

**PROVISIONAL SUMMARY RECORD OF THE TENTH MEETING**

**Palais des Nations, Geneva  
Friday, 25 May 2018, scheduled at 09:00**

**Chairman: Mr A. SINGHAL (India)**

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**COMMITTEE A**

**TENTH MEETING**

**Friday, 25 May 2018, at 10:35**

**Chairman:** Mr A. SINGHAL (India)

**1. SECOND REPORT OF COMMITTEE A (document A71/56)**

The RAPPORTEUR read out the draft second report of Committee A.

**The report was adopted.<sup>1</sup>**

**2. OTHER TECHNICAL MATTERS:** Item 12 of the agenda (continued)

**Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): early childhood development:** Item 12.3 of the agenda (document A71/19 Rev.1) (continued)

The representative of UNFPA welcomed the report's updated definition of "skilled health personnel", the Global Early Adolescent Study and the Global Abortion Policies Database, and for the proposal to strengthen midwifery care in the push towards universal health coverage. As a core member of the United Nations Joint Global Programme on Cervical Cancer Prevention and Control, UNFPA appreciated the Director-General's call to action on cervical cancer on 19 May.

The representative of AZERBAIJAN outlined her Government's efforts to safeguard and improve women's, children's and adolescents' health, notably in terms of eliminating measles and rubella among children, introducing mandatory health check-ups for children, improving neonatal care, reducing the maternal death rate, limiting adolescent pregnancies, sexually transmitted infections and AIDS, and improving sex education. She was confident that the Global Strategy for Women's, Children's and Adolescents' Health would prove to be a valuable resource.

The representative of the PHILIPPINES expressed support for the Global Strategy and agreed with the report's recommendations regarding early childhood development and the elimination of violence against children. She looked to WHO for guidance on how Member States whose geography included or comprised an archipelago could use the ratio of trained nutrition professionals per 100 000 inhabitants as an indicator under the Global Monitoring Framework on Maternal, Infant and Young Child Nutrition.

The representative of VIET NAM agreed with the report's observations on the need to strengthen the role of health systems in national multisectoral responses to violence against women and children; the need to focus on midwifery care, a fundamental factor of improved newborn and

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<sup>1</sup> See page [...].

maternal health, in the drive towards universal health coverage; and the essential role of early childhood development in the transformation sought under the 2030 Agenda for Sustainable Development.

The representative of INDIA said that WHO should refrain from setting overly ambitious goals when it came to the definition of “skilled health personnel”. Member States should be able to define the basic minimum competencies of health care providers in line with their own contexts and challenges.

The representative of NIGER provided an overview of the steps taken by his Government to reduce child and adolescent morbidity and mortality and to invest in adolescents as a means of accelerating demographic transition.

The observer of the HOLY SEE said that, while he agreed with many of the report’s observations, he was deeply concerned about the inclusion of items on so-called safe abortion, both in the report and in the Global Strategy. The Holy See did not consider abortion or abortion-related services as part of reproductive health or health care. He was also deeply concerned about the involvement of WHO in the launch of the Global Abortion Policies Database. The Holy See was firmly opposed to any efforts by WHO and other organizations in the United Nations system to promote legislation that gave legal recognition to abortion. Moreover, it did not agree that the promotion of so-called safe abortion protected the human rights of women and girls, because abortion denied unborn children the right to life.

The representative of the GAVI ALLIANCE, speaking at the invitation of the CHAIRMAN, said that his organization supported the Global Strategy. It also supported the Nurturing Care Framework, which he hoped would help to identify, prioritize and address barriers to the increased and equitable uptake of primary health care services, including immunization; focus attention on children affected by conflict or living in poor urban areas; and mobilize sustained political commitment, coupled with effective international and domestic investment.

The representative of the ALLIANCE FOR HEALTH PROMOTION, speaking at the invitation of the CHAIRMAN, said that women and girls must be prioritized in the drive towards universal health coverage and that governments should remove all economic, legal and discriminatory barriers to their health care. WHO and its Member States should adopt a health-promotion approach to implementing the Global Strategy and seek the financial support and accountability of governments; enact policies and allocate resources for the implementation of the Nurturing Care Framework; strengthen interministerial collaboration and partnership with civil society in their work to attain universal health coverage; and invest in human capital, including adolescents, who could act as peer educators.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed the Nurturing Care Framework. WHO should engage with community health workers, who helped to bridge the gap between facilities and communities, promoted safety in high-risk settings by spotting and responding to signs of abuse, neglect and violence, and ensured access to care for children and families affected by HIV who were too poor, isolated or stigmatized to access mainstream services.

The representative of the INTERNATIONAL ALLIANCE OF WOMEN, speaking at the invitation of the CHAIRMAN, said that her organization advocated the provision of age-appropriate information about the biological sexual changes in boys and girls during puberty, focusing on

preparing girls for their first period. It had launched a project designed to help its member organizations in Africa and Asia tackle that issue.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, speaking at the invitation of the CHAIRMAN, said that emphasizing early childhood development while ignoring the need for paediatric palliative care left behind children and adolescents whose life-limiting illnesses prevented them from developing into productive, happy adults. Palliative care improved the quality of life of people with life-limiting illness and was therefore a key component of essential health care services as defined under universal health coverage.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that it was essential to regulate, monitor and enforce the International Code of Marketing of Breast-Milk Substitutes and relevant WHO resolutions in order to increase breastfeeding rates, as evidence suggested that insufficient breastfeeding led to millions of dollars in economic losses worldwide every year. Breastfeeding should be central to all policies designed to meet the goals set in the Global Strategy.

