



SEVENTY-SECOND WORLD HEALTH ASSEMBLY

COMMITTEE B

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PROVISIONAL SUMMARY RECORD OF THE SEVENTH MEETING

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

Chairman: Mr H. BARNARD (Netherlands)

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COMMITTEE B

SEVENTH MEETING

Monday, 27 May 2019, at 09:10

Chairman: Mr H. BARNARD (Netherlands)

1. DRAFT FOURTH REPORT OF COMMITTEE B (document A72/77)

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

The report was adopted.¹

2. OTHER TECHNICAL MATTERS: Item 12 of the agenda (continued) [transferred from Committee A]

Smallpox eradication: destruction of variola virus stocks: Item 12.6 of the agenda (document A72/28)

The representative of TOGO, speaking on behalf of the Member States of the African Region, commended efforts to ensure that live variola virus repositories complied with international biosecurity and biosafety measures. He welcomed the research carried out by the WHO Advisory Committee on Variola Virus Research and the introduction of the antiviral tecovirimat. Live variola virus stocks continued to be needed to create antiviral agents, and a second agent with a different mechanism should be developed and approved. All unauthorized stocks of live variola virus should be identified, brought to the attention of the Secretariat and destroyed. Health workers should be trained to identify the clinical characteristics of smallpox; systems within the Integrated Disease Surveillance and Response framework and the ability of laboratories to identify the variola virus should be strengthened; arrangements should be made for technology transfers, capacity-building and laboratory networking; preparedness for a smallpox outbreak should be increased, including through simulation exercises; and access should be guaranteed to the available antiviral agents approved for the treatment of monkeypox.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that, owing to the increased risk of smallpox re-emergence presented by scientific advances, it was important to complete ongoing research and give further consideration to the implications of synthetic biology before deciding whether to destroy the live variola virus stocks.

The representative of the UNITED STATES OF AMERICA said that, as the present research agenda had not been completed and medical product development remained uncertain, it would be premature to take any action other than note the ongoing research. His Government continued to support the destruction of smallpox stocks once public health and biodefence goals reliant on research using live virus had been achieved. Since it had been proven that smallpox could be recreated, there should be

¹See page [...].

continued research into effective medical countermeasures. He therefore requested that the Health Assembly reconsider the agenda item in five years, and receive annual progress reports in the meantime.

The representative of THAILAND said that he had serious concerns about the failure to implement the longstanding resolution to destroy live variola virus stocks and about the quality of virus containment, in view of the discovery, in 2014, of six vials of the virus outside the laboratory in which they had been stored. Since only wealthy countries could afford to stockpile the new vaccines that had been developed, the entire world would be at risk if the WHO's small vaccine stocks proved insufficient to control an outbreak. The live virus stocks should therefore be destroyed, but if they were retained, the new vaccines should be made available at a low cost so that they could be stockpiled by developing countries.

The representative of the RUSSIAN FEDERATION said that he supported continued work to develop the operational mechanism for access to the WHO Smallpox Vaccine Emergency Stockpile, which would allow all countries to respond in an appropriate and timely manner in a potential emergency situation. Work on that mechanism should be more transparent, however, and the stockpiling of smallpox treatments by WHO remained an open question. In his country, the variola virus had been used to develop diagnostics, prophylaxis and treatments for smallpox, which could be provided to WHO. That clinical research was ongoing, and he therefore supported the retention of live variola virus stocks for the purpose of developing new antiviral treatments.

The representative of ARGENTINA said that it was important to continue research on the variola virus, particularly its potential to prevent and control outbreaks of smallpox. Consensus must be reached as to whether it was necessary to maintain live variola virus stocks for research purposes, and WHO regulations on the handling of the variola virus should be reviewed to reduce the risk of laboratory accidents. She reaffirmed that her country did not circulate or store the virus.

The representative of AUSTRALIA said that it would be prudent to continue researching new antiviral agents and that, given the growing number of research projects being approved, work with live variola virus would remain necessary. It was impossible to predict the future research requirements for live variola virus, but it was critical to remain vigilant and have the necessary framework, technology and therapeutic remedies to combat smallpox in the event that the disease re-emerged. Caution should therefore be exercised in deciding whether to destroy variola virus stocks, and carefully managed stocks of the live virus should be maintained.

The representative of the DOMINICAN REPUBLIC said that he supported the incorporation of biosecurity recommendations into Member States' legislation in order to reduce the risk of laboratory accidents. In order to respond to a smallpox outbreak, countries must have sufficient emergency stocks of vaccines, and procedures to facilitate access to them. Any destruction of variola virus stocks by Member States must take place in accordance with the procedures established by WHO.

