PROVISIONAL SUMMARY RECORD OF THE NINTH MEETING

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Chairman: Dr S. BROSTRÖM (Denmark)

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Global snakebite burden: Item 12.1 of the agenda (documents A71/17 and EB142/2018/REC/1, resolution EB142.R4)

The representative of COSTA RICA, speaking on behalf of the Latin American and Caribbean Group, said that a comprehensive global strategy was needed to tackle and reduce the global burden of snakebite envenoming. Limited information was available on snakebite envenoming, which predominantly affected vulnerable populations in rural settings and had serious socioeconomic consequences. Given the extent of the problem in the Americas, countries in the region had been working for years to improve surveillance and monitoring; scale up the production and distribution of antivenoms; implement prevention programmes; train the health workforce in diagnosis and treatment; and conduct research. The countries of the Latin American and Caribbean Group stood ready to share their experience in dealing with snakebite envenoming and to contribute to the development of a multisectoral, comprehensive strategy to tackle the problem. She expressed support for the draft resolution recommended by the Executive Board in resolution EB142.R4.

The representative of BENIN, speaking on behalf of the Member States of the African Region, welcomed the inclusion of snakebite envenoming in the WHO neglected tropical diseases portfolio. His Region bore a high burden of the disease. In that connection, epidemiological data collection must be improved to facilitate a more realistic assessment and better mapping of the problem. The high cost of antivenoms and their shortage at the peripheral health care level presented significant barriers. He welcomed the measures proposed by WHO to reduce morbidity and mortality from snakebite envenoming and called for accelerated action towards the development of a strategic plan to tackle the disease. Particular emphasis should be placed on research and development, specialist training for the health workforce and broad access to effective treatment, especially for populations in rural areas. The Member States of the African Region supported the draft resolution.

The representative of COLOMBIA requested the inclusion of data and statistics on the Region of the Americas in future reports on the global snakebite burden, given that the Region was particularly affected by snakebite envenoming. In that connection, the Secretariat should prioritize data collection to better understand the burden that snakebite envenoming placed on health systems, and to strengthen technical capacity for antivenom quality control. Several Member States of the Region had made notable efforts to strengthen their regulatory frameworks. She supported the draft resolution, noting that the process through which it had been prepared could be applied to future work on other diseases, and welcomed the inclusion of snakebite envenoming in the WHO neglected tropical diseases portfolio.

The representative of COSTA RICA said that the draft resolution, developed through an integrated, holistic approach, reflected a long preparatory process of technical, collaborative work
between countries, coordinated by the Secretariat and regional offices; that process could be replicated in future work on similar issues. The draft resolution provided a firm basis for the development of a global strategy to tackle the global snakebite burden. His Government stood ready to collaborate with other countries on efforts to tackle snakebite envenoming and issues of a similar nature, with a focus on interregional cooperation.

The representative of HONDURAS said that the Health Assembly’s consideration of the global snakebite burden would encourage countries, in particular Honduras, to scale up knowledge and technology in order to establish inventories of snake species, update and exchange profiles of antivenom products, improve statistics and obtain technical and financial support for scientific research. Countries should also establish new partnerships and strategies for regional cooperation. Countries in Central America, where snakebite envenoming was widespread, could benefit from the strategies and methodologies of countries with similar environments. Her Government would collaborate with the Secretariat in efforts to prevent and control morbidity and mortality and reduce permanent disabilities caused by snakebites.

The representative of PARAGUAY expressed her appreciation for the inclusion of snakebite envenoming in the WHO neglected tropical diseases portfolio. It was important to further promote surveillance and control of snakebite envenoming and assess the occupational risks posed by snakebites. She also called for more research, which would facilitate the development of strategies and instruments for controlling the disease, including in low-resource settings. The Secretariat should help to ensure that Paraguay had sufficient specific antivenoms to meet demand, namely by requesting regional reference laboratories to supply them. Lastly, donors and international organizations should provide technical support to Member States affected by the disease, and countries should share experiences and information. She supported the draft resolution.

The representative of ECUADOR said that, to address the high national burden of snakebite envenoming, his Government had decided to resume production of antivenoms. Transfer of technology and technical support were vital. The snakebite burden must be addressed from a regional perspective to ensure efficient management and response. In addition, the Secretariat must work with countries experiencing public health issues related to envenoming from scorpions and other species. He expressed support for the draft resolution, which his country had sponsored.

The representative of ARGENTINA welcomed the inclusion of snakebite envenoming in the WHO neglected tropical diseases portfolio, but called for a greater focus on envenoming from arachnid bites and stings, which occurred on a similar scale in certain countries. WHO’s response to the global snakebite burden should focus on: enhancing reporting processes to ensure that sufficient data were available for decision-making and for evidence-based resource allocation and mitigation actions; facilitating reporting in remote areas; developing online training courses on the diagnosis and treatment of patients and on the identification of snakes; improving patient access to antivenoms; and promoting research and development using advanced technologies. It was also important to investigate the social determinants of risk and practices that increased exposure to snakebites, as well as ways of avoiding them, in order to develop local, evidence-based recommendations and interventions.

The representative of AUSTRALIA expressed strong support for the draft resolution, which her country had sponsored. She reiterated the importance of rapid access to treatment, and said that the global snakebite burden should be addressed through a holistic approach, which called for simple, low-cost preventive strategies; rapid access to treatment; and reliable supplies of high-quality antivenoms. She encouraged WHO to directly engage with existing clinical toxinology training initiatives and support the global accreditation of clinical toxinology training, and welcomed efforts to promote research and development to improve global supplies of antivenoms and avoid reliance on
species-specific antivenoms. Lastly, she commended the establishment of the working group on snakebite envenoming and looked forward to reviewing the forthcoming strategic plan and road map.

