This preliminary journal is intended to give delegates, representatives and other participants advance indications of the Health Assembly’s tentative programme of work. Additional information can be found in the Guide for delegates to the World Health Assembly (document A71/DIV./2).

The Journal does not constitute an official record of the Health Assembly’s proceedings. The Journal is published in Arabic, Chinese, English, French, Russian and Spanish on every working day during the Health Assembly.

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**Badges**

For security reasons, all delegates will be required to wear photo ID badges in order to access the meeting rooms. During the online registration process, the focal point will be asked to upload a passport style photograph of each member of the delegation. Brief instructions on how to upload and resize an existing image are available at: [http://www.who.int/governance/en/](http://www.who.int/governance/en/). Please note that delegates must register at WHO headquarters and obtain their badge before going to the Palais des Nations. Access to the Palais des Nations and the meeting rooms will be restricted to persons wearing badges.

**Interpretation**

Interpretation is provided in the official languages (Arabic, Chinese, English, French, Russian and Spanish) to help delegates follow the discussions. To ensure statements are interpreted as clearly as possible, delegates are requested to send a copy of statements they plan to make to interpret@who.int at least 30 minutes in advance. For further information on length and delivery of statements please see section 5 of the Journal.
1. **Date, location and working hours**

The Seventy-first World Health Assembly will open in Geneva on Monday, **21 May 2018 at 09:30**. The Health Assembly will be held in the Palais des Nations, located near the Place des Nations and Avenue de la Paix and most easily reached by the entrance gate on the Route de Pregny. The working hours of the Health Assembly are from 09:00 to 12:00 and from 14:30 to 17:30, except for the first plenary meeting, which will commence at 09:30.

The Health Assembly will close no later than Saturday, 26 May 2018, as decided by the Executive Board at its 142nd session.
2. **Tentative programme of work of the Health Assembly**

**Monday, 21 May 2018**

<table>
<thead>
<tr>
<th>First plenary meeting</th>
<th>09:30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delegations will sit in the French alphabetical order of names of Member States commencing with the letter “X” as decided by the drawing of lots. Delegations are requested to take their seats a few minutes before 09:30.</td>
<td></td>
</tr>
</tbody>
</table>

**Item 1**

**Opening of the Health Assembly**

- **Item 1.1**
  - Appointment of the Committee on Credentials

- **Item 1.2**
  - Election of the President of the Seventy-first World Health Assembly

- **Item 1.3**
  - Election of the five Vice-Presidents, the Chairmen of the main committees, and establishment of the General Committee

**High-Level Segment**

10:30

**General Committee**

Immediately after conclusion of the High-Level Segment in plenary

- Examination and submission to the Health Assembly of recommendations on such questions as:
  - Adoption of the provisional agenda as proposed by the Executive Board
  - Addition of supplementary items, if any, to the provisional agenda
  - Initial allocation to the main committees of items of the agenda
  - Deferment of any item to a future Health Assembly
  - Programme of work of the Health Assembly

<table>
<thead>
<tr>
<th>Second plenary meeting</th>
<th>14:30</th>
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</thead>
<tbody>
<tr>
<td>– <strong>Presidential address</strong></td>
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</tr>
</tbody>
</table>

**Item 1 (continued)**

**Opening of the Health Assembly**

- **Item 1.4**
  - Adoption of the agenda and allocation of items to the main committees

**Item 2**

**Report of the Executive Board on its 141st and 142nd sessions and on its special session on the draft thirteenth general programme of work, 2019–2023**

- Announcement by the President inviting suggestions regarding election of Members entitled to designate a person to serve on the Executive Board

**Item 3**

**Address by Dr Tedros Adhanom Ghebreyesus, Director-General**

- General discussion

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First meeting of Committee A

Item 10 Opening of the Committee
  – Including election of Vice-Chairmen and Rapporteur

Item 11 Strategic priority matters

Tuesday, 22 May 2018

Third plenary meeting 09:00
Item 3 (continued)  – General discussion

Second meeting of Committee A 09:00
Item 11 (continued)  Strategic priority matters

Committee on Credentials 14:00

Fourth plenary meeting 14:30
Item 3 (continued)  – General discussion

Third meeting of Committee A 14:30
Item 11 (continued)  Strategic priority matters

Wednesday, 23 May 2018

Fifth plenary meeting 09:00
– Report of the Committee on Credentials
Item 5 Admission of new Members and Associate Members [if any]

