PROVISIONAL SUMMARY RECORD OF THE TENTH MEETING

Palais des Nations, Geneva
Saturday, 25 May 2019, scheduled at 09:00

Chairman: Dr S.P.V. LUTUCUTA (Angola)

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COMMITTEE A

TENTH MEETING

Saturday, 25 May 2019, at 09:20

Chairman: Dr S.P.V. LUTUCUTA (Angola)

1. FOURTH REPORT OF COMMITTEE A (document A72/76)

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

The report was adopted.¹

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

Patient safety: Item 12.5 of the agenda

- **Global action on patient safety** (documents A72/26 and EB144/2019/REC/1, resolution EB144.R12)

The CHAIRMAN drew attention to the draft resolution contained in resolution EB144.R12.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, said that the countries of the Region had made advancements towards patient safety. The adoption in 2015 of Regional Committee resolution SEA/RC68/R4 on patient safety contributing to sustainable universal health coverage had supported the development and implementation of national patient safety policies, including the adoption of a national incident reporting and learning system, facility certification for the improvement of water, sanitation and hygiene (WASH), and strengthened infection prevention and control. Inter-professional education, effective communication and coordinated care among health professionals was essential.

It was possible to improve patient safety by taking simple and inexpensive actions, such as ensuring the availability of clean water and sanitation in health facilities. WHO and its partners must support cross-country learning and sharing of best practices and improve data collection to ensure that policy decisions were evidence-informed. It was vital to promote global action and strengthen collaboration, in particular with low- and middle-income countries.

While endorsing the establishment of an annual World Patient Safety Day, the Member States of the South-East Asia Region wished to propose an amendment to paragraph 2(13) of the draft resolution, so that it would read: “to mark World Patient Safety Day annually on 17 September to promote all aspects of patient safety, including progress on national milestones, in collaboration with relevant stakeholders”.

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¹ See page […].
The representative of ROMANIA, 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 stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and Georgia, aligned themselves with her statement.

She expressed support for the draft resolution and highlighted the need to enhance patient safety in all countries, including through capacity-building initiatives and the exchange of knowledge, experiences and best practices. WHO should play a leadership role in that regard. Patient safety must span across all areas, levels, settings and contexts of care, including social care settings and patient transfers from one sector to another. It was important to address patient safety with non-punitive measures, so that health professionals could learn from errors in a fair and open environment free of fear. Another vital step was to empower patients to look after their own safety through education and public debate. Digital solutions, such as electronic health records and e-prescriptions, had the potential to improve patient safety but could also introduce new safety risks related to the management of patient data, which could be minimized through a proactive approach.

Patient safety was an essential component of health systems strengthening and the achievement of universal health coverage.

The representative of BAHRAIN said that patient safety was fundamental to health systems strengthening. She supported the measures proposed in the draft resolution, particularly the establishment of a World Patient Safety Day and the importance of community engagement in the delivery of safer health care. Academic institutions must teach health care workers about patient safety as part of their curricula. In addition, WHO should strengthen research on patient safety.

The representative of AUSTRALIA expressed support for the draft resolution, which her Government had been pleased to sponsor, and its emphasis on the need to raise awareness of patient safety, develop appropriate policies and strategies for improving the safety of the health sector, share best practices and encourage mutual learning.

The representative of BRAZIL said that patient safety was an important part of efforts to achieve universal health coverage. Clear policies, strengthened organizational leadership, data collection, skilled health care professionals and the involvement of patients in their own care were essential to improve patient safety. Her Government had sponsored the draft resolution.

The representative of SAUDI ARABIA said that patient safety was an essential component of universal health coverage. His Government had hosted the Fourth Global Ministerial Summit on Patient Safety in March 2019, which had seen the launch of the Jeddah Declaration on Patient Safety. The declaration stressed the need to provide support to low- and middle-income countries in particular in addressing patient safety.

The representative of the ISLAMIC REPUBLIC OF IRAN said that it was vital to address patient safety within the whole continuum of care, namely at the community level, in primary health care facilities in both the public and private sectors, and in secondary and tertiary hospitals. Countries should be supported in designing patient safety strategies and policies, while taking into account the national context, such as health system infrastructure, staff capacity and payment strategies.

The representative of AUSTRIA said that competent leadership was required to establish patient safety at all levels of the health care system. It was also necessary to create an environment that supported health workers in raising and responding to concerns about patient safety. International exchange of knowledge and good practices, in addition to WHO’s guidance and expertise, was of utmost importance. Welcoming the draft resolution, she expressed support for the establishment of a World Patient Safety Day.
The representative of ZAMBIA recognized the importance of access to quality health services as part of the universal health coverage agenda. Some of the strategies employed by his Government included establishing a national health insurance scheme for all Zambians without discrimination and offering services across the continuum of care. He supported the adoption of the draft resolution and looked forward to the continued support of the Secretariat in providing quality health care at the national level.

The representative of CHINA expressed support for the draft resolution and the goals and measures set out in the report. It was important to strengthen efforts through a global coordination mechanism, increase technical support to low- and middle-income countries and facilitate systematic data collection. Research and development should be encouraged, including on creating value for money, and operational standards and procedures should be formulated. Another important measure was to conduct studies on how to standardize procedures for investigating adverse events.

The representative of SOUTH AFRICA said that patient harm due to adverse events was mainly linked to poor quality of care. The Global Patient Safety Network and Global Ministerial Summits on Patient Safety would encourage Member States to improve patient safety. Her Government welcomed the establishment of a global mechanism to coordinate efforts to implement minimum standards for patient safety, share information and disseminate patient safety practices. Establishing a World Patient Safety Day would further strengthen those efforts. Her Government supported the adoption of the draft resolution.

The representative of the UNITED STATES OF AMERICA encouraged the sharing of research findings and best practices. Joint efforts were needed to raise global awareness of the challenges related to patient safety. Infection control, appropriately trained health care providers and the integration of other safety practices into patient care were critically important to minimizing and preventing predictable and avoidable harm to patients, especially vulnerable groups. Improving patient safety was also crucial to addressing antimicrobial resistance. The Secretariat and Member States should work together with all relevant stakeholders, including the private sector, in efforts to improve patient safety. She supported the amendment to the draft resolution proposed by the representative of Thailand.

The representative of the REPUBLIC OF KOREA said that patient safety was an integral part of universal health coverage. Continuous efforts and support mechanisms were required to develop the necessary infrastructure and create a culture of patient safety. It was paramount to establish national patient safety incident reporting systems as well as to collect data in order to foster learning and progress, including through the realignment of relevant laws and policies. Reducing gaps across countries would require the sharing of patient safety information and the provision of technical, institutional and policy support in the development of standard protocols and manuals.

The representative of GERMANY said that international activities on patient safety must be coherent and supportive and include all stakeholders, especially patients. His Government supported all efforts to raise public awareness, including the proposed World Patient Safety Day. He urged the Secretariat to implement more coordinated initiatives and actions. It was also important to implement management as well as preventive programmes. In addition, the Secretariat should focus on the use of digital technologies and the improvement of high-quality health care worldwide. He supported the adoption of the draft resolution.

The representative of BURKINA FASO said that her Government had introduced a national strategy for patient safety, including measures to ensure the rational use of medications and use of a patient safety checklist. Collaboration was necessary to enhance the provision of technical and financial support to countries with limited resources.
The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that patient harm in health care was a major cause of death and disability, with the financial costs of medical errors equally as alarming. There could not be universal health coverage without patient safety and quality of care. Ongoing collaboration to improve the safety of health care for all patients was therefore essential. The draft resolution would bring greater global visibility and leadership to the issue of patient safety, including through an official World Patient Safety Day and the Global Patient Safety Collaborative. Expressing strong support for the draft resolution, he thanked Member States for their constructive contributions to its development.