The representative of MEXICO urged the Secretariat to support Member States in developing a strategy for the prevention and control of snakebite envenoming in low-resource settings and promote the exchange of best practices and capacity-building for health workers in diagnosis and treatment. He encouraged the Secretariat to support efforts to regulate the manufacture of antivenom products, which should be evaluated in terms of their potency, effectiveness, dose and safety profile, using the experience of groups already working on neglected tropical diseases. His Government supported the draft resolution, which it had sponsored.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA highlighted the range of measures implemented in his country to improve the surveillance and control of snakebite envenoming and guarantee the effective production and distribution of antivenoms. His Government supported the draft resolution.

The representative of IRAQ said that efforts to tackle envenoming should be extended to include scorpion stings. The availability of antivenoms in affected areas must be ensured. Intraregional and interregional cooperation was vital, and the Secretariat should work with Member States to undertake studies and research, including on snake species by area. The issue should be incorporated into primary health care activities and approaches to achieve universal health coverage, and action must be taken to raise awareness among communities.

The representative of the ISLAMIC REPUBLIC OF IRAN expressed strong support for the draft resolution and welcomed the inclusion of snakebite envenoming in the WHO list of neglected tropical diseases. Particular attention should be paid to increasing the quality of antivenom products and supporting antivenom production facilities to increase production and reduce prices; WHO could notably support efforts to improve the quality, safety and regulation of snake antivenom immunoglobulin preparations. He outlined national measures to provide treatment for both snakebites and scorpion bites; his country had a long history of antivenom production and could provide assistance in that regard.

The representative of INDONESIA said that the lack of accurate data on snakebite envenoming at the global, regional and national levels would hinder the development of an appropriate strategy. In many developing countries, antivenoms were in short supply. She encouraged the Secretariat to support Member States in developing accurate databases on cases of snakebite envenoming, building local antivenom production capacity and training the health workforce. In addition, the distribution of antivenoms should take into account the predominantly rural location of many cases of snakebite envenoming. Her Government supported the draft resolution.

The representative of INDIA outlined his country’s snakebite management policies and highlighted the need to develop a global public health strategy for the cost-effective management of snakebites in low-resource settings. In particular, community engagement was required to create awareness and establish effective information systems in order to reduce the number of deaths resulting from limited understanding of snakebite envenoming, especially in remote and rural areas. There was also a need to facilitate the transfer of knowledge and technology among Member States in order to improve the global availability of and access to safe, affordable antivenoms. His Government fully supported the draft resolution, which it had sponsored.
The representative of ALGERIA welcomed the inclusion of snakebite envenoming in the WHO list of neglected tropical diseases. To ensure a comprehensive, effective response, the capacity of affected countries must be strengthened to enable implementation of a control strategy and guarantee access to an affordable, sustainable supply of antivenoms; the establishment of a working group to assist in the development of a road map on snakebite envenoming was therefore a positive step forward. The measures in the draft resolution, which his Government supported, would provide a platform for considering other types of bites and stings, notably scorpion stings. His country had good antivenom production capacity for both snakebites and scorpion stings, which could benefit other Member States.

The representative of BRAZIL supported the draft resolution, which his country had sponsored, and outlined the measures taken to address the significant national snakebite burden. He welcomed the inclusion of snakebite envenoming in the WHO list of neglected tropical diseases. It was important to recognize that the extent of the snakebite burden at the country level was influenced by the degree of health care coverage and the financial situation of those affected. He expressed support for WHO initiatives to improve the quality, safety and regulation of antivenom preparations and encouraged further action to avoid shortages and stock outs; his country’s network of antivenom laboratories could provide support in that regard.

The representative of the PHILIPPINES welcomed the increased focus on the global snakebite burden and efforts to improve access to antivenoms. The Secretariat should: provide support to build antivenom production capacity, including through training or exchange programmes with regional or international antivenom producers; provide training to health workers on snakebite management and snake identification; and strengthen health systems, notably in relation to surveillance and procurement.

The representative of the NETHERLANDS said that her country would shortly be hosting an international, multidisciplinary conference on snakebites to exchange scientific knowledge, develop innovative, practical solutions and raise public awareness. She expressed support for the draft resolution, which her Government had sponsored.

The representative of PERU, describing the range of initiatives in his country to tackle envenoming, said that it was necessary to take measures to address the lack of appropriate antivenoms in many affected countries and establish cooperation programmes to fill such gaps. A single method of reporting should be developed in order to improve the quality of information. Further, WHO programmes should include the rehabilitation of affected individuals in order to address the sequelae of snakebite envenoming, and school curricula should include information on bites caused by venomous animals and how to prevent and treat them, particularly in areas of high incidence. He supported the draft resolution, which his country had sponsored.

The representative of NICARAGUA outlined the actions taken by his Government to prevent and control snakebite envenoming. The Secretariat should accelerate implementation of a global strategic plan to control snakebite envenoming and guarantee the quality and safety of antivenoms. He expressed support for the draft resolution.

The representative of GUATEMALA said that the platform developed for the preparation of the draft resolution, which his country had sponsored, could be applied in future to other health issues, as a means of ensuring an integrated, collaborative global response.
The representative of THAILAND expressed support for the draft resolution and welcomed the inclusion of snakebite envenoming in the WHO list of neglected tropical diseases. It was critical to ensure the availability of antivenoms and the capacity of health workers to use them properly. The measures taken in his country had demonstrated that active management of antivenom stockpiling, distribution and awareness-raising at the national and subnational levels were key to effective implementation of the draft resolution.

