health workforce to use relevant and timely behavioural data and evidence in its work also needed to be reinforced, and the Secretariat would work with the WHO Academy to strengthen capacities in that regard. Moving beyond academic research, the Secretariat would provide additional tools through the technical advisory groups, the creation of new collaborating centres and the creation of communities of practice in that area.

The DIRECTOR-GENERAL agreed that the COVID-19 pandemic had demonstrated the importance of behavioural insights, and said that the Secretariat was stepping up its efforts in that regard.

The CHAIR took it that the Board wished to note the report contained in document EB152/25.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision on behavioural sciences for better health.

The decision was adopted.²

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

² Decision EB152(23).

Rights of reply

The representative of JAPAN, speaking in exercise of the right of reply, said that her Government's handling of wastewater from the Fukushima Daiichi Nuclear Power Station was in strict compliance with international standards and practices. Her Government had received a number of IAEA review missions since February 2022 and had incorporated the findings of those missions into its discharge plans. It would continue to work with the IAEA review missions and take measures on the basis of relevant findings. Furthermore, her Government had provided explanations of its handling of the wastewater to the international community and would continue to do so in a highly transparent and evidence-based manner. The radioactive concentration of the water to be discharged was far below regulatory standards, and an assessment had shown that the radiological impact of the discharge on the public and marine environment would be very low. Comments referring to "the discharge of contaminated water into the sea" were therefore not based on scientific evidence.

The representative of CHINA, speaking in exercise of the right of reply, said that there was no recognized technology for the effective treatment and purification of some of the radionuclides contained in the large amount of contaminated water to be discharged from the Fukushima nuclear power plant. Within a decade, the wastewater would have spread around the world, seriously affecting the health of the global population for generations to come. Regrettably, the Government of Japan had not provided credible, scientific explanations on key issues, such as the reliability of related data and the effectiveness of the treatment process. He again urged the Government of Japan not to commence the discharge of contaminated water into the sea without holding meaningful consultations with neighbouring countries and other stakeholders in order to address their legitimate concerns. The contaminated water should be disposed of in an open, transparent and scientific manner.

The meeting rose at 19:05.

SEVENTEENTH MEETING

Tuesday, 7 February 2023, at 10:10

Chair: Dr K.V. PETRIČ (Slovenia)

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

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

Statement by the representative of the WHO staff associations: Item 25.2 of the agenda (document EB152/INF./2)

Report of the Ombudsman: Item 25.3 of the agenda (documents EB152/INF./3 and EB152/INF./4)

The CHAIR invited the Board to consider the statement contained in document EB152/INF./2 and the reports contained in documents EB152/INF./3 and EB152/INF./4. She drew attention to the report of the Programme, Budget and Administration Committee of the Executive Board contained in document EB152/4, paragraphs 64–71.

The representative of the WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, PAHO, IARC and UNAIDS, highlighted the fundamental elements of a respectful workplace, and said that all policies, initiatives and strategies pertaining to WHO's Code of Ethics and Professional Conduct, particularly those on the prevention of abuse, would be established under the umbrella of the Respectful Workplace initiative. The Organization's internal justice system must be transparent, equitable and accountable, and must not give preference to high-level staff members. There should be absolute transparency with regard to the work of the Global Board of Appeal. He welcomed the call for staff legal provision in each regional office, and said that WHO should invest in training staff members on the functioning of the internal justice system. The efforts of the internal and external legal counsellors should be complementary, without prejudice to their independence and sense of trust.

The agreed flexible working arrangements should be implemented in all Member States. He looked forward to the report and recommendations of the Task Force on Contractual Modalities. Generic post descriptions and the forthcoming short-term development policy, as well as managed mobility and global rosters, should be implemented. He welcomed the introduction of staff counsellors and looked forward to similar initiatives, particularly for staff members working in countries affected by health emergencies. The recent amendments to the WHO Staff Health Insurance rules relating to mental health benefits were welcome. He noted that the Staff Health Insurance contributions would not increase in the year 2023. The Board should continue exploring ways to expand recognition of the Staff Health Insurance card.

Lastly, he drew attention to the devaluation of local currencies in a number of duty stations. In that context, the Board should review its methodology for determining salaries or distribute part of the salary in a foreign currency. The Organization must ensure that staff members received salaries equal to those paid by comparable employers.

The OMBUDSPERSON, speaking on behalf of all WHO ombudspersons, reiterated that informal resolution should be seen as the first and best option for solving problems. She acknowledged, however, that some staff members still believed informal resolution to be less effective than formal resolution.

The informal resolution process was only credible if staff members felt supported and the accountability of all parties was assured. Constructive dialogue, through mediation, was one way to ensure accountability without fear of retaliation. However, staff members' trust in mediation must be reinforced and the facilitator was crucial to that process. All the Organization's support mechanisms should be used together to tackle individual and systemic problems. Delays in resolving cases had negative consequences. She therefore suggested that the Organization explore ways to expand and decentralize its decision-making capacity to more managers in order to reduce such delays.