The representative of INDIA said that strengthened international cooperation and information sharing were necessary to increase patient safety. Countries should be supported in developing local and sustainable patient safety solutions, including through the Global Patient Safety Collaborative, which would help to set country-specific standards, develop technical material, build capacity, promote research on patient safety and share international best practices.

The representative of INDONESIA said that the subject of patient safety required more applicable solutions, such as a global action plan to improve patient safety. His Government would seek to improve patient safety in primary health care by raising awareness, establishing policies and strategies, and sharing best practices.

The representative of MICRONESIA said that adverse events continued to pose a challenge to efforts to put patient safety first. She appreciated the Secretariat’s efforts to ensure the availability of appropriate tools for low- and middle-income countries, especially small island States. Her Government supported the draft resolution.

The representative of JAPAN supported the draft resolution, which her Government had sponsored. She welcomed the endorsement of the Tokyo Declaration on Patient Safety by participants at the Third Global Ministerial Summit on Patient Safety in 2018. Health systems strengthening towards the attainment of universal health coverage should include measures to ensure quality care and patient safety.

The representative of TURKEY outlined steps taken by her Government to address patient safety and promote best practices among health care workers. The Secretariat should continue to promote the development of a global patient safety culture, support Member States in their efforts to improve patient safety and provide platforms for countries to share best practices. She strongly supported the draft resolution.

The representative of IRAQ said that better data on patient safety was needed so that countries could understand and improve health outcomes, especially when resources were scarce. Expanding access to health services would be insufficient unless the care provided was of a high quality, with safety as a core component. Improving patient safety was a major challenge. It would be important to gain a better understanding of the underlying causes that impeded patient safety within the context of universal health coverage to ensure the most effective use of available resources when funds were limited.

The representative of VIET NAM said that strengthening WASH in health care facilities would be key to ensuring basic medical services and patient safety. In that respect, WHO and UNICEF should take a leading role in related global initiatives. She called for more guidance, especially on minimum quality standards and accreditation of local hospital services, in addition to increased technical support for developing countries to enable them to conduct research on patient safety and develop related guidelines and training curricula.
The representative of the RUSSIAN FEDERATION supported the draft resolution, in particular the recommendation to establish World Patient Safety Day. Given the complexity of health facilities, quality management should be regarded as a crucial part of patient safety. He urged the Secretariat to develop standardized recommendations on patient safety for events that could lead to disability or death, such as venous thromboembolism, anaphylactic shock and blood-borne infections.

The representative of ARGENTINA said that patient safety policies and strategies should be strengthened, including by developing and implementing processes at the local level to address patient harm in health care and creating systems for adverse event reporting, management, surveillance and monitoring. Research on patient safety and health risk management should be promoted. The Secretariat should continue to work with countries and partners to advance global action on patient safety by mobilizing resources, facilitating knowledge exchange, coordinating efforts, fostering multisectoral activities, providing technical guidance and establishing systems and practices on patient safety that could contribute to achieving universal health coverage. She supported the draft resolution.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, said that discussions on WASH at the current Health Assembly would reinforce the recommendations on patient safety. She outlined the measures adopted in her Region to address patient safety, including the development of programmes on ensuring quality of care at all levels of the health care system. However, progress was currently too slow and fragmented: some initiatives were donor-funded with questionable long-term sustainability, while many did not address the root cause of the problem, such as lack of supplies, medicines, infrastructure and skilled human resources. A holistic approach was needed and local health care systems should be developed within the broader context of health systems strengthening. She called on the Secretariat to provide support in accordance with national contexts. The Member States of the Region supported the draft resolution.

The representative of CANADA said that direct measures and financing from international stakeholders were needed to improve patient safety. In recognition of its leadership role at the national and international levels, the Canadian Patient Safety Institute had recently been named a WHO Collaborating Centre for Patient Safety and Patient Engagement. He welcomed the Secretariat’s work to improve patient safety, including the draft resolution, but expressed concern regarding the ambitious nature of the work envisaged and requested further information on its impact on the Organization’s resources.

The representative of the BAHAMAS said that patient safety was central to delivering quality care and patient outcomes and achieving universal health coverage. While progress had been made at the national level, a number of challenges remained. She called on the Secretariat to support Member States in establishing patient safety surveillance systems and to treat patient safety as a crucial strategic priority. She supported the draft resolution.

The representative of PANAMA said that the implementation of patient safety measures would contribute to the attainment of universal health coverage and reassure communities that health care systems would protect their safety; she therefore supported the draft resolution.

The representative of SRI LANKA supported the draft resolution and the amendment proposed by the representative of Thailand. He encouraged the sharing of effective patient safety strategies to help low- and middle-income countries with limited resources and called for the establishment of a high-level body to improve patient safety in health facilities. Under the leadership of WHO, a network of regional and national centres should be established to collect data, coordinate efforts, provide support, and disseminate resources and information. Patient safety training should become an integral part of health professionals’ training.
The representative of SWITZERLAND supported the draft resolution, which would provide a basis for discussions at the Fifth Global Ministerial Summit on Patient Safety to be held in Switzerland in 2020. Her Government would work closely with global partners, in particular those from low- and middle-income countries, and would welcome expressions of interest from Member States willing to host the Summit in 2021. Geographical diversity was necessary to ensure the universal nature of the Summit.

The representative of MEXICO said that cross-cutting actions should be taken to strengthen health systems, starting at the primary care level. To that end, patient safety mechanisms should be developed, with training for health workers and decision-makers and the involvement of patients, their families and their communities. Comprehensive patient safety strategies should be based on a people-centred approach that prioritized access to timely and quality primary care. Improving patients’ trust in health systems, and primary care in particular, was crucial. She welcomed the Secretariat’s efforts to raise awareness of the issue as a growing public health challenge.

The representative of CHILE said that patient safety should be enshrined in legislation and incorporated into health workers’ training, with the public actively engaged as stakeholders. Research into patient safety and its application in clinical contexts should be encouraged and published in a timely and appropriate manner through regional and international collaboration mechanisms. Countries should develop programmes on the prevention and control of health care-associated infections in accordance with WHO guidance. He supported the draft resolution.

The representative of ITALY, expressing support for the draft resolution, said that countries should base national training programmes on WHO’s Multi-professional Patient Safety Curriculum Guide to create safer health care systems through a multidisciplinary approach. Patient safety was central to health systems strengthening and promoting universal health coverage and should be prioritized in efforts to provide high-quality appropriate care and reduce defensive medicine. The Organization should take a leadership role in supporting the sharing of effective policies.

The representative of GHANA said that expanding access to health care was meaningless unless it was closely linked with the provision of safe services. Although progress had been made in his country, efforts to analyse the challenges related to patient safety at the national and regional levels were often hindered by the inadequacy of available data.

The representative of NAMIBIA said that patient safety was a pillar of universal health care. Ongoing efforts to reduce patient harm remained unsuccessful, with measures, including those implemented in low- and middle-income countries, yielding limited results. He described the progress made in improving quality of care and patient safety at the national and regional levels. The sustainable and significant improvement of patient safety would require clear policies, organizational leadership capacity, adequate data, skilled health care professionals and the active involvement of patients in their care.