The representative of BURKINA FASO welcomed the improvement in access to well-tolerated, effective and affordable antivenoms endorsed by WHO and pre-selected manufacturers, as well as actions taken at the global and regional levels to find solutions to the issue.

The representative of ANGOLA expressed support for the draft resolution, which her country had sponsored, and commended the Secretariat’s efforts to provide a more detailed review of the key issues. However, she expressed concern about the lack of production of antivenoms in most African countries, where access to therapies was only possible through the purchase of expensive products manufactured by private laboratories. It was necessary to strengthen intervention strategies at the primary health care level; develop an international partnership mechanism for the production, registration and quality control of antivenoms; and conduct snakebite envenoming surveillance. In addition, it was important to involve community leaders; develop education programmes; assess the magnitude of snakebites in vulnerable groups; and train health workers. The scientific community, international partners and public health authorities should be involved in efforts to promote operational research.

The representative of NAMIBIA supported the draft resolution and welcomed the inclusion of snakebite envenoming in the WHO list of neglected tropical diseases. His Government was in the process of establishing a multidisciplinary national technical and advisory committee on snakebites. He looked forward to constructive engagement with the Secretariat and other partners in developing a programmatic and operational framework to better manage snakebite envenoming through the sharing of expertise and experiences.

The representative of ZIMBABWE welcomed the inclusion of snakebite envenoming in the WHO neglected tropical diseases portfolio and the Secretariat’s technical assessment of antivenom products marketed in sub-Saharan Africa. It was paramount to address market weaknesses that prevented investment in research and development in order to improve current treatment and create safe and effective biotherapeutics. A greater focus on prevention through the development of appropriate control tools and strategies was required in addition to educating communities on snake behaviours and prevalent snake species.

The representative of the UNITED REPUBLIC OF TANZANIA was pleased that snakebite envenoming had been included in the WHO list of neglected tropical diseases and welcomed the assessment of antivenom products in sub-Saharan Africa. She underscored the need to involve the community in prevention strategies and expressed support for the draft resolution, which would facilitate transfer of knowledge and technology between Member States. The development of a road map to address both long- and short-term actions would be welcome.

The representative of CHINA welcomed WHO’s response to snakebite envenoming, as well as the recommended actions regarding implementation of a global strategy. Her Government supported the draft resolution.
The representative of PANAMA, welcoming the inclusion of snakebite envenoming in the WHO list of neglected tropical diseases, said that, as one of the countries with the highest incidence of snakebites in Latin America, her Government had developed a national strategic plan to tackle the problem. She called on Member States to support the draft resolution, which her Government had sponsored, in order to ensure a harmonized approach to its implementation. It was particularly important to support vulnerable communities and ensure the availability of quality, safe and effective antivenoms.

The representative of SAUDI ARABIA, welcoming the inclusion of snakebite envenoming in the WHO neglected tropical diseases portfolio, said that it was essential to ensure the production and availability of affordable, quality and innovative antivenom products at the international level. WHO should also address ways of avoiding risk.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the draft resolution, noting that the Secretariat, Member States and donors must ensure better quality control of antivenoms and develop an international financing mechanism to make them free of charge or affordable. It was necessary to promote research and development; train health care workers on clinical management; educate communities on prevention; and conduct epidemiological studies. The forthcoming road map must be fully financed to ensure an adequate response.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the draft resolution, which must include preventive and first aid measures and actions to ensure the availability of safe, effective, affordable and quality-assured antivenoms. It should also promote affordable innovation and manufacture, health system strengthening, particularly in relation to the supply chain, and training of health care workers. Publicly funded research and development models were a reliable, cost-effective solution to the high price of antivenoms. The global health community must allocate sufficient funding for implementation of the forthcoming road map.

The ASSISTANT DIRECTOR-GENERAL (Communicable Diseases) thanked participants for their comments, including on data collection, training for health workers, and the quality of antivenoms, which would be fully reflected in the forthcoming road map and any related follow-up actions. The global strategy for the prevention and control of snakebite envenoming would focus on improving access to antivenoms and case management for poor and marginalized populations at a sustainable cost. The issue required a multifaceted, multisectoral, holistic approach. To that end, the Secretariat had already established a special task force consisting of a cluster on noncommunicable diseases and another on access to medicines, which was engaging with experts to examine the forthcoming road map. In addition, meetings with stakeholders were planned for the end of 2018, as well as broad consultations with Member States, to discuss the road map prior to its launch. He took note of participants’ comments and concerns regarding the lack of attention on other venomous animals, such as scorpions; following a recent review by the Strategic Technical Advisory Group for Neglected Tropical Diseases at its 11th meeting in April 2018, the decision had been made that scorpion bites could not be included in the list of neglected tropical diseases. However, that decision in no way reflected a lack of commitment on the part of the Secretariat, which would continue to support Member States to tackle country- and region-specific health issues.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in resolution EB142.R4.
The draft resolution was approved.

**Physical activity for health:** Item 12.2 of the agenda (documents A71/18 and EB142/2018/REC/1 and resolution EB142.R5)

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the policy actions identified in the draft global action plan on physical activity 2018–2030 would contribute significantly to the achievement of the Sustainable Development Goals and the reduction of noncommunicable diseases. To achieve the global target of a 15% relative reduction in the global prevalence of physical inactivity in adolescents and adults by 2030, an intersectoral approach and the engagement of all stakeholders, including organizations of the United Nations system and regional entities, would be required. Monitoring of the implementation of the recommended policy actions should draw on existing indicators and targets as well as on those under development, including those related to the global strategy and plan of action for the prevention and control of noncommunicable diseases 2013–2020 and the Goals. To that end, it was important to develop criteria for data collection and reporting to facilitate data-sharing, as well as to strengthen reporting of disaggregated data. The Member States of the Region supported the draft resolution contained in resolution EB142.R5. He called on the Secretariat to provide support to Member States in implementing the draft global action plan, in collaboration with other relevant partners.