Fourth and fifth meetings of Committee A Immediately after conclusion of Item 5 in plenary and 14:30
Item 11 (continued)  Strategic priority matters

First and second meetings of Committee B Immediately after conclusion of Item 5 in plenary and 14:30
Item 13 Opening of the Committee
  – Including election of Vice-Chairmen and Rapporteur
Item 14 Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

General Committee 17:30
Thursday, 24 May 2018

Sixth and seventh meetings of Committee A 09:00 and 14:30

Item 12 Other technical matters

Third and fourth meetings of Committee B 09:00 and 14:30

Item 15 Programme budget and financial matters
Item 16 Audit and oversight matters
Item 17 Staffing matters
Item 18 Management and legal matters
Item 19 Collaboration within the United Nations system and with other intergovernmental organizations

Friday, 25 May 2018

Sixth plenary meeting 09:00

Item 7 Awards
Item 6 Executive Board: election
Item 8 Reports of the main committees

Eighth and ninth meetings of Committee A Immediately after conclusion of Item 8 in plenary and 14:30

Item 12 (continued) Other technical matters

Fifth and sixth meetings of Committee B Immediately after conclusion of Item 8 in plenary and 14:30

Item 20 Matters for information

Saturday, 26 May 2018

Tenth meeting of Committee A 09:00

Finalization of resolutions and reports

Seventh meeting of Committee B 09:00

Finalization of resolutions and reports

Seventh plenary meeting Immediately following the closure of Committees A and B

Item 8 (continued) Reports of the main committees
Item 9 Closure of the Health Assembly
3. Technical briefings

The following technical briefings will take place during the Seventy-first World Health Assembly.

Tuesday, 22 May 2018  12:30–14:00  Room XII

Primary health care is key to achieving universal health coverage and health for all (lead up to 40th Anniversary of Alma Ata and 2019 General Assembly High-level meeting on UHC)

The 1978 Declaration of Alma-Ata was the first international declaration to advocate for primary health care as the main strategy to achieve WHO's stated goal of health for all. Since then, strong primary care systems, based in local communities, are recognized to be essential to achieving universal health coverage. The core values and principles of the 1978 Alma-Ata Declaration still stand, and at the Global Conference on Primary Health Care: Towards Health for All, to be held in October this year in Astana, Republic of Kazakhstan the global community is expected to renew the emphasis on primary care as the main driver of people-centred health systems leading to universal health coverage. Making health care truly universal requires a shift from health systems designed around diseases and health institutions towards health systems designed around and for people.

The technical briefing will review lessons learnt on the implementation of primary health care over these past four decades. This will inform the future implementation of primary health care toward universal health coverage in our globalized world.

Wednesday, 23 May 2018  12:30–14:00  Room XII

Official launch of the WHO immunization business case for the African continent

While the African continent has made tremendous gains toward increasing access to immunization in the last 15 years, progress has stagnated, leaving one in five African children without access to life-saving vaccines. As a result, vaccine-preventable diseases continue to claim too many lives. On 31 January 2017 at the 28th African Union Summit, Heads of State from across Africa endorsed the Addis Declaration on Immunization (ADI), thereby committing to advance universal access to immunization across Africa, which is a core component of attaining universal health coverage and the Sustainable Development Goals.

In this context, WHO/AFRO and WHO/EMRO jointly developed the WHO immunization business case for the African Continent. This business case has been developed to mobilize sufficient resources for WHO to continue supporting all 54 Member States of the African continent to fully achieve the ADI commitments. During this technical briefing, new frameworks and developments on immunization will be presented including:

- the paradigm change and new approach for immunization as a core component of attaining universal health coverage on the African continent
- the immunization maturity grid
- country categorization for the African continent
- 2030 ambition to save 1.9 million lives
- WHO’s new value proposition and county-tailored approach, and transformation of the immunization programme.
Health, environment and climate change

The Marrakesh Ministerial declaration released in 2016 at COP22 mandated WHO, UN Environment and World Meteorological Organization (WMO) to convene a global coalition between relevant Ministries, including Ministries of Health and Ministries of Environment, and key UN agencies and stakeholders, to drive forward actions that will reduce the harmful impacts on the environment and climate that affect human health and well-being. The main goal of the coalition is to jointly promote and achieve better management of environmental and climate risks to health. Notably, in its first phase, the coalition is prioritizing immediate actions to reduce the annual 12.6 million deaths caused by environmental risks and is specifically committed to support Member States and stakeholders in their efforts to tackle air pollution.