The representative of the REPUBLIC OF KOREA said that the threats posed by the possible recreation of smallpox made it necessary to strengthen capacities for diagnosing and treating smallpox outbreaks at the national and global levels to ensure public health security. The development of the first smallpox treatment through the use of live variola virus stocks highlighted the ongoing need for research into effective antiviral agents for smallpox. However, there should be strict guidelines for handling and managing variola virus storage and research, and live samples should be destroyed once research objectives had been achieved. He requested enhanced cooperation in variola virus research and the sharing of results with Member States.

The representative of GERMANY said that the development of new technologies made it impossible to fully eradicate the risk of smallpox re-emergence, which had direct implications for public health preparedness. Consideration should be given to how countries could become sufficiently prepared, whether new risks would affect views on the destruction of variola virus stocks, whether the destruction of the last repositories would have negative consequences for public health preparedness in view of the possibility to recreate the virus and whether any negative consequences outweighed the potential positive ones. Consequently, it was too soon to determine a date for the destruction of the virus and the stocks should be retained. The Secretariat should continue to assess the situation and submit a new report in four or five years.

The representative of the ISLAMIC REPUBLIC OF IRAN said that there should be a deadline for the destruction of the remaining variola virus stocks held in authorized repositories; the authorization of research involving live variola virus should be terminated; global ownership should be established of the achievements of all previous research activities; genetic engineering of the variola virus should be prohibited; and a strict, transparent and accountable oversight mechanism should be put in place to monitor the destruction of existing stocks. That oversight mechanism should include experts from all six WHO regions. He urged the Secretariat to store most of its physical stockpile of vaccines at WHO headquarters and to provide all Member States with free access to medicines and vaccines to combat smallpox.

The representative of CANADA said that international security concerns, particularly those related to breakthroughs in synthetic biology, merited keeping the variola virus stocks. The Director-General and the Secretariat should consider the recommendations made by the Independent Advisory Group on Public Health Implications of Synthetic Biology Technology Related to Smallpox and the WHO Advisory Committee, while the WHO Advisory Committee should consider the implications of synthetic biology. She supported the inspection of the two global smallpox repositories using the technical expertise provided through Canada's designation as a WHO collaborating centre.

The representative of CHINA said that, once research using the live variola virus stocks had been completed, the stocks should be destroyed, with a deadline established by consensus prior to completion of the research. Synthesis of the variola virus should be strictly prohibited to prevent the re-emergence of smallpox and the Secretariat should take steps to make available the results of research to ensure that Member States were prepared for that eventuality.

The representative of ZAMBIA said that, while it was necessary to carry out research to develop better antiviral treatments and vaccines for pox viruses, she supported a cautious approach and stricter controls on the use of live variola virus. She applauded South Africa and the United States of America for declaring their stocks of variola virus and related genetic materials, and for permitting WHO biosafety experts, the WHO Advisory Committee and others to witness and certify the destruction of those stocks. All other Member States holding such stocks should ensure that the materials were destroyed. Her Government remained committed to incorporating the WHO recommendations on the synthesis and use of variola virus DNA into its national biosafety legislation and guidelines.

The representative of NORWAY, referring to the view of the WHO Advisory Committee that live variola virus continued to be needed for the development of antiviral agents against smallpox, said that the Secretariat should report on the global state of preparedness in the event of a smallpox re-emergence caused by synthetic biology technology.

The representative of NIGERIA said that he supported the maintenance of live variola virus stocks with appropriate safeguards, including containment under biosafety level 4 conditions and WHO oversight. Live virus research should be pursued until the goals established by the WHO Advisory

Committee had been achieved, after which time the live virus stocks should be destroyed. He supported technology transfers, capacity-building and the networking of laboratories to ensure the rapid identification of the variola virus, and enhanced surveillance activities in collaboration with neighbouring countries.

The representative of SAUDI ARABIA said that he understood the need to keep live variola virus stocks for research purposes, but WHO had sufficient reserve stocks that it could use in the event of an epidemic. His Government maintained its view that variola virus research should be conducted within a definitive time frame and under the supervision of an impartial technical committee, after which point the stocks should be destroyed.

The representative of MALAYSIA said that she supported WHO initiatives to ensure the smooth operational stockpiling of the smallpox vaccine for its deployment in emergency situations. She expressed appreciation for efforts to review and monitor studies that involved live variola virus. There should be no need to retain variola virus stocks beyond those studies, and the WHO Advisory Committee should consider taking steps to ensure that no laboratory, other than the designated WHO collaborating centres, was able to hold variola virus DNA comprising more than 20% of the total genome.

The representative of BOTSWANA urged the Secretariat to ensure that strict guidelines were followed by States that held live variola virus stocks, given the risks posed by the virus falling into the wrong hands. Conclusion of the necessary research should be expedited in order to set a deadline for the destruction of the variola virus stocks; he urged the global community to move towards that goal.

