

**PROVISIONAL SUMMARY RECORD OF THE ELEVENTH MEETING**

**Palais des Nations, Geneva  
Monday, 27 May 2019, scheduled at 09:00**

**Chairman: Dr S.P.V. LUTUCUTA (Angola)  
later: Dr Y. SUZUKI (Japan)  
later: Dr S.P.V. LUTUCUTA (Angola)**

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**COMMITTEE A**

**ELEVENTH MEETING**

**Monday, 27 May 2019, at 09:15**

**Chairman:** Dr S.P.V. Lutucuta (Angola)

**later:** Dr Y. Suzuki (Japan)

**later:** Dr S.P.V. Lutucuta (Angola)

**1. FIFTH REPORT OF COMMITTEE A (document A72/78)**

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

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

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

**The public health implications of implementation of the Nagoya Protocol:** Item 12.10 of the agenda (document A72/32) (continued from the tenth meeting, section 2)

The CHAIRMAN said that the Committee had completed its consideration of the report contained in document A72/32 at its previous meeting. She therefore invited the Committee to note the report.

**The Committee noted the report.**

At the invitation of the CHAIRMAN, the SECRETARY read out the proposed revised draft decision that had been agreed during informal consultations, which read:

“The Seventy-second World Health Assembly, recalling 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; reaffirming 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; decided to request the Director-General to broaden engagement with Member States, the Secretariat of the Convention on Biological Diversity, relevant international organizations and relevant 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; and

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

(2) to provide a report to the Seventy-fourth World Health Assembly, through the Executive Board at its 148th session, as well as an interim report to the Executive Board at its 146th session.

**The revised draft decision was approved.<sup>1</sup>**

**Promoting the health of refugees and migrants:** Item 12.4 of the agenda (document A72/25/Rev.1) (continued from the tenth meeting, section 2)

The CHAIRMAN recalled that document A72/25 Rev.1 contained a draft decision, and reminded the Committee that an amendment had been proposed to paragraph (2) of that draft decision by the representative of Mexico during the tenth meeting of Committee A.

The representative of the ISLAMIC REPUBLIC OF IRAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, noted the draft global action plan on promoting the health of refugees and migrants, 2019–2023. Given the large numbers of refugees and migrants entering, leaving and transiting through the countries in the Region, he acknowledged the efforts being made by the Governments in the Region to address the health needs of those populations. Cooperation and shared responsibility were crucial in that regard. He therefore requested the Secretariat to: provide support for the development of a tailored regional action plan through an inclusive and transparent consultation process with Member States; provide support and guidance upon request for the development, funding and implementation of national action plans on refugee and migrant health, following adoption of the draft global action plan; and ensure adequate human resources at the regional level to assist Member States.

Speaking in his national capacity, he outlined steps to provide health care services to refugees residing in his country. He urged WHO to provide tailored support to host countries and facilitate the exchange of information and expertise. The implementation of the draft global action plan would require international cooperation, alongside a proper mechanism for burden and responsibility sharing. WHO must continue to promote the health and refugees and migrants, taking into account the views of Member States. Turning to the draft decision contained in paragraph 36 of document A72/25 Rev.1, he proposed adding the word “draft” before “global action plan” in paragraph (1) to ensure consistency with the title of the document. He also asked the Legal Counsel to explain the legal status of paragraph (2), with particular regard to the responsibilities of Member States.

The representative of TURKEY said that her Government, as the host of the world’s largest refugee population, strongly supported all efforts to promote and improve refugee and migrant health, including the strategy and action plan for refugee and migrant health in the WHO European Region, adopted in 2016, and the draft global action plan. She reiterated the need to define clear roles and responsibilities for all stakeholders in the draft global action plan. She urged WHO to take steps to address refugee and migrant health, as it was key to achieving universal health coverage.

The representative of COLOMBIA said that the draft global action plan represented a step forward in promoting migrant health, and would contribute to wider efforts to address challenges related to migration. In addition, Member States should support other strategies and activities that went beyond the scope of the plan, in particular, to provide support for host communities. Implementing the plan would require adequate technical and financial support from the international community. She encouraged the Committee to approve the draft decision.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee’s sixth report and adopted as decision WHA72(13).

The representative of PERU said that, to address the challenges of increased migration, which often exceeded the national capacity of host countries, international cooperation and resource mobilization were needed, taking into account the principle of shared responsibility. Within the area of refugee and migrant health, the following measures should be prioritized: the establishment of a solidarity fund to finance activities to tackle the health impacts of forced displacement; coordination between relevant United Nations agencies; the development of a digital platform to host data on individual medical history and public health, particularly with regard to vaccines; ensuring the availability of vaccines; strengthening capacities to control and manage vector-borne diseases; and support for mental health problems, chronic diseases, reproductive health, obstetric care, and HIV/AIDS and tuberculosis treatment. He supported the draft decision, with the amendments proposed by the representative of Mexico.