The representative of the PHILIPPINES said that the guidance contained in the report would help to maintain the current momentum of national and regional patient safety activities. Her Government had developed national legislation on universal health care that addressed patient safety at all levels of the health care system. She would welcome support from and collaboration with Member States and other relevant stakeholders to promote and prioritize patient safety at the national and international levels, in particular by establishing a global coordination mechanism for accountability and cooperation. She supported the draft resolution.
The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, supported the draft resolution. WHO should establish normative guidance on minimum patient safety standards, with a focus on low- and middle-income countries. In view of the numerous crises playing out in eight countries in the Region, he requested the preparation of an action framework for ensuring patient safety and quality in times of adversity. Patient safety must be mainstreamed to achieve universal health coverage, as articulated powerfully in the Declaration of Astana on primary health care.

The representative of SLOVAKIA said that efforts to achieve universal health coverage could result in a huge increase in screening and preventive programmes that were not always evidence-based or quality-assured. To address that situation, the WHO Technical Consultation on Screening had been held in Copenhagen in February 2019. He called for support in developing new educational initiatives for health care workers and patients and designing standardized patient safety policies to be integrated into all areas of the health system. His Government had sponsored the draft resolution.

The representative of MALAYSIA expressed the hope that WHO would recognize patient safety as a top global health priority and include it as a key requirement for strengthening health systems towards achieving universal health coverage. Technical guidance and resources should be provided to Member States, particularly low- and middle-income countries, for, inter alia, capacity-building, knowledge sharing and the establishment of safe, evidence-based health care systems. She supported the draft resolution.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that her organization had contributed to WHO’s patient engagement strategies, such as the “5 Moments for Medication Safety” tool. Further legislative support was required to enable pharmacists to take fuller responsibility for overseeing medication-related patient safety. She applauded the establishment of World Patient Safety Day.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIRMAN, encouraged Member States to follow the International Standards for a Safe Practice of Anaesthesia, published by his organization jointly with WHO in 2018, which set out guidance on anaesthesia for governments and all actors working in the health arena. Access to safe surgery and anaesthesia worldwide was essential for reducing deaths and disability due to surgical disease.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that quality training for health professionals was key to ensuring high-quality health services. It was therefore crucial to formulate and implement patient-centred accreditation guidelines. He called on Member States to monitor the operations of medical schools, accreditation agencies and service delivery facilities, and to develop robust reporting mechanisms.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, urged governments to develop national legislation and invest in nursing staff as a cost-effective measure for preventing medication errors and health care-associated infections. Her organization advocated a culture of safety that supported staff in openly reporting risks and incidents, and encouraged the development of patient safety learning systems. Policies should be developed to promote functional multidisciplinary teams and investment in interprofessional learning, as well as governance and funding models that supported team-based care.
The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION, speaking at the invitation of the CHAIRMAN, urged WHO to reduce human error in health care by adopting systematic and standardized approaches. Pharmacists had an important role to play in designing and applying treatment plans by providing clinical examples of ways to reduce medication errors. She applauded the revision of the WHO Multi-professional Patient Safety Curriculum Guide and called for such training to be integrated into internships and accreditation programmes for health care professionals.

The representative of THE INTERNATIONAL SOCIETY FOR QUALITY IN HEALTH CARE INCORPORATED, speaking at the invitation of the CHAIRMAN, said that in its work with external evaluators, his organization promoted the development of patient safety standards and assessment methodologies. Initiatives to improve health care must put patients in control of their health care and enable and equip health care providers to deliver safe care by fostering a culture of transparency and openness. His organization was collaborating with WHO regarding the Lucian Leape Patient Safety Fellowship Award, which had been established to provide capacity-building for clinicians.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that the lack of infection prevention and control systems and infrastructure led to high rates of nosocomial infections. The shortage of trained health care workers also constituted a major threat to patient safety. A standardized data system was required to monitor safety incidents at all levels of the health care system. Additionally, investments were needed to ensure effective and people-centred service delivery models.

The representative of the THALASSAEMIA INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIRMAN, urged Member States to recognize patient safety, improve health care systems based on patient-reported outcomes, and invest in patient empowerment and capacity-building.

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIRMAN, said that patient safety was of concern to family doctors as failures in primary care contributed to the burden of unsafe health care at the global level. Her organization was committed to collaborating with the WHO Global Patient Safety Network to share experience and knowledge and promote collaboration between family doctors and other stakeholders, and to address gaps in policies, systems and research. Her organization was working closely with WHO on improving patient safety, including with regard to the safer use of medicines and the development of a patient safety curriculum for primary care providers.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIRMAN, said that quality of care and patient safety were interlinked and their achievement required health systems strengthening, improved public funding and private sector regulation. Despite the publication of WHO standards for clinical trials, many clinical trial results were not reported, thereby hiding adverse effects and conflicting with the principles of the Declaration of Helsinki. Clinical trials must take patient safety into account at all stages. She encouraged the Organization to consider the intersection of patient safety and quality of care when implementing the draft resolution, which she urged Member States to support and fund adequately.

The EXECUTIVE DIRECTOR (Universal Health Coverage/Life Course) thanked Member States for their support for the draft resolution, including the establishment of World Patient Safety Day. He also thanked Member States, in particular the Governments of the United Kingdom of Great Britain and Northern Ireland, Germany, Saudi Arabia, Japan and Switzerland, for their strategic leadership and for hosting the Global Ministerial Summits on Patient Safety. Patient safety and quality of care were integral to universal health coverage and primary health care, and to retaining trust in health workers and the
overall health system. An emphasis should be placed on improved global coordination, development of an implementation research agenda and the establishment of a global learning platform. At the country level, the focus should be on clear national policies, better data systems, a learning and blame-free culture, skilled personnel and stronger engagement of patients themselves, with a particular emphasis on lower- and lower-middle-income countries, which accounted for the majority of the disease burden. Recognizing the links between patient safety and infection prevention and control, the Secretariat had recently issued a new comprehensive implementation package on infection prevention and control and was reinforcing its work in that area in partnership with colleagues working on the issue of antimicrobial resistance. The Secretariat had also issued new guidelines on the prevention of surgical site infection, and was currently undertaking a global survey on infection prevention and control and hand hygiene. He encouraged all Member States to work in a spirit of continuous patient safety improvement. There were also clear links between patient safety and broader issues concerning quality of care and basic infrastructure, which related to the second part of the current agenda item on WASH in health care facilities.

At the invitation of the CHAIRMAN, the SECRETARY read out the proposed amendment to the draft resolution. Paragraph 2(13) would read: “to mark World Patient Safety Day annually on 17 September to promote all aspects of patient safety, including progress on national milestones, in collaboration with relevant stakeholders”.

The DIRECTOR-GENERAL expressed his gratitude to Member States for supporting the draft resolution, including the establishment of World Patient Safety Day. He also expressed thanks for the commitment shown towards improving patient safety, particularly from Mr Jeremy Hunt, who had also expressed his willingness to participate in efforts to implement the draft resolution.

The draft resolution, as amended, was approved.¹

• Water, sanitation and hygiene in health care facilities (documents A72/27 and EB144/2019/REC/1, resolution EB144.R5)

The representative of MOROCCO, noting the alarming worldwide situation regarding water, sanitation and hygiene (WASH) in health care facilities, urged the Secretariat to provide support to Member States for the implementation of the draft resolution. Expressing support for the draft resolution, he proposed a minor amendment to paragraph 2(2) of the French language version in the interest of readability.

The representative of MONACO drew attention to the urgent need to improve WASH in health care facilities, which would be fundamental to achieving universal health coverage. Given the importance of the problem and the need to ensure an international response, her Government wished to be added to the list of sponsors of the draft resolution.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that urgent action must be taken to develop and implement a road map to ensure that all health facilities had safe, reliable water supplies and sufficient, accessible toilets for patients, caregivers and staff. Minimum WASH standards must be applied in all health care settings. Additional evidence was needed on the availability and effectiveness of WASH services and health care waste management in the Region. Particular attention should be accorded to estimating the disease

¹ Transmitted to the Health Assembly in the Committee’s fifth report and adopted as resolution WHA72.6.
burden associated with poor WASH, especially during emergencies and outbreaks, so as to avoid further spread of infections and ensure patient safety. He encouraged the adoption of the draft resolution.