The representative of HUNGARY considered that, for the purposes of diagnosis and the development of antiviral agents, variola virus stocks should be kept at the two WHO containment facilities, which met biosafety and biosecurity criteria and were regularly inspected.

The representative of INDONESIA supported the destruction of live variola virus stocks to prevent accidents and ensure global health security. His Government requested support from the Secretariat with regard to global notification relating to variola virus storage and destruction. The Secretariat should develop recommendations on the use of biological synthetic technology with the variola virus.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) recognized the scientific progress made on medical countermeasures to smallpox and the work of the WHO Advisory Committee. The majority view of the WHO Advisory Committee was that research with live variola virus for the development of antiviral agents should be continued in view of advances in synthetic biology and medical countermeasures. Moreover, given the re-emergence of orthopoxviruses in a number of countries in Africa and the recent cases recorded in the United Kingdom of Great Britain and Northern Ireland, Israel and Singapore, the Secretariat would review the evidence and develop policies to enhance the availability of medical countermeasures to smallpox and other orthopoxvirus outbreaks. As many Member States had suggested, the Secretariat planned to enhance preparedness, facilitate the development of pharmaceutical interventions and provide for access to medical countermeasures, where needed. Since additional time was needed to reflect on the best options for global public health, he suggested that the decision on the date of the destruction of live variola virus stocks should be deferred, and biosafety and security standards at the two variola virus repositories maintained.

The Committee noted the report.

3. MATTERS FOR INFORMATION: Item 21 of the agenda (continued)

Progress reports: Item 21.3 of the agenda (document A72/59) (continued from the sixth meeting, section 3)

F. Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25 (2007))

The representative of THAILAND said that she appreciated the inclusion of gender-disaggregated data in *World Health Statistics 2019* and encouraged the Secretariat to continue that good practice, in line with the Sustainable Development Goals. Although she welcomed the achievement of gender balance among general service staff, there was certainly room for improvement in the professional and higher categories, including through efforts to increase the percentage of women leading WHO country offices. Given that it had taken 14 years to increase the percentage of female external experts by just over 10%, she wondered how many years it would take to achieve gender parity at all levels of service.

The representative of CANADA welcomed the Organization's commitment to mainstreaming equity, gender equality and human rights across its programme areas. That task would require strong and visible senior management, adequate resources, and engagement and accountability across all levels of the Organization. While she applauded the elevation of the Gender, Equity and Human Rights team to the Director-General's Office, she stressed the importance of ensuring strong links to programme areas. She endorsed the integration of gender, equity and rights as assessment parameters in management and planning using a balanced scorecard approach, noting that additional financial and human resources would be required, including for capacity-building across all levels of WHO. She requested further information on plans to advance work under the second United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women (SWAP) on establishing a financial benchmark for gender equality work and tracking the financial resources allocated to gender equality efforts.

The representative of AUSTRALIA said that, since men and women had distinct health and welfare needs and concerns, sex-disaggregated data could be used to inform the development of targeted policies and programmes to enhance men's and women's well-being and reduce gender and health inequities.

The representative of MALAYSIA welcomed efforts to mainstream gender issues, a critical aspect of efforts to achieve several of the Sustainable Development Goals, and expressed support for the strategy for integrating gender analysis and actions into the work of WHO.

The representative of INDIA said that he supported the strategy for integrating gender analysis and actions into the work of WHO and noted that gender mainstreaming was key to promoting gender equality. His Government's experience of tackling gender issues proved the value of gender analysis and actions. He urged the Secretariat to continue its efforts to ensure gender equity in all of the Organization's work.

The representative of the PHILIPPINES said that health programmes should adopt a rights-based approach and an equity lens, including through the use of gender analysis of public health interventions. Her Government requested technical guidance and support from the Secretariat to develop national strategies on health equity. She expressed support for the use of sex-disaggregated data to assess equity outcomes and the gender-responsiveness of programmes and noted that multisectoral cooperation promoted gender equity and women's empowerment.

The representative of INDONESIA, describing the action taken by his Government to integrate equity, gender and human rights into its national health policies and programmes, welcomed the selection of his country to implement the Innov8 approach for reviewing national health programmes to leave no one behind and the Health Equity Assessment Toolkit Plus.

The representative of SEYCHELLES, speaking on behalf of the Member States of the African Region, commended the progress made over the previous two years in implementing resolution WHA60.25, including the increased number of countries taking action to mainstream gender, equity and human rights into national health policies and plans, the availability of more disaggregated data on reproductive, maternal and neonatal health indicators, and greater use of disaggregated data by WHO. Efforts to strengthen the capacity of staff to incorporate equity, gender and human rights into WHO programmes at the country and regional levels, steps to mainstream gender into the programming and management framework of WHO, including the Programme budget 2018–2019 and the Proposed programme budget 2020–2021, and measures to enhance accountability were also appreciated.