The representative of ECUADOR said that it was regrettable that the draft global action plan was unambitious. Refugee and migrant health were everyone's responsibility, and the response required international cooperation and WHO support. The draft decision did not sufficiently reflect the level of political will that was required to address the issue, which should include the provision of universal health coverage. Efforts must be made to ensure preparedness and resilience, alongside the provision of universal health coverage for refugees and migrants. She supported the amendments to the draft decision proposed by the representative of Mexico.

The representative of ZAMBIA said that rapid influxes of refugees and migrants put a strain on health systems, affecting not only refugee and migrant populations, but also citizens. She therefore appealed to the Secretariat and other stakeholders for more financial, technical and material support to assist host countries, including her own, with a view to avoiding disruptions in the provision of health services.

The representative of PANAMA said that, while he generally supported the implementation, monitoring and evaluation of the draft global action plan, it was important to consider the epidemiological implications of mass migration for transit and host countries. The importation of diseases from countries of origin presented a serious risk to public health in countries of transit and destination. The lack of human and financial resources continued to be a concern when addressing migrant health.

The representative of EGYPT said that it was important to further develop the draft global action plan on the basis of consultations with all stakeholders, particularly IOM. It was particularly important to share the burden of care and provide international cooperation and assistance to host countries, as national resources may not be sufficient to address refugees' health needs. There was a dire need for United Nations agencies to enhance the refugee registration system in order to ensure their access to health care; for example, of the 5 million refugees in his country, only 300 were registered with the Office of the United Nations High Commissioner for Refugees.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, said that, in order to achieve the Sustainable Development Goals, all stakeholders should work together to ensure universal health coverage, including the ever-increasing number of migrants and refugees. Conditions at reception centres and refugee camps were often unacceptable, with inadequate structures in place to enable refugees to exercise their fundamental rights and freedoms. Policies and strategies on the physical and mental health of migrants and refugees did not reflect reality, were implemented in isolation from national health systems, and were dependent on external, time-limited financing. The draft global action plan would help Member States to adopt policies and work closely with all stakeholders to promote migrant and refugee health, and he encouraged the Secretariat to provide support in that regard.

The representative of LEBANON noted the draft global action plan, which provided WHO with a wider mandate to address challenges facing the global provision of health services. However, a single action plan that covered both refugees and migrants could not fulfil its purpose. The draft global action plan lacked focus and the multiple frameworks and tools would be counterproductive and inefficient. Moreover, the funding sources and mechanisms for the plan were still unclear, despite that issue having been raised at previous governing body meetings. She requested the Secretariat to address those concerns, and said that her Government was willing to participate in future consultations. The international community should share the burden of responsibility for the care of refugees and migrants, particularly with host countries like her own, which were affected by the overcrowding of health facilities. The return of displaced persons to their countries of origin, when possible, should also be supported.

The representative of ANGOLA said that Member States must work together to implement the draft global action plan, with a view to achieving universal health coverage. She supported the inclusion of refugee and migrant health in WHO strategic and operational planning and resource mobilization efforts. WHO should harmonize collaboration with all stakeholders, partnerships and mechanisms at all levels in order to meet the health needs of refugees and migrants in the future.

The representative of LUXEMBOURG said that, although the draft global action plan provided a good foundation for the integration of migrants and refugees into national health systems, it should have featured more specific recommendations that underscored the need for international cooperation. She welcomed the Secretariat's collaboration with other United Nations organizations, especially IOM and UNHCR, and called on WHO to play an active role in the United Nations Network on Migration. Consultations on the draft decision should have been more open and transparent and the Secretariat should view good governance as a priority. That said, she supported the amendments to the draft decision proposed by the representative of Mexico.

The representative of GERMANY said that the successful integration of refugees and regular migrants into society required access to health care. Her Government continuously adapted its public health policies to the realities of migration and was committed to working with partners to fulfil the commitments made under the Global Compact on Refugees and the Global Compact for Safe, Orderly and Regular Migration. The provision of humanitarian health services should take into account the diverse health needs of displaced individuals in accordance with their gender, age and level of vulnerability. Member States hosting migrants and refugees should improve the availability of information on health care services for those groups. She called on the Secretariat to intensify its close cooperation with other relevant international organizations and support the implementation of the health-related provisions of the global compacts. She supported the draft decision.

The representative of NIGER said that, as a major transit country for refugees, his Government was working with partners to provide migrants and refugees with free access to health care. Host countries, in particular low- and middle-income countries, required greater support and the mobilization of additional resources to expand health services capacity.

The representative of THAILAND welcomed the draft global action plan. She said that low- and middle-income countries were shouldering most of the responsibility for population displacement and the global response had been inadequate and underfunded. The responsibility for protecting migrants' and refugees' access to health services should be shared among international agencies, governments in countries of origin and destination, nongovernmental organizations, and migrants and refugees themselves; however, the responsibility for coordinating intersectoral actions to ensure access to quality health services and financial protection rested with host countries.