The representative of the INTERNATIONAL CONFEDERATION OF MIDWIVES, speaking at the invitation of the CHAIRMAN, expressed concern that the report did not mention the importance of breastfeeding to early childhood development. Access to midwives for mothers and their newborns was a human right, and she hoped to see an item on midwifery on the agenda of the Seventy-second World Health Assembly.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that his organization urged all countries to ensure that sexual health, identity and orientation were addressed in adolescent health strategies. A lack of support for those issues could affect mental health and well-being. Countries should apply a family-centred approach when designing their policies and programmes. Nurses were well positioned to provide families with the knowledge, time and resources needed for appropriate child care.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, welcomed the investment in the Global Strategy and said that discrimination against women remained widespread in health care settings. She urged Member States to enforce legislation to protect young people's autonomy and eliminate discrimination in health care; and to tackle the barriers that prevented women and other underserved groups from accessing inclusive services, and proper sexual and reproductive health care, so as to help them make informed decisions.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, applauded progress in adolescent and young people's health care and the participation of those groups in health initiatives concerning them. The lack of age-appropriate sexual health education for young people remained a matter of concern and should be addressed in education programmes for young people. She welcomed the Global Abortion Policies Database and recommended that health providers should be trained to provide safe abortion services to those in need.

The representative of the INTERNATIONAL WOMEN'S HEALTH COALITION INC., speaking at the invitation of the CHAIRMAN, said that achievement of the Global Strategy's objectives depended on the fulfilment of women's and adolescents' sexual and reproductive health rights. Those objectives and Sustainable Development Goal 3.1 would not be attained without

addressing the problem of unsafe abortion. Certain social and cultural norms, a lack of empowerment and education, law and policies constituted barriers to sexual and reproductive health care services. She urged WHO to prioritize data collection on those obstacles and address the social determinants of sexual and reproductive health.

The representative of INTRAHEALTH INTERNATIONAL INC., speaking at the invitation of the CHAIRMAN, welcomed the initiative to update the definition of “skilled health personnel” with a view to monitoring the proportion of births attended by such personnel, and the engagement of young people in the development of the strategy on youth. Young people should also be included in initiatives to render health settings more youth-friendly. WHO and its partners should incorporate the recommendations of the report of the Gutmacher–Lancet Commission into the Global Strategy and commit to an evidence-based agenda for universal access to sexual and reproductive health, in order to support people’s right to make decisions about their own bodies.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, expressed concern about the growing number of neonatal and childhood deaths from pneumonia and said that Member States should invest more in health care related to births and include childhood pneumonia in their health care policies. Given the millions of children at risk of not fulfilling their developmental potential, she urged Member States to integrate the Nurturing Care Framework into multisectoral plans. Primary health care must include sexual reproductive care for adolescents that was free at the point of delivery. Mechanisms should be set up to enable child and adolescent participation in health policy-making.

The representative of WATERAID, speaking at the invitation of the CHAIRMAN, said that child development and quality health care were predicated on access to water, sanitation and hygiene; millions of children suffered from diseases for want of those necessities. He called on WHO and its Member States to recognize that Sustainable Development Goal 6 was fundamental to the achievement of Goals 2, 3, 4 and 5 and to reflect that reality in the implementation guidance for the Nurturing Care Framework; to prioritize investment in clean water, sanitation and hygiene in health care and early child development facilities; and to invest in research on the most effective approaches in that regard.

The representative of WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIRMAN and also on behalf of the World Obesity Federation and the Union for International Cancer Control, said that double-duty actions should be scaled up in relation to the Nurturing Care Framework, so as to address undernutrition and obesity. Member States should formulate integrated policies to promote early child development while implementing cost-effective actions under the global action plan on noncommunicable diseases, implement the Nurturing Care Framework with a focus on development during the first 1000 days, and support civil society involvement in the implementation of national policies.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the pandemic of violence against children had enormous economic consequences and jeopardized progress to date in child development, and attainment of the Global Strategy objectives and the Sustainable Development Goals. Advances were being made, however, particularly with regard to gender norms and interministerial mechanisms to combat violence. He urged Member States to strengthen the WHO global plan of action; integrate the issue of violence against children into health policies; leverage health promotion programmes to challenge social acceptance of violence against children; and collect disaggregated data on violence against children.

The representative of the WORLD FEDERATION FOR MENTAL HEALTH, speaking at the invitation of the CHAIRMAN, said that mental health services should be incorporated into the care afforded to child victims of violence in the home and offered to parents with a view to child protection. All relevant strategies should include prevention and education for parents, as research had shown the value of supporting parents for early child development.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIRMAN and also on behalf of the Medicines for Malaria Venture, welcomed the development of the Nurturing Care Framework. Comprehensive nurturing care was essential for newborns and children, who were disproportionately affected by major infections. Research and development of, and access to, child-friendly medicines was urgently required with an eye to better diagnoses and integrated community case management of child health.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANIZATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that women's general welfare and social status, in addition to their access to health care, had to be strengthened if the gender inequality gap was to be narrowed. Violence against women remained at unacceptable levels. The global gag rule posed an additional threat to women's lives; liberalizing abortion laws would reduce the maternal mortality rate. She urged Member States, in view of the unequal regional rates of neonatal and under-5 mortality, to improve health initiatives for those groups, and to strengthen health systems with a focus on community-based interventions.