The representative of BURKINA FASO said that her Government had implemented a range of measures to tackle the risk factors for noncommunicable diseases, including physical inactivity. She supported the draft global action plan on physical activity, including the four strategic objectives, and called on the Secretariat to provide technical and financial support to countries with limited resources. Her Government supported the draft resolution.

The representative of SOUTH AFRICA expressed support for the draft global action plan on physical activity, including the four strategic objectives, noting that it should focus not only on actions to be taken by the individual but also on structural issues, such as the physical environment and safety. Further, it should put forward concrete ideas on ways in which the health sector could collaborate with other sectors, and consider the diverse requirements of different genders and age groups. The recommended interventions and activities must take into account rural and urban contexts as well as those of low- and middle-income countries. Lastly, the importance of physical activity must be emphasized among parents, educators, employers, and policy- and decision-makers.

The representative of SAUDI ARABIA called on the Secretariat to provide support to Member States in implementing the measures recommended in the draft global action plan on physical activity, using appropriate indicators. The Organization should also adopt criteria for data collection and reporting in accordance with the recommendations of related global action plans and strategies, including the comprehensive global monitoring framework for the prevention and control of noncommunicable diseases. Capacity-building was urgently needed to implement the proposed evaluation framework and monitor the key measurement indicators at the country level.

The representative of MEXICO expressed his support for the adoption of the draft global action plan on physical activity. The establishment of specific monitoring mechanisms and indicators would highlight the progress made and challenges faced by Member States, as well as the best practices to follow in order to achieve the objectives set out in the draft global action plan.

The representative of AUSTRALIA said that the draft global action plan on physical activity was a comprehensive yet flexible tool and commended Member States and the Secretariat for their
proactive approach to the issue, including organization of the “Walk the Talk: The Health for All Challenge” event and the Committee A yoga breaks. Intersectoral collaboration was necessary to address the wider socioenvironmental risks associated with physical inactivity, overweight and obesity. She welcomed the development of a monitoring and evaluation framework that drew on existing mechanisms and asked that Australia be added as a co-sponsor of the draft resolution endorsing the global action plan.

The representative of AUSTRIA welcomed the draft global action plan on physical activity, which would foster intersectoral cooperation. Her Government had made progress towards a national target to increase physical activity. She requested the Secretariat to provide guidance on collaboration and financing mechanisms to effectively support intersectoral action in the long term. Proven methods, such as health impact assessments and the health economic assessment tool, should be used to evaluate and monitor such action. She expressed support for the draft resolution.

The representative of DENMARK, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, expressed support for the draft global action plan on physical activity and the draft resolution and called on the Secretariat to update the recommendations on physical activity to include sedentary behaviour, based on a review of existing evidence. She underscored the importance of addressing social inequalities and ensuring access to infrastructure and environments that promoted physical activity and reduced sedentary behaviour through a multisectoral Health in All Policies approach. She supported the allocation of resources aimed at promoting physical activity among the least active and those facing the greatest barriers.

The representative of the RUSSIAN FEDERATION described the broad range of programmes and initiatives introduced in his country to increase physical activity. His Government aimed to increase the population’s level of physical activity by 45%, which would allow it to meet the goal of the draft global action plan of a 15% relative reduction in physical inactivity among adults and adolescents by 2030. He supported the draft global action plan and believed that its goal was achievable.

The representative of CANADA welcomed the incorporation of a wide range of feedback into the development of the draft global action plan on physical activity, as well as its focus on a multisectoral approach. Implementation of the draft global action plan would contribute towards progress in the achievement of several targets of the 2030 Agenda for Sustainable Development. She supported the draft resolution.

The representative of the REPUBLIC OF KOREA expressed support for the draft global action plan on physical activity. He looked forward to the forthcoming publication of the WHO report on country comparable estimates on physical inactivity in adolescents and adults, developed following a request made by his delegation at the 142nd session of the Executive Board for guidelines differentiated by age group. However, he suggested that the report further divide the categories of adolescents and adults into adolescents, young adults, middle-aged adults and elderly adults, in order to reflect changing levels of physical activity and mobility across the lifespan.

The representative of PANAMA welcomed the draft global action plan on physical activity. Governments were responsible for creating environments, spaces and places conducive to physical activity, and employers should promote physical activity in the workplace. Particular attention should be given to policies to prevent sedentary behaviour and improve nutrition among children and young people. In addition, the Secretariat should take a proactive role in the dissemination of norms and recommendations to implement strategies and monitor progress and should provide support to develop
information systems. She welcomed the proposed establishment of process and impact indicators, developed jointly with Member States, to provide information on the results of actions at different levels and facilitate appropriate decision-making.

The representative of INDIA described efforts made by his Government to promote physical activity, including the development of a multisectoral action plan for the prevention and control of noncommunicable diseases, programmes to promote the development of infrastructure such as playgrounds, parks and gymnasiums, and the use of various media platforms to increase awareness. He appreciated the support provided by the Secretariat and supported the draft resolution.

The representative of the UNITED STATES OF AMERICA welcomed the draft global action plan on physical activity, particularly its emphasis on multisectoral and multistakeholder action and its recognition of the fact that each Member State should determine the best approach to increase physical activity at the community level. She appreciated WHO’s “Walk the Talk: The Health for All Challenge” event and looked forward to the forthcoming update of WHO’s global recommendations on physical activity for health. Her Government could support the endorsement of the draft resolution by the Health Assembly.