The representative of the NETHERLANDS expressed her support for the draft decision as amended by the Government of Mexico; however, she said that the consultation process prior to the Health Assembly had been unclear. She supported the proposed outline of the draft global action plan and urged the Secretariat to work closely with its relevant departments and multilateral organizations such as UNHCR and IOM to avoid duplication of work. She welcomed the inclusion of mental health and psychosocial support in the draft global action plan. However, such support should be a standard part of any emergency humanitarian aid. She invited all relevant stakeholders to attend the Second Global Ministerial Mental Health Summit to be held in her country in October 2019.

The representative of the PHILIPPINES said that, whatever one's opinion on the New York Declaration for Refugees and Migrants, migration was now a part of the global agenda, and should thus be addressed through international dialogue and cooperation, while respecting State sovereignty. An evidence-based approach to global public health policy was needed to guide the actions of Member States. Access to social protections facilitated the integration of migrants and refugees into their host communities and favoured their future return to their countries of origin. She expressed her support for the draft global action plan and the draft decision.

The representative of MOROCCO expressed his support for the draft global action plan. Morocco had become a long-term host of regular and irregular migrants given its proximity to Europe. His Government had therefore developed several policies and initiatives to facilitate migrants' access to health, which were aligned to the draft plan.

The representative of INDONESIA said that migration was a complex global phenomenon that required a concerted response. In principle, he supported the draft global action plan. The role of international organizations, in particular IOM and UNHCR, was vital in countries lacking the necessary capacities to host refugees. Further clarification of the definition of "migrant" was needed to prevent misunderstandings among stakeholders. Additionally, the use of the definition of "refugee" as contained in the 1951 Convention relating to the Status of Refugees should be assessed, given that not all Member States were party to that Convention.

The representative of SPAIN said that, in the interests of health equity, all Governments should enshrine access to health care in legislation, as his Government had done, and that general health promotion programmes should incorporate migrant and refugee health. Reducing health inequalities would make countries healthier, fairer and more prosperous.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA recognized the challenges faced by countries of origin and destination. She described the situation in her country, drawing attention to the benefits of immigration and said that migration should never be politicized. The use of economic measures against her Government had affected migration flows in and around her country. She called for the principles of solidarity and multistakeholder cooperation to be integrated into health policies worldwide to ensure the effective protection of health and human rights.

The representative of NICARAGUA said that technical and financial support should be mobilized to fulfil the commitments under the draft global action plan, and expressed support for the amendment proposed by the representative of Mexico to the draft decision. States should formulate plans, actions and strategies on migrant and refugee health on the basis of country contexts.

The representative of NAMIBIA welcomed the draft global action plan. In the light of the increase in the global migrant population, Member States should pay special attention to the needs of migrants in the development of global, regional and national policies and frameworks. Refugee and migrant health

should be mainstreamed into public health systems in host countries, as migration could have a negative impact on public health.

The representative of COSTA RICA expressed her support for the draft decision as amended by the representative of Mexico. She welcomed the attention paid to institutional and country contexts and capacities in the draft global action plan.

The representative of MALAYSIA took note of the draft global action plan. She recognized the barriers faced by migrants and refugees when accessing health services, and outlined national efforts to overcome those barriers. Member States would have to consider national legislation, policies, priorities, contexts and financial and human resources when implementing the draft global action plan.

The representative of PORTUGAL supported the draft global action plan, which would raise awareness of the issue and save lives. However, since governments were responsible for ensuring that migrants and refugees were able to exercise their right to health, he expressed disappointment that the draft decision no longer contained any recommended actions for Member States, even to report on progress made at the national level to promote migrant and refugee health. While he would have preferred the original text of paragraph (2) of the draft decision, prior to its revision by the Secretariat, he was able to support the amendment to the draft decision proposed by the representative of Mexico. He encouraged all relevant stakeholders to redouble their efforts to protect migrant and refugee health.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed her support for the draft global action plan as part of international efforts to attain target 3.8 of the Sustainable Development Goals on universal health coverage. The sections of the draft global action plan relating to migration should be understood in the context of the Global Compact for Safe, Orderly and Regular Migration, in particular the notion that nationals and regular migrants may be entitled to more comprehensive service provision. She underscored her Government's support for the United Nations Network on Migration as a platform to facilitate cooperation.

The representative of ILO said that ensuring occupational health and safety and social protection was a matter of urgency, particularly for migrant workers, if the Sustainable Development Goals were to be achieved. Migrants were often employed in hazardous activities in informal settings, faced multiple challenges in accessing health coverage and were at risk of being left behind. ILO had been working with WHO on several programmes in the area of health at work and was committed to promoting the implementation of the global action plan.

The representative of UNHCR said that the Global Compact on Refugees would deliver more inclusive and sustainable responses to refugee situations and provided for follow-up systems to monitor progress. While refugee health was addressed in that Global Compact, the draft global action plan would allow for more targeted action on health-related issues, and UNHCR was committed to working with WHO and IOM towards its implementation.

The representative of IOM said that her Organization had been collaborating closely with WHO throughout process to develop the draft global action plan, and highlighted the need for policy coherence during its implementation. The renewal of the Memorandum of Understanding between IOM and WHO would further strengthen the collaboration towards common objectives in migrant health and the achievement of the Sustainable Development Goals.