The representative of BANGLADESH described the steps taken by his country to reduce national maternal and child mortality rates, end preventable newborn and child mortality, and promote adolescent health.

The representative of ALGERIA said that maternal and child mortality rates remained high in the African Region owing to the absence of cost-effective interventions and the inadequate quality of and access to health care. The lack of mechanisms to broaden coverage and of funding to meet health needs of the most vulnerable groups exacerbated the problem. He outlined a series of legislative measures introduced by his Government to improve women's and children's health, and reduce child and maternal mortality, and expressed support for regional actions to address the target populations.

The representative of the COOK ISLANDS said that the renewal of the Healthy Islands vision had helped to strengthen prenatal and maternal health care provision. She described progress made in her country with regard to women's, adolescents' and children's health, inter alia by increasing antenatal visits, ensuring births were attended by trained personnel and strengthening family planning services.

The ASSISTANT DIRECTOR-GENERAL (Family, Women's and Children's Health) said that WHO had published integrated antenatal and intrapartum care guidelines on a wide range of interventions aimed at reducing mortality and morbidity associated with pregnancy and childbirth. Around 50 countries were receiving specific WHO assistance to implement those guidelines.

She welcomed the Member States' commitment to the Nurturing Care Framework and their focus on that critical period in children's lives. WHO was committed to working with partners to fast track the development of guidelines on the Framework's implementation and strengthen the development of population-based indicators for assessing early childhood development, together with UNICEF, UNHCR and the World Bank, thereby contributing to the achievement of Sustainable Development Goal 4.2.1. It had published its first ever report on the causes of death among 5 to 9 year olds and was supporting countries to roll out the Accelerated Action for Health for Adolescents (AA-HA!).

WHO was also addressing the women's health issues raised by Member States. Endometriosis was covered, for example, in the guidelines for the diagnosis, management and treatment of infertility currently being prepared. Work was being done to accelerate implementation of the flagship initiative on the elimination of cervical cancer. The involvement of all stakeholders, including civil society, was fundamental to improving women's, children's and adolescents' health and reducing violence against them, and the Organization continued to work with the Independent Accountability Panel for Every Woman, Every Child, Every Adolescent to that end. It had stepped up measures to ensure that reproductive health services were provided for all those in humanitarian settings, and was initiating population-based interventions and sharing lessons learned and best practices, particularly regarding teenage pregnancy, from various Member States.

The Organization was working closely with colleagues in the health matrix cluster and United Nations agencies to support implementation of the Global Strategy at country level. Member States could track progress to that end via the Global Health Observatory data portal. The Secretariat thanked participants for their feedback and commitment to the Global Strategy's implementation and stood ready to support all Member States in that regard.

### **The Committee noted the report contained in document A71/19 Rev.1.**

**mHealth:** Item 12.4 of the agenda (document A71/20)

The CHAIRMAN drew attention to a draft resolution proposed by Australia, Brazil, Estonia, Ethiopia, Germany, India, Indonesia, Israel, Italy, Luxembourg, Mauritius, Morocco, Panama, the Philippines and South Africa, which read:

The Seventy-first World Health Assembly,

(PP1) Having considered the report on mHealth;<sup>1</sup>

(PP2) Recalling resolutions WHA58.28 (2005) on eHealth and WHA66.24 (2013) on eHealth standardization and interoperability;

(PP3) Recognizing the potential of digital technologies to advance the Sustainable Development Goals, and in particular to support health systems in all countries in health promotion and disease prevention, and by improving the accessibility, quality and affordability of health services;

(PP4) Recognizing that while technology and innovations can enhance health service capabilities, human interaction remains a key element to patients' well-being;

(PP5) Underscoring the need to ensure that digital health solutions complement and enhance existing health service delivery models, strengthen integrated, people-centred health services and contribute to improved population health, and health equity, including gender equality, and addressing the lack of evidence on the impact of digital health in these respects;

(PP6) Acknowledging that the transfer of technology and knowledge on mutually agreed terms, as well as technical cooperation, aligned with Sustainable Development Goal 17, are important in promoting digital health;

(PP7) Highlighting recent progress in the development and implementation of digital health strategies, policies, legislation and programmes by Member States,<sup>2</sup> WHO and partner organizations;

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<sup>1</sup> Document A71/20.

<sup>2</sup> And, where applicable, regional economic integration organizations.

(PP8) Acknowledging previous experience<sup>1</sup> of countries and organizations, the interconnectedness of digital technologies, the collection, management and evaluation of health data, the robustness of the enabling environment, in line with established good practices, while considering the sustainability of innovations, and their feasibility, scale-up and inclusivity,