This interagency technical briefing will:
- enable the heads of agencies and Member States to reconfirm their commitments to support the Health, Environment and Climate Change Coalition (HECCC) in the effort to address the root environmental causes of ill health
- present a joint action plan for air pollution and detail the scope and purpose of the upcoming first WHO Global Conference on Air Pollution
- provide a scientific briefing on the state of knowledge on environmental determinants of health, including in relation to the non-communicable disease agenda
- report on the achievements of the BreatheLife Campaign.

The role of parliamentarians in achieving universal health coverage and global health security

Today at least 400 million people globally have no access to essential health services, and 40% of the world’s population lack social protection. Achieving universal health coverage, including for the most marginalized and vulnerable groups of our societies, such as women, children, adolescents and the elderly, is a crucial objective for each and every country. Universal health coverage enables all people to receive the health services they need throughout their lives without suffering financial hardship.

Universal health coverage also includes health promotion and prevention and requires a broad public health approach to strengthening health systems. As the best defence to prevent disease outbreaks from becoming epidemics, and to respond to health emergencies, strong health systems are the best way to safeguard against health crises. In this way, universal health coverage and global health security are two sides of the same coin.

Universal health coverage and global health security are key pillars to the achievement of the Sustainable Development Goals, but ultimately they are a political choice. It is the responsibility of every country to pursue them, and parliamentarians have a key role to play in moving national health agendas forward.

This technical briefing will provide an opportunity to hear the voice of parliamentarians and share experiences on concrete actions in terms of legislation, accountability, budget allocation and advocacy. The briefing will also serve to share with parliamentarians the draft thirteenth general programme of work, 2019–2023. The technical briefing is organized in collaboration with the Inter-Parliamentary Union (IPU).
4. Other meetings

The Secretariat has been advised that the following meetings will take place during the Seventy-first World Health Assembly. This represents information received up to 8 May 2018:

<table>
<thead>
<tr>
<th>Time</th>
<th>Location/Room</th>
<th>Meeting Description</th>
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<tbody>
<tr>
<td>08:00–08:50</td>
<td>Concordia 4</td>
<td>Nordic Group meeting.</td>
</tr>
<tr>
<td>08:00–09:00</td>
<td>Room IV</td>
<td>Meeting of the delegations of Member States of the WHO South-East Asia Region.</td>
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<tr>
<td>08:00–09:00</td>
<td>Room XVI</td>
<td>Meeting of the delegations of Member States of the WHO African Region.</td>
</tr>
<tr>
<td>08:20–09:20</td>
<td>Room VII</td>
<td>Meeting of heads of delegations of Member States of the Region of the Americas.</td>
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<tr>
<td>08:30–09:20</td>
<td>Room VIII</td>
<td>Meeting of the delegations of Member States of the WHO Western Pacific Region.</td>
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<td>08:45–09:20</td>
<td>Room IX</td>
<td>Meeting of the delegations of Member States of the WHO Eastern Mediterranean Region.</td>
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<tr>
<td>12:30–14:00</td>
<td>Concordia 1</td>
<td>Meeting of the Pacific Health Ministers.</td>
</tr>
<tr>
<td>12:30–14:00</td>
<td>Room VII</td>
<td>Universal health coverage in emergencies – a call to action. Organized by the delegations of Afghanistan, the Netherlands, Nigeria and Switzerland.</td>
</tr>
<tr>
<td>12:30–14:00</td>
<td>Room XXIII</td>
<td>Assistive technology: making universal health coverage inclusive. Organized by the delegations of China, the Islamic Republic of Iran, Jordan and Pakistan.</td>
</tr>
<tr>
<td>12:30–14:00</td>
<td>Room XXIV</td>
<td>Primary health care and universal health coverage: the evidence, contributions and effectiveness of community health workers. Organized by the delegations of Algeria, Ecuador, Ethiopia, Norway and the United Republic of Tanzania.</td>
</tr>
<tr>
<td>13:00–14:00</td>
<td>Concordia 4</td>
<td>Meeting of the Council of the Arab Ministers of Health.</td>
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<tr>
<td>15:00–17:00</td>
<td>Room X</td>
<td>4th Economic Cooperation Organization Ministerial Meeting on Health. By invitation only.</td>
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<tr>
<td>18:30–21:30</td>
<td></td>
<td>WHO 70th anniversary reception. Co-organized with Switzerland.</td>
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*at the Palais des Nations, Court of Honour (in case of rain at the Serpentine Bar)*
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<tr>
<td>07:45–08:45</td>
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<td>Room VII</td>
<td>(AMRO/GRUA).</td>
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<td>Meeting of the Ministers of Health of the Non-aligned Movement (NAM).</td>
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<td>12:30–14:00</td>
<td>Tackling noncommunicable diseases as a major contribution to universal health coverage: are regulatory interventions a cost-effective alternative? Organized by the delegations of Brazil, Colombia, Costa Rica, Ecuador, Finland, the Netherlands and Uruguay.</td>
</tr>
<tr>
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<td>12:30–14:00</td>
<td>Towards universal coverage with HIV prevention services and commodities – the Global Prevention Coalition and Roadmap. Organized by the delegations of Ecuador, Haiti, the Islamic Republic of Iran, Luxembourg, Maldives, Mexico, Panama, Ukraine, the United Kingdom of Great Britain and Northern Ireland and the African Group.</td>
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<tr>
<td>18:00–19:30</td>
<td>Country-led and country-owned efforts on malaria elimination to achieving universal health coverage. Organized by the delegations of Australia, China, Lao People’s Democratic Republic, New Zealand, Papua New Guinea, Spain, Sri Lanka, the United Republic of Tanzania and Zambia.</td>
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<td>18:00–19:30</td>
<td>Taking civil society engagement to new heights to advance WHO’s thirteenth general programme of work and achieve the Triple Billion targets. Organized by Caritas Internationalis, International Federation of Medical Students’ Associations, International Pediatric Association, International Pharmaceutical Students’ Federation and PATH.</td>
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<td>18:00–19:30</td>
<td>Global action on patient safety for achieving effective universal health coverage. Organized by the delegations Czechia, Denmark, Germany, Japan, Kenya, Luxembourg, Malta, New Zealand, Oman, Poland, Saudi Arabia, South Africa, Sri Lanka and the United Kingdom of Great Britain and Northern Ireland.</td>
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<tr>
<td>Room XXIII</td>
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<td>18:00–19:30</td>
<td>100 years after the pandemic: preparedness to protect Health for All. Organized by the delegations of Finland and the United States of America.</td>
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<td>Regional coordination meeting of the Member States of the Caribbean Community (CARICOM).</td>
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<td>12:30–14:00</td>
<td>Why women, children, adolescents and youth are central to advancing universal health coverage, quality, equity, dignity, and sexual and reproductive health rights. Organized by the delegations of Denmark, France, Georgia, Malawi, Mozambique, Norway, Portugal, Slovenia and Sweden.</td>
</tr>
<tr>
<td>12:30–14:00</td>
<td>Institutionalizing social participation and hearing people's voice to secure sustainable gains for universal health coverage. Organized by the delegations of Chile, the Islamic Republic of Iran and Thailand.</td>
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<td>Meeting of the delegations of Member States of the WHO European Region.</td>
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<td>18:00–19:30</td>
<td>Member States commitment to the global movement towards universal health coverage: focused actions on primary health care and financing for effective delivery. Organized by the delegations of Australia, Ghana, Indonesia, Maldives, Mexico, Republic of Korea and Turkey.</td>
</tr>
<tr>
<td>18:00–19:30</td>
<td>Towards ending tuberculosis—BRICS efforts to achieve universal health coverage in the context of preparations for the UN High-Level Meeting on Tuberculosis. Organized by the delegations of Brazil, India, the Russian Federation and South Africa.</td>
</tr>
<tr>
<td>18:00–20:00</td>
<td>Informal meeting with the Ministers of Health of guinea-worm affected countries. Organized by the WHO Secretariat. By invitation only.</td>
</tr>
<tr>
<td>19:00–19:50</td>
<td>Mobilizing society: inspiration for developing national responses to dementia. Organized by Alzheimer’s Disease International.</td>
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</table>
**Thursday, 24 May 2018**