The observer of the HOLY SEE welcomed WHO's efforts to collaborate with other multilateral organizations to promote refugee and migrant health, recalling that Pope Francis had called for a just migration policy that ensured the security, rights and dignity of every person. He expressed concern about references in the report to "reproductive rights". He reiterated that the Holy See did not consider abortion to be a dimension of reproductive health and that the terms "sexual and reproductive health" and "sexual and reproductive health care services" applied to a holistic concept of health.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that in order to implement the draft global action plan, national refugee and migrant health plans and policies should include WHO's basic package of oral care, and should be developed in consultation with national dental associations. Member States should expand their health monitoring and information systems to include oral health indicators to address the scarcity of data. She requested that the Secretariat facilitate periodic progress reports and country profiles.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that the draft global action plan did not address the necessary balance between supporting refugees and tackling the root causes of migration, nor did it hold Member States accountable for national policies that violated international law and basic human rights. She urged Member States to respect migrants' rights and prevent the implementation of restrictive and exclusive migrant health policies that undermined medical ethics. Meeting the 2030 Agenda for Sustainable Development required that migration be recognized as a determinant of health.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that it was regrettable that the draft global action plan failed to: include an explicit reference to refugees' and migrants' right to health; address the ethical challenges faced by physicians; condemn physicians' participation in unjustified medical practices; or address the ethical aspects of health data collection, in particular the patients' rights to confidentiality, autonomy and privacy.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that nurses played a key role in enhancing refugees' and migrants' access to health services. The principle of universal health coverage should be applied to all persons residing in a country, and the draft global action plan should prioritize the needs of vulnerable groups. She encouraged WHO and governments to involve nurses in the planning, implementation and evaluation of refugee and migrant health strategies.

The representative of the WORLD FEDERATION FOR MENTAL HEALTH, speaking at the invitation of the CHAIRMAN, called on Governments to prioritize the protection of refugees, especially separated families, paying particular attention to their mental and emotional health. The psychological consequences of displacement, discrimination and family separation were generally ignored, but would impair refugees' ability to recover and contribute to economic growth for many years.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, said that young people were well placed to educate refugees about health systems and services. Pharmacists should be consulted when developing care plans and coordinating medicine distribution, particularly in crisis settings. He encouraged Member States to ensure the inclusion of migrants in national health plans, which should include pharmacy services.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that WHO should expose the impact of exclusionary migration policies on the health of migrants and refugees. Many undocumented migrants did not seek care due to the risk of discrimination or criminalization. While governments had an obligation to offer assistance and protection to displaced persons, many migrants still depended solely on humanitarian assistance. Migrants and refugees must receive adequate care and should not be returned to places where access to health care could not be guaranteed.

The representative of MEDICUS MUNDI INTERNATIONAL — INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, expressed concern that the draft global action plan did not address the structural causes of migration, or the racist and xenophobic narrative surrounding it. He urged Member States to tackle those causes and uphold the right to health for all.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, encouraged all Member States to commit to the implementation of the draft global action plan through equitable responsibility sharing. Her organization would collaborate with WHO to implement the draft plan.

The LEGAL COUNSEL, responding to the amendment proposed by the representative of the Islamic Republic of Iran, explained that the insertion of the word “draft” before “global action plan” would convey the notion that the global action plan, once the decision had been adopted, was not final and may require further amendments and potential additional negotiations, which was not in line with the Secretariat’s understanding.

Responding to the request for clarification regarding the legal status of paragraph (2) of the draft decision, she said that the draft decision was an act of a recommendatory nature, in line with Article 23 of the WHO Constitution. Once the Health Assembly had adopted the decision, the Secretariat could implement the global action plan and would report thereon to future Health Assemblies, in line with any amendments made prior to its adoption.

The DEPUTY DIRECTOR-GENERAL, responding to points raised, said that the draft global action plan should be read together with other strategic documents on the same issue, which, when considered as a whole, addressed Member States’ needs and concerns. Moreover, the draft plan was fully aligned with the 2030 Agenda for Sustainable Development, the Thirteenth General Programme of Work, 2019–2023, and the Programme budget 2020–2021. It contained explicit references to universal health coverage and was based on WHO values and principles, including the principle of leaving no one behind. While some of the funding concerns raised had been addressed by the adoption of the Programme budget 2020–2021, she reassured Member States that WHO would also continue to jointly manage the trust fund of the United Nations Network on Migration, of which it was a member. The draft global action plan was not legally binding for Member States. Therefore, Member States could address the issue of refugee and migrant health in accordance with existing national legal frameworks, systems and services. The Secretariat stood ready to assist Member States in that regard, and would continue to collaborate with partners to raise awareness, facilitate information exchange among Member States, and continue to review and strengthen the evidence base and tools.