The representative of the PHILIPPINES expressed support for the draft resolution and the strategic objectives of the draft global action plan on physical activity. The need for multisectoral collaboration in the implementation and monitoring of the draft global action plan should be emphasized, in addition to the need for efforts to identify “best buys” for specific age groups. Moreover, the agenda on physical activity should be included in the discussions at the forthcoming third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases.

The representative of JAMAICA said that her Government had launched a campaign to encourage people of all ages and from all backgrounds to improve physical activity, promote healthy eating, promote health checks and raise awareness of noncommunicable diseases. Nevertheless, certain challenges, including those relating to infrastructure and security, remained. She therefore called on the Secretariat to continue to advocate for action to address those issues and to provide increased support to countries. She encouraged Member States to endorse the draft global action plan on physical activity.

The representative of ALGERIA said that physical activity was an accessible and effective tool to combat noncommunicable diseases. The adoption of a multisectoral, holistic, Health in All Policies approach would have a positive impact on people’s health and well-being. In that context, measures should be taken to ensure that sufficient time was allocated in school timetables for physical activity for all age groups. He expressed support for the draft global action plan on physical activity and the development of regional and national plans based thereon. His Government supported the draft resolution.

The representative of SURINAME said that investment in policies to promote physical activity could directly contribute to the achievement of many of the Sustainable Development Goals. She therefore recommended accelerating progress through effective partnerships with multiple sectors, civil society, communities and the private sector, based on a Health in All Policies approach. Her Government supported the draft resolution.

The representative of GERMANY, welcoming the draft global action plan on physical activity, said that her Government was ready to share its experience in promoting physical activity among all
age groups through cross-sectoral collaboration and a settings-based approach. She welcomed WHO’s efforts to tackle the issue, including the “Walk the Talk: The Health for All Challenge” event, and supported the draft resolution.

The representative of JAPAN said that her Government was promoting physical activity through its evidence-based healthy and active ageing initiative. The forthcoming Olympic and Paralympic Games to be held in Tokyo in 2020 would provide an excellent opportunity to promote sports and physical activity. Her Government welcomed the draft global action plan on physical activity and fully supported the draft resolution.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, expressed support for the draft global action plan on physical activity and the draft resolution and welcomed WHO’s initiatives to tackle the issue, such as the “Walk the Talk: The Health for All Challenge” event. The ultimate objective should be to achieve physical activity for all, rather than to reduce physical inactivity by a certain percentage. She strongly supported the development of a global monitoring framework and encouraged the Secretariat to create technical tools to support Member States in formulating and implementing national and subnational plans. At the regional level, the Member States of the South-East Asia Region had adopted a resolution on promoting physical activity, including through alternative and traditional methods such as yoga; a status report was being drafted as part of efforts to sustainably monitor progress.

The representative of the SOLOMON ISLANDS, speaking on behalf of the Pacific island countries, said that the increase in sedentary lifestyles had contributed to a noncommunicable disease crisis in the region. He welcomed the draft global action plan on physical activity, but noted that the geography of the Pacific islands may pose challenges to implementation of some of the associated actions. The Pacific island countries had established a network on ending child obesity and aimed to launch a regional campaign to raise awareness of the importance of physical activity; progress had already been achieved in increasing physical activity in schools and the health sector.

The representative of BHUTAN welcomed WHO’s efforts to increase physical activity, including organization of the “Walk the Talk: The Health for All Challenge” event, and combat noncommunicable diseases. Physical activity was a “best buy” intervention to reduce the burden of noncommunicable diseases, especially in regions with resource-constrained settings. He highlighted the need to assess Member States’ capacity to implement the strategies outlined in the draft global action plan on physical activity, including the availability of resources and the provision of technical support to Member States. He expressed support for the draft resolution.

The representative of TRINIDAD AND TOBAGO said that implementation of the national strategic plan for the prevention and control of noncommunicable diseases had led to a reduction in the number of adults and adolescents with insufficient levels of physical activity. His Government endorsed a whole-of-society and whole-of-government approach to physical activity for health and expressed support for the draft global action plan on physical activity.

The representative of COSTA RICA described the range of measures introduced in her country to tackle noncommunicable diseases and increase physical activity at the national and local levels. She supported the draft resolution and the draft global action plan on physical activity.

The representative of COLOMBIA welcomed the draft global action plan on physical activity as a means of strengthening the role of physical activity within the framework of efforts to prevent and control noncommunicable diseases and accelerating progress in relation to implementation and
adoption of associated strategies. Efforts to promote physical activity must ensure access to appropriate, safe spaces and enabling environments and to diverse opportunities for all people to be physically active in their daily lives. Her Government was implementing a comprehensive range of programmes to promote health, including actions to increase physical activity. She expressed support for the draft resolution.