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<td>Room VII</td>
<td>Inclusive formulation of evidence-based policies and programmes for universal health coverage. Organized by the delegations of Ethiopia, Uganda and the European Union.</td>
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<td>Room VIII</td>
<td>Towards universal access to solid organ transplantation. Organized by the delegations of Algeria, Argentina, China, Costa Rica, Croatia, Dominican Republic, Italy, Portugal, Qatar, the Russian Federation, Spain and Uruguay.</td>
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<td>Room IX</td>
<td>Small Island Developing States (SIDS) ministerial meeting.</td>
</tr>
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<td>18:00–18:50</td>
<td>Room IX</td>
<td>From burden to solution—ending tuberculosis, beating noncommunicable diseases and achieving Health for All through alcohol policy best buys implementation. Organized by the delegations of Botswana, Lithuania, Slovenia, Thailand and IOGT International.</td>
</tr>
<tr>
<td>18:00–19:30</td>
<td>Room VII</td>
<td>Addressing antimicrobial resistance: a threat to global health and the achievement of universal health coverage. Organized by the delegations of Canada, Chile, Fiji, Italy, the Netherlands, the Philippines, Republic of Korea, Sweden and Viet Nam.</td>
</tr>
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<td>18:00–19:30</td>
<td>Room VIII</td>
<td>Combatting the challenges of substandard and falsified medical products: the critical role of regulators. Organized by the delegations of Canada, Ireland, Japan, Mexico and the United States of America.</td>
</tr>
<tr>
<td>19:00–19:50</td>
<td>Room IX</td>
<td>The World Breastfeeding Trends Initiative as a vehicle to galvanise action to achieve World Health Assembly and Global Breastfeeding Collective targets to increase exclusive and continued breastfeeding. Organized by the International Baby Food Action Network.</td>
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**Friday, 25 May 2018**

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<tr>
<td>12:30–14:00</td>
<td>Room VII</td>
<td>Nourishing universal health coverage—country successes, lessons learnt and new tools in integrating infant and young child nutrition in health, with a focus on breastfeeding. Organized by the delegations of Bangladesh, Burkina Faso, Canada, France, Ireland, Madagascar and the Philippines.</td>
</tr>
<tr>
<td>12:30–14:00</td>
<td>Room VIII</td>
<td>Access to medicines: overcoming obstacles created by monopolies—essential to universal health coverage and the 2030 Agenda. Organized by the delegations of Brazil, India, Morocco, Senegal and Thailand.</td>
</tr>
<tr>
<td>18:00–18:50</td>
<td>Room IX</td>
<td>Digital health and artificial intelligence for delivery of quality services towards universal access to health care. Organized by the International Society for Telemedicine and eHealth.</td>
</tr>
<tr>
<td>19:00–19:50</td>
<td>Room IX</td>
<td>Better access for all with sustainable financing systems: the role of the private sector and new innovations to achieve universal health coverage. Organized by the Global Diagnostic Imaging, Healthcare IT and Radiation Therapy Trade Association and the International Federation of Pharmaceutical Manufacturers and Associations.</td>
</tr>
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**Saturday, 26 May 2018**

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<tr>
<td>08:00–08:50</td>
<td>Room IV</td>
<td>Meeting of the delegations of Member States of the WHO South-East Asia Region.</td>
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<tr>
<td>08:00–08:50</td>
<td>Room XVI</td>
<td>Meeting of the delegations of Member States of the WHO African Region.</td>
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<tr>
<td>08:15–08:45</td>
<td>Room IX</td>
<td>Meeting of the delegations of Member States of the WHO Eastern Mediterranean Region.</td>
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<tr>
<td>08:15–08:45</td>
<td>Room XXIII</td>
<td>Meeting of the delegations of Member States of the WHO European Region.</td>
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<tr>
<td>08:30–08:50</td>
<td>Room VIII</td>
<td>Meeting of the delegations of Member States of the WHO Western Pacific Region.</td>
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</tbody>
</table>
5. Arrangements for conduct of discussion in meetings

Plenary. Theme of general discussion: “Health for All: commit to universal health coverage”

Resolution WHA52.21 on reform of the Health Assembly requested the Director-General to make appropriate arrangements for a shortened plenary meeting and, to this end, encouraged group or regional statements in plenary debate. Delegates are requested to limit their statements to five minutes (550 words) in this debate. Group or regional statements may last up to 10 minutes.

Delegates wishing to have their name placed on the list of speakers for the general discussion should notify the Department for Governing Bodies and External Relations by e-mail (piazzap@who.int) or fax +41 22 791 4173.

Copies of statements to be made in the general discussion should be submitted by email (interpret@who.int) or to the Office of the Assistant to the Secretary of the Health Assembly (Room A.656) by the morning of Monday, 21 May 2018. When submitting by email, please specify in the “Subject” and at the top of the statement, the name of the country and the meeting: “General Discussion”.