The representative of BAHRAIN, expressing support for the draft resolution, reiterated the importance of WASH in health care facilities. His Government would continue to monitor the situation in the country and regularly update its plans and strategies in line with global, regional and national action plans. He called on the Secretariat to continue to provide technical support to Member States.

The representative of BURKINA FASO described the measures taken by his Government to ensure the availability of WASH services in all health care facilities. Collaborative efforts would be required to develop the technical and financial support needed to respond effectively to that challenge.

The representative of MALAYSIA underscored the need for multisectoral and multistakeholder engagement in order to increase ownership of WASH in health care facilities. She hoped that the Secretariat would provide technical guidance and resources for further improvement of the delivery of WASH services. Her Government supported the draft resolution.

The representative of the UNITED STATES OF AMERICA said that her Government supported WHO’s commitment to strengthening WASH, as well as infection prevention and control, in health care facilities. She expressed support for the draft resolution which her Government was pleased to sponsor.

The representative of SAUDI ARABIA summarized his Government’s efforts in the area of WASH and health care waste management.

The representative of SOUTH AFRICA noted with concern that WASH standards in many countries, including her own, were incomplete, and that implementation was affected by limited funding and action. Her Government supported the call for Member States to develop national targets and costed plans to meet the related targets of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). A multipronged approach was needed to improve WASH services and patient safety in health care facilities, including through the development of key strategies and interministerial collaboration.

The representative of AUSTRALIA commended the development of indicators and a global workplan on WASH in health care facilities and encouraged the Secretariat to provide leadership in that domain, while supporting an increased focus on sustainability. WASH in health care facilities was an essential element in tackling antimicrobial resistance. Her Government had been pleased to support WASH efforts at the global level, including through a 5 million Australian dollar partnership with WHO and a 2.5 million Australian dollar partnership with UNICEF, along with support for civil society organizations and research partners in 15 countries. She supported the draft resolution, which her Government had sponsored.

The representative of SWITZERLAND said that WASH in health care facilities was essential to ensuring patient safety and had been prioritized by the Member States of the European Region through the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes. Her Government supported the draft resolution.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, said that research by UNICEF and WHO had revealed significant shortcomings in WASH in health care facilities and health care waste management, causing patients to contract infections while in hospital and leading to thousands of neonatal and maternal deaths each year. Additionally, poor health
Care waste management had caused thousands of HIV, hepatitis C and hepatitis B infections. Such shortcomings hindered universal health coverage and the achievement of the related Sustainable Development Goals and contributed to the overuse of antibiotics and increased antimicrobial resistance. Challenges included a lack of intersectoral cooperation, funding, data collection and WASH standards and policies. Both short-term and long-term solutions were planned. He called on Member States to strengthen WASH services in health care facilities. The Member States of the Region were committed to ensuring the provision of WASH services and supported the draft resolution.

The representative of SRI LANKA said that WASH in health care facilities was of increasing importance in the context of climate change and in addressing emerging and re-emerging diseases and changing patterns of infectious respiratory diseases. The management of health care waste and the improvement of WASH services was fundamental to the provision of quality, people-centred health care. Support from donors was needed to improve wastewater management in health care settings. Her Government strongly supported the draft resolution.

The representative of CANADA said that the availability of and equitable access to WASH was critical to achieving Sustainable Development Goals 3 and 6 (Ensure availability and sustainable management of water and sanitation for all). WASH services were also key determinants of health for women, children and adolescents; women in particular were disproportionately affected. His Government supported the draft resolution.

The representative of the ISLAMIC REPUBLIC OF IRAN described the measures taken by her Government to improve WASH services in health care facilities. The Secretariat should support fragile countries in establishing a regional network to increase cooperation, joint interventions and the exchange of experience.

The representative of the UNITED REPUBLIC OF TANZANIA said that a lack of adequate access to WASH in health care facilities threatened progress in many key areas, including universal health coverage, antimicrobial resistance and health emergency response. Progress had been made in her country in improving WASH infrastructure. Expressing support for the draft resolution, she urged Member States and partners to ensure that the topic remained on the global agenda.

The representative of MALDIVES said that, as an island nation with limited availability of fresh water, his country faced significant challenges in ensuring sustainable and resilient WASH facilities. However, with the support of development partners, progress was being made. The draft resolution would help Member States to strengthen WASH in health care facilities; his Government therefore supported its adoption.

The representative of THAILAND said that her Government supported the draft resolution. Its successful implementation, and the achievement of the Sustainable Development Goals, required continued political commitment and multisectoral cooperation at all levels, including global and national action plans, community engagement, infrastructure development and platforms for sharing experience and lessons learned.

The representative of TOGO, describing his Government’s efforts in the area of WASH, said that, with technical support from the Secretariat and UNICEF, the WASH FIT programme was being implemented in his country. He supported the adoption of the draft resolution.
The representative of INDONESIA said that the technical support from and collaborative work with organizations of the United Nations system, including WHO, and other development partners, as well as the sharing of experiences, helped to strengthen efforts to improve WASH in health care facilities. Her Government supported the draft resolution.

The representative of GERMANY requested greater focus on intermediate WASH infrastructure in health care facilities, as well as the strengthening of the direct evidential link between adequate WASH and improved health. Sustainable, managed, non-discriminatory health care infrastructure, including adequate management training for staff, must be developed, and adequate domestic financial and human resources included in sector budgets and planning. Additionally, incentives should be offered for hygiene and health education in the context of WASH, with a particular focus on the needs of women, newborns and people with disabilities. An intersectoral approach was key to achieving Sustainable Development Goals 3 and 6. He welcomed the strengthened cross-sectoral collaboration between WHO and UNICEF. His Government supported the draft resolution.

The representative of the NIGER said that failings in relation to WASH in health care facilities threatened the progress made towards universal health coverage. Further efforts were needed to reduce the disparity of WASH services between rural and urban areas and between primary, secondary and tertiary health care facilities. His Government supported the draft resolution.

The representative of NORWAY welcomed the work being done on WASH under the Protocol on Water and Health and underlined the importance of WASH in health care facilities as a means of preventing the spread of antimicrobial resistance and addressing pandemics. He endorsed the alignment of approaches and strategies with the global effort for WASH in health care facilities, which would contribute to the realization of Sustainable Development Goals 3 and 6. WASH must be prioritized given its importance to the rights of often-marginalized groups, such as women, children and persons with disabilities. His Government supported the draft resolution.

Dr Suzuki took the Chair.

The representative of CHINA requested the Secretariat to produce easy to understand WASH promotion and education materials for use by Member States.

The representative of CHILE recommended that, in addition to ensuring basic hygiene services, infection control programmes should be established and included as an essential element of action to improve WASH. He strongly supported capacity-building for Member States in the area of management of WASH services, as well as the goal of ensuring basic WASH services in health care facilities. He expressed support for the draft resolution.

The representative of BHUTAN, speaking on behalf of the Member States of the South-East Asia Region, expressed appreciation for WHO’s continued efforts to improve access to WASH facilities at the global, regional and national levels. It was deeply concerning that high numbers of health facilities in low- and middle-income countries lacked access to water and hygiene materials. Poor sanitation in health facilities led to hospital-acquired infections and antimicrobial resistance, which was a growing threat to global public health. The Member States of the Region called on the international community to implement the global workplan and architecture on WASH in health care facilities, developed by WHO and UNICEF, and to expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes in line with target 6.A of Sustainable Development Goal 6. The Member States of the Region supported the adoption of the draft resolution.
Speaking in her capacity as the national representative of Bhutan, she said that, despite challenges associated with seasonal and localized water scarcity, her country had made progress in improving access to WASH in health care facilities. She welcomed the support of WHO, UNICEF and other development partners in that regard.

