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WORLD HEALTH ORGANIZATION

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# **SEVENTY-SECOND WORLD HEALTH ASSEMBLY**

**GENEVA, 20–28 MAY 2019**

**SUMMARY RECORDS OF COMMITTEES  
REPORTS OF COMMITTEES**

**GENEVA  
2019**

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## ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ASEAN	– Association of Southeast Asian Nations	UNAIDS	– Joint United Nations Programme on HIV/AIDS
FAO	– Food and Agriculture Organization of the United Nations	UNCTAD	– United Nations Conference on Trade and Development
IAEA	– International Atomic Energy Agency	UNDP	– United Nations Development Programme
IARC	– International Agency for Research on Cancer	UNEP	– United Nations Environment Programme
ICAO	– International Civil Aviation Organization	UNESCO	– United Nations Educational, Scientific and Cultural Organization
IFAD	– International Fund for Agricultural Development	UNFPA	– United Nations Population Fund
ILO	– International Labour Organization (Office)	UNHCR	– Office of the United Nations High Commissioner for Refugees
IMF	– International Monetary Fund	UNICEF	– United Nations Children’s Fund
IMO	– International Maritime Organization	UNIDO	– United Nations Industrial Development Organization
INCB	– International Narcotics Control Board	UNODC	– United Nations Office on Drugs and Crime
IOM	– International Organization for Migration	UNRWA	– United Nations Relief and Works Agency for Palestine Refugees in the Near East
ITU	– International Telecommunication Union	WFP	– World Food Programme
OECD	– Organisation for Economic Co-operation and Development	WIPO	– World Intellectual Property Organization
OIE	– World Organisation for Animal Health	WMO	– World Meteorological Organization
PAHO	– Pan American Health Organization	WTO	– World Trade Organization

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The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

## **PREFACE**

The Seventy-second World Health Assembly was held at the Palais des Nations, Geneva, from 20 to 28 May 2019, in accordance with the decision of the Executive Board at its 143rd session.<sup>1</sup>

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<sup>1</sup> Decision EB143(5) (2018).



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2. Report of the Executive Board on its 143rd and 144th sessions
3. Address by Dr Tedros Adhanom Ghebreyesus, Director-General
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6. Executive Board: election
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9. Closure of the Health Assembly

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11. Strategic priority matters
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<sup>1</sup> Adopted at the second plenary meeting.

<sup>2</sup> Including the election of the Vice-Chairmen and Rapporteur.

11.2 Public health emergencies: preparedness and response

- Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
- WHO's work in health emergencies
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- Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage

11.6 Health, environment and climate change

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- B. Addressing the burden of mycetoma (resolution WHA69.21 (2016))
- C. Eradication of dracunculiasis (resolution WHA64.16 (2011))
- D. Sustaining the elimination of iodine deficiency disorders (resolution WHA60.21 (2007))
- E. Prevention of deafness and hearing loss (resolution WHA70.13 (2017))

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- F. Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25 (2007))
- 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))
- H. Regulatory system strengthening for medical products (resolution WHA67.20 (2014))
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12.3 Human resources for health

12.7 Eleventh revision of the International Classification of Diseases

12.8 Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)

12.9 Emergency and trauma care

12.10 The public health implications of implementation of the Nagoya Protocol





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A72/2	Report of the Executive Board on its 143rd and 144th sessions
A72/3	Address by Dr Tedros Adhanom Ghebreyesus, Director-General
A72/4	Proposed programme budget 2020–2021
A72/5	Proposed programme budget 2020–2021 Thirteenth General Programme of Work, 2019–2023 WHO Impact Framework
A72/6	Public health emergencies: preparedness and response Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
A72/7	Public health emergencies: preparedness and response WHO’s work in health emergencies
A72/8	Public health emergencies: preparedness and response International Health Regulations (2005) Annual report on the implementation of the International Health Regulations (2005)
A72/9	Polio Eradication
A72/10	Polio Transition
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A72/12	Universal health coverage Primary health care towards universal health coverage
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A72/15	Health, environment and climate change Draft WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments
A72/16	Health, environment and climate change Draft plan of action on climate change and health in small island developing States
A72/17	Access to medicines and vaccines
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A72/21	Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits Implementation of decision WHA71(11) (2018)
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A72/22	Member State mechanism on substandard and falsified medical products
A72/23	Human resources for health WHO Global Code of Practice on the International Recruitment of Health Personnel: third round of national reporting
A72/24	Human resources for health Global strategy on human resources for health: workforce 2030
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A72/30	Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)
A72/31	Emergency and trauma care Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured
A72/32	The public health implications of implementation of the Nagoya Protocol
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A72/50	WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform WHO reform
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A72/63	Proposed programme budget 2020–2021 Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-second World Health Assembly
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A72/72	Election of Members entitled to designate a person to serve on the Executive Board
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A72/74	Third report of Committee A
A72/75	Third report of Committee B