She welcomed the Joint United Nations Statement on Ending Discrimination in Health Care Settings, including on the basis of gender, sexual orientation or identity, and noted that the WHO human resources management system had been remodelled to incorporate gender and diversity criteria. The Secretariat should strive to meet the accountability criteria and equality targets set out in the second United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women and continue to support Member State efforts to implement the provisions of resolution WHA60.35.

The TEAM LEADER (Gender, Equity and Human Rights), thanking Member States for their commitment to gender equity and human rights, noted that her team was supervised by the Chef de Cabinet. With regard to the programme budget, the historic decision had been taken to ensure that all outputs would be measured against gender equity and human rights criteria. Moreover, the Secretariat was committed to the second United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women, particularly the gender-related markers. The WHO mainstreaming initiative focused on access barriers, and the universal health coverage monitoring report that would be launched in September 2019 at the high-level meeting of the United Nations General Assembly on universal health coverage included a chapter on gender, equity and access barriers.

G. The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond (decision WHA70(23) (2017))

The representative of GERMANY, speaking on behalf of the Governments of Argentina, Canada, Monaco, Panama, Switzerland, Thailand, and the European Union and its Member States, said that the sound management of chemicals and waste was a cross-cutting issue essential to achieving the 2030 Agenda for Sustainable Development. The WHO Global Chemicals and Health Network provided a valuable mechanism to strengthen implementation of the WHO road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond. She encouraged countries that had not yet done so to join the Network. The Secretariat should allocate adequate resources in the Proposed programme budget 2020–2021 for the road map's implementation and update; the Network's forthcoming meeting; and health sector participation in the upcoming intersessional process for considering the Strategic Approach to International Chemicals Management and the sound management of chemicals and waste beyond 2020, and the fifth session of the International Conference on Chemicals Management. It was important to implement the road map in the long term, to assess progress towards target 3.9 of the Sustainable Development Goals on substantially reducing the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination, and to develop new indicators to measure progress.

Close cooperation between the health and environment sectors was vital for the sound management of chemicals and waste. She highlighted the need for a multisectoral approach to ensure

cohesive strategies and efficient use of resources, and the importance of a multilateral, One United Nations approach, particularly cooperation between WHO and UNEP.

She welcomed the Secretariat's initiative to develop a global strategy on health, environment and climate change, and its Health in All Policies approach. Given the significant impact of environmental factors on the global disease burden, the global strategy would provide much needed guidance on responses to environmental health risks and challenges. It should emphasize the impact of chemical exposure on human health. Implementation of the global strategy, including through the sound management of chemicals and waste, would significantly contribute to achievement of WHO's strategic priority of saving lives by promoting healthier populations through healthier environments.

The representative of INDIA recalled the relevance of the International Health Regulations (2005) to the topic of chemicals management, and noted that little had been done to mitigate the risk of chemical hazards for vulnerable populations and provide care to people who had been exposed to chemicals. In addition, the risk that chemicals would be used in terrorist acts or as weapons of mass destruction was increasing. He therefore looked forward to the upcoming meeting of the WHO Global Chemicals and Health Network, which would help provide the impetus required for the road map's implementation.

The representative of ZAMBIA commended the Secretariat for its guidance on chemical releases triggered by natural hazard events, but noted with regret that data on the burden of disease attributable to chemicals were only available for a small number of chemical exposures. She urged the Secretariat to commission work to ascertain the full disease burden; support Member States to establish poison centres; and accelerate the development of guidelines on strategic planning for implementation of the health-related articles of the Minamata Convention on Mercury.

The representative of INDONESIA outlined the action that his Government had taken to implement the Strategic Approach to International Chemicals Management. In order to prevent chemical exposure, implementation of the Strategic Approach must be a priority.

The representative of CANADA expressed satisfaction with the Secretariat's work to implement the road map and the establishment of the WHO Global Chemicals and Health Network. Global collective action was critical to address environmental health risks from chemicals; capitalizing on momentum and encouraging broader involvement in the topic would be key to activities beyond 2020.

The representative of UNEP, speaking on behalf of the secretariat of the Strategic Approach to International Chemicals Management, welcomed the development of the road map, which was aligned with the overall orientation and guidance provided by his secretariat and would provide a strong platform for stakeholder engagement. UNEP was collaborating with WHO and stakeholders to raise awareness of the emerging policy issues of endocrine-disrupting chemicals, environmentally persistent pharmaceutical pollutants and highly hazardous pesticides. Raising the profile of the chemicals and waste agenda at the global level would require the enhanced involvement of all stakeholders and sectors.