Dr Lutucuta resumed the Chair.

The representative of ZAMBIA said that his Government was working with the Secretariat and other partners to resolve issues related to inadequate water and sanitation supply. He called for increased investment from all stakeholders and continued technical support to progress towards the realization of Sustainable Development Goals 3 and 6. He supported the draft resolution.

The representative of BANGLADESH said this his Government supported the key recommendations contained in the report. He highlighted the need to mainstream the issue of WASH in health care facilities into health sector plans and programmes to ensure that it was properly addressed and received adequate funding. He requested WHO to strengthen advocacy, monitoring and national standards, as well as joint WASH and health implementation in collaboration with UNICEF. His Government supported the draft resolution.

The representative of BRAZIL said that guaranteeing sanitation and hygiene in health care facilities contributed to preventing infections and ensuring sustainable improvements in the safety of health care. She supported the draft resolution, which her Government had sponsored.

The representative of INDIA said that her Government was making efforts to ensure access to WASH, with a view to improving health outcomes and controlling infection. However, resources were limited and priorities were many. The need for low-cost solutions that could be adapted to local contexts should be considered when determining global action on WASH, in addition to the need for capacity-building and behavioural change.

The representative of JAPAN said that access to clean water and sanitation, particularly in health care facilities, was essential for the provision of quality health care. His Government therefore supported the draft resolution.

The representative of ANGOLA said that WASH services must be accessible in all places and to all people in order to combat inequality. Her Government was making efforts to respond to the challenge of access to safe and clean water. She supported the strategy outlined in the draft resolution and called on the Secretariat, in collaboration with stakeholders and partners, to support countries to build capacity in order to overcome preventable issues related to access to WASH services.

The representative of ALGERIA said that, in the light of the report on WASH in health care facilities published by the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, the international community must reconsider patient safety. He described the measures taken by his Government to improve access to WASH services and manage health care waste. Access to WASH was a prerequisite for quality health care and universal health coverage. Public policies in that area must be multisectoral.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that all health facilities in her country had full access to water and sanitation. She supported the draft resolution and welcomed its reference to the human right to water and sanitation.
The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, expressed support for the draft resolution and urged governments to allocate resources to developing, implementing and monitoring WASH standards and to offer continued training for health professionals. Training curricula should incorporate the My 5 Moments of Hand Hygiene approach and provide information on how to ensure WASH during and after disasters or emergencies.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the draft resolution and urged Member States to take immediate action to: adopt and implement the recommendations contained in the draft resolution; commit domestic and development assistance financing to address access to WASH in health care facilities; target the facilities in greatest need, including overcrowded hospitals and those in rural settings; and prioritize the vulnerable, including women, newborns and persons with disabilities.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that further action was needed at the country level to ensure that WASH was prioritized and integrated into health systems. Member States should bring together health and WASH stakeholders to develop national action plans. She encouraged Member States to: allocate specific funding for WASH activities in health care facilities; integrate WASH into monitoring systems; conduct assessments; establish standards; and upgrade facilities.

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIRMAN, said that incremental improvements, such as the installation of simple hand hygiene stations, coloured waste bins, and hygiene training and mentorship, could be implemented rapidly while longer-term efforts to improve infrastructure were being planned. Such improvements could also have a positive effect on WASH practices in communities.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that his organization recommended setting minimum WASH and infection prevention and control standards in all health care settings, along with transparent social accountability systems. Routine WASH inspections and grading systems should be trialled, studied and publicized, which in turn would help to strengthen the capacity of civil society and governments to work together to enhance the quality of public services.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIRMAN and also on behalf of Public Services International, said that, despite the importance of cleaning and sanitation management for WASH, the role of cleaners in health care facilities was neglected. She therefore urged Member States to ensure cleaners’ access to adequate training and conditions of work and employment, including a decent wage. WHO should formally recognize cleaning staff as part of the health care workforce and include them in the WHO Essential Environmental Health Standards in Health Care. Member States must invest in public WASH services.

The representative of the INTERNATIONAL WOMEN’S HEALTH COALITION INC., speaking at the invitation of the CHAIRMAN, said that ensuring access to WASH in health care facilities was crucial to ensuring maternal, newborn and child health, and sexual and reproductive health and rights. The commitment of the international community to improving access to WASH was crucial to ensuring health for all.
The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) expressed appreciation for Member States’ continued support with regard to WASH in health care facilities. WHO, including through strong cross-departmental collaboration and cooperation with external partners, would continue working to improve access to WASH in health care facilities.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in EB144.R5.

The draft resolution was approved.

The public health implications of implementation of the Nagoya Protocol: Item 12.10 of the agenda (document A72/32)

The CHAIRMAN drew attention to a revised version of the draft decision on the item, proposed by Finland, which read:

The Seventy-second World Health Assembly, taking note of the Convention on Biological Diversity and its objectives and principle, and the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity and its objective; and recalling the WHO Constitution and the International Health Regulation (2005); and having considered the Secretariat’s report on the public health implications of implementation of the Nagoya Protocol in document A72/32; decides to request the Director-General to broaden engagement with the Member States, the Convention on Biological Diversity secretariat, relevant international organizations and stakeholders, 

(1) to provide information on current pathogen-sharing practices and arrangements, the implementation of access and benefit-sharing measures, as well as the potential public health outcomes and other implications, including associated economic impact; and

(2) to provide a report to the Seventy-fourth World Health Assembly through the 14th meeting of the Executive Board, as well as an interim report to the 146th meeting of the Executive Board.

The financial and administrative implications for the Secretariat were:

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<tr>
<th>Decision: The public health implications of implementation of the Nagoya Protocol</th>
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<tbody>
<tr>
<td>A. Link to the approved Programme budget 2018–2019</td>
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<tr>
<td>1. Output(s) in the approved Programme budget 2018–2019 to which this draft decision would contribute if adopted:</td>
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<tr>
<td>E.1.1. Control strategies, plans and capacities developed for diseases such as cholera, viral haemorrhagic fever, meningitis and influenza and those due to vector-borne, emerging and re-emerging pathogens</td>
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<tr>
<td>E.1.2. Global expert networks and innovative mechanisms developed to manage new and evolving high-threat infectious hazards (such as for clinical management, laboratories, social science, and data modelling)</td>
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1 Transmitted to the Health Assembly in the Committee’s fifth report and adopted as resolution WHA72.7.
2. **Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2018–2019:**
   Not applicable.

3. **Any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the approved Programme budget 2018–2019:**
   Not applicable.

4. **Estimated implementation time frame (in years or months) to achieve the decision:**
   30 months.

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<th>B. Resource implications for the Secretariat for implementation of the decision</th>
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<tr>
<td>1. <strong>Total resource requirements to implement the decision, in US$ millions:</strong></td>
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<td>US$ 1.02 million.</td>
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2.a. **Estimated resource requirements already planned for in the approved Programme budget 2018–2019, in US$ millions:**
   US$ 0.10 million.

2.b. **Estimated resource requirements in addition to those already planned for in the approved Programme budget 2018–2019, in US$ millions:**
   Zero.

3. **Estimated resource requirements in the Proposed programme budget 2020–2021, in US$ millions:**
   US$ 0.92 million.

4. **Estimated resource requirements in future programme budgets, in US$ millions:**
   Zero.