Delegates wishing to have their statements posted on the Health Assembly website http://apps.who.int/gb/e/e_wha71.html may send it to statements@who.int and include in the subject line of the email the agenda item to which the statement relates. Additional information provided in this manner will not be included in the official record of the meeting.

Other meetings

Interpretation is provided in the official languages (Arabic, Chinese, English, French, Russian and Spanish) to help delegates follow the discussions. Delegates are requested to send a copy of statements they plan to make to interpret@who.int or to give a paper copy to the conference officers in the room at least 30 minutes before delivery. This does not prevent delegates from making changes on delivery but will facilitate clarity and accuracy in all languages. Under ‘Subject’ and at the top of the statement please state the name of the country/group, the meeting (e.g. Plenary, Committee A, Committee B, Executive Board) and the relevant agenda item number.

Individual statements in Committees A and B are limited to 3 minutes (330 words) and group statements to five minutes (550 words). Delegates are requested to deliver statements at a normal speaking pace. Rapid delivery risks impeding clarity and accuracy in interpretation. Statements provided in advance are treated as confidential and checked against delivery for the purpose of the official record.

Delegates wishing to have their statements posted on the Health Assembly website http://apps.who.int/gb/e/e_wha71.html may send it to statements@who.int and include in the subject line of the email the agenda item to which the statement relates. Additional information provided in this manner will not be included in the official record of the meeting.

Non-State actors statements at the Health Assembly

Non-State actors in official relations with WHO may request to speak in Committee A or B of the Health Assembly under a technical item in which they have a particular expertise. Non-State actors wishing to have their name placed on the list of speakers should notify the Secretariat of Partnerships and non-State actors Department (PNA) by email (nsastatements@who.int) latest by 08:00 am of the day of the meeting in question. Non-State actors may submit their statements in advance for the Secretariat to post on a dedicated website and are invited to register at https://extranet.who.int/nonstateactorsstatements/. Statements should be limited to 2 minutes (300 words).
6. Provisional list of speakers for the general discussion in plenary

Bulgaria (The delegate of Bulgaria will speak on behalf of the European Union)
Canada (The delegate of Canada will speak on behalf of the Member States of the Region of the Americas)
Zimbabwe (The delegate of Zimbabwe will speak on behalf of the Member States of the African Region)
India
China
Lebanon (The delegate of Lebanon will give the statement of the Arab Ministers Council)
France
United States of America
United Kingdom of Great Britain and Northern Ireland
Cuba
Russian Federation
Kenya
Colombia
Netherlands
Algeria
Maldives
Argentina
Niger
Ecuador
Philippines
Poland
Australia
Finland
Brazil (The delegate of Brazil will speak on behalf of the Community of Portuguese Language Countries/Lusophone Commonwealth (CPLP))
Portugal
Japan
Greece
Ghana
Republic of Korea
Slovakia
Nepal
Turkey
Trinidad and Tobago
Belarus
Mexico
New Zealand
Senegal
Monaco
Indonesia
Costa Rica
Islamic Republic of Iran
Côte d’Ivoire
Spain
Peru
United Republic of Tanzania
Germany
South Africa
Slovenia
Tunisia
Czechia
Guyana
Namibia
Georgia
Uruguay
Luxembourg
Liberia
Italy
Mauritania
Morocco
Israel
Bangladesh
Sweden
Zambia
Romania
Bolivarian Republic of Venezuela (The delegate of the Bolivarian Republic of Venezuela will speak on behalf of the Non-aligned Movement (NAM))

Iceland
Burkina Faso
The former Yugoslav Republic of Macedonia
Panama
Malta
Nigeria
Singapore
Cyprus
Plurinational State of Bolivia
Belgium
Chile
San Marino
Ethiopia
Turkmenistan
Botswana
Malaysia
Andorra
Cameroon
Thailand
Lithuania
Brunei Darussalam
Syrian Arab Republic
Myanmar
El Salvador
Iraq
Mongolia
Central African Republic
Pakistan
Jamaica
Viet Nam
Democratic People's Republic of Korea
Togo
Denmark
Madagascar
Paraguay
Guinea
Kazakhstan
Guatemala
Angola
Qatar
Equatorial Guinea
Lao People's Democratic Republic
Benin
Saint Kitts and Nevis
Seychelles
Bhutan
Democratic Republic of the Congo
Republic of Moldova
Nicaragua
Bahrain
Gabon
Oman

African Union
Palestine
Inter-Parliamentary Union (IPU)
the Order of Malta

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