OP1. URGES Member States:<sup>2</sup>

- (1) to assess their use of digital technologies for health, including in health information systems at the national and subnational levels, in order to identify areas of improvement, and to prioritize, as appropriate, the development, evaluation, implementation, scale-up and greater utilization of digital technologies, as a means of promoting equitable, affordable and universal access to health for all, including the special needs of groups that are vulnerable in the context of digital health;
- (2) to consider, as appropriate, how digital technologies could be integrated into existing health systems infrastructures and regulation, to reinforce national and global health priorities by optimizing existing platforms and services, for the promotion of people-centered health and disease prevention and in order to reduce the burden on health systems;
- (3) to optimize, in health systems development and reforms, the use of resources by developing health services alongside the application and use of digital technologies;
- (4) to identify priority areas where normative guidance and technical assistance and advice on digital health would be beneficial, including, but not limited to, gaps in research, evidence-based standards, support to implementation and scale-up, financing and business models, content, evaluation, cost-effectiveness and sustainability, data security, ethical and legal issues, re-use and adaptation of existing digital health and other relevant tools;
- (5) to work towards and support interoperability of digital technologies for health by, inter alia, promoting the use of international and open standards as an affordable, effective and easily adaptable solution;
- (6) to disseminate, as appropriate, best practices and successful examples of digital health architecture, programmes, and services, in particular effective policy design and practical implementation, with the international community, including through WHO, bilateral, regional, cross-regional and global networks, digital platforms and hubs;
- (7) to strengthen public health resilience and promote opportunities, as appropriate, through the use of digital technologies, including to improve access to, and monitoring, sharing and use of, quality data, direct citizen, health worker and government engagement, and to build capacity for rapid response to disease incidents and public health emergencies, leveraging the potential of digital information and communication technology to enable multidirectional communications, feedback loops and data-driven “adaptive management”;
- (8) to build, especially through digital means, capacity for human resources for digital health, as appropriate, across both health and technology sectors, and to communicate areas of specific need to WHO in order to receive appropriate technical assistance;
- (9) to improve the digital skills of all citizens, including through working with civil society to build public trust and support for digital health solutions, and to promote the

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<sup>1</sup> Programmes specified in comments from Missions included the Global Observatory for eHealth, WHO-ITU initiative on mHealth for noncommunicable diseases, the Innovation Working Group, Every Woman Every Child initiative and the WHO-ITU National eHealth Strategy Toolkit. Principles for Digital Development (WHO endorsed).

<sup>2</sup> And, where applicable, regional economic integration organizations.

application of digital health technology in the provision of, and access to, everyday health services;

(10) to develop, as appropriate, legislation and/or data protection policies around issues such as data access, sharing, consent, security, privacy, interoperability and inclusivity consistent with international human rights obligations and to communicate these on a voluntary basis to the WHO;

(11) to develop, as appropriate, and in coordination with existing and emerging regional hubs and support mechanisms, effective partnerships with stakeholders from across all sectors in the use of digital health;

OP2. REQUESTS the Director-General:

(1) to develop, within existing resources, and in close consultation with Member States<sup>1</sup> and with inputs from relevant stakeholders as appropriate, a global strategy on digital health identifying priority areas including where WHO should focus its efforts;

(2) to elevate the strategic capacity of WHO in digital technologies and to mainstream these in WHO's work, operations and relevant programmes, including when working with Member States;

(3) to provide technical assistance and normative guidance to Member States, on request, for scaling up the implementation of digital health – including through the development and implementation of Member States' digital health strategies, and in line with the Thirteenth General Programme of Work, 2019–2023, with the appropriate structure, resources, assets and capabilities, within existing resources;

(4) to ensure that WHO builds on its strengths, by developing guidance for digital health, including, but not limited to, health data protection and usage, on the basis of its existing guidelines and successful examples from global, regional and national programmes, including through the identification and promotion of best practices, such as evidence-based digital health interventions and standards;

(5) to develop a repository on regulations, evidence related to improvements and unintended effects regarding health promotion, disease prevention and access to, and quality and cost-effectiveness of, health services, and best practices relating to digital health technologies, provided by, inter alia, Member States on a voluntary basis;

(6) to monitor developments and trends of digital technologies in health systems, public health and data science, and analyse their implications for the achievement of the health-related Sustainable Development Goals;

(7) to promote WHO's collaboration with other organizations of the United Nations system and other relevant stakeholders to strengthen digital health implementation, by leveraging their capabilities;

(8) to submit a report to the Seventy-third World Health Assembly in 2020 on the progress made in implementing this resolution.

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<sup>1</sup> And, as applicable, regional economic integration organizations.

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

<b>Resolution:</b> Digital health
<b>A. Link to the programme budget</b>
<p><b>1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted</b></p> <p><b>Programme areas:</b></p> <p>2.1. Noncommunicable diseases</p> <p>3.1. Reproductive, maternal, newborn and child health</p> <p>4.4. Health systems, information and evidence</p> <p><b>Outcomes:</b></p> <p>2.1. Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors</p> <p>3.1. Increased access to interventions for improving health of women, newborns, children and adolescents</p> <p>4.4. All countries having well-functioning health information, eHealth, research, ethics and knowledge management systems to support national health priorities</p> <p><b>Outputs:</b></p> <p>2.1.3. Countries enabled to improve health care coverage for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases and their risk factors, including in crises and emergencies</p> <p>2.1.5. Enhanced coordination of activities, multistakeholder engagement and action across sectors in collaborative work with relevant United Nations system organizations, other intergovernmental organizations and non-State actors, to support governments to meet their commitments on the prevention and control of noncommunicable diseases</p> <p>3.1.6. Research undertaken and research capacity strengthened for sexual and reproductive and maternal health through the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)</p> <p>4.4.2. Countries enabled to plan, develop and implement an eHealth strategy</p>
<p><b>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:</b></p> <p>Not applicable.</p>
<p><b>3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:</b></p> <p>Not applicable.</p>
<p><b>4. Estimated implementation time frame (in years or months) to achieve the resolution:</b></p> <p>48 months, pending further review.</p>
<b>B. Resource implications for the Secretariat for implementation of the resolution</b>
<p><b>1. Total resource requirements to implement the resolution, in US\$ millions:</b></p> <p>US\$ 32.2 million.</p>
<p><b>2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:</b></p> <p>US\$ 16.1 million.</p>

<b>2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:</b> Zero.
<b>3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:</b> US\$ 16.1 million.
<b>4. Estimated resource requirements in future programme budgets, in US\$ millions:</b> Not applicable (pending further review).
<b>5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions</b> – <b>Resources available to fund the resolution in the current biennium:</b> US\$ 11.5 million.  – <b>Remaining financing gap in the current biennium:</b> US\$ 4.6 million.  – <b>Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:</b> Fundraising is ongoing.