Recalling that the draft global action plan addressed six major priorities, she said that the Secretariat would apply Member States’ guidance in order to determine the focus that each priority should receive. The Regional Offices would provide follow-up to the draft global action plan, and regional action plans were already in place in several regions. Other regional action plans and national plans in countries with a high burden of migration were still being drafted, with the Secretariat’s support. WHO would continue to bring together countries of origin, transit and destination, as such exchanges had proved useful in the past. WHO would consider how to build capacity for migrant health activities

within the Organization; and would continue to cooperate closely with partners during implementation of the draft global action plan. The Secretariat would address areas of work that Member States had deemed missing from the report, taking into account Member States' comments on the development process and focusing on the need for transparency. The process of developing the draft global action plan and the accompanying draft decision had been complex, but had been based on consensus. However, she recognized that all parties had had to make concessions, which explained why the draft global action plan was not as ambitious as some governments had wanted. She expressed the hope that participants would approve the draft decision, as amended by the representative of Mexico.

The representative of the ISLAMIC REPUBLIC OF IRAN, noting the explanation provided by the Legal Counsel regarding the legal status of paragraph (2) of the draft decision, questioned how the Director-General could be asked to implement the draft global action plan if it had not yet been agreed upon and adopted. Moreover, as there were still differences of opinion among governments concerning the content of the report and the draft global action plan, he asked what the consequences would be if the draft decision was approved without consensus.

The representative of LEBANON said that a compromise may perhaps be reached by amending paragraph (2) of the draft decision as it appeared in paragraph 36 of document A72/25 Rev.1 by replacing "in collaboration and consultation with Member States and partners" with "in collaboration and consultation with Member States and relevant United Nations agencies".

The representative of MEXICO did not accept the proposed amendment by the representative of Lebanon, as her proposed amendment had sought to address the same concerns.

The representative of PAKISTAN said that she had been assured by senior management that the draft global action plan was a Secretariat document. She asked the Legal Counsel to clarify the legal status of a Secretariat document, with particular regard to the reporting requirements requested of the Director-General. She also asked what the status of the document would be if the draft decision were adopted without amendment. Finally, she said that, contrary to the statement made by the Deputy Director-General, the global action plan had not been developed on the basis of consensus, and many of her Government's views had not been taken into consideration.

The LEGAL COUNSEL said that the global action plan was a document that would recommend actions to be taken by the Secretariat and would not be legally binding. In her opinion, the amendment proposed by the representative of Mexico was aimed at addressing the concern raised by the representative of Pakistan.

**The Committee noted the report.**

The CHAIRMAN invited the Committee to consider the draft decision, as amended.

The SECRETARY said that the preambular paragraph and paragraph (1) would remain as contained in paragraph 36 of document A72/25 Rev.1. The proposed amended text of paragraph (2) of the draft decision would read:

"(2) 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 representatives of PAKISTAN and LEBANON said that their Governments wished to express their reservations regarding the amended draft decision.

The representative of the ISLAMIC REPUBLIC OF IRAN, supported by the representatives of MEXICO and PAKISTAN, suggested holding informal consultations in order to reach a consensus on the proposed amendments to the draft decision.

**It was so agreed.**

### **3. STRATEGIC PRIORITY MATTERS:** Item 11 of the agenda (continued)

**Access to medicines and vaccines:** Item 11.7 of the agenda (document A72/17) (continued from the sixth meeting, section 2)

The CHAIRMAN recalled that a drafting group had been established to discuss the draft resolution on improving the transparency of markets for medicines, vaccines, and other health products, which was still conducting its work. She therefore invited the Committee to consider the report contained in document A72/17, the annex to which contained the draft road map for access to medicines, vaccines and other health products, 2019–2023, and said that the Committee would consider the draft resolution during a later meeting.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region and the European Union and its Member States, said that the European Union candidate countries North Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential European Union candidate Bosnia and Herzegovina, as well as Ukraine and Georgia, aligned themselves with her statement.

She welcomed the draft road map for access to medicines, vaccines and other health products, 2019–2023. In low- and middle-income countries, medicine and vaccine shortages worsened disease burdens, and their procurement represented a significant proportion of health spending. The human right of access to health services encompassed access to quality medicines and services and was a vital part of universal health coverage and the achievement of the Sustainable Development Goals. The draft road map had identified various ongoing activities to improve that access, which must be bolstered. The Thirteenth General Programme of Work, 2019–2023, which shared targets with the Sustainable Development Goals, would provide a framework for action to improve access to medicines and vaccines. She looked forward to the finalization of the indicators in order to measure success. The African Region and the European Union aimed to strengthen their mutual cooperation on access to medicines. She called on WHO to provide support to low- and middle-income countries in that regard.

The representative of ROMANIA said that the joint statement delivered by the representative of Botswana illustrated the common commitment of 89 Governments to work together on issues and challenges that affected everyone.

The representative of SPAIN supported the draft road map. In particular, he welcomed the reference to ensuring medicine availability and coordinated action on health research, with biomedical research of particular importance. Joint measures must be adopted to establish more ambitious, long-term research models. His Government also agreed with the need for long-term, rigorous and transparent pharmaceutical policies. He said that strict standards should be set to evaluate the authorization, selection, price and use of medicines.