5. **Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions**
   - **Resources available to fund the decision in the current biennium:**
     Zero.
   - **Remaining financing gap in the current biennium:**
     US$ 0.10 million.
   - **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**
     US$ 0.10 million.
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<tr>
<th>Biennium</th>
<th>Costs</th>
<th>Region</th>
<th>Headquarters</th>
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<td>Africa</td>
<td>The Americas</td>
<td>South-East Asia</td>
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<td>2018–2019</td>
<td>resources already planned</td>
<td>Staff</td>
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<td>2018–2019</td>
<td>additional resources</td>
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<td>Activities</td>
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<td>2020–2021</td>
<td>resources to be planned</td>
<td>Staff</td>
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<td>Activities</td>
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<td>Total</td>
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<tr>
<td>Future bienniums</td>
<td>resources to be planned</td>
<td>Staff</td>
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The representative of NORWAY said that it was important for public health authorities to be involved in national implementation of the Nagoya Protocol. All Member States must contribute to the sharing of pathogens, and her Government, which was in the process of implementing the Nagoya Protocol, would ensure that it contributed as well. Expressing support for the revised draft decision, she said that it was important for the Secretariat to step up its engagement with the secretariat of the Convention on Biological Diversity.

The representative of THAILAND said that the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits could facilitate global health security, be applied to other pathogens and be interpreted as a specialized international access and benefit-sharing instrument under Article 4.4 of the Nagoya Protocol. In addition, a well-established mechanism was needed to help determine which pathogens should be shared in a timely manner. Furthermore, the Secretariat should provide clear guidance on the scope and application of the Nagoya Protocol, and national health ministries should work closely with the ministries responsible for implementing the Nagoya Protocol. He expressed support for the revised draft decision but called for greater clarity from the Secretariat on its intended actions and milestones leading up to the Seventy-fourth World Health Assembly.

The representative of AUSTRALIA stressed the importance of giving due consideration to both the opportunities and risks of the implementation of the Nagoya Protocol and guaranteeing the timely sharing of pathogens, especially in the case of imminent public health emergencies. She supported the revised draft decision, which was an important first step to ensuring that the implementation of the Protocol strengthened, rather than adversely affected, global public health. The Secretariat must engage further with the secretariat of the Convention on Biological Diversity, relevant international organizations and other stakeholders in order to provide WHO governing bodies with more information.

The representative of the UNITED REPUBLIC OF TANZANIA asked the Secretariat to continue facilitating consultations involving various actors on the implementation of the Nagoya Protocol in Member States, possibly through the development of a standard template for prior informed consent to facilitate the timely sharing of specific pathogens. She supported the revised draft decision.

The representative of SAUDI ARABIA appreciated the importance attached to timely pathogen sharing and the sharing of benefits arising from the use of genetic resources. He endorsed the
implementation of the Nagoya Protocol, which would be particularly beneficial for countries needing support to achieve the health-related Sustainable Development Goals.

The representative of CHINA said that the implementation of the Nagoya Protocol must be aligned with national and international law. More in-depth research was needed on the challenges and potential consequences of its implementation to ensure secure sharing and facilitate developing countries’ access to benefits.

The representative of the PLURINATIONAL STATE OF BOLIVIA took note of the report. The Secretariat should gather information on the nature and modalities of pathogen sharing that currently took place under the stewardship of WHO in consultation with Member States and relevant parties to ensure that sufficient and precise information would be provided to the Health Assembly.

The representative of SWITZERLAND attached great importance to the International Health Regulations (2005) and the sharing of pathogens and related benefits. At the same time, she noted that Parties to the Nagoya Protocol were not obliged to grant access to human pathogens subject to prior informed consent or mutually agreed terms. She supported the revised draft decision.

The representative of TOGO highlighted the importance of establishing access and benefit-sharing legislation. He appreciated that the Secretariat would provide an opportunity for dialogue and collaboration to explore codes of conduct, guidelines and multilateral mechanisms that would facilitate access to pathogens and sharing of benefits.

The representative of INDIA said that discussions should be held regarding mechanisms for strengthening the implementation of the Nagoya Protocol and ensuring equitable benefit-sharing. WHO should establish global multilateral mechanisms for effective access to pathogens and benefit-sharing, taking into account intellectual property aspects of the sharing of pathogens, codes of conduct, guidelines and best practices. Regarding the revised draft decision, he proposed the following amendments: in the preambular paragraph, replacing “taking note of” with “reaffirming” and deleting the text “to broaden engagement with Member States, the Convention on Biological Diversity secretariat, relevant international organizations and stakeholders”; in paragraph (1), adding the word “and” before “the implementation” and deleting the text “including associated economic impact”, since other impacts could also occur; and combining paragraphs (1) and (2) into one paragraph.

The representative of BRAZIL requested the Secretariat to elaborate on the current challenges that it had identified in international pathogen sharing. He supported the revised draft decision. His Government recognized the importance of genetic resources for public health, food security and the conservation of biodiversity, and was willing to collaborate, including through the sharing of pathogens, to promote research, development and equitable access to health products and the strengthening of public health responses to outbreaks of infectious diseases, in line with its existing legislation.

The representative of the UNITED STATES OF AMERICA said that the delays and disruptions in international pathogen sharing were increasingly attributable to how Member States chose to implement domestic access and benefit-sharing measures. Such delays and disruptions were particularly concerning for outbreaks with epidemic and pandemic potential. The Director-General should take urgent action and ensure WHO’s leadership in addressing such threats. She supported the revised draft decision and hoped for a common understanding of the existing challenges of international pathogen sharing and the potential public health implications, including effects on research, development, manufacturing of vaccines, diagnostics and other medical countermeasures, as well as any associated economic implications, and the market realities for those products, particularly those designed to
respond to pandemic or epidemic threats. She urged the Secretariat to focus on the scientific and public health aspects of implementation of the Nagoya Protocol and to continue to draw on expertise from across the Organization and from a wide range of Member States and stakeholders with relevant experience in public health and international pathogen sharing.

The representative of GHANA, speaking on behalf of the Member States of the African Region, welcomed WHO’s readiness to explore codes of conduct, guidelines and best practices, and global multilateral mechanisms for pathogen access and benefit sharing. She asked the Secretariat to provide thorough information on the nature and modalities of pathogen sharing that took place under the stewardship of WHO, in particular, the pathogens that were being shared, the frequency of pathogen sharing and the terms and conditions that governed sharing. Although the Secretariat’s intention to explore options for pathogen access and benefit sharing was welcome, the process should be open to a wide range of inputs from Member States and other relevant stakeholders, and not limited to the Secretariat.

The representative of MEXICO stressed the importance of technical collaboration between Member States in vaccine production. She welcomed the coordination of efforts in the implementation of the Nagoya Protocol and other instruments such as the Global Action Plan for Influenza Vaccines and the International Health Regulations (2005). However, Member States, with the support of the Secretariat, should continue to update their legislation and take measures towards the creation a global instrument on access to genetic resources, which gave appropriate weight to transparency in the management and use of such resources. Reports and documents resulting from collaboration between the WHO Secretariat and the secretariat of the Convention on Biological Diversity should be made available to Parties to the Nagoya Protocol in a coordinated and timely manner.

The representative of JAPAN said that, in implementing the Nagoya Protocol, due consideration must be given to timely pathogen sharing, which was particularly crucial during pandemics. WHO should share information on the criticality of timely pathogen sharing with the secretariat of the Convention on Biological Diversity and organizations in the environment, agriculture and forestry sectors, which would in turn raise awareness on relevant public health issues. Noting that there were no frameworks covering seasonal influenza and certain other infectious diseases, he said that it was important to map out the potential challenges of sharing pathogens required for managing health risks. He requested continuous monitoring of the implications of the implementation of the Nagoya Protocol with respect to pathogen sharing, as well as identification of issues.