A72/76	Fourth report of Committee A
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A72/78	Fifth report of Committee A
A72/79	Sixth report of Committee A
A72/80	Seventh report of Committee A

**Information documents**

A72/INF./1	Awards
A72/INF./2	Proposed programme budget 2020–2021 Operationalizing the Proposed programme budget 2020–2021
A72/INF./3	Proposed programme budget 2020–2021 Budgetary aspects of poliomyelitis eradication and transition
A72/INF./4	WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform WHO presence in countries, territories and areas
A72/INF./5	Voluntary contributions by fund and by contributor, 2018

**Diverse documents**

A72/DIV./1 Rev.1	List of delegates and other participants
A72/DIV./2	Guide for delegates to the World Health Assembly
A72/DIV./3	List of decisions and resolutions
A72/DIV./4	List of documents

## OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES<sup>1</sup>

### **President**

Dr Bounkong SYHAVONG  
(Lao People's Democratic Republic)

### **Vice-Presidents**

H.E. Ms Socorro Flores LIERA (Mexico)  
Mr Abdoulaye Diouf SARR (Senegal)  
Dr Hussein Abdul Rahman AL RAND  
(United Arab Emirates)  
Dr Alisher SHADMANOV (Uzbekistan)  
Mrs Dechen WANGMO (Bhutan)

### **Secretary**

Dr Tedros Adhanom GHEBREYESUS,  
Director-General

### **Committee on Credentials**

The Committee on Credentials was composed of delegates of the following Member States: Bahrain, Cambodia, Dominican Republic, Eritrea, Indonesia, Liberia, Marshall Islands, Montenegro, Poland, Seychelles, Slovakia and Suriname.

**Chairman:** Dr Acep SOMANTRI (Indonesia)

**Vice-Chairman:** Mr Berhane  
GHEBRETINSAE (Eritrea)

**Secretary:** Ms Françoise MOURAIN-SCHUT,  
Senior Legal Officer

### **General Committee**

The General Committee was composed of the President and Vice-Presidents of the Health Assembly and the chairmen of the main committees, together with the delegates of the following Member States: Bahamas, China, Congo, Cuba, Democratic Republic of the Congo, Djibouti, France, Honduras, Mongolia,

Myanmar, Niger, Romania, Russian Federation, Somalia, South Africa, United Kingdom of Great Britain and Northern Ireland and United States of America.

**Chairman:** Dr Bounkong SYHAVONG  
(Lao People's Democratic Republic)

**Secretary:** Dr Tedros Adhanom  
GHEBREYESUS, Director-General

### **MAIN COMMITTEES**

Under Rule 33 of the Rules of Procedure of the World Health Assembly, each delegation is entitled to be represented on each main committee by one of its members.

#### **Committee A**

**Chairman:** Dr Silvia Paula Valentim  
LUTUCUTA (Angola)

**Vice-Chairmen:** Dr Yasuhiro SUZUKI (Japan)  
and Dr Mohammad Assai ARDAKANI  
(Islamic Republic of Iran)

**Rapporteur:** Ms Laura BORDÓN (Paraguay)

**Secretary:** Mr Ian ROBERTS, Coordinator,  
Library and Information Networks for  
Knowledge

#### **Committee B**

**Chairman:** Mr Herbert BARNARD  
(Netherlands)

**Vice-Chairmen:** Dr Karen GORDON-  
CAMPBELL (Guyana) and Mr Abdulla  
AMEEN (Maldives)

**Rapporteur:** Dr Ahmad Jan NAEEM  
(Afghanistan)

**Secretary:** Dr Clive ONDARI, Coordinator,  
Safety and Vigilance

## REPRESENTATIVES OF THE EXECUTIVE BOARD

Mrs Maria Nazareth Farani AZEVÊDO (Brazil)  
Dr Päivi SILLANAUKEE (Finland)  
Dr Simon Mfanzile ZWANE (Eswatini)  
Ms Glenys BEAUCHAMP (Australia)