Ensuring sustainable access to cost-effective medicines was a challenge that must be addressed to ensure universal health coverage and public health system strengthening. Transparency was one tool that could be used to bring that about, and his Government planned to sponsor the draft resolution on improving the transparency of markets for medicines, vaccines, and other health products, which must address transparency in prices as well as costs. Use should be made of evidence-based innovative mechanisms and new management models as part of a framework that was more transparent, predictable and adaptable. Given the role of public investment in research and development, he urged WHO to demand absolute transparency in relation to the results of publicly funded research and development.

The representative of EGYPT said that access to affordable medicines, vaccines and health technologies was fundamental to achieving universal health coverage. He welcomed the draft road map and underscored that the Organization must implement, where applicable, the recommendations contained in the report of the United Nations Secretary-General's High-Level Panel on Access to Medicines on promoting innovation and access to health technologies. The Secretariat must also respect its commitments to support developing countries, in particular, the least developed countries, to understand fully the technical considerations of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and its flexibilities. He supported the draft resolution.

The representative of BAHRAIN said that the draft road map reflected WHO's commitment to addressing an area that was a chief public health concern, and that a clear plan was needed for its implementation. WHO must continue to assist to Member States in capacity-building and the exchange of knowledge and best practices.

The representative of BANGLADESH welcomed the draft road map. Given the risk of global shortages of essential medicines and vaccines, he encouraged Member States, the Secretariat and other interested partners to consider supporting the manufacture of those products by publicly owned companies. The regulatory capacity of manufacturing countries and the collaborative efforts of regulatory authorities should be strengthened to ensure the high quality of those products. He emphasized the importance of good medical product supply chains to improve efficiency and forecasting and reduce risks that could contribute to local, regional or global shortages.

The representative of the UNITED STATES OF AMERICA appreciated the emphasis in the draft road map on strengthening regulatory systems, supply chains and financing. However, he remained concerned that a number of the deliverables were beyond WHO's mandate. For example, the draft road map referenced the work of the Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG) and proposed a discussion on the development of unifying principles for biomedical research and development. He recalled decision WHA71(9), which said that the Secretariat and Member States were to implement only those recommendations from the review panel of the global strategy and plan of action on public health, innovation and intellectual property that were consistent with that global strategy and plan of action. Unwilling to delay progress on the many consensus-based and valuable work streams contained in the draft road map, he was willing to note the draft road map. However, he requested confirmation that the Secretariat would not continue to work in those areas that were outside its existing mandate. Finally, he reiterated his Government's request for the Secretariat to provide Member States with an annual description of the trilateral activities conducted over the prior 12 months by WHO, WIPO and WTO, and to update appendix 2 of the draft road map on an annual basis.

The representative of the UNITED REPUBLIC OF TANZANIA said that her Government's efforts to design an efficient supply chain were in line with the draft road map. She emphasized the importance of transparency for fair pricing. A regional strategy to improve pharmaceutical production was also required.

The representative of CANADA fully supported efforts to improve access to medicines and vaccines and welcomed the draft road map. He supported WHO's planned collaboration with WIPO and WTO on issues related to intellectual property, trade, access to medicines and public health, to ensure that technical expertise was shared and to avoid duplication of work. He asked how WHO would allocate funding to the activities proposed in the draft road map.

The representative of PORTUGAL underlined the historical nature of the joint statement delivered by the representative of Botswana, which clearly demonstrated that lack of access to medicines and vaccines was a universal problem that could only be tackled through shared political commitment and a willingness to collaborate. He fully supported the draft road map and stressed that transparency in markets for medicines would be a decisive factor in improving access to medicines and, accordingly, contributing to universal health coverage.

The representative of BURKINA FASO fully agreed with the draft road map. While her country had made some progress on improving access to medicines, significant efforts were still needed, in particular, to improve product management systems and resource mobilization.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN ISLAND supported the balance of activities in the draft road map, and welcomed the detail provided on the deliverables and how each activity related to the key milestones. She asked the Secretariat to reassure Member States that care was being taken to avoid duplication of work. She recognized the need for mechanisms that incentivized new product development in order to address market failure, especially for antimicrobials. However, prior to the publication of the draft road map, she requested clarification on the role WHO sought to play in its implementation, aside from providing technical expertise and assistance. In addition, WHO should limit its role in the independent Global Antibiotic Research and Development Partnership to the development of target profiles, and instead focus on developing clear, implementable and tailored access and stewardship guidelines for the appropriate use of antimicrobials.