The representative of MALAYSIA urged the Secretariat to provide thorough information on the nature and modalities of pathogen sharing under the stewardship of WHO. Discussions on possible options for pathogen access and benefit sharing should be open to public consultation and should not be limited to the Secretariat.

The representative of FINLAND said that it was critical to recognize the cross-sectoral impact of the implementation of the Nagoya Protocol and to involve the environment, agriculture and health sectors starting from the planning phases of national legislation. More information and discussion were required on the matter.

The representative of ROMANIA, speaking on behalf of the Member States of the European Union, read out the revised draft decision.

The representative of INDONESIA expressed support for the Director-General’s plan to involve Member States, the secretariat of the Convention on Biological Diversity and relevant international
organizations and other stakeholders in discussions on the public health implications of the implementation of the Nagoya Protocol. The Secretariat should focus on gathering information to better understand issues concerning pathogen access and benefit sharing. The rights of Parties to the Convention on Biological Diversity and Nagoya Protocol, as well as the objectives and principles of such instruments, must be upheld, and the requirements outlined in national access and benefit-sharing legislation should be recognized and supported. It was important to recall that the International Health Regulations (2005) did not affect the rights of Parties to the Convention and Protocol.

The representative of ANGOLA said that, in order to ensure that countries could promptly respond to public health emergencies, it was necessary to: strengthen local technical capacities so that countries could identify risks and respond rapidly to reduce human and financial losses; step up collaboration to share the benefits obtained in the management of emergencies and handling of hazardous agents; and promote the fundamental principles of equity and protection of health. She encouraged Member States to support the Secretariat in its work regarding the public health implications of implementation of the Nagoya Protocol.

The representative of ZAMBIA recognized the public health implications of the implementation of the Nagoya Protocol and the need for timely sharing of pathogens and benefits to enable risk assessment and evidence-based interventions, especially in the event of health emergencies. He welcomed the Secretariat’s readiness to explore the topic through dialogue and collaboration with all relevant partners in harmony with the Nagoya Protocol, Sustainable Development Goals, International Health Regulations (2005) and Thirteenth General Programme of Work, 2019–2023.

The representative of NAMIBIA said that the Secretariat should develop guidelines to support Member States in ensuring seamless sharing of pathogens and benefits. Member States must strictly observe existing codes of conduct relating to biosafety and biosecurity to protect global public health. In particular, laboratory practices must be observed to protect stored pathogens from unauthorized access.

The representative of UNEP, speaking on behalf of the Executive Secretary of the Convention on Biological Diversity, outlined a number of outcomes of the third meeting of the Conference of the Parties serving as the meeting of the Parties to the Nagoya Protocol, which were particularly relevant to public health. The Parties to the Nagoya Protocol had recognized the need to develop access and benefit-sharing legislation or regulatory requirements, taking into account special considerations on emergencies. They also recognized that the Nagoya Protocol and other relevant international instruments must be implemented in a mutually supportive manner. Parties had also been invited to take into account relevant work undertaken by WHO when implementing provisions under Article 8 of the Nagoya Protocol, on special considerations, and had requested the Executive Secretary to continue to liaise with relevant international organizations to provide and collect information on access and benefit-sharing, as well as public health issues. The Executive Secretary had also been requested to share a decision adopted by the Parties regarding specialized international access and benefit-sharing instruments with WHO. Parties recognized the importance of conceptual clarity on digital sequence information on genetic resources.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that pathogen sharing often lacked fairness and equity. Research and development results were not being shared with countries providing biological materials, and patenting was leading to prohibitively high costs of treatment. The principles of access and benefit sharing under the Nagoya Protocol must be recognized and safeguarded to ensure fairness and equity and prevent the misappropriation of genetic resources.
The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that the sharing of seasonal influenza virus was being negatively impacted by the implementation of the Nagoya Protocol in some countries. Attaching benefits to eradicable or eliminable pathogens could be contrary to public health objectives and may generate inappropriate incentives that could hinder progress in tackling infectious diseases. She encouraged WHO to continue consultations with the secretariat of the Convention on Biological Diversity, OIE, FAO and industry to ensure that implementation of the Nagoya Protocol did not impact timely and predictable sharing, which was essential for the prompt supply of vaccines and global public health.

The representative of the ISLAMIC REPUBLIC OF IRAN underlined that the rights of Parties to the Convention on Biological Diversity and Nagoya Protocol, as well as the objectives and principles of such instruments, should be respected and upheld. The requirements outlined in national access and benefits-sharing legislation should be recognized and supported.

The CHIEF SCIENTIST agreed that the Secretariat should engage in an open and inclusive process to identify the current practices and arrangements for pathogen sharing and potential health implications. The Secretariat would also examine the associated economic impacts. The gathering and synthesizing of evidence would be carried out through a process that included Member States, the secretariat of the Convention on Biological Diversity, relevant international organizations, scientists, and other global stakeholders from multiple health-related disciplines. Since the implementation of the Nagoya Protocol was in an early phase in some countries and impacts on public health would not become apparent immediately, it was necessary to ensure that plans on addressing such impacts were grounded in solid evidence. An important aim of the Science Division was to ensure that reliable scientific evidence was generated through a transparent and inclusive process.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) recognized the progress made and the central role of Member States in promoting health security. Time was of the essence in the development of countermeasures to existential threats to society; any hindrance to pathogen sharing or collaboration posed a risk to economies and multilateral efforts to stop epidemics. The Secretariat recognized that future consultations should be multilateral, multisectoral and include all stakeholders. The work of the Science Division would be supported to ensure that the best possible scientific and risk-management principles would be applied. He hoped that WHO would continue to work towards the protection of all.

At the invitation of the CHAIRMAN, the SECRETARY reread the revised draft decision. If the amendments proposed by the representative of India were to be approved, the revised draft decision would read:

The Seventy-second World Health Assembly, reaffirming the Convention on Biological Diversity and its objectives and principle, and the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity and its objective; and recalling the WHO Constitution and the International Health Regulations (2005); and having considered the Secretariat’s report on the public health implications of implementation of the Nagoya Protocol in document A72/32; decides to request the Director-General:

(1) to provide information on current pathogen-sharing practices and arrangements, and the implementation of access and benefit-sharing measures, as well as the potential public health outcomes and other implications, to the Seventy-fourth World Health Assembly
through the 148th meeting of the Executive Board, as well as a report on progress to the 146th meeting of the Executive Board.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that she could not accept the amendments proposed by the representative of India.

The representative of the UNITED STATES OF AMERICA said that the revised draft decision as proposed by Finland represented an acceptable option as it was based on collaborative, pragmatic discussions. She did not support the amendments proposed by the representative of India.

The representative of SWITZERLAND said that her Government did not support the amendments proposed by the delegation of India.

The representative of INDIA reiterated the importance of the Nagoya Protocol, which had implications for both public health and broader ministerial mandates. The revised draft decision therefore merited detailed discussion by all Member States to achieve the desired consensus. As that had not yet been possible, he suggested deferring the decision to the 146th session of the Executive Board and asked the Secretariat to make provision for consultation during the intersessional period.

The CHAIRMAN took it that the Board wished to suspend consideration of the item.

It was so agreed.

(For continuation of the discussion and approval of a draft decision, see the summary records of the eleventh meeting, section 2.)

Promoting the health of refugees and migrants: Item 12.4 of the agenda (document A72/25 Rev.1)

The DEPUTY DIRECTOR-GENERAL said that consensus had been reached on the draft global action plan on promoting the health of refugees and migrants, 2019–2023, following extensive consultations. She drew attention to a revised draft decision on the item, contained in A27/25 Rev. 1.