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<sup>1</sup> In addition, the list of delegates and other participants is contained in document A72/DIV./1 Rev.1.





## **PART I**

# **SUMMARY RECORDS OF MEETINGS OF COMMITTEE**



# **GENERAL COMMITTEE**

## **FIRST MEETING**

**Monday, 20 May 2019, at 12:40**

**Chairman:** Dr B. SYHAVONG (Lao People's Democratic Republic)  
President of the World Health Assembly

### **1. ADOPTION OF THE AGENDA AND ALLOCATION OF ITEMS TO THE MAIN COMMITTEES (Document A72/1)**

The CHAIRMAN reminded the Committee that its terms of reference were set out in Rule 31 of the Rules of Procedure of the World Health Assembly. The provisional agenda, which had been prepared by the Executive Board, was contained in document A72/1. The preliminary timetable was contained in document A72/GC/1 and included the proposed allocation of items to the main committees.

#### **Proposed supplementary agenda item**

The CHAIRMAN drew attention to a proposal, referred to in document A72/1 Add.1, for the inclusion of a supplementary item, "Inviting Taiwan to participate in the World Health Assembly as an observer"<sup>1</sup>, on the provisional agenda of the World Health Assembly. The proposal had been received from 14 Member States. In line with the procedure followed in previous years, he suggested that two delegations should speak in favour of the proposal and two against, following which a decision would be made.

**It was so agreed.**

The representative of ESWATINI<sup>2</sup> expressed support for the inclusion of the proposed supplementary item on the provisional agenda. WHO would not achieve its objective of attaining the highest possible level of health for all peoples by excluding the millions of people living in Taiwan. The authorities of Taiwan had demonstrated their commitment to advancing the rights of all people to access health, including by mobilizing resources for international health-related aid programmes in a number of partner countries. The participation of Taiwan in the World Health Assembly as an observer was a matter of health and human rights alike, and the political case presented for its exclusion from the World Health Assembly was unreasonable and groundless. As a neutral body, WHO should not be used as a political arena. Recent cross-border epidemics had shown the threat that globalization posed to global health, and health system strengthening in all regions was central to the prevention of future outbreaks. Gaps in the global health network undermined public health and safety worldwide, and the people of Taiwan should not be adversely affected by such gaps as a consequence of political decisions. Given its

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<sup>1</sup> The title of the proposal has been reproduced as received. The designations employed do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory or area, or of its authorities. The terminology used is at variance with that used by the World Health Organization.

<sup>2</sup> Participating by virtue of Rule 30 of the Rules of Procedure of the World Health Assembly.

record on universal health coverage, Taiwan could make valuable contributions to the World Health Assembly.

The representative of CHINA expressed firm opposition to the inclusion of the proposed supplementary item on the provisional agenda. As WHO was a specialized agency of the United Nations, it should handle the matter under the “one-China” principle, in accordance with United Nations General Assembly resolution 2758 (XXVI) and resolution WHA25.1 (1972). From 2009 to 2016, the Chinese central Government had given its consent to the participation of Taiwan, China, in the World Health Assembly as an observer in accordance with a special arrangement under the “one-China” principle, a decision made through cross-Straits consultation. However, the current authorities in Taiwan, China, denied the fact that both the mainland and Taiwan belonged to one and the same China. The political foundation enabling the participation of Taiwan, China, in the Health Assembly had therefore been shaken, and the past arrangement could not be re-established.

The proposal that had been put forward was an attempt to expand what the authorities in Taiwan, China, called “international space” to challenge the “one-China” principle, establish the existence of two Chinas in WHO, and claim sovereign status. In so doing, they and a handful of allied States were disrupting the procedures of the World Health Assembly and politicizing the Organization.