All members of the WHO workforce deserved care, respect and adherence to their contractual terms. She highlighted that non-staff members faced a number of challenges; the Organization must review its approach to supporting them, for example through the establishment of dedicated administration focal points. She welcomed the decision to make the Respectful Workplace initiative a formal programme. She urged the Organization to listen to staff members' suggestions regarding the actions required to establish a respectful workplace at WHO, in which the Organization's values could be seen in action.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND commended the tireless efforts of all WHO staff members. He looked forward to hearing more from WHO leadership on the issues raised by the representative of the staff associations and the Ombudsperson, with particular regard to the internal justice system and mental health and well-being.

The representative of the UNITED STATES OF AMERICA expressed gratitude for the staff associations' work to listen to, coordinate and share the views of WHO staff members. Senior management should continue to work collaboratively with the staff associations. She expressed appreciation for the role of the Office of the Ombudsman and Mediation Services in providing recommendations on ways to address challenges affecting staff across the Organization. She commended efforts to implement the Ombudsperson's recommendations, which were contained in documents EB152/INF./3 and EB152/INF./4.

The representative of CHINA emphasized the importance of a respectful workplace. The Secretariat should continue to place value on diversity and inclusivity, treat all staff members fairly and equitably, prevent abusive conduct and apply a zero-tolerance policy to all forms of discrimination, sexual exploitation, harassment and abuse.

The representative of JAPAN reiterated that for all WHO staff members to reach their full potential, the workplace must not only protect their physical and mental health, but also guarantee their psychological safety. She expressed the hope that the Organization would take into consideration regional mental health initiatives.

The DIRECTOR-GENERAL, recognizing that the strength of any health system was dependent on the strength of its health workforce, said that the Secretariat was committed to making WHO an inclusive, safe and respectful workplace by actively engaging with the workforce in five key areas.

The first was to ensure that staff members were heard. Senior management must continue to engage with all staff members and respond to their needs and ideas. His open-door sessions were an example of successful practice. He agreed to the regional staff associations' request to meet more frequently. The staff associations had been integral to the establishment of the Respectful Workplace initiative. Highlighting improvements already made to the Organization's internal justice system, he took note of the recommendations produced following its review, many of which the Secretariat would implement.

The second key area of work was to address issues of importance to staff members. Consultations between the staff associations and the Secretariat had led to improvements in family reunification procedures and discussions on flexible working arrangements, contractual modalities, mobility and career pathways. Under the guidance of the Global Staff/Management Council, dialogue with staff members had improved and issues were being addressed in a more timely fashion. Regional

representatives had proposed recommendations on how to better position the Organization to deliver its mandate at the country level. He expressed the hope that many of those recommendations would be achieved over the next one hundred days, as part of the recently launched 100-day challenge.

The third key area of work was to enable staff members to reach their full potential. The Secretariat continued to invest in career development through the WHO Academy, the Pathways to Leadership Programme, the United Nations System Staff College, the Global Language Programme, the Global Learning and Development Committee and the global internship programme. The Secretariat had updated and rolled out mandatory training on the prevention of, and response to, sexual exploitation, abuse and harassment, and would launch the WHO Ethics Empowerment mandatory training in the year 2023.

The fourth key area of work was to increase diversity, equity and inclusion. The Secretariat had increased opportunities for young health professionals, in particular from low- and middle-income countries. To increase engagement with young people, the Organization had launched the WHO Youth Council and the Global Model WHO. He highlighted the Organization's achievements with regard to ensuring gender parity across the whole workforce and parental leave, which demonstrated the Secretariat's commitment to cultural change within WHO.

The fifth key area of work was to protect the safety, health and well-being of the workforce. The Organization was applying the WHO Guidelines on mental health at work, harnessing in-house technical expertise to support the workforce. It was also leading efforts to strengthen professional health and safety across the United Nations System. The Organization had enhanced the staff health insurance provision; and further improvements were expected later in the year 2023. The coronavirus disease (COVID-19) pandemic had led to permanent policy changes, including more flexible working arrangements, psychosocial counselling, wellness programmes and peer support groups. He drew attention to the WHO Platform on Mental Health and the 24/7 counselling service, which had been launched in the year 2022.

However, the lack of predictable and flexible financing had led to continued reliance on consultants and short-term contracts that did not provide job security. The agreed increase in assessed contributions should help to address that challenge, but Member States' support was also necessary. Member States' should also support the Secretariat's work to address the impact of currency devaluation on salaries. Another challenge was the accessibility of offices, particularly country offices, for persons with disabilities. In the year 2022, the Organization had revised its policy on employment of persons with disabilities and developed standard operating procedures for reasonable accommodation. Member States were encouraged to invest in WHO premises at the country level to ensure the inclusion of all members of the workforce.

Human resources: Item 25.4 of the agenda (documents EB152/47 and EB152/47 Add.1) (continued)

Amendments to the Staff Regulations and Staff Rules: Item 25.5 of the agenda (documents EB152/49 and EB152/49 Add.1)

The CHAIR drew attention to the draft resolution on a housing allowance for the Director-General, contained in document EB152/47, the financial and administrative implications of which were contained in document EB152/47 Add.1. She also drew attention to the two draft resolutions, contained in document EB152/49, on the remuneration of staff in the Professional and higher categories, dependants for family reunification purposes and parental leave, and on the remuneration of staff in ungraded positions and the Director-General. The financial and administrative implications of the two draft resolutions were contained in document EB152/49 Add.1. Lastly, she drew attention to the report of the Programme, Budget and Administration Committee of the Executive Board contained in document EB152/4, paragraphs 72–84.