The representative of JORDAN thanked the Secretariat for its continuing support in the Syrian refugee crisis, noting that 90% of the 1.3 million Syrian refugees being hosted in his country were outside of refugee camps. While the report indicated that the draft global action plan had been revised extensively, it did not reflect the changes requested by host countries, particularly that the burden of supporting migrants and refugees should be distributed internationally, or the real pressures that they were under. Jordan had exceeded its refugee capacity, which was having a significant negative impact on main economic sectors such as health and education. The plan must keep a more realistic pace with such pressures. Lastly, the fact that Member States were not obliged to report to a competent authority demonstrated the difficulties of applying the plan without true international cooperation.

The representative of ARGENTINA called for increased information-sharing between countries, improvements to epidemiological information systems and changes to national immunization campaigns to improve coverage. She supported the revised draft decision and called for strengthened cooperation in promoting the health of migrants and refugees.

The representative of CANADA welcomed the emphasis placed on cooperation between WHO, ILO, IOM, UNHCR and civil society organizations in the draft global action plan. Strong partnerships and collaboration would be critical for its success. It was important to recognize the physical and mental
health needs of vulnerable or marginalized populations, particularly women and girls, in humanitarian and displacement contexts. In particular, more attention must be paid to sexual and reproductive health and rights, which often remained neglected. He encouraged the systematic implementation of the minimum initial service package for reproductive health in crisis situations as well as efforts to address the gaps in sexual and reproductive health services such as comprehensive abortion care, long-acting and emergency contraception and prevention of sexual violence. As the global action plan moved into its implementation phase, his Government looked forward to receiving details on how WHO intended to carry out its work, including which areas required new workstreams. Lastly, he expressed concern at WHO’s capacity to deliver on all the actions outlined in the plan, given budget realities.

The representative of the UNITED STATES OF AMERICA thanked WHO, IOM and UNHCR for their efforts regarding the draft global action plan, noting the marked progress made. She expressed appreciation for the role of the plan in addressing the complex intersection of public health and migration as part of efforts towards universal access to health care, and its focus on enhanced surveillance, preparedness and response to infectious disease outbreaks and the linkages to health information systems. However, there were too many potential work areas and WHO’s added value had not been prioritized. In addition, the conflation of refugees and migrants was a concern, as clearly tailored strategies were needed for each group. Her concerns about the operational follow-up to the draft plan, in particular the focus on refugees, were heightened by the ongoing reorganization of WHO. The Secretariat must ensure close coordination and consultation with IOM and UNHCR during implementation of the plan. She underscored that, consistent with the report and programme of action of the International Conference on Population and Development, which did not recognize abortion as a family planning method, her Government did not support the provision or promotion of, or referral for, abortion services as part of its global health assistance. Regarding universal health coverage, access to health care by migrants and refugees must be consistent with national laws.

The representative of BANGLADESH said that health services should be ensured for all migrants, regardless of their migratory status. He said that it was important to focus on creating and sustaining health conditions conducive to the safe, dignified and voluntary return of refugees, noting that Rohingya children forcibly displaced from Rakhine State in Myanmar had been systematically denied immunization and nutrition in their country of origin. Developing host countries would be able to provide adequate health services to the overwhelming numbers of refugees only through international resource mobilization. It was imperative to bolster global partnerships and cooperation to ensure enhanced, predictable and sustainable resources to implement the draft action plan.

The representative of the DOMINICAN REPUBLIC thanked the Secretariat for the updated version of draft global action plan, which was a substantial improvement to the earlier version. She outlined the actions taken by her Government in promoting refugee and migrant health, including in the areas of disease prevention and control and reproductive health issues. The promotion of migrant and refugee health must be carried out through a multisectoral and integrated approach.

The representative of SAUDI ARABIA outlined the steps that his Government had taken with respect to refugee and migrant health, highlighting efforts aimed at health service provision and social integration. He summarized the key outcomes and recommendations of a regional meeting held in March 2019 to develop a regional action plan on promoting migrant and refugee health. He supported the submission of progress reports on refugee and migrant health to the Seventy-fourth World Health Assembly.

The representative of PAKISTAN noted with concern that the principle of burden-sharing for supporting migrants and refugees had not been well articulated in the draft global action plan, meaning that unilateral responsibilities would be placed on host countries. He also expressed concern that the
Secretariat would submit reports on the plan’s implementation without clearly identifying financial resources or responsibilities of actors, and said that doing so might tarnish the solidarity and hospitality demonstrated by host countries, rather than offer solutions to promote the health of migrants and refugees. He encouraged WHO to support the work of specialized agencies that fell within their existing mandates.

The representative of MEXICO regretted that the draft global action plan had not been more ambitious. In particular, the plan lacked essential elements for ensuring discrimination-free access to high-quality health by migrants. She called for a stronger reference to solidarity and international cooperation, and said that harmonization and coordination between countries of origin, transit and destination were necessary to make efforts more effective. As not all countries had the same capacities, alliances should be formed between Member States, organizations of the United Nations system, the private sector, civil society and other stakeholders. She highlighted the urgent need to tackle discrimination in migrant health, given the racism, discrimination and xenophobia that threatened migrants and their families. She said that the lack of transparency and limited participation of Member States in the process of preparing the revised draft decision was regrettable. She proposed that paragraph (2) of the revised draft decision should be amended to read:

“To request the Director-General to report back on progress in the implementation of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023, including relevant information from Member States and United Nations agencies, as appropriate, to the Seventy-fourth and Seventy-sixth World Health Assemblies.”

The representative of HONDURAS underlined the importance of setting priorities in efforts to promote the health of migrants and refugees and implementing such priorities according to national contexts. Her Government recommended that technical and financial support should be provided to Member States in implementing the global action plan. She agreed with the amendments proposed by the representative of Mexico and proposed also including a reference to “to demonstrate their progress”.

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region, said that the draft global action plan should take into account countries’ varying laws regarding the entitlement of migrants and refugees to health care services. Migrant communities must be included when calculating the progress made towards universal health coverage, and long-term solutions should be adopted to ensure that they received quality essential health care. He supported full inclusion and coverage for migrants, irrespective of their migration status, as part of universal health coverage.

The Secretariat should support Member States in collecting reliable data to better understand and map vulnerable migrant populations, especially undocumented migrants and those without access to formal health care services. Strengthening international cooperation and applying the principle of burden-sharing would be key. Resource mobilization should be accorded greater importance across all priority areas. Citing the specific health risks associated with migrants in his Region, he said that the draft global action plan should be more specifically adapted to different regions, and that issues of inclusiveness and assessment should be addressed before it was adapted. He supported the revised draft decision and urged Member States to do the same.

Speaking in his national capacity, he expressed appreciation to IOM for its support in developing his country’s migrant health policy. He looked forward to receiving further guidance from WHO and IOM on how to implement the draft global action plan.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that she welcomed the priorities outlined in the draft global action plan, in line with the Global Compact for Safe, Orderly and Regular Migration, endorsed by the United Nations General Assembly. She supported the amendments to the revised draft decision proposed by the representative of Mexico.
The representative of BRAZIL, noting that not all Member States had joined the Global Compact for Safe, Orderly and Regular Migration, said that the draft global action plan should focus on points that generated broader consensus in order to encourage greater commitments to its guidelines. Countries’ specific priorities and financial situations should be taken into account in any action taken by WHO under the draft global action plan. He supported the revised draft decision but would agree to the amendments proposed by the representative of Mexico if a consensus was reached.

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

The meeting rose at 14:05.