The representative of the ALLIANCE FOR HEALTH PROMOTION, speaking at the invitation of the CHAIRMAN, highlighted the need to create environments that encouraged changes in lifestyles and physical activity. School and college curricula should include at least one hour of physical activity every day, with sufficient physical and outdoor activity space for that purpose. Physical activity had positive effects on physical and psychosocial well-being and could promote health and functional ability among the elderly. Research should be conducted in order to develop country-level physical activity and wellness indices.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed the attention given to health literacy, the built environment and multistakeholder engagement, as well as the country-level goal of reducing physical inactivity by 15%. To that end, the Secretariat and Member States should support strengthened patient assessment and counselling; promote physical activity as part of universal health coverage; encourage the use of a whole-of-school approach in schools; provide support to community leaders in encouraging physical activity; improve infrastructure with dedicated recreational spaces and safe roads; and encourage the participation of young people as decision-makers. Adequate financing must be ensured to sustain systems that promoted physical activity for all.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that there was a need to develop global recommendations to address the links between physical activity and the prevention of noncommunicable diseases. The nursing workforce should be mobilized to address those diseases. Particular attention should be paid to vulnerable populations when ensuring access to opportunities for physical activity. She supported the need for a paradigm shift with regard to physical activity and its key role in disease prevention, and would work to develop inclusive ways to ensure active people, environments and societies.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that adolescents were a key target group and ministries of education must therefore promote physical activity in schools. She called on stakeholders to make multisectoral investments in sports-adapted infrastructure and encouraged health ministries and universities to include healthy lifestyle promotion as a key competency for the future health workforce. She welcomed WHO’s creative initiatives to promote physical activity, including the “Walk the Talk: The Health for All Challenge” event, and encouraged all stakeholders to work together towards a more physically active world.

The representative of INTRAHEALTH INTERNATIONAL, INC., speaking at the invitation of the CHAIRMAN, welcomed the development of the draft global action plan on physical activity, which would contribute towards reducing the global burden of noncommunicable diseases.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the draft global action plan on physical activity did not fully address the social determinants of physical inactivity, in particular the reduced investment in welfare and concomitant reduction in public spaces for learning, participating and engaging in sports and related activities. In addition, it failed to propose measures to curb the influence of private actors, whose interests may run
counter to the expansion of public spaces to promote physical activity. She urged Member States to increase public spending in accessible public spaces and sports facilities, and ensure that the draft global action plan addressed issues relating to inequality, exclusion and marginalization.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, urged Member States to include the promotion of healthy diets and caring for the environment in intersectoral policies on physical activity. He emphasized the key role of monitoring and the need for reliable data collection on indicators on the prevalence of insufficient physical activity. A fixed percentage of national budgets should be dedicated to the continual improvement of primary and preventive health care infrastructure and the promotion of healthy lifestyles. In addition, physicians should become community advocates for positive social determinants of health and for sustainable prevention practices, and should lead by example by maintaining their own personal health.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the target to achieve a 15% relative reduction in physical inactivity would require the continuous updating of evidence, as well as capacity-building and collaboration. She welcomed the forthcoming monitoring and evaluation framework and the recommendations to strengthen financing mechanisms but urged for caution to be exercised in partnerships with the food, beverage, alcohol and gaming industries, where conflicts of interest undermined health. She urged countries to follow the example of the Member States of the South-East Asia Region in promoting physical activity in the lead-up to the third High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. Her organization stood ready to support the successful implementation of the draft global action plan on physical activity.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, urged Member States to focus efforts on implementing the draft global action plan on physical activity and welcomed the practical recommendations and the recognition of physical activity as a disease management tool. He suggested the inclusion of an indicator to measure the number of countries with a budget allocated to a national plan on physical activity, as well as those with a designated unit responsible for its implementation. He said that the focus on the two age groups of 11 to 17 years of age and 18 years and over should not prevent countries from striving to encourage physical activity and active play among young children.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) thanked participants for their comments and expressed appreciation to the Government of Thailand for hosting the 2016 International Congress on Physical Activity and Public Health and the Government of Portugal for organizing the launch the draft global action plan on physical activity 2018–2030 on 4 June 2018. She also thanked Member States, organizations within the wider United Nations family and non-State actors for participating in the consultation process for the development of the draft global action plan on physical activity. The draft global action plan represented the first time that WHO had framed physical activity as a sustainable development issue under the 2030 Agenda for Sustainable Development. She encouraged participants to incorporate physical activity into their lifestyles and affirmed that more physical activities, such as the “Walk the Talk: The Health for All Challenge” event, would be organized for forthcoming sessions of the World Health Assembly and the Executive Board.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in resolution EB142.R5.
The draft resolution was approved.


The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, highlighted the ongoing challenges faced by the countries in her Region, notably regarding reproductive health and rights and adolescents’ health, and welcomed efforts to engage adolescents and develop specific programmes to support them. The Member States of the Region were working to accelerate progress in achieving the targets outlined in the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030). She welcomed the strong focus on universal health coverage in the draft thirteenth general programme of work, which would generate positive outcomes for children. However, while the multilateral efforts to strengthen early childhood development, including the establishment of the nurturing care framework, were welcome, it was disappointing that document A71/19 Rev.1 did not reflect the issue more thoroughly, with future steps outlined as previously agreed; greater attention should be focused on that issue in the report on implementation of the Global Strategy submitted to the Seventy-second World Health Assembly, in addition to a focus on midwifery care.

The representative of IRAQ said that the Global Strategy for Women’s, Children’s and Adolescents’ Health must respond to the challenge of reducing maternal and child morbidity and mortality, which should also be a fundamental part of the draft thirteenth general programme of work, with a particular focus on the complex situation in the Eastern Mediterranean Region. Other priorities included the elimination of gender-based violence and violence against children. Specific attention should be given to adolescents’ health as part of school health services and within efforts to combat communicable and noncommunicable diseases. Work on those elements should be incorporated into primary health care services.

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia and Albania, the country of the stabilisation and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia aligned themselves with her statement. She welcomed the focus on early childhood development, but expressed concern regarding the worrying statistics on child development, maternal health, sexual and reproductive health services, and violence against women and adolescent girls. The Member States of the European Union remained committed to the protection and fulfilment of all human rights, notably in relation to sexuality and sexual and reproductive health; it was vital to ensure universal access to high-quality, affordable information, education and health care services on that subject, and universal health coverage could play an important role in increasing access to related services, including for adolescents. The Member States of the European Union also strongly supported gender equality and the prevention and elimination of all forms of violence against women and girls, and were committed to supporting a whole-of-government and whole-of-society approach to early childhood development. She urged the Secretariat, Member States and other relevant partners to make bold commitments to take action to improve the health and uphold the human rights of women, children and adolescents.