The ASSISTANT DIRECTOR-GENERAL (Healthier Populations), noting the importance of the Strategic Approach to International Chemicals Management and the road map to enhance health sector engagement in that work, invited Member States to join the WHO Global Chemicals and Health Network. She agreed on the need for better data and an increased workforce, and said that a multisectoral, One United Nations approach was essential. As a new division at WHO headquarters, Healthier Populations would strengthen the Organization's efforts to mitigate the negative impact of chemical exposure.

H. Regulatory system strengthening for medical products (resolution WHA67.20 (2014))

I. Progress in the rational use of medicines (resolution WHA60.16 (2007))

The representative of THAILAND commended the progress made on regulatory system strengthening for medical products and noted that policy should be guided by the assessment of national regulatory authorities, which should strengthen their capacity to respond to increased cross-border internet sales. Progress in the rational use of medicines was primarily concentrated in the area of antimicrobial medicines. Policies needed to address the patient and prescriber factors in irrational use, including self-medication, inadequate training and unethical marketing. The growing number of direct-to-consumer medicine sales posed the greatest challenge to the rational use of medicines.

The representative of NIGER, speaking on behalf of the Member States of the African Region, said that significant progress had been achieved in his Region in the rational use of medicines, including the implementation of national pharmaceutical policies and training for health professionals on rational prescribing and dispensing of medicines. Many challenges remained, however, and he urged the Secretariat to strengthen support for Member States to establish robust pharmaceutical programmes and carry out coordinated, sustainable work, including implementation of a surveillance system on medicine use.

The representative of ZAMBIA commended the progress made on setting standards for the rational use of medicines and the development of advocacy materials on antimicrobial stewardship. However, it was disappointing that only 65 Member States and areas had contributed data to the first *WHO Report on Surveillance of Antibiotic Consumption*, published in November 2018. One of the challenges faced by her Government was the lack of guidelines needed to implement antimicrobial surveillance activities at facilities. She urged the Secretariat to speed up development of hospital guidelines on the surveillance of antibiotic consumption; support the implementation of antimicrobial stewardship programmes in hospitals; and increase the technical, material and financial support provided to Member States.

The representative of MALAYSIA expressed support for the Secretariat's work on regulatory system strengthening and described the efforts made by her Government concerning the regulatory system, the rational use of medicines and national surveillance of antimicrobial consumption in health care settings.

The representative of the UNITED STATES OF AMERICA supported the reporting of future accomplishments in regulatory system strengthening to the Seventy-fourth, Seventy-sixth and Seventy-eighth World Health Assemblies. Although work on the AWARE (Access, Watch, Reserve) categories for antibiotics was welcome, national action plans and policies needed to take into account each country's specific context and epidemiology. The manual for policy-makers should be flexible and, where possible, use domestic threat reports and risk assessments in conjunction with AWARE categorization. Stewardship programmes, education and better diagnostics would be needed to ensure the correct use of medicines, and medical professionals would need access to the best medicines, regardless of their classification on a global list.

The representative of the UNITED REPUBLIC OF TANZANIA commended work on the unified global benchmarking tool for evaluation of national regulatory systems and its intended use to identify regulatory authorities that could be publicly designated as WHO-listed authorities. The Secretariat should continue initiatives aimed at strengthening Member States' regulatory systems for medical products as a means of ensuring safe and quality medicines and moving towards universal health

coverage. She requested the Secretariat to report to the Health Assembly each year on the progress made in regulatory system strengthening.

The representative of INDONESIA welcomed the twentieth WHO Model List of Essential Medicines, which included AWARE categorization. His Government was committed to implementing the tools and materials developed to support the responsible use of antimicrobials; the Secretariat and international partners should provide support and technical cooperation in that regard.

The representative of BRAZIL said that it was his understanding that work on the unified global benchmarking tool was not yet complete and drew attention to the ongoing consultation on the draft concept note on the definition of WHO-listed authorities. He supported the request made by the representative of the United States of America for the Secretariat to provide further reports on the implementation of resolution WHA67.20.

The representative of INDIA noted that optimal use of antimicrobials should ensure that they were available when needed and were used judiciously. Effective containment of antimicrobial resistance required innovation, particularly in microbial diagnostics and vaccines and especially in low- and middle-income countries. The Secretariat should provide support to ensure that such initiatives were accessible and affordable, and should provide technical cooperation on the implementation of stewardship activities aimed at containing antimicrobial resistance.