Under the “one-China” principle, the Chinese central Government had made appropriate arrangements for Taiwan, China, to be part of global health affairs. Within the framework jointly set up between China and the Organization, health care professionals from Taiwan, China, could freely participate in relevant WHO technical activities. The claims of the Taiwanese authorities that they faced challenges in that regard simply did not reflect the facts. The proposal was invalid, disrupted the proceedings of the Health Assembly and undermined unity among Member States. His Government urged the Chairman to rule not to include the proposed supplementary item on the provisional agenda of the Assembly.

The representative of HONDURAS supported the inclusion of the proposed supplementary item on the provisional agenda. The WHO Constitution stated that the enjoyment of the highest attainable standard of health was one of the fundamental rights of every human being without distinction of race, religion, political belief or economic or social condition; leaving Taiwan behind would run counter to that principle. Globalization had increased the threat of cross-border transmission of communicable diseases, and failure to cooperate with all international parties would obstruct progress towards health for all. Member States should have the opportunity to learn from the experiences of Taiwan in its efforts to attain high levels of health coverage. Lastly, Taiwan had provided humanitarian assistance to several countries, in particular in the area of health system strengthening.

The representative of CUBA opposed the inclusion of the proposed supplementary item on the provisional agenda, as the request was unrelated to universal health coverage. There was one China, of which Taiwan was an inalienable part. The People’s Republic of China was the only legitimate representative of all the Chinese people, and had been universally recognized as such by the international community. Under United Nations General Assembly resolution 2758 (XXVI), resolution WHA25.1, the Rules of Procedure of the World Health Assembly and the WHO Constitution, and as a province of China, Taiwan was not eligible for observer status. The World Health Assembly had a heavy agenda before it and should not allow itself to be distracted by such an issue. It had important matters to debate and decisions to take with the aim of continuing to strengthen the role of the Organization in improving the health of its Member States’ populations. A protracted debate on the proposal was unnecessary and could be damaging to the Organization’s reputation.

The CHAIRMAN said that, there being no objection, he took it that the Committee wished to recommend that the proposed supplementary item should not be included on the provisional agenda of the World Health Assembly.

**It was so agreed.**

#### **Deletion of agenda items**

The CHAIRMAN recalled that, in accordance with Rule 31 of the Rules of Procedure, the General Committee made recommendations to the Health Assembly concerning the adoption of the agenda and the allocation of items to the main committees. If there was no objection, five items on the provisional agenda would be deleted, namely item 4 (Invited speakers); item 5 (Admission of new Members and Associate Members); item 15.6 (Assessment of new Members and Associate Members); item 15.7 (Amendments to Financial Regulations and Financial Rules); and item 18.3 (Agreements with intergovernmental organizations).

**It was so agreed.**

The CHAIRMAN took it that the Committee wished to recommend the adoption of the agenda in document A72/1, as amended. The recommendation would be sent to the Health Assembly at its second plenary meeting.

**It was so agreed.**

The CHAIRMAN, recalling that the General Committee's recommendation on the agenda had already been adopted, opened the floor for delegations to make statements regarding the agenda, notably item 14 on health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. Any statements should address matters of process rather than substance.

The representative of ISRAEL<sup>1</sup> reiterated her country's strong objection to the inclusion of a stand-alone item on the health conditions of the Palestinians or the people in the Golan. Her Government viewed WHO's technical assistance to the Palestinians favourably and did not object to any professional discussions on ways to improve the health conditions of Palestinians. It had constructively suggested that the report should be considered under agenda item 11.2 on public health emergencies. Cynical political use of the Health Assembly's agenda should cease, and the Health Assembly should focus on technical health issues and the enormous challenges faced.

The representative of the SYRIAN ARAB REPUBLIC<sup>1</sup> expressed support for the adoption of the agenda as agreed and in accordance with the sequence of items as outlined. The reason for the item, as the title demonstrated, was that the Israeli authorities continued to occupy Arab lands and refused to permit WHO to implement Health Assembly resolutions and decisions, attempting to set preconditions for their implementation. Clearly, any reconsideration of the inclusion of the agenda item must be linked to the ending of the occupation and the implementation of said resolutions and decisions; any other approach was politicization.