The representative of PERU welcomed the alignment of the Global Strategy for Women’s, Children’s and Adolescents’ Health with the 2030 Agenda for Sustainable Development, as well as the identification of actions to ensure the timely achievement of the related Goals. It was fundamental to strengthen efforts on early childhood development, prioritizing, among others, maternal and newborn health, the reduction of chronic malnutrition among children and the reduction of anaemia. Through a range of measures, his Government had made progress in the area of adolescents’ health. Lastly, he
welcomed the signing of the framework for cooperation agreement between WHO and the Office of the United Nations High Commissioner for Human Rights in order to provide a coordinated response to efforts to ensure the highest possible level of health for all as a human right.

The representative of AUSTRALIA expressed appreciation for the focus on early childhood development. It was also positive that clearer and stronger language had been used regarding sexual and reproductive health; access to such services was essential to improve the health and well-being of women and girls, and WHO should continue to show leadership in that area. Coordinated global efforts to combat cervical cancer were welcome, and she encouraged the Secretariat and Member States to also consider endometriosis, a debilitating condition suffered by many women, during implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health. A disability-inclusive approach during early childhood development was absent from the Secretariat’s report, and it was essential to ensure that women and children with disabilities were not left behind; WHO should continue to provide leadership on that issue.

The representative of PANAMA said that the Global Strategy for Women’s, Children’s and Adolescents’ Health should be updated, notably to emphasize the importance of women’s rights in relation to sexual and reproductive health, and children’s rights. The definition and measurement of existing indicators should also be improved, especially those related to targets 3.1.2 (Proportion of births attended by skilled health personnel) and 4.2.1 (Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex) of the Sustainable Development Goals. Children should be prioritized in the response to health issues. The provision of universal health coverage with a focus on quality, equity and dignity continued to pose a challenge to decision-makers. Investment in maternal and child health and early childhood development was a cost-effective intervention to ensure quality, comprehensive care. The Secretariat, Member States and other organizations of the United Nations system were responsible for implementing short-term changes to achieve the Sustainable Development Goals and ensure that no one was left behind.

The representative of MEXICO noted the importance of integrated, multisectoral action to create an environment that promoted health and the protection of women’s, children’s and adolescents’ human rights. He commended the recognition of violence, including interpersonal violence, as a public health problem that affected people throughout the life course and contributed significantly to the disease burden, and called on Member States to take comprehensive action to tackle the resulting harm to health, especially for the most vulnerable groups. Further exchanging of best practices and support from the Secretariat were required to enable Member States to address the key challenges related to adolescents’ health, with the active participation of adolescents themselves. In addition, capacity-building strategies should be developed for health workers to provide them with the necessary tools to ensure effective, timely and sensitive health care for adolescents.

The representative of the UNITED STATES OF AMERICA commended the Secretariat’s efforts to improve maternal, newborn and child survival and health; optimize early childhood development outcomes; and address issues relating to sanitation and environmental health. Her Government supported work to improve adolescent health through multisectoral efforts, including by empowering young people to avoid sexual risk and prevent early pregnancy. Continued focus must be placed on antenatal and delivery care, and on prevention and treatment of infections in mothers and children. She reiterated the fact that her Government did not recognize or support abortion as a method of family planning, or recognize any international right to abortion; the term “sexual and reproductive health” did not include the promotion of abortion. It was encouraging to see increased attention being paid to combating violence against women and girls; the international community should respond to the issue by supporting legal, educational, social, financial and health interventions to protect women
and girls from exploitation and abuse. Another welcome focus was on the vital role of nutrition, particularly during early childhood, and she urged Member States to prioritize multisectoral and health investments in that area. Lastly, she expressed appreciation for WHO’s efforts to tackle cervical cancer.

The representative of DENMARK commended the work of the United Nations Joint Global Programme on Cervical Cancer Prevention and Control and the prioritization of the health of women and girls. She called for efforts to reduce social and geographical inequalities and ensure that all girls and young women had access to screening programmes and vaccines. It was also necessary to use appropriate communication strategies for target groups in order to counter any prejudice, stigma and misconceptions; she thanked the Regional Office for Europe for the support it had provided to her country in that regard.

The representative of COSTA RICA said that national implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health would require financial and human resources, as well as institutional and political commitment. It was particularly important to reduce maternal and infant mortality and keep sight of related concerns, specifically protection of human rights and universal access to services. She agreed with the proposal to focus on midwifery care in the next Secretariat report on implementation of the Global Strategy, with a particular focus on how to strengthen midwifery care towards universal health coverage. Given the complexity of the issue, a collective, multisectoral approach was required, with a clear definition of the scope of action and the responsibilities of all actors.

The representative of the REPUBLIC OF KOREA welcomed the sharper focus on women’s, children’s and adolescents’ health and commended WHO’s increased interest in the prevention and control of violence against women and children. Although sexual and reproductive health was important, the discussion on women’s health should not continue to be centred on that issue; WHO should widen the scope of action to include health concerns more prevalent among women, such as mental health issues and access to health care systems.

The representative of THAILAND said that the nurturing care framework would help Member States to promote physical, emotional and cognitive development and prevent major threats to early childhood development. Her Government had sought to reduce deaths from cervical cancer by including human papillomavirus vaccines in its national list of essential medicines and providing vaccines and screening services to girls and women. However, the critical shortage of vaccines hampered national efforts; the vaccine industry should therefore be held accountable for the adequate production of those vaccines. Her Government recognized the importance of preventing domestic and interpersonal violence and road traffic injuries among women, children and adolescents and would soon be hosting the 2018 World Conference on Injury Prevention and Safety Promotion.