The representative of MALDIVES, speaking in her capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, read out the action recommended by that Committee, contained in document EB152/4, paragraph 84.

The representative of the RUSSIAN FEDERATION asked why only workforce data as at July 2022 was available on the Member States Portal, despite data being available from December 2022. The Secretariat should provide monthly workforce statistics, such as those provided by the United Nations Secretariat. He requested clarification on the outcomes of the work done by the Task Force on Contractual Modalities. He asked whether the Secretariat would collaborate with the International Civil Service Commission with regard to that work. He further requested that the Secretariat explain how fraud prevention was being carried out within the Organization. WHO should work with other organizations within the United Nations system in that regard and a unified strategy should be developed.

WHO's dependency on consultants was alarming, prevented staff members from achieving their potential and had a negative impact on the Organization's budget. While gender parity was important, recruitment should be based on candidates' skills and the need to ensure fair geographical representation. With regard to the amendments to the Staff Rules, he welcomed the Secretariat's commitment to align with recommendations made by the United Nations General Assembly, including the introduction of unified parental leave. However, he did not support the use of the term "birthing mother/parent" in the amendments proposed to Staff Rules 760.2 and 760.4, as it was not in line with the terminology used in the report of the International Civil Service Commission for 2022. He proposed that the original term, "mother", should be retained. Finally, he said that the failure to translate the amendments to the Staff Rules into Russian undermined the principle of multilingualism.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, the Republic of Moldova and Bosnia and Herzegovina, as well as the European Free Trade Association country Norway, aligned themselves with her statement. She welcomed the work done so far towards a respectful workplace. The Organization should reform the Human Resources Management System and improve the management of staff performance. There should be clear targets and indicators relating to such reform. The extensive use of short-term contracts should be avoided. There should be a mechanism to ensure that staff members were not unduly affected by the devaluation of local currencies. The recruitment and management of WHO Representatives should be further improved. Staff members working in country offices should have international expertise as well as national knowledge, and should be deployed on a long-term basis. Country offices should support Member States' efforts to develop health policies and systems. In that regard, she highlighted the joint strategy by the WHO Regional Office for Europe and Member States in the European Region, entitled Delivering United Action for Better Health. The Secretariat should provide more information in governing bodies meetings on efforts undertaken to ensure that WHO had a greater impact at the country level. Technical work should be more efficient, and avoid silos and duplication. The Organization should enhance reporting, especially on sensitive topics, such as abusive conduct and sexual harassment.

The representative of AFGHANISTAN said that WHO's success was a product of the quality of its workforce, particularly during emergencies. However, he asked whether any evaluation had been undertaken to ensure that the online system for tracking staff applications facilitated, rather than prevented, progress towards a diverse WHO workforce.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, welcomed the initiatives to strengthen human resources, particularly the Young Professionals Programme. He commended the Organization for its achievements in bridging the gender gap overall. However, little progress had been made in recruiting women from States currently underrepresented on the workforce, and fewer women than men were leading country offices and held P6, D1 or D2 positions. Therefore, more focus should be placed on gender parity. The Organization should raise more awareness of its online training courses for the public, which were free of charge. He expressed support for the ongoing reform of the enterprise resource planning system.

Turning to the amendments to the Staff Rules, he accepted the new term "unified parental leave". However, the use of the term "birthing mother/parent" was not in line with the terminology used in the

report of the International Civil Service Commission for 2022. Therefore, he suggested that it should be replaced by “biological mother”, which was in line with the Commission’s report.

The representative of the UNITED STATES OF AMERICA expressed support for the amount proposed for the Director-General’s housing allowance and the process of updating his contract, as set out in document EB152/47. She supported the adoption of the amendments to the Staff Rules on parental leave. She appreciated WHO’s work to update the rules to establish unified parental leave, provide for increases in the duration of such leave, and to modernize the language relating to parental leave in order to reflect an inclusive and diverse workforce.

The representative of TIMOR-LESTE commended the contribution of WHO’s workforce to the response to COVID-19. She said that mental health, mandatory training on the prevention of and response to sexual exploitation, abuse and harassment, and the well-being of the WHO workforce had a considerable impact on the workplace. The Secretariat should continue its efforts in those areas. She expressed support for the draft resolutions.

The representative of OMAN expressed support for the comments made by the representative of Senegal. She supported the use of the terms “maternal leave” and “paternal leave” but expressed her Government’s reservation regarding the use of the term “birthing parent”.

The representative of ETHIOPIA emphasized the need to ensure consistent language and expressed support for the use of the term “birth mother”. WHO’s governing bodies should not make any decision until the United Nations General Assembly had endorsed agreed language on the subject.