The observer of PALESTINE said that the intervention by the representative of Israel was open politicization and unrelated to the purely technical health matters to be discussed. He looked forward to hearing the views of Member States during the deliberation of the agenda item and hoped that their efforts to leave no one behind would be fruitful.

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<sup>1</sup> Participating by virtue of Rule 30 of the Rules of Procedure of the World Health Assembly.

The representative of the UNITED STATES OF AMERICA said that there should not be a stand-alone item on the agenda of the Health Assembly that singled out one country for criticism year after year. The Health Assembly should instead focus on addressing the many pressing health issues and the challenges of public health emergencies.

## **2. ALLOCATION OF AGENDA ITEMS TO THE MAIN COMMITTEES AND PROGRAMME OF WORK OF THE HEALTH ASSEMBLY**

The CHAIRMAN said that the provisional agenda of the Health Assembly was prepared by the Executive Board in such a way as to indicate a proposed allocation of items between Committees A and B, on the basis of the terms of reference of the main committees. Seeing no objections, he took it that the proposal was acceptable.

**It was so agreed.**

**The General Committee reviewed the programme of work for the Health Assembly until Wednesday, 22 May 2019.**

The CHAIRMAN drew attention to decision EB144(7) (2019), whereby the Executive Board had decided that the Seventy-second World Health Assembly should close no later than Tuesday, 28 May 2019. It was therefore proposed that the Health Assembly should close that day.

**It was so agreed.**

## **3. LIST OF SPEAKERS**

The CHAIRMAN, referring to the list of speakers for the general discussion under item 3 of the agenda, proposed that, as on previous occasions, the order of speakers should be strictly adhered to and that additional speakers should be allowed to take the floor in the order in which they submitted their requests to speak. Those requests should be handed in to the Office of the Assistant to the Secretary of the Health Assembly, or during the plenary to the officer responsible for the list of speakers, on the rostrum. He further proposed that the list of speakers should be closed on Tuesday, 21 May 2019 at 10:00. In the absence of any objection, he would inform the Health Assembly of those arrangements at its second plenary meeting.

**It was so agreed.**

**The meeting rose at 18:20.**

## **SECOND MEETING**

**Wednesday, 22 May 2019, at 17:35**

**Chairman:** Dr B. SYHAVONG (Lao People's Democratic Republic)  
President of the World Health Assembly

### **1. PROPOSALS FOR THE ELECTION OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD (document A72/GC/2)**

The CHAIRMAN recalled that the procedure for drawing up the list of candidates to be transmitted by the General Committee to the Health Assembly for the purpose of the annual election of Members entitled to designate a person to serve on the Executive Board was governed by Article 24 of the Constitution and Rule 100 of the Rules of Procedure of the World Health Assembly. In accordance with those provisions, the Committee needed to nominate 12 new Members for that purpose.

To assist the Committee in its task, two documents were before it. The first indicated the present composition of the Executive Board by region; the names of the 12 Members whose term of office would expire at the end of the Seventy-second World Health Assembly and which had to be replaced were underlined. The second (document A72/GC/2) contained a list, by region, of the 12 Members that it was suggested should be entitled to designate a person to serve on the Executive Board. Vacancies by region were: African Region: 2; Region of the Americas: 3; Eastern Mediterranean Region: 2; European Region: 2; South-East Asia Region: 1; and Western Pacific Region: 2.

As no additional suggestions had been made by the Committee, the number of candidates was the same as the number of vacant seats on the Executive Board. He therefore took it that the Committee wished, as was allowed under Rule 78 of the Rules of Procedure, to proceed without taking a ballot.

There being no objection, he concluded that it was the Committee's wish, in accordance with Rule 100 of the Rules of Procedure, to transmit to the Health Assembly the following list of 12 candidates for the annual election of Members entitled to designate a person to serve on the Executive Board: Argentina, Austria, Bangladesh, Burkina Faso, Grenada, Guyana, Kenya, Singapore, Tajikistan, Tonga, Tunisia and the United Arab Emirates.

**It was so agreed.**

### **2. ALLOCATION OF WORK TO THE MAIN COMMITTEES AND PROGRAMME OF WORK OF THE HEALTH ASSEMBLY**

The representative of ANGOLA, speaking in her capacity as Chairman of Committee A, and the representative of the NETHERLANDS, speaking in his capacity as Chairman of Committee B, reported on the progress in the work of their respective committees.

The CHAIRMAN proposed a programme of work for Thursday, 24 May, Friday, 25 May and the remainder of the Health Assembly. He suggested holding consultations with the two chairmen if any subsequent adjustments needed to be made to the programme of work.

**It was so agreed.**

**The General Committee drew up the programme of work of the Health Assembly for Thursday, 23 May and Friday, 24 May and the remainder of the Health Assembly.**

**The meeting rose at 17:50.**



## **COMMITTEE A**

### **FIRST MEETING**

**Monday, 20 May 2019, at 16:10**

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

#### **1. OPENING OF THE COMMITTEE:** Item 10 of the agenda

The CHAIRMAN welcomed the participants.

#### **Election of Vice-Chairmen and Rapporteur**

**Decision:** Committee A elected Dr Yasuhiro Suzuki (Japan) and Dr Mohammed Assai Ardakani (Islamic Republic of Iran) as Vice-Chairmen and Ms Laura Bordón (Paraguay) as Rapporteur.<sup>1</sup>

#### **Organization of work**

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, recalled that, following an exchange of letters in 2000 between WHO and the European Commission, the European Union had participated in the Health Assembly as an observer. He requested that it should again be invited by the Committee to participate, without vote, in the deliberations of the meetings of subcommittees, drafting groups and other subdivisions dealing with matters falling within the competence of the European Union.

**It was so agreed.**

#### **2. STRATEGIC PRIORITY MATTERS:** Item 11 of the agenda

**Implementation of the 2030 Agenda for Sustainable Development:** Item 11.4 of the agenda (document A72/11 Rev.1)

The representative of the BAHAMAS, noting that the 2030 Agenda for Sustainable Development addressed essentially the same challenges as the Millennium Development Goals, said that continued variations in Member States' health information systems resulted in an unclear picture of global health. The Secretariat should identify and prioritize resource mobilization mechanisms to address those variations, which compromised States' ability to report on indicators and to obtain timely information. While the role of quality health care was clearly crucial, social empowerment had a cross-cutting impact as a determinant of health and should be stressed in WHO language and actions. Given the report's finding that the majority of suicides were men, he called on the Director-General to produce a strategy

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<sup>1</sup> Decision WHA72(3).

and plan of action specifically focused on men that would include models for creating effective support networks.

The representative of BAHRAIN, after outlining national progress on monitoring targets and indicators under the health-related Sustainable Development Goals, said that noncommunicable diseases were a major global obstacle to achievement of the Goals. They were the leading cause of death in many countries and represented a growing financial burden on health care. She thanked the Director-General for his efforts to promote achievement of the Goals, as reflected in the Thirteenth General Programme of Work, 2019–2023, support national health plans and strengthen the ability of Member States to ensure universal access to and implementation of health services.

The representative of SAUDI ARABIA said that his Government was implementing comprehensive changes across all sectors to achieve sustainable development, with an emphasis on the health sector. He expressed support for the efforts of the WHO Regional Office for the Eastern Mediterranean to devise a comprehensive universal health coverage plan.

The representative of CANADA observed that work remained to be done with regard to, for example, malaria and drug-resistant tuberculosis, implementation of the WHO Framework Convention on Tobacco Control and measures to address the environmental determinants of health. It was also vital to combat gender inequality, empower women and girls, and protect their health and rights, including their sexual and reproductive rights. Furthermore, while adolescents were poorly understood and largely underserved, their health and empowerment were key to sustainable development. There was therefore an urgent need for data disaggregated by sex and age and a robust research agenda on adolescent health.

Mental health must be accorded the same importance as physical health if many of the health-related Sustainable Development Goals were to be met. Her Government welcomed WHO's leadership in facilitating the Global Action Plan for healthy living and well-being for all, which had the potential to strengthen collaboration and coherence among global health players and produce ambitious, concrete and collective results at the country level, enhancing support for national priorities.

The representative of INDIA, noting her country's efforts to meet the Sustainable Development Goals, said that some of its targets were more ambitious than those set out in the Goals.

The representative of CHINA, remarking that some indicators in the document appeared to need updating, said that monitoring of those targets needed to be better aligned with the Thirteenth General Programme of Work. The Secretariat should continue to help Member States build capacities for monitoring the Goals, especially in respect of health determinants set out elsewhere than in Goal 3 (Ensure healthy lives and promote well-being for all at all ages). He supported the implementation of comprehensive, integrated national health plans. National and regional offices should strengthen coordination and help to establish partnerships with Member States, so that they could mobilize national and international resources to strengthen South–South and tripartite cooperation to promote the implementation of health-related targets.

The representative of VIET NAM said that a whole-of-system approach and multistakeholder collaboration were essential for the implementation of the Sustainable Development Goals and would require a shared understanding of the relevant frameworks and pathways within the health sector and beyond. She welcomed WHO's leadership in facilitating the Global Action Plan, with a view to strengthening collaboration and coordination among global health stakeholders. The Secretariat should continue providing countries with technical and financial support to improve national health information systems, which played a critical role in ensuring timely and accurate monitoring of, and reporting on, the health-related indicators for the Goals.

The representative of MALAYSIA applauded WHO efforts to implement resolution WHA69.11 (2016), on health in the 2030 Agenda for Sustainable Development, through the regional offices, and expressed the hope that the Secretariat would continue to support Member State efforts to fulfil the Agenda via that channel. If no one was to be left behind, special attention must be paid to the elderly and people with disabilities, two groups that were not mentioned specifically in document A72/11 Rev.1. Her Government strongly supported emergency and essential surgical care and anaesthesia as important components of universal health coverage.

The representative of the UNITED STATES OF AMERICA, noting that progress on the 2030 Agenda was aligned with the Thirteenth General Programme of Work, applauded the achievements made in several key areas, but expressed concern at the lack of progress in others. Weak health systems, for example, could hamstring preparedness for health emergencies; he therefore encouraged all efforts to address that issue. He also strongly supported work to maximize the impact of WHO's contribution to the Sustainable Development Goals through streamlining. The title of the Global Action Plan should be amended, given that it was an inter-agency plan rather than a document to be negotiated or approved by the Health Assembly. It was essential to ensure that the Plan did not stray into policy-making, which was the prerogative of Member States. Document A72/11 Rev.1 misrepresented the commitments made by Heads of State at the third high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases, which should be accurately reflected in future reports from the Secretariat.

The representative of ALGERIA said that the Sustainable Development Goals could not simply be seen as an extension of the Millennium Development Goals; there were fundamental differences between the two. The urgent need to reduce inequality in and between countries must apply to all the Goals, including those that were health-related. Given that one of the basic principles underpinning the Goals was their integration and indivisibility, the main aim of WHO strategic action must be the implementation of national health plans. Lessons should be drawn from the Millennium Development Goals, which had placed health at the heart of development priorities and enjoyed considerable success. WHO should continue to play a leading role in implementing the Sustainable Development Goals.

The representative of LEBANON said that her Government had already achieved most of the baseline values of the Sustainable Development Goals and highlighted achievements and challenges in national neonatal and maternal mortality rates. She welcomed the creation of a seamless WHO to maximize the impact of its work in the long term. Thanking the Organization for its leadership in the Health Data Collaborative, she expressed hope for continued support to strengthen national capacities for monitoring and evaluating progress under the 2030 Agenda.

The representative of the RUSSIAN FEDERATION noted the achievements listed in document A72/11 Rev.1 but expressed concern at the lack of progress regarding malaria, drug-resistant tuberculosis and air pollution. Although health spending varied from country to country, sufficient means should be provided to combat health issues among those facing greater poverty as a result of health costs. Universal health care would be fundamental to achieving the 2030 Agenda. She expressed support for WHO initiatives and the Organization's focus on joint efforts to achieve the Sustainable Development Goals by 2030.

The representative of JAPAN expressed appreciation for the Secretariat's plans to draw up a monitoring report on universal health coverage and looked forward to receiving it before the high-level meeting of the United Nations General Assembly on universal health coverage in September 2019. The Secretariat should play a leading role in coordinating implementation of the Global Action Plan at the country level. It should also in future provide an integrated report on progress towards achieving the Sustainable Development Goals, the WHO Impact Framework for the Thirteenth General Programme of Work and the Programme budget results framework.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia and Albania, and potential candidate Bosnia and Herzegovina, Ukraine as well as the Republic of Moldova aligned themselves with his statement.

The European Union considered that greater momentum would be required to implement the Sustainable Development Goals at the national, regional and global levels. In that respect, WHO internal reform and the development of the Global Action Plan would help ensure coordinated support for accelerating the implementation of health-related goals and targets. He expressed support for the Secretariat's focus on the "triple billion" goals in the Thirteenth General Programme of Work and on strengthening universal health care and health systems in addition to public health functions.

Universal health coverage would be central to achieving the Goals. Expressing concern at the lack of essential health services coverage and the number of people being pushed further into poverty as a result, he encouraged the Organization to step up its efforts to achieve universal health coverage by 2030 and welcomed the prominence of a rights-based approach. However, more action would be required to address gaps in education and service provision in family planning, treating harmful alcohol use and drug use disorders, and integrating promotion and prevention into health services. It would also be essential to integrate methods to combat antimicrobial resistance into strategies to prevent tuberculosis and the wider agenda of the Goals.

Achieving more effective and efficient investments in health for greater impact would require working closely together. That should also involve the private sector, with its variety of stakeholders. He supported the initiative to involve global health partners both within and beyond the United Nations system. He highlighted the importance of evidence-based data, benchmarks and indicators, and applauded the fact that document A72/11 Rev. 1 had been based on comprehensive and separate sets of data.

The representative of the ISLAMIC REPUBLIC OF IRAN said that a strong and sustained integrated multisectoral approach and community empowerment would be needed for a whole-of-society approach to the Sustainable Development Goals and the social determinants of health. Achievement of Goal 3 in particular would require strengthening universal health coverage and health systems. She requested international partners to assess the impact of conflict and unilateral coercive measures, especially those relating to food, agricultural products and medicines, on the commitment to universal health coverage and achievement of the Goals of the countries affected thereby.

The representative of the PHILIPPINES acknowledged that achievement of Sustainable Development Goal 3 and other health-related Goals was predicated on all people having access to quality health care services. His Government was committed to implementing universal health coverage and addressing gaps in the health system, and sought technical support from the Secretariat in that regard. As universal health coverage required a whole-of-system and whole-of-government approach to the development of health programmes and policies, he applauded the multisectoral Health in All Policies approach anchored in the Thirteenth General Programme of Work, which enabled action on the socioeconomic and environmental determinants of health.

WHO technical guidance would be crucial to his country's implementation of universal health coverage, particularly in terms of identifying and streamlining indicators to measure health system performance; strengthening administrative data and health information systems; and building institutional capacity for consolidating health policy and systems and making decisions. Integrating the Sustainable Development Goals into monitoring and evaluation systems would help to align health priorities and develop effective strategies for achieving universal health coverage.

The representative of THAILAND said that, in order to achieve the Sustainable Development Goals, which were intersectoral in nature, WHO should strengthen its collaboration with other sectors in order to help Member States implement and monitor the Goals, in particular those related to climate change and road safety. Fostering intersectoral action within countries was also critical. It appeared from document A72/11 Rev.1 that many countries were not on track to achieve target 3.8, on universal health

coverage; she therefore supported the adoption of a political declaration at the upcoming high-level meeting of the United Nations General Assembly on universal health coverage, as a way of reaffirming commitments, guiding concrete actions – particularly with regard to strengthening primary health care, – and improving access to quality medicine and health services. She shared the concern expressed regarding the title of the Global Action Plan, which should focus on strengthening country capacities to drive implementation of the Goals based on national priorities.

The representative of ZAMBIA, noting the negative impact that unequal access to quality health