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

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	3.60	0.50	0.50	0.50	0.50	0.50	0.50	6.60
	Activities	5.00	0.75	0.75	0.75	0.75	0.75	0.75	9.50
	Total	8.60	1.25	1.25	1.25	1.25	1.25	1.25	16.10
2018–2019 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2020–2021 resources to be planned	Staff	3.60	0.50	0.50	0.50	0.50	0.50	0.50	6.60
	Activities	5.00	0.75	0.75	0.75	0.75	0.75	0.75	9.50
	Total	8.60	1.25	1.25	1.25	1.25	1.25	1.25	16.10

The representative of INDIA, introducing the report on the use of appropriate digital technologies for public health, or mHealth, thanked Member States for their constructive contributions to the draft resolution and the delegation of Philippines for the role it had played in facilitating the negotiation process. Digital health was essential to achievement of the Sustainable Development Goals. The draft resolution aimed to empower all stakeholders, particularly patients, and constituted a first step towards mainstreaming digital interventions in health. It laid the groundwork for a global strategy on digital health by identifying priority areas for the optimization of national health systems in line with the global digital health agenda. He urged Member States to sponsor the resolution.

Another representative of INDIA, speaking on behalf of the Member States of the South-East Asia Region, said that the digital health paradigm provided an opportunity to reinforce access to health care in areas with connectivity but inadequate health coverage. The digitalization of health must

address existing inequalities in relation to both health care and digital literacy. Digital health data could be a reliable source of information for health policy-makers. Human interaction was nevertheless key to patient well-being. The draft resolution would allow the Organization to incorporate digital health into various programmes and to establish a formal WHO mechanism on digital health in the future. WHO should take a leading role in work on digital health, with a view to achieving universal health coverage by 2030.

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro and Serbia, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, Ukraine and Georgia aligned themselves with her statement.

Recalling that the ultimate goal of digital health was not innovation for its own sake, but rather the health and well-being of citizens, she highlighted the potential of digital technologies and advanced data analytics to empower citizens and promote better targeted, more integrated and safer health services and more efficient use of resources. She welcomed the planned update of the WHO Global Observatory for eHealth.

In order to overcome existing challenges relating to digital health, it was important to establish clear rules on access and use of health data for all parties; balance innovation, an integrated, people-centred approach and commercial interests, also taking into account cyber security; and remain mindful of patient health literacy regarding both clinical and digital matters. It was also important to foster international technical and semantic interoperability, which implied the development of common regulations, policies and processes, and to build the capacity of Member States, and health care professionals in particular, to implement digital health solutions. Lastly, different types of service delivery must be combined in order to maximize equality of access to services.

The European Union and its Member States fully supported WHO's investment in the fast-evolving digital health sector, which also brought important economic opportunities. She welcomed the collaboration with other United Nations agencies, including ITU, and supported the call for a forward-looking global strategy on digital health, which could be used as a background document for a broader debate on the issue. The European Union and its Member States wished to be added to the list of sponsors of the draft resolution.

The representative of ISRAEL welcomed the document's emphasis on the role of digital technology in remedying inequalities in health outcomes and access to health services. In order for digital applications to fulfil their potential, their functionality in national health services and national and international organizations must be continually evaluated. As their use became more widespread, it was crucial to incorporate them into existing work methods and to train medical teams to use them. She called on WHO to review all existing and planned programmes to explore the potential contribution of digital technologies, adding that such a review could be carried out in the course of standard auditing processes.

The representative of MALAYSIA said that her country agreed that mHealth should be used to accelerate Member States' progress towards achieving universal health coverage. In settings where resources were scarce, investments should be made in digital health, including electronic medical records, "big data" and artificial intelligence. Her country would be very interested in being part of the joint initiative, "Be He@lthy, Be Mobile", and encouraged the Secretariat to raise awareness about it among Member States.

The representative of BARBADOS said that technological advances should be embraced as a means to improve the health literacy of populations. In order to reach those most in need, the large corporate telecommunication companies and information technology providers must be engaged. He urged the Director-General to develop channels of communication to that end and suggested that fiscal

incentives could be provided to companies and organizations that identified funding for the promotion of mHealth. He encouraged the Secretariat to commit to further investment and research so as to extend the global reach of mHealth science and technologies.

The representative of the UNITED STATES OF AMERICA said that she supported the draft resolution's call for Member States to develop digital health strategies consistent with their overall health strategies. She urged Member States and the Secretariat to explore opportunities to collaborate with the public sector to strengthen infrastructure, information exchange and capacity building in the area of digital health. It was disappointing that the draft resolution did not contain previously agreed language, notably on the importance of technology transfers being both voluntary and on mutually agreed terms. Her country supported the principles of donor alignment for digital health as a means of remedying the fragmentation, duplication and lack of interoperability that characterized the digital health systems of many developing countries.