The DIRECTOR (Human Resources) said that the Secretariat routinely presented to the Board at its January meeting the workforce data as at July of the preceding year, and presented to the Health Assembly the workforce data as at December of the preceding year. However, she had provided a verbal update to the Board on certain aspects of the workforce data as at December 2022, as they had already been available. The Secretariat would consider how it could align its approach to workforce data with that of other United Nations agencies. Concerning the outcomes of the Task Force on Contractual Modalities, a report and recommendations had been delivered in December 2022. More information on the actions to be implemented would be provided at the Seventy-sixth World Health Assembly. All the actions were in line with the provisions, entitlements and benefits promulgated by the International Civil Service Commission. The Secretariat would engage with unrepresented and underrepresented Member States, in particular, to improve geographical representation among its workforce. The Secretariat would work to include clear targets and indicators relating to improvements to Human Resources Management in future reports. Efforts would be made to avoid the extensive use of short-term contracts. The Secretariat would consider how to better assess its recruitment system and share the results of that assessment, particularly with regard to diversity and accessibility.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) said that a central business intelligence unit had been established to provide transparent access to detailed workforce data. Those sensitive data would be available on the Member States Portal once adequate data security provisions were in place. Member States must also ensure data confidentiality. The Task Force on Contractual Modalities was collaborating not only with the International Civil Service Commission, but also with the High-level Committee on Management. The Secretariat would ensure that its work was aligned with best practices in the United Nations system. However, WHO must continue to lead change, for example in the terminology used in the Staff Rules.

The Secretariat had implemented a new fraud prevention policy that included a network of trained compliance officers and mandatory fraud prevention training. Further information could be provided during the intersessional period. The Secretariat was seeking to address – in a systemic manner – the dependency on consultants and temporary contracts. In that regard, ensuring sustainable financing was

key. Concerning currency devaluation, representatives of Member States must discuss how to determine local salaries at meetings of the International Civil Service Commission and United Nations General Assembly; WHO could not act alone. The Secretariat was considering the recruitment and management process for WHO Representatives and would keep Member States informed of progress.

The representative of the OFFICE OF THE LEGAL COUNSEL said that, from a legal perspective, the Staff Rules applied to staff members. Therefore, “staff member giving birth” would be the ideal term to be used, in order to reflect the intent of the Rules in question. If that were not possible, she recognized that several alternatives had been proposed. Any term chosen must be able to be translated into all WHO official languages without ambiguity; she was unsure whether “biological mother” met that requirement.

The Board noted the reports contained in documents EB152/47 and EB152/49 and concurred with the Programme, Budget and Administration Committee’s guidance.

The CHAIR took it that the Board wished to adopt the draft resolution on a housing allowance for the Director-General, contained in document EB152/47.

The Board adopted the resolution.¹

The CHAIR invited the Board to adopt the draft resolution on the remuneration of staff in the Professional and higher categories, dependants for family reunification purposes and parental leave, contained in document EB152/49.

The representative of the RUSSIAN FEDERATION, supported by the representative of ETHIOPIA, requested clarification as to the exact wording that would be used in Staff Rules 760.2 and 760.4 relating to parental leave, if the draft resolution under discussion was adopted.

The representative of the OFFICE OF THE LEGAL COUNSEL said that, if the draft resolution was adopted, the terminology used in relation to parental leave in Annex 2 to document EB152/49 would be “birthing mother/parent”. She emphasized that the Board had to agree on a term, as the current term could not be retained. She recalled that several alternatives had been proposed: “birthing mother”, “birth mother”, “biological mother” and “staff member giving birth”. The Board could also agree to another alternative.

The representative of the RUSSIAN FEDERATION said that he did not support “birthing mother/parent” or “staff member giving birth”, as neither solved the issue at hand. Further consultations would be necessary if Member States could not reach a consensus.

The representative of ETHIOPIA wished to use terminology consistent with that used by the International Civil Service Commission and United Nations General Assembly. Therefore, “birthing mother” could not be used. Furthermore, WHO should not pre-empt decisions that were yet to be made by the United Nations General Assembly. She recommended using the term “birth mother”, which was aligned with the terminology used by the International Civil Service Commission.

The representative of the UNITED STATES OF AMERICA supported the use of “staff member giving birth”, which provided the necessary clarity. She also supported the original proposed amendment, “birthing mother/parent”, and agreed that the Staff Rules should be updated to ensure inclusivity of all WHO staff members.

¹ Resolution EB152.R5.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND supported using the term “birthing mother/parent”. However, if consensus could not be reached in that regard, his Government would accept the term “staff member giving birth”.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) recognized differing opinions on whether to use approved terminology or forward-leaning language. He proposed retaining the existing terminology “birth mother” in the current draft resolution, and then update the Staff Rules at a later date, pursuant to any updated language approved by the United Nations General Assembly. The goal of the Secretariat was to ensure that the Staff Rules used terminology that was as inclusive and neutral as possible.

The representative of ETHIOPIA agreed with the approach proposed by the Secretariat.