The representative of the SOUTH CENTRE highlighted the importance of access to biotherapeutic products and similar biotherapeutic products. He called on the Secretariat to implement paragraph 2(4) of resolution WHA67.21 (2014) and update the 2009 guidelines on similar therapeutic products. The question and answer document issued in 2018 was not an update. Paragraph 80 of document A72/59 did not, therefore, reflect the current situation, as it referred to an update to those guidelines.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that regulatory system strengthening should not lead to barriers that would have a negative impact on competition and the availability of affordable medicines. Many of the norms and standards set by WHO for pharmaceutical products were borrowed from the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use, a body that pushed the standards of originator companies and limited competition. There was an urgent need for independent and open review of WHO norms and standards. In addition, the prequalification process was based on heightened standards that helped only large companies; the share of developing country manufacturers had been flat since the start of the programme. Lastly, the reference to an update of the 2009 similar biotherapeutic products guideline in paragraph 80 of document WHA72/59 contradicted the information on that matter contained in document EB145/10.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, said that a multidisciplinary approach was needed to ensure rational use of medicines. Pharmacists played a key role in optimizing medication therapy, supporting prescription decisions, leading drug and therapeutic committees, and educating the public on medications. She called on Member States to fully recognize and utilize pharmacists in their health systems and national programmes in order to monitor and use medicines in accordance with evidence-based guidelines.

The HEAD (Regulation of Medicines and other Health Technologies) thanked Member States for their support of regulatory system strengthening and acknowledged the work of national regulatory authorities to strengthen their systems. The sixth revision of the global benchmarking tool had been finalized, and efforts were being made to enable its use to identify regulatory authorities for designation as WHO-listed authorities. Progress reports on the tool's roll-out and the development of the concept note would be provided at subsequent sessions of the Health Assembly. The Secretariat was committed to supporting countries on the issue of rational use and to providing better monitoring and policy development support under the AWARE campaign, particularly in view of the challenges of self-medication and a lack of ethical promotion. Many aspects of rational use were addressed in the draft road map for access to medicines, vaccines and other health products, 2019–2023.

J. Traditional medicine (resolution WHA67.18 (2014))

The representative of MALAYSIA said that work by the Secretariat and Member States had led to the increased professionalization of traditional and complementary medicine services and greater recognition of those forms of medicine as an important component of global health care.

The representative of BOTSWANA expressed support for the rational use and prescription of complementary or traditional medicines so as to increase universal health coverage, in line with the WHO strategy on promoting the role of traditional medicine in health systems in the African Region adopted in 2000. More research on the efficacy of certain traditional medicinal plants was needed, as was proper guidance on the integration of traditional medicine into the conventional health care system.

The representative of CHINA emphasized that WHO should continue strengthening its work in all areas of traditional medicine and allocate more resources in order to meet the objectives of resolution WHA67.18. He commended the Secretariat's work to monitor the situation of traditional and complementary medicines, including the *WHO Global Report on Traditional and Complementary Medicine 2019*.

The representative of the BAHAMAS, noting that traditional medicine had essentially been lost in many countries, expressed her satisfaction that the topic was being addressed by the Health Assembly. Recognition in a number of Health Assembly documents of the need for more action on safe and efficacious traditional, alternative and complementary therapies was welcome. Appropriate integration of traditional medicine into health care systems should be a priority, and would require financial support.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, noted that the report showed satisfactory progress compared to previous years. Considerable progress had been made in the African Region, where most countries had, with support from WHO, incorporated traditional medicine into their national health systems, created traditional medicine departments at medical centres and regional and university hospitals, and registered improved traditional medicines. Challenges remained, however, such as the availability of data on the safety, effectiveness and quality of traditional medicine products. Pharmaceutical industry investment and public-private partnerships needed to be cultivated to increase funding for research. She welcomed the inclusion of traditional medicine in the Declaration of Astana on primary health care and the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems. In the interests of preserving the environment and natural resources, her Region urged the Secretariat to pursue efforts to provide access to data on the safety, effectiveness and quality of traditional medicine products and to develop tools for enhancing and monitoring steps taken at the country level. It supported the use of networks and platforms and the sharing of experience on traditional medicine, and encouraged collaboration between countries and organizations to develop financial and technical support, particularly for countries with limited resources.

The representative of ZAMBIA noted that, in order to attain universal health coverage, traditional, complementary and alternative medicine must be integrated into health care systems across the continuum of care. He welcomed the increase in the number of countries with legal and regulatory frameworks for traditional and complementary medicine, and the improvement in infrastructure for its governance at the country level. He was pleased that health insurance coverage encompassed traditional and complementary medicine in 23% of Member States, and urged the Secretariat to facilitate the sharing of that practice. More needed to be done to promote international and regional networks, particularly in the African Region. The Secretariat should accelerate efforts to develop technical documents, international terminologies and tools to guide Member States and stakeholders. His Government looked forward to receiving support and guidance from WHO and partners on its traditional, complementary and alternative medicine bill.

The representative of INDONESIA said that his country remained firmly committed to the implementation of resolution WHA67.18. Traditional medicine and health care should be science-based; products, practices and practitioners should be subject to standards.