The representative of CHINA said that she would welcome the publication of an explanatory document by the Secretariat to define and distinguish the various terms used in the document, such as mHealth, mobile wireless technologies, eHealth and "big data". The Secretariat should continue to strike a balance between encouraging innovation and mitigating risks in digital health. In future, the procedures for pilot projects and technical cooperation should be more inclusive so that more developing countries could participate. She supported the adoption of the draft resolution.

The representative of the PHILIPPINES said that commitment from Member States to contribute to the repository mentioned in the draft resolution, along with efforts by the Secretariat to gather best practices and information relating to health technology trends, would help her country to devise effective strategies and build bilateral and multilateral partnerships. There was a need to scale up efforts so that the digital health scene could evolve from the current collection of disjointed pilot projects. She thanked the draft resolution's sponsors for their collaborative engagement and called on other Member States to join the list of sponsors.

The representative of SAUDI ARABIA said that mobile and digital health technologies improved the provision and quality of health care and encouraged positive behavioural changes. However, the number of pilot projects, poor interoperability and the absence of measures and tools for comparative evaluation made it difficult to evaluate and promote those technologies and integrate them into health systems. Member States needed support and clear guidance on the differences between the various types of health technologies so that they could draft national eHealth strategies and choose the most appropriate technologies. Countries must endeavour to ensure privacy protection on digital platforms and prevent the commercial use of personal data.

The representative of BRAZIL said that digital applications were already part of the health landscape and had the potential to play a crucial role in helping to achieve the health-related Sustainable Development Goals. That potential was tempered, however, by the need to manage users' private data responsibly. Any standardization exercise must give due consideration to that aspect.

The representative of ZAMBIA, acknowledging the usefulness of mHealth for assisting the health sector to interact with populations, said that standardized approaches should be developed. It was thanks to mHealth innovation that the first ever mobile telephone survey on noncommunicable diseases had been carried out in Zambia, and an awareness-raising programme implemented on cervical cancer screening. Innovation should always take into consideration country-level needs and objectives. Investments in digital technologies should not be made to the detriment of traditional national health information architecture, but rather complement it. He supported the adoption of the draft resolution.

The representative of ALGERIA welcomed WHO-ITU cooperation to promote mHealth among Member States and expressed support for the draft resolution. It was essential to invest in the basic infrastructure for relevant data collection at the country level. Building capacity in the use of digital technologies, developing public-private partnerships, transferring technology and exchanging best practices were also indispensable to mHealth promotion.

The representative of SOUTH AFRICA said that her country had used digital health solutions to improve efficiency, early detection of stock-outs, drug availability and patient satisfaction. There was a need for coordination and regulation across mHealth platforms. Moreover, the risks associated with cyber security must be mitigated and the problems related to broadband Internet connectivity and costs addressed. WHO should lobby other United Nations agencies, including ITU, to support the development of global mHealth standards and promote regulations that would help reduce the data costs of digital health initiatives.

The representative of ITALY, thanking the delegations of India and the Philippines for focusing global attention on digital health, said that the health sector stood to benefit greatly from the increasingly widespread use of technology. While the human touch must, of course, be preserved in medical interactions, it could usefully be combined with the new possibilities offered by digital health.

The representative of the RUSSIAN FEDERATION expressed support for the priority areas identified in the report and agreed that progress should be made on the basis of cooperation, coordination and exchange of technologies for the benefit of citizens' health in all countries. The time was ripe to develop a global strategy for information support in public health, including mHealth, which was particularly important in the light of the adoption of the Thirteenth General Programme of Work.

The representative of MEXICO said that digital health applications must be regulated in order to ensure the confidentiality, quality and security of their content. He urged the Secretariat to continue to provide assistance to Member States to develop such applications. His country would continue to harness the power of digital technologies, including social media, for the purposes of health promotion and disease prevention.

The representative of JAPAN expressed support for the draft resolution and said that national frameworks or strategies on mHealth were necessary to avoid having several pilot projects that would be difficult to coordinate. She welcomed the progress towards the development of a global strategy on digital health. Digital health technology had great potential in health emergencies and for use among refugees and migrants. WHO should focus on the most effective technology and devices.

The representative of ECUADOR said that his Government supported the draft resolution and wished to be added to the list of sponsors. Greater collaboration would be required to narrow the technology and communication gap between Member States, a prerequisite to making the jump to mHealth that should be prioritized as a means of bringing health care to the many people still living without a basic telephone connection or access to the Internet. Member States should set themselves ambitious goals, but should not forget the smaller steps that they would need to take on the way to meeting them. They would need to consider topics such as data security, the exchange of technology platforms, and the standardization of protocols and technology transfer, which would require even closer regional cooperation.

The representative of SRI LANKA said that the scope of the report should be broadened to include new mobile wireless technologies such as the Internet of Things, smart devices and sensing

technologies. He urged WHO to strengthen the current legal framework for eHealth; develop a surveillance framework for smartphone health applications; promote digital health innovations; reform administrative structures to facilitate the adoption of eHealth technology; strengthen capacities to assess digital health solutions and use data analytics; and develop eHealth governance structures and guidelines on the use of patient databases in research. He supported the draft resolution.

The representative of NAMIBIA, speaking on behalf of the Member States of the African Region, welcomed the mHealth priorities listed in the Director-General's report, but noted that mHealth systems required adequate technological infrastructure, notably to handle high volumes of data, and specialized multidisciplinary skills; many health systems in the Region were not designed to take advantage of the opportunities they offered. He urged the Secretariat to adopt a more structured approach and help Member States conduct baseline assessments of the use of digital solutions for public health and advise them on national strategies to use mHealth as means of attaining universal health coverage. It was also important to establish regulatory frameworks to manage mHealth solutions, ensure data protection, integrate and standardize mHealth technologies, encourage international sharing of mHealth solutions, and focus on capacity-building, technical assistance and technology transfers.