The representative of the UNITED STATES OF AMERICA agreed to use the terminology approved by the International Civil Service Commission. However, she proposed that the draft resolution should be amended to reflect that the wording used therein would be further amended in order for the Organization to align itself with the terminology agreed upon by the forthcoming United Nations General Assembly.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) requested that the Secretariat should propose an amendment to the draft resolution to ensure that the Staff Rules would be updated pursuant to terminology agreed by the United Nations General Assembly or the International Civil Service Commission.

The representative of the OFFICE OF THE LEGAL COUNSEL said that the proposed amendments to the Staff Rules would be changed such that “birth mother” would replace “birthing mother/parent” in Staff Rules 760.2 and 760.4. Thus, the draft resolution could be adopted.

The representative of the UNITED STATES OF AMERICA, supported by the representatives of DENMARK, FRANCE, CANADA and COLOMBIA, reiterated that the wording of the draft resolution should also provide for further modifications to the terminology used therein.

The representative of SLOVAKIA expressed agreement with the emerging consensus position.

The representative of ETHIOPIA requested the Secretariat to read out the draft resolution as amended.

At the request of the CHAIR, the representative of the OFFICE OF THE LEGAL COUNSEL read out the revised proposed draft resolution on the remuneration of staff in the Professional and higher categories, dependants for family reunification purposes and parental leave, contained in document EB152/49, which would read:

The Executive Board,

Having considered the report on amendments to the Staff Regulations and Staff Rules,

CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General with effect from 1 January 2023 concerning the remuneration of staff in the Professional and higher categories, dependants for family reunification purposes and parental leave, as amended, considering that the wording may be reviewed in the future as necessary.

The representative of the RUSSIAN FEDERATION said that while the Board had agreed to maintain the terminology used by the International Civil Service Commission and to amend the draft resolution to note that the wording could be reviewed subsequently, it seemed to him that the draft resolution still included the original proposed wording to which he had not agreed.

The representative of the LEGAL COUNSEL reiterated that the term “birthing mother/parent” would be replaced by “birth mother”, and that the draft resolution would provide for the wording to be reviewed in the future, as necessary.

The representative of the RUSSIAN FEDERATION thanked the Secretariat for the clarification.

The representative of the UNITED STATES OF AMERICA welcomed the proposed amendment read out by the Secretariat. She requested that the summary records of the meeting should reflect that the term “birth mother” was of particular importance to Board members.

The representative of ETHIOPIA proposed adding “and in accordance with agreed language” after “in the future as necessary” in the final paragraph of the revised draft resolution.

The representative of the UNITED STATES OF AMERICA understood the spirit of the proposal by the representative of Ethiopia. However, the term “agreed language” was unclear and she said that she would prefer to retain the wording of the revised draft resolution.

The CHAIR took it that the Board wished to adopt the draft resolution, as amended, on the remuneration of staff in the Professional and higher categories, dependants for family reunification purposes and parental leave, contained in document EB152/49.

The resolution, as amended, was adopted.¹

At the request of the CHAIR, the representative of the OFFICE OF THE LEGAL COUNSEL read out the draft resolution on the remuneration of staff in ungraded positions and the Director-General, contained in document EB152/49.

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

The resolution was adopted.²

Report of the International Civil Service Commission: Item 25.6 of the agenda (document EB152/50)

Reform of the global internship programme: Item 25.7 of the agenda (document EB152/51)

Implementation of the United Nations Disability Inclusion Strategy, including the WHO policy on disability: Item 25.8 of the agenda (document EB152/52)

The CHAIR invited the Board to consider the reports contained in documents EB152/50 and EB152/51. She drew attention to the report of the Programme, Budget and Administration Committee of the Executive Board contained in document EB152/4, paragraphs 74–84. She also invited the Board to consider the report contained in document EB152/52, in particular the guiding questions set out in paragraph 15.

¹ Resolution EB152.R6.

² Resolution EB152.R7.

The representative of the RUSSIAN FEDERATION asked how many days it took, on average, to select candidates for the global internship programme. He also asked whether the Secretariat was taking into account the recommendations provided by the Joint Inspection Unit in that regard, which were set out in the Unit's 2018 review of internship programmes in the United Nations System, contained in document JIU/REP/2018/1. As noted in recommendation 6 of that review, voluntary contributions could provide a basis for further development of the global internship programme.

He took note of the need for the Health Assembly to adopt any amendments to the International Civil Service Commission Statute. The Secretariat should ensure that all employees received the mandatory training on the prevention of and response to sexual exploitation, abuse and harassment. It should also regularly implement training programmes to prevent fraud and corruption, particularly in higher risk areas of work, such as procurement. He expressed support for a briefing to be held on fraud prevention, as proposed by the Secretariat earlier in the meeting.

The representative of GHANA, speaking on behalf of the Member States of the African Region, welcomed the Secretariat's robust efforts to guarantee transparency and accountability in the application process for the global internship programme. Country offices should be equipped to raise awareness of the internship programme among academic institutions. All interns should be provided with the conditions necessary to make the most of their internship. The global internship programme should be seen by Member States as a capacity-building tool. She called for the establishment of systems to ensure that workers in health ministries were involved in the global internship programme. The programme's eligibility criteria should be revised to include candidates who were neither enrolled on nor had recently completed an academic programme. The COVID-19 pandemic had hindered the implementation of resolution WHA71.13 (2018), and she called for the Organization to ensure that 75% of interns in the global internship programme came from low- and middle-income countries.