The representative of ALGERIA remained concerned regarding several enduring barriers to access to medicines, which must be overcome in order to achieve a resilient framework and to ensure universal access to products that were highly costly for State budgets. The Secretariat should develop an accessible database of non-confidential patents and license agreements for health products and develop strategies to encourage the use of generic and biosimilar medicines

The representative of VANUATU, speaking on behalf of the Pacific island countries, said that equitable access to quality medical products remained a concern for those countries because of the high price and shortage of pharmaceuticals and prevalence of substandard and falsified medicines. Strong pharmaceutical and regulatory systems, as part of comprehensive national policies, would help to address the increasing burden of communicable and noncommunicable diseases and the threat of antimicrobial resistance. He acknowledged the support from partners in strengthening pharmaceutical governance, procurement and supply chain management and vaccine provision. He requested the Secretariat to continue support efforts to ensure access to quality-assured medicines in the Pacific island countries.

**Dr Suzuki took the Chair.**

The representative of ZAMBIA said that there were still challenges relating to access to medicines in her country. She outlined steps her Government had taken towards improving that situation, by increasing available resources and developing supply chain management and the local manufacture of medicines. She welcomed the draft road map.

The representative of NORWAY said that medicine prices were reaching unacceptable levels, which affected patients, health services financing and Member States' ability to achieve universal health coverage. Equitable access to treatment was becoming increasingly difficult to achieve, and she said that the present situation was not sustainable. She welcomed the draft resolution, which would facilitate discussions on how to increase transparency in price setting. She expressed the hope that agreement could be reached on that draft resolution

**Dr Lutucuta resumed the Chair.**

The representative of NAMIBIA emphasized the importance of funding, including domestic funding, to achieve the equitable distribution of medicines, vaccines and other health products and to improve health service delivery. She emphasized the need to make the pricing of medical products more transparent, fair and affordable. She urged the Secretariat to promote economies of scale, so that developing countries could also benefit from cost-effective medical products. She took note of draft road map and its two key strategic areas, which would be implemented in her country through a resilient health system, coupled with sustainable financing mechanisms.

The representative of the REPUBLIC OF KOREA welcomed the specific deliverables and indicators for each activity area contained in the draft road map. She said that all stakeholders should be involved in national efforts to combat medicine shortages and improve access to medicines. She outlined efforts undertaken in her country to monitor medicine supply and demand, expand coverage of medicines in high social and clinical demand, and ensure the sustainability of the national health insurance system.

The representative of SAUDI ARABIA supported the three strategic priorities of the Thirteenth General Programme of Work, 2019–2023, and noted that the draft road map aligned with those priorities and would help to achieve universal health coverage. The implementation of the draft road map would require adequate financing, marketing and training human resources. Access to and the quality of medical products remained priorities for his Government.

The representative of CHILE noted that transparency was a key element of the draft road map. She said that the development of an information-sharing mechanism that promoted market transparency should be a priority, and she reaffirmed her support for strategies that encouraged the consolidation of data. Strategies to facilitate public—private collaboration to guide research and development and provide access to price negotiations, on a national and subregional level, were of great importance.

The representative of CHINA appreciated that the Secretariat would be providing technical support and capacity building to Member States to support innovation and promote public health, particularly regarding the consideration of public health implications when negotiating bilateral and multilateral trade agreements. The targets and indicators contained in the document for measuring access to health products were very detailed but limited in scope. Scaling up the number of indicators would improve the process of monitoring national policies and programmes. It was important to increase cooperation among countries and regions, strengthen training and report on progress.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, welcomed the draft road map. She said that the high burden of disease would persist if barriers to safe, affordable and quality medicines and vaccines were not removed. Recognizing that the draft road map built on the global strategy and plan of action on public health, innovation and intellectual property, she urged the Secretariat to strengthen support to Member States with regard to access to medicines and vaccines, in close collaboration with partners and utilizing public—private partnerships,

to strengthen health systems and achieve universal health coverage. There was a need to build national capacities, promote better use of TRIPS flexibilities, and foster research and development. WHO should strengthen regulatory systems, promote local production, improve rational use of medicines and address factors driving the high prices of medicines. In that regard, she welcomed the second Fair Pricing Forum that had taken place in April 2019. Regional efforts should include the promotion of local manufacturing and pooled procurement, which would make medicines more affordable. In her Region, the African Medicines Agency provided training, regulatory oversight and policy harmonization. She urged the Committee to approve the draft road map.

The representative of QATAR supported the draft road map. His Government had taken steps to ensure access to safe, effective and affordable medicines and vaccines, including efforts to increase national capacity for pharmaceutical manufacturing, support sustainable medicines security, and ensure sustainable funding. It would also collaborate with other Governments in the Region to reduce expenditure on medicines through pooled procurement. WHO should support the rational use of medicines and vaccines, ensure transparent pricing and encourage the development of a global notification system to detect and address medicine shortages.

The representative of MOROCCO welcomed the draft road map, particularly the measures to ensure the availability of vaccines by detecting, preventing and responding to product shortages. The high price of new vaccines meant that middle-income countries were unable to introduce them into national vaccination programmes. He therefore urged the Secretariat to set up a working group on access to vaccines for middle-income countries to consider options for pooled procurement. He welcomed measures to promote technology transfer and the production of health products in low- and middle-income countries.