The representative of CANADA reaffirmed her Government’s commitment to implementing the Global Strategy for Women’s, Children’s and Adolescents’ Health. Enhancing access to a full range of sexual and reproductive health services and information, in particular for vulnerable women and girls such as those living in fragile and humanitarian contexts, ensuring gender equality and improving newborn health were priority areas for her Government. She welcomed the recently published Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030): 2018 Monitoring Report, in particular its focus on early childhood development and a life course approach to health. In that connection, her Government would continue to take a life course approach to the critical role of nutrition in early childhood development from pregnancy onwards, including by providing vitamins and minerals, such as iron and folic acid supplements, to women and children. She encouraged Member States to provide financial support to the Global Financing Facility Trust Fund in order to
accelerate progress on the Global Strategy for Women’s, Children’s and Adolescents’ Health and universal health coverage.

The representative of COLOMBIA said that her Government had focused efforts on providing equitable access to high-quality, effective and timely health services. As early childhood was one of the most important stages in the life course, all available resources should be mobilized to ensure that young children could grow up in the optimum health conditions and exercise their rights to the fullest extent. She welcomed the attention paid to midwifery in the Global Strategy for Women’s, Children’s and Adolescents’ Health. Her Government had adopted measures to fight inequality among children, break the intergenerational cycle of poverty and work towards a more equitable society. She reiterated her Government’s commitment to ending violence and discrimination against women, children and adolescents in public and private spaces and the importance of the achievement of the Sustainable Development Goals.

The representative of TRINIDAD AND TOBAGO described the steps taken by his Government to prioritize reproductive health, early childhood development and postnatal, maternal and newborn health, including by training health care workers; providing gynaecological screening services; establishing a network of early childhood centres; deploying midwives at community health centres; and drafting a sexual and reproductive health policy. To achieve the widest health coverage possible, the national health system defined all people under 18 years of age as children. He supported the proposal to report on implementation of the Global Strategy for Women’s, Children’s and Adolescents’ to a future session of the Health Assembly.

The representative of NORWAY welcomed WHO’s commitment to deliver on the objectives of the Global Strategy for Women’s, Children’s and Adolescents’ Health and its special focus on early childhood development. His Government supported the Every Woman Every Child initiative and, together with partners, had established the Global Financing Facility in support of Every Woman Every Child, which required replenishment in 2018; he encouraged other Member States to become partner countries. More must be done to ensure safe access to health services for women, children and adolescents in emergencies and protracted crises. There was also a need for further research and evidence-based interventions. It was vital to continue work on strengthening the role of the health system to address interpersonal violence, in particular against women and girls, in line with resolution WHA69.5 (2016).

The representative of SOUTH AFRICA urged the Secretariat, in partnership with other bodies of the United Nations system, to fast track the finalization of existing indicators and support Member States in collecting data and reporting, in order to effectively monitor progress and ensure accountability. He drew attention to a recently published report in The Lancet on the continuum of health for both men and women before, during and post childbirth, which represented a new approach to preconception health, and urged the Secretariat to note that approach and support Member States in its adoption. Given the rapid increase in antimicrobial resistance, developments in new diagnostic tests and treatment options for syphilis and gonorrhea should be accelerated. Efforts were also required to ensure the affordability of iron preparations for the treatment of anaemia, as well as human papillomavirus vaccines and DNA tests to prevent and screen for cervical cancer, including for middle-income countries that did not qualify for support from the GAVI Alliance. He requested the Secretariat to provide time frames for the development of guidelines and operational guidance for nurturing care in early childhood. His Government supported the proposal to focus on strengthening midwifery care.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the progress on key ambiguous areas, such as the definition of “skilled health
personnel”, and the proposed focus on midwifery care. The launch of the nurturing care framework was also welcome. However, further information should be provided on actions being taken to address the critical issue of newborn mortality and stillbirths, as well as on preventive and population-based interventions. The Secretariat must ensure coordination between implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health and the work of relevant WHO departments. Her Government stood ready to share its experience, particularly with respect to sexual health and unplanned pregnancies.

The representative of INDONESIA, reaffirming her Government’s support for implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health, said that efforts to end preventable deaths among women and children should be integrated with community empowerment, quality services and health financing. She encouraged WHO, UNICEF, UNESCO and other related stakeholders to develop a global framework on early childhood development.

The representative of TUNISIA described the wide range of measures implemented by her Government to, inter alia, address early childhood development and adolescents’ health and reduce maternal and child mortality and violence against women and children, in line with efforts to implement the Global Strategy for Women’s, Children’s and Adolescents’ Health.

The representative of BRAZIL said that actions and policies related to the health of women, children and adolescents were essential to a sustainable development strategy based on principles of equity, inclusion and human rights. Brazil had developed a range of targeted policies that sought to, among other things, promote breastfeeding and immunization; reduce child morbidity and mortality and unplanned pregnancies; ensure access to quality services for adolescents and women, including in relation to reproductive health; and tackle physical and sexual violence.

The representative of SLOVAKIA said that early bonding was an essential component of early childhood development. However, he would have welcomed more extensive information on early childhood development in the report. In that connection, it was important to develop more focused strategies and expert networks involving Member States and other relevant stakeholders and conduct more targeted research to guide evidence-based policies at all levels. He expressed support for research and data collection on natural family planning methods. Additional information on the management of fertility and infertility should be provided in forthcoming reports on implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health.

The meeting rose at 21:10.