The continued implementation of the United Nations Disability Inclusion Strategy and the WHO policy on disability would strengthen the capacity of staff members across the three levels of the Organization. She endorsed the recommendations of the International Civil Service Commission to revise the unified base salary scale and update the pay protection points for the Professional and higher categories.

The representative of BRAZIL commended the progress made towards the targets of the United Nations Disability Inclusion Strategy accountability framework. Nevertheless, she expressed concern regarding the indicators for which the rating had been "missing". The Organization should implement systematic steps to make meetings and events accessible. She noted that WHO was expected to approach requirements for the indicator on procurement in the year 2023. Considering that the indicators on consultation with persons with disabilities and on reasonable accommodation had remained unchanged since the year 2019, she requested further information on action being taken to meet the requirements for those indicators.

The representative of CANADA welcomed the progress made in implementing the United Nations Disability Inclusion Strategy, notably under the indicators related to leadership and institutional set-up. She encouraged the Organization to strengthen its efforts to consult organizations of persons with disabilities to ensure that requirements for the indicator on consultation with persons with disabilities were met and to take action on indicators where gaps persisted. Recognizing the cross-cutting nature of work on disability inclusion, she said that efforts should be better coordinated at all levels of the Organization. Close collaboration at the country level would ensure that existing resources were systematically and efficiently invested. She asked how WHO would encourage its country and regional offices to work more closely with United Nations country teams and resident coordinators to fully implement the United Nations Disability Inclusion Strategy on the ground. Information on such collaboration should be included in future progress reports.

The representative of BOTSWANA welcomed the progress made to strengthen the global internship programme since its relaunch. The programme enabled public health workers to gain insight into global health policy and governance. As the Organization had not met its target of ensuring that, by 2022, at least 50% of accepted interns came from least developed and middle-income countries, and given that the COVID-19 pandemic had further widened the gap between low- and middle-income countries and developed countries, she proposed that at least 70% of accepted interns should come from least developed and middle-income countries. Thus, the capacities of those Member States to implement WHO programmes would be strengthened. The eligibility criteria for the global internship programme should be revised. Regarding the United Nations Disability Inclusion Strategy, she urged the Secretariat to build Member States' capacities to ensure its full implementation.

The representative of COLOMBIA, welcoming the Organization's implementation of the United Nations Disability Inclusion Strategy, said that the technical support provided to Member States should be streamlined in order to address disability inclusion in health system strengthening and to meet the requirements relating to the indicators set out in the Strategy. She emphasized the importance of working towards meeting the requirements for the indicators on consultation with persons with disabilities and on conferences and events. The disability-inclusive health services toolkit and its complementary training packages, identified in paragraph 10(c) of document EB152/52, and the Global standard on accessibility of telehealth services, identified in paragraph 10(e) of document EB152/52, should be translated into the Organization's six official languages and be widely distributed.

The representative of ISRAEL¹ said that the ambitious implementation of the United Nations Disability Inclusion Strategy would achieve visible results. While WHO had made progress on the indicators of the Strategy's accountability framework, much work remained to be done. She noted with satisfaction that the Organization was implementing the United Nations guidelines on consulting with persons with disabilities. Partnerships should be established in all regions. She asked what steps were being taken to develop a systematic process to ensure the active involvement of organizations of persons with disabilities across technical and enabling functions. Commending the Secretariat on its efforts to attract, recruit and retain persons with disabilities, she asked what policies had been developed in that regard and how many persons with disabilities were working for WHO. The Secretariat should accelerate its efforts to increase access to all WHO premises and to provide guidelines for ensuring accessibility for all in-person and online WHO events.

The representative of JAMAICA¹ said that while work had been done to increase access to the global internship programme, there was room for improvement. While it was understandable that the COVID-19 pandemic had affected the progress of reforms, the lack of geographical diversity among interns was discouraging. She urged WHO to extend the target date for ensuring that at least 50% of accepted interns on the programme came from least developed and middle-income countries to the year 2025. The Secretariat should clarify the mechanisms used to ensure a fair application process and adherence to guidelines on gender balance and geographical diversity. The Organization should focus on its goal of building future leaders in public health, as envisaged in resolution WHA71.13. Therefore, she asked how the Organization planned to improve the training curriculum for interns to achieve that goal.