The representative of TURKEY said that safe, evidence-based traditional medicine would accelerate progress towards universal health coverage. She therefore expressed support for efforts to promote evidence-based traditional and complementary medicine and their integration into national health systems. WHO guidance in that area was important, as no area related to human health should be left unregulated.

The representative of BAHRAIN said that, to achieve the “triple billion” goals of the Thirteenth General Programme of Work, 2019–2023, universal health coverage and the Sustainable Development Goals, the traditional and complementary medicine indicators included in the second edition of the *Global Reference List of 100 Core Health Indicators* needed to be monitored.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION, speaking at the invitation of the CHAIRMAN, said that, since pharmacists were the most accessible health care professionals, pharmacy and other health curricula should include courses on traditional and complementary medicine so as to ensure the delivery of safe, effective and quality traditional and complementary medicine and medical products. Pharmacists should also be included in the infrastructure for the governance of traditional and complementary medicine. She called on Member States to continue integrating traditional and complementary medicine into health systems in order to promote the safe and effective use of those products.

The COORDINATOR (Traditional and Complementary Medicine) thanked Member States for supporting work on traditional and complementary medicine. The Secretariat continued to develop technical documents, norms and benchmarks on the quality and safety of traditional and complementary medicine and interventions and herbal medicines. A package of tools to ensure the quality of traditional and complementary medicine interventions was being finalized; it would start with acupuncture and then move on to other interventions. The Secretariat encouraged and supported Member State and WHO collaborating centre efforts to enhance and strengthen monitoring and research. The *WHO Global Report on Traditional and Complementary Medicine 2019*, to which more than 179 Member States had contributed, had been released the previous week.

The Committee noted the reports.

4. OTHER TECHNICAL MATTERS: Item 12 of the agenda (resumed) [transferred from Committee A]

Human resources for health: Item 12.3 of the agenda (documents A72/23 and A72/24)

The representative of BENIN, speaking on behalf of the Member States of the African Region, noted that a number of countries applied the WHO Global Code of Practice on the International Recruitment of Health Personnel and had submitted national reports. His Region encouraged Member States to use the Global Code of Practice and properly document their experiences. Since human resource development was key to achieving the Sustainable Development Goals, including universal health coverage, the Regional Committee for Africa had adopted the African Regional Framework for the Implementation of the Global Strategy on Human Resources for Health: Workforce 2030 at its sixty-seventh session. The problems in human resources for health faced by his Region related not only to recruitment and distribution, but also to training. He welcomed the planned second review of the Code's relevance and effectiveness, which should focus on its actual contribution to resolving the health workforce shortage. His Region was committed to helping Member States report their national data on human resources for health through the online platform for national health workforce accounts. He expressed support for the streamlined reporting on health workforce resolutions.

The representative of BHUTAN supported the proposed second assessment of the relevance and effectiveness of the Global Code of Practice. Her Government was committed to reporting on progress against the milestones of the Global Strategy on Human Resources for Health, and the five-year action plan for health employment and inclusive economic growth (2017–2021). She called on the Organization to support Member State action to conduct assessments of health workforce productivity and workload, and to implement and finance health workforce policies, strategies and plans.

The representative of JAMAICA encouraged Member States that had not yet done so to submit their national reports. The third round of national reporting had revealed complex patterns of cross-border movements of health workers; a multi-pronged and innovative approach was therefore needed to address the crisis. She thanked the Health Assembly for its decision to make 2020 the International Year of the Nurse and the Midwife, and encouraged continued support for that initiative.

The representative of the DOMINICAN REPUBLIC reiterated his Government's commitment to reporting its national data through the online platform for national health workforce accounts. He supported the streamlining of reporting on human resources for health.

The representative of the RUSSIAN FEDERATION noted with satisfaction that the joint efforts of various stakeholders had increased the availability of health workforce data points across different occupational groups. She asked how the work of the WHO Health Academy could help to improve the qualifications of health personnel around the world, and requested further information on its working methods, courses and budgetary implications.

The representative of the BAHAMAS said that many Caribbean countries were disproportionately vulnerable to external migration. Despite heavy investments in training, her country continued to face chronic shortages in health personnel and did not meet established minimum nurse density thresholds. The focus of the Global Code of Practice should be expanded to include all countries below the established minimum thresholds. Technical resources should be channelled towards capacity-building on the health workforce accounts tools, particularly in underrepresented regions such as the Caribbean. She called for transparency on the criteria for accessing the trust fund and disbursements.

The representative of ZIMBABWE said that action should be taken to build national capacity to ensure a sustainable, motivated and competent health workforce. Efforts were also required to ensure the availability of funding and technical expertise, effective leadership and coordination. He requested technical and financial support for health worker training, deployment and retention. The collection and analysis of country-level data should be enhanced for the purposes of nursing and midwifery workforce planning. Monitoring and evaluation tools should be developed to record the contribution of nurses towards attainment of universal health coverage and the Sustainable Development Goals.