The representative of POLAND said that mHealth solutions should be user-friendly, with clear rules on how patients' personal data would be extracted, stored, used and shared. Member States had varying levels of computer literacy, access to technological infrastructure, health care provision, economic and social capacities and affiliation with international organizations. That should be borne in mind when implementing actions on digital health. Care should be taken to avoid duplicating existing initiatives and to support Member States with remote populations and lower levels of computer literacy. His Government valued WHO's contribution to eHealth methodology, a knowledge repository and best practices.

The representative of ESTONIA said that complex eHealth systems of public health services required common standards to ensure compatibility and interoperability at all levels of governance. They also required data security, eHealth applications that were fit-for-purpose, and digital literacy. Patients and health workers were far from taking full advantage of the possibilities offered, and the "Be He@lthy, Be Mobile" initiative was therefore a welcome means of harnessing innovation in health.

The representative of the REPUBLIC OF KOREA welcomed the fact that 121 countries had national eHealth strategies and expressed the hope that more countries would harness cost-effective digital health technology, as it was a useful tool in achieving universal health coverage and meeting the health-related Sustainable Development Goals. She urged the Secretariat to help Member States implement the draft resolution, reinforce its ongoing efforts to monitor progress in digital health and share best practices worldwide.

The representative of NORWAY stressed the growing importance of WHO technical assistance as countries turned increasingly to digitization and interoperability. He expressed support for the draft resolution, which he hoped would stimulate countries to take ownership of digital health and encourage WHO to integrate digital health approaches and actions, thereby increasing its strategic capacity in digital health. The scope of the efforts required meant that greater importance should be attached to partnerships with other United Nations agencies and peer-learning networks. Donors were to be commended for agreeing to the Principles of Donor Alignment for Digital Health, whereby digital health investments would be aligned with a country's digital health strategies.

The representative of the UNITED REPUBLIC OF TANZANIA said that many mHealth initiatives supported by non-governmental organizations were not interoperable and therefore did not outlive the end of the project. The guidance and assessment frameworks on mHealth and digital innovations outlined in the report would help Member States make sound governance and investment decisions and would prove extremely useful to all stakeholders, including donors to digital health projects.

The representative of PAKISTAN said that digital health technology had improved vaccination coverage, infectious disease tracking, drug quality assurance and data management in his country. mHealth regulations and standard protocols should be developed to ensure the privacy, security and confidentiality of patients' personal data in both the public and the private health sectors, and Member State capacities in respect of mHealth should be bolstered, so to enhance access to quality health care services, including sexual and reproductive health care services.

The representative of LESOTHO welcomed the use of mHealth in countries like her own, where 80 per cent of citizens had access to a mobile phone and the terrain made it particularly difficult to reach health care facilities. mHealth had been used to improve surveillance, the supply of drugs and other commodities, data management and timely reporting; it had also been the subject of awareness-raising campaigns. To be sustainable, mHealth required proper policies – developed in tandem with government departments responsible for technology and communications – guidelines and training of health care professionals.

The representative of BANGLADESH said that the draft resolution would help to mainstream digital health technologies in WHO programmes, and a global strategy on digital health would help achieve universal health coverage. Data security was nevertheless a major concern that had to be addressed. WHO should take a leading role on digital health issues.

The representative of IRAQ expressed support for the draft resolution. Digital health should be incorporated into other areas where e-government services were offered. A workplan should be drawn up for the full use of mHealth to bolster health care information systems and facilitate execution of the three strategic priorities of the Thirteenth General Programme of Work. mHealth applications had to be regularly and sustainably monitored and evaluated, to ensure that they were consistent with community needs.

The representative of JAMAICA said that mobile wireless technologies could facilitate increased access to health services, particularly for hard-to-reach populations, and support disease diagnosis, monitoring, management and research, and community-level activities for environmental health programmes. The health care sector was nonetheless a well-known and preferred target for cyber criminals, and her country had therefore engaged in multisectoral collaboration to improve cyber security and data protection in health care systems. Digital health technology clearly had the potential to promote universal health coverage and universal access to health services.

The representative of the ISLAMIC REPUBLIC OF IRAN said that the provision of personalized health care required a platform which reached every individual and that mHealth had the potential to improve access and quality of health care, user satisfaction, self-care competencies and family engagement. While data collected through the use of mHealth could be used in health system metrics and health service research, individuals' rights to privacy and the protection of their personal data should be borne in mind. Furthermore, contact between individuals and service providers should be strengthened, face-to-face delivery of health care should not be undermined, standards and tools should be established to assess mHealth performance, and practical solutions should be put in place, such as the use of open-source mobile applications, for countries facing financial constraints. His

Government had advanced the use of digital technologies for public health and encouraged other Member States to follow suit.

The representative of MALTA said that digital health technology, which was central to the achievement of universal health coverage, offered a wealth of benefits, including more efficient and effective delivery of health care services, and could be used to tackle diverse global health challenges, such as noncommunicable diseases. Blockchain and distributed ledger technology could be used to store and share patients' personal data securely. In recognition of digital technology's potential, Malta was set to become the European regional hub for the Commonwealth Centre for Digital Health; indeed, small countries like Malta were ideal test hubs for mHealth and "big data" applications. Malta wished to be added to the list of sponsors of the draft resolution.