The DIRECTOR (Human Resources) said that the length of time taken to recruit interns for the global internship programme was aligned with the timeline used for the recruitment of WHO staff members: 80 working days or 112 calendar days. Overall, the global internship programme complied with guidance from the Joint Inspection Unit. However, she said that some of the Unit's recommendations had not yet been implemented, notably those relating to diversity with respect to participants' university backgrounds and sustainable financing. With regard to the target of 50% of accepted interns from least developed or middle-income countries, she clarified that data on the global

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

internship programme was lacking because it had been suspended during the COVID-19 pandemic. Nevertheless, the Secretariat was taking measures to improve the outreach of the programme and achieve its targets, and was applying the lessons learned from the Young Professionals Programme. She noted Member States' requests to review the eligibility criteria for the global internship programme. The Secretariat would consider the various related mechanisms for talent acquisition and capacity-building, and ensure that any review met the objectives of Member States.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Communicable and Noncommunicable Diseases) thanked Member States for holding the Secretariat accountable with regard to progress on the United Nations Disability Inclusion Strategy. Since the launch of the WHO policy on disability, progress on the Strategy's indicators had been driven by the establishment of the United Nations Disability Inclusion Strategy steering committee, working group and secretariat, as well as the establishment of the WHO action plan on the United Nations Disability Inclusion Strategy, which had been funded through flexible funds. She acknowledged, however, that more must be done to systematically integrate disability into all programme areas, at all levels of the Organization. She recognized the efforts of the voluntary staff group, Embracing Disability Affinity – Resource Group, in driving discussions on organizational culture. The Secretariat would do more to build staff members' capacities on disability inclusion.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) said that disability inclusion was implemented through the recently launched United Nations Disability Inclusion Strategy steering committee, which would inform representatives across the regions of challenges and expectations, based on technical expertise. He sought support from Member States to address accessibility challenges faced by country offices. The Secretariat would publish policies and guidelines on accessibility at in-person, hybrid and virtual conferences and events prior to the Seventy-sixth World Health Assembly. He highlighted that the Organization had already made great strides in ensuring that persons with disabilities could more actively and fully participate in deliberations. The Secretariat expected an improvement in the accountability framework indicator on procurement, given that – for example – the Secretariat's policies were accessible and bidding documents were being translated for persons with disabilities.

The CHAIR took it that the Board wished to note the report of the International Civil Service Commission, contained in document EB152/50, and the report on the reform of the global internship programme, contained in document EB152/51, and concur with the recommendations of the Programme, Budget and Administration Committee of the Executive Board contained in paragraphs 74–84 of document EB152/4.

The Board noted the reports contained in documents EB152/50 and EB152/51 and concurred with the Programme, Budget and Administration Committee's guidance. The Board also noted the report contained in document EB152/52.

2. GOVERNANCE MATTERS: Item 23 of the agenda (continued)

WHO Reform: Item 23.3 of the agenda (continued)

- **Involvement of non-State actors in WHO's governing bodies** (documents EB152/38 and EB152/38 Add.1) (continued from the fifteenth meeting, section 2)

The CHAIR drew attention to the draft decision contained in document EB152/38 and the amendments to the draft decision proposed by the representatives of Canada and Oman, which read:

The Executive Board, having examined and noted the report on WHO governance reform: Involvement of non-State actors in WHO's governing bodies,¹

Decided:

- (1) that the constituency statements will continue to be implemented during all WHO governing bodies meetings, in accordance with the modalities outlined in paragraphs 15 to 17 of document EB152/38;
- (2) to include the two UN Observer States in this process without any prejudice to the new way of work; [OMAN]
- (3) the Secretariat regularly consults Member States and non-State actors in official relations with a view to improving these modalities based on such consultations, and that the results of the first consultation be presented for consideration to the 156th session of the Executive Board. [CANADA]

The financial and administrative implications for the Secretariat of the draft decision were contained in document EB152/38 Add.1.

She invited the representative of Oman to clarify his proposal.

The representative of OMAN said that, while they were welcome, the Executive Board's ongoing efforts to improve the way in which statements were delivered, and to raise recognition of the vital role of non-State actors in the improvement and delivery of health care globally, the active role that Palestine played in the Region must also be recognized. He expressed concern that, under the new modalities for the delivery of statements, Palestine had been relegated to always being the last to address the Board. He proposed that the draft decision contained in document EB152/38 should be amended to add the wording, "and to include the Observer Palestine in this process without any prejudice to the new way of work".

The representative of the UNITED STATES OF AMERICA welcomed the proposed amendment to the draft decision made by the representative of Canada. However, she did not understand why the proposal made by the representative of Oman gave precedence to only one observer. She did not support the amendment proposed by the representative of Oman that had been circulated previously, nor the updated version that had just been read out.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND concurred with the comments made by the representative of the United States of America.

The CHAIR took it that the Board wished to postpone the adoption of the draft decision to allow for further consultations among Member States.

It was so agreed.

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

¹ Document EB152/38.

3. REPORT ON MEETINGS OF EXPERT COMMITTEES AND STUDY GROUPS: Item 26 of the agenda

- **Expert advisory panels and committees and their membership** (documents EB152/53 and EB152/53 Add.1)

The CHAIR invited the Board to consider the reports contained in documents EB152/53 and EB152/53 Add.1.

The representative of SLOVAKIA sought clarification on the term “membership” in the subheading “Expert advisory panels and committees and their membership” in the report on meetings of expert committees and study groups, contained in document EB152/53 Add.1. He requested that future reports clearly state how members had been selected and the eligibility criteria for membership.

The CHIEF SCIENTIST said that the composition of the expert advisory panels and committees was agreed by the Executive Board and the World Health Assembly and documented. The Secretariat welcomed the proposal to include information in individual reports on membership selection in future reports.