The representative of MALAYSIA took note of the draft road map. Transparent and effective policies were needed to ensure fair pricing and reduce out-of-pocket payments. Collaborative approaches to strategic procurement of health products, including pooled procurement, and knowledge sharing would make procurement and supply chain management more efficient. She urged the Secretariat to update the guidelines on evaluation of similar biotherapeutic products and support the development of global tools to detect, notify and respond to medicine shortages. He requested that WHO should support capacity-building and training on supply chain preparedness, risk assessment and stockpile management.

The representative of INDIA, speaking on behalf of the Member States of the South-East Asia Region, said that the Delhi Declaration on Improving Access to Essential Medical Products in the South-East Asia Region and Beyond had been adopted in September 2018 and recognized that the draft road map further enhanced those efforts, noting in particular the two strategic areas contained therein. Governments in the Region had also launched the South East Asia Regulatory Network, which aimed to enhance information sharing, collaboration and convergence of medical products and regulatory practices. Access to medicines, vaccines and health products required a health systems approach. Moreover, liberalizing intellectual property agreements that contained flexibilities would increase access to safe and quality-assured health products. It was important to promote innovation and research and development in public health, which required sustainable funding mechanisms. The use of incentives should be introduced, such as voluntary licenses to patent holders of new medicines for diseases that disproportionately affected developing countries. Market competition, including regarding generic medicines, would improve the accessibility, affordability and quality of medical products. The Secretariat should continue to support Member States to further strengthen national regulatory capacities and ensure the rational use of medicines. He encouraged the Secretariat to establish a technical expert or advisory group to address the safety, efficacy and appropriate use of medical devices. Governments from his Region remained committed to finding consensus on the proposed draft resolution.

Speaking in his national capacity, he said that ensuring availability, accessibility and affordability of medical products was critical to achieving universal health coverage. A strong regulatory system was key to improving access to medical products, and he welcomed the draft road map. He reiterated the need for a technical group on access to medical devices, better use of the flexibilities under the TRIPS Agreement, and enhanced policy options on access to medical products.

The representative of ANGOLA, speaking on behalf of the Community of Portuguese-Speaking Countries, welcomed the draft road map, as achieving equitable access to medicines and vaccines was key to universal health coverage. Access to medicines was linked to other challenges, including antimicrobial resistance and increasing burdens of noncommunicable diseases, which meant that health systems were under pressure. As such, Member States should take a holistic, collective and comprehensive approach to tackling the issue. There should be flexibility within the pharmaceutical industry, on the basis of the TRIPS Agreement and the global strategy and plan of action on public health, innovation and intellectual property. Building local capacity for the manufacture of medicines in developing countries would reduce drug prices. Disease control strategies should include measures to improve access to health products in the areas of prevention, diagnosis, treatment, palliative care and rehabilitation. The Secretariat should continue to support Member States in the implementation of the draft road map, in the framework of South-South and triangular cooperation, and with other development partners.

The representative of BRAZIL said that ensuring access to medicines was relevant to all countries, and as such supported the draft road map. The draft road map outlined a comprehensive and balanced approach, across the entire value chain, and provided clarity to the Secretariat on how to link and prioritize actions across the Organization. The Director-General must allocate sufficient funding to the implementation of the draft road map, including by means of specific resource mobilization efforts. He welcomed the establishment of a drafting group to discuss the draft resolution, and expressed the hope that, once adopted, the draft resolution would further efforts to improve access to medicines.

The representative of the NETHERLANDS, speaking on behalf of the Beneluxa Plus Initiative, which comprised representatives of Belgium, Luxembourg, Austria, Ireland and the Netherlands, said that the Initiative sought to negotiate collectively and constructively for better prices with pharmaceutical companies. Transparency was key to achieving sustainable access to medicines since it improved insight into the inner workings of the pharmaceutical value chain; that should include access to data generated by clinical research, including negative and inconclusive outcomes. He welcomed a wider debate on the topic at an international level without losing momentum. It was important to ensure price transparency among countries so that clear comparisons could be made.

The representative of the LAO PEOPLE'S DEMOCRATIC REPUBLIC expressed support for the draft road map. While his Government had implemented several measures to improve access to health care, including immunization services, he requested support to further develop a national regulatory system for the private pharmaceutical sector. Moreover, he called on WHO and other partners to support his Government in developing the capacities required to ensure sustainable immunization programmes, in light of the planned transition away from the support provided by Gavi, the Vaccine Alliance.

(For continuation of the discussion, see the summary records of the twelfth meeting.)

**4. OTHER TECHNICAL MATTERS:** Item 12 of the agenda (resumed)

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

At the invitation of the CHAIRMAN, the SECRETARY said that, following informal discussions, agreement had been reached on the draft decision contained in document A72/25 Rev.1. While the rest of the draft decision remained unamended, the amended text of paragraph (2) would 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 provided by Member States on a voluntary basis and United Nations agencies as appropriate, to the Seventy-fourth and Seventy-sixth World Health Assemblies.”

**The draft decision, as amended, was approved.<sup>1</sup>**

**The meeting rose at 12:30 p.m.**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee’s sixth report and adopted as decision WHA72(14).