The representative of KAZAKHSTAN agreed with previous speakers on the need for common regulations to ensure technical and semantic interoperability and for collaboration with United Nations agencies such as ITU. Her Government supported further intersectoral collaboration on digital health with industries, governments, professional associations, the private sector and citizens at all levels, and encouraged governments to act proactively to take advantage of rising levels of mobile phone use and Internet access. WHO should identify the most effective solutions to be implemented and shared worldwide. Ultimately, universal health coverage did not imply only physical interaction with health providers; digital health initiatives could enhance coverage with minimal investment and proactive regulatory and reimbursement systems.

The representative of THAILAND said that there were two aspects to digital health. Artificial digital health used technology to promote access to efficient and lower cost health services, but required multisectoral cooperation and could result in misuse of patient data. Humanized digital health provided the human touch needed to foster trust and confidence in providers. It was important to strike a balance between those two aspects. She supported the draft resolution.

The representative of AUSTRALIA said that while mobile health technologies had the potential to bring far-reaching benefits, appropriate regulatory controls to manage the risks of poor quality, safety or performance and appropriate protections for the use or storage of personal and sensitive information were essential. It was important to consider the challenges of access to technology to avoid a new kind of health inequity. Her Government was pleased to co-sponsor the draft resolution and welcomed continued engagement with WHO on that important work. She encouraged other governments to participate in the Global Digital Health Partnership, of which Australia was the inaugural host.

The representative of TURKEY said that the establishment of eHealth platforms gave patients a greater say on their health, helped avoid repetitive medical tests, allowed access to results at any time and from any place, and was leading to more people-centred health systems. She encouraged the Secretariat to collaborate with other partners and Member States to develop multisectoral approaches to widening the target group for digital technologies and improve data security. She supported the draft resolution.

The representative of the COOK ISLANDS expressed support for the draft resolution and welcomed the use of digital technology to improve public health and global health outcomes. Data ownership, security and quality were critical concerns, but it was also important to design systems tailored to the context in a given country, particularly for the Pacific countries and small island developing States.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA expressed support for the draft resolution and concern at the use of the word “*cliente*” [client] instead of “*usuario*” [user] in document A71/20.

The representative of ITU welcomed the draft resolution, in particular the call for the development of a global strategy on digital health and greater collaboration with United Nations agencies. ITU firmly believed that digital health solutions had the potential to improve health service delivery models, and stood ready to enhance its cooperation with WHO within the framework of the draft resolution, which it encouraged Member States to support.

The representative of the WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, called upon Member States to implement national eHealth strategies in consultation with their national dental associations, in order to better integrate digital oral health programmes.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that new tools must be embraced to achieve universal health coverage. It was important to integrate technology into medical education and training structures, to invest in remote health services, and to design public health interventions with a digital platform in mind.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN said that it was imperative for countries implementing mHealth to understand the fundamental education and training needs of health care professionals and the privacy and confidentiality rights of patients. mHealth should enhance access to quality health care services and extend their reach to vulnerable and isolated populations.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION, speaking at the invitation of the CHAIRMAN, called on WHO and Member States to strengthen health technology education to ensure that the health workforce could fully utilize, integrate and promote mHealth to help patients manage their diseases.

The representative of INTRAHEALTH INTERNATIONAL INC., speaking at the invitation of the CHAIRMAN, said that interoperability was essential to allow different digital health systems to exchange standards-based data and integrate with existing national eHealth strategies and architectures. Improving the data literacy and analytical capacity of frontline health workers and their constituent populations was important in order to foster engagement and accountability at the local level.

The representative of PATH, speaking at the invitation of the CHAIRMAN, encouraged WHO to help countries develop digital health strategies and investment roadmaps with a view to avoiding fragmentation, facilitating partnerships and improving digital infrastructure. Privacy protections must also be core considerations. He supported the draft resolution.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, called on WHO and Member States to leverage advances in mHealth by creating platforms at national or regional level to evaluate existing mHealth tools and to validate those that were safe and effective, thus avoiding duplications and scaling up good practice; educating health professionals on the use of mHealth to complement existing care practices and providing guidance for the integration of validated mHealth interventions into health systems; and carefully regulating the use of mHealth tools to ensure the protection and proper use of personal data.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANIZATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the Director-General’s report was unduly optimistic. mHealth should not be seen as a low-cost method of providing health care and could be of real value only where functioning health systems already existed. The close collaboration envisaged with ITU, a multilateral public–private partnership with almost 800 private-sector entities, was highly problematic. WHO should initiate an enquiry to ensure that partnership with ITU did not breach the provisions of the Framework of Engagement with Non-State Actors.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage and Health Systems) said that the Secretariat had carefully noted Member State and non-State actor comments on the opportunities and risks of digital health, in particular the need to review WHO proposals for the use of digital tools and to consider the important role of the private sector in digital health. She referred the question of terminology to the recently published WHO classification of digital health interventions. Countries could leverage the WHO Global Health Atlas to improve coordination and reduce the number of pilot projects. The Secretariat looked forward to working with Member States and partners such as ITU on the development of a digital health strategy.

The CHAIRMAN took it that the Committee wished to approve the draft resolution.

**The draft resolution was approved.<sup>1</sup>**

**The meeting rose at 13:10.**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee’s third report and adopted as resolution WHA71.7.