The Board noted the reports contained in documents EB152/53 and EB152/53 Add.1.

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

Foundation committees and selection panels: Item 24.2 of the agenda (document EB152/44)

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 State of Kuwait Health Promotion Foundation’s His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion for 2023 to the National Centre for Chronic and Noncommunicable Disease Control and Prevention of China and Dr Abla Mehio Sibai from Lebanon for their outstanding contribution to research in the areas of health care for the elderly and in health promotion. Each laureate would receive a plaque and US\$ 20 000.¹

Sasakawa Health Prize

Decision: The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2023 to the Nick Simons Institute of Nepal and Professor Vichai Tienthavorn from Thailand for their outstanding innovative work in health development. Each laureate would receive a statuette and US\$ 20 000.²

Nelson Mandela Award for Health Promotion

¹ Decision EB152(24).

² Decision EB152(25).

Decision: The Executive Board, having considered the report of the Nelson Mandela Award for Health Promotion Selection Panel, awarded the Nelson Mandela Award for Health Promotion for 2023 to Dr Mariam Athbi Al-Jalahma from Bahrain for her significant contribution to health promotion. The laureate would receive a plaque.¹

Dr LEE Jong-wook Memorial Prize for Public Health

Decision: The Executive Board, having considered the report of the Dr LEE Jong-wook Memorial Prize Selection Panel, awarded the Dr LEE Jong-wook Memorial Prize for Public Health for 2023 to Dr Jorge Francisco Meneses from Guatemala for his outstanding contribution to public health. The laureate would receive a plaque and US\$ 100 000.²

United Arab Emirates Health Foundation Prize

Decision: The Executive Board, having considered the report of the United Arab Emirates Health Foundation Prize Selection Panel, awarded the United Arab Emirates Health Foundation Prize for 2023 to Dr Maria Asuncion Silvestre of the Philippines for her outstanding contribution to health development. The laureate would receive US\$ 20 000.³

The meeting rose at 12:50.

¹ Decision EB152(26).

² Decision EB152(27).

³ Decision EB152(28).

EIGHTEENTH MEETING

Tuesday, 7 February 2023 at 14:40

Chair: Dr K.V. PETRIČ (Slovenia)

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

1. GOVERNANCE MATTERS: Item 23 of the agenda (continued)

WHO reform: Item 23.3 of the agenda (continued)

- **Involvement of non-State actors in WHO's governing bodies** (documents EB152/38 and EB152/38 Add. 1) (continued from the seventeenth meeting, section 2)

At the invitation of the CHAIR, the SECRETARY read out the proposed amendments to the draft decision contained in document EB152/38, which would read:

The Executive Board, having examined and noted the report on WHO governance reform, involvement of non-State actors in WHO governing bodies,

Decided:

- (1) that the constituency statements will continue to be implemented during all WHO governing bodies meetings, in accordance with the modalities outlined in paragraphs 15 to 17 of document EB152/38;
- (2) that the Secretariat regularly consults Member States and non-State actors in official relations with a view to improving these modalities based on such consultations, and that the results of the first consultation be presented for consideration to the 156th session of the Executive Board;
- (3) to request the Director-General to explore the implications of this decision for statements delivered by observers and report to the 153rd session of the Executive Board, through the Programme, Budget and Administration Committee of the Executive Board.

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

The decision, as amended, was adopted.¹

2. CLOSURE OF THE SESSION: Item 27 of the agenda

The DIRECTOR-GENERAL thanked the Board for its support for the draft Proposed programme budget 2024–2025, which focused on strengthening WHO's work at the country level and its normative and standard-setting work. He also welcomed Member States' support for sustainable, flexible and

¹ Decision EB152(29).

predictable financing, the idea of a replenishment mechanism and the Secretariat's implementation plan on reform, as well as the discussions that had taken place on WHO's continued efforts to enhance governance, accountability and transparency and to prevent and respond to sexual exploitation, abuse and harassment. The Board's engagement on strengthening the global architecture for health emergency preparedness, response and resilience was also welcome, and it was vital to maintain the focus on that critical issue. The unfolding tragedy in Türkiye and the Syrian Arab Republic following the recent earthquake underlined the importance of strengthening international emergency preparedness and response. In that regard, medical supplies and surgical trauma kits would arrive in Türkiye imminently, and a high-level delegation would be sent to the affected area to coordinate and oversee WHO's response.

The agenda set for the Seventy-sixth World Health Assembly reflected the huge scope of WHO's work and the scale of health challenges around the world. While WHO's 75th anniversary year brought great challenges, it also brought great opportunities, such as the negotiations on the new WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and on amendments to the International Health Regulations (2005), as well as the three high-level meetings due to take place on health. Health was one area in which Member States could come together to find shared solutions to shared problems. Highlighting the importance of health for peace and peace for health, he looked forward to working with Member States on promoting, providing, protecting, powering and performing for health.

After the customary exchange of courtesies, the CHAIR declared the 152nd session of the Executive Board closed.

The meeting rose at 15:00.