The representative of INDIA, outlining the action taken by his Government for human resources for health, said that his country was taking steps to report national data through the online platform.

The representative of THAILAND called on the Secretariat to help Member States use health workforce accounts. More representatives from reporting countries should participate in the forthcoming second review to assess the relevance of the Global Code of Practice. The Secretariat should work with Member States to tackle the serious shortage of nurses and midwives, and support efforts to foster the retention of skilled health workers at the community level. It should also help Member States translate WHO normative guidance into action to achieve the milestones for 2020. She expressed support for streamlined reporting on health workforce resolutions.

The representative of IRAQ stressed the need to close the training and development gap in human resources for health. It was vital to establish best practices and monitor their implementation, and develop skills in health leadership and primary health care and family medicine. The Secretariat should use national statistics to report on health personnel migration.

The representative of the PHILIPPINES expressed support for the recommended action by the Health Assembly set out in document A72/24. During the second review of the Global Code of Practice, consideration should be given to adding more content from the country perspective. She called for action to promote the mutual recognition of qualifications to prevent the underemployment of migrant doctors and nurses; guidance on defining a critical health workforce shortage and identifying indicators to monitor the effectiveness of the Code; and a global health education databank accessible to all Member States.

The representative of BRAZIL said that human resources for health were a priority for his country, particularly in areas that were remote and difficult to access, and particular attention should be given to distance education as a capacity-building tool. The Global Code of Practice was a key reference document and the current criteria set out in the Code must be preserved so as not to facilitate brain drain.

The representative of MALAYSIA said that her Government would submit data on human resources for health through its Health Informatics Centre. Technical support from the Secretariat to strengthen implementation of the Global Code of Practice would enhance future reporting.

The representative of NORWAY noted with satisfaction that the recommendations of the United Nations High-level Commission on Health Employment and Economic Growth were having an impact on the policy and investment decisions of countries at all levels of socioeconomic development. She encouraged donors to support the Working for Health Multi-Partner Trust Fund. She welcomed the increase in the number of designated national authorities and reporting countries, and encouraged all countries to report data and enable evidence-based policy decisions. Her Government looked forward to participating in the second review of the Global Code of Practice.

The representative of NAMIBIA, noting that his country had submitted data under the Global Code of Practice, said that the Secretariat should continue to provide technical support for implementation of the Code and help States that had yet to begin reporting. With regard to the Global Strategy, he outlined the progress made by his country in developing a national health workforce account and expressed support for streamlined reporting on health workforce resolutions.

The representative of the UNITED STATES OF AMERICA expressed support for streamlined reporting on human resources for health. He welcomed WHO's efforts to improve data sharing and countries' capacities to collect and monitor essential data, which should be used for decision-making. More countries needed to designate national focal points, however, and a robust timeline was required for the implementation of national health workforce accounts. He welcomed the increase in the number of countries reporting for the first time under the Global Code of Practice, and encouraged Member States to designate national authorities and submit national reports. He welcomed the opportunity to review the Code's relevance and effectiveness.

The representative of AFGHANISTAN, commenting on the impact of the shortage of health professionals in his country, said that the training, distribution and retention of skilled health professionals would accelerate progress towards attainment of universal health coverage and the Sustainable Development Goals, particularly for countries in conflict situations.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed initiatives aimed at strengthening the health workforce, which should be incorporated into country plans. She requested the Secretariat to assist ministries of health in building an investment case for human resources for health, the need for which had been demonstrated by the 2015 Ebola virus disease outbreak. She supported the recommended action by the Health Assembly set out in document A72/24.

The representative of INDONESIA said that the online platform for national reporting under the Global Code of Practice only permitted limited data reporting and should be further improved. He called on the Secretariat to strengthen the sharing of information and review the criteria and list of countries with critical shortages as part of the second review of the Code's relevance and effectiveness. A review committee should be established with a view to including updated information on the situation of health workers at the national, regional and global levels in the World Health Report.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that increasing emigration of health workers from countries in conflict situations exacerbated the shortage of health personnel in her Region. It was a challenge to integrate refugee health workers into host country health workforces and maintain their skills so that they could practice on their return home. Despite the challenges faced, countries in her Region had made progress in reporting under the Global Code of Practice and looked forward to participating in the second review of the Code's effectiveness.

The representative of KIRIBATI thanked WHO and development partners for their efforts to improve the health workforce and promote the efficient use of health resources in his country. Huge challenges persisted, however, including a shortage of qualified medical personnel, a lack of funding for training and capacity-building, and difficulties in recruiting specialized physicians from overseas. The Secretariat should provide countries with the support they needed.

The meeting rose at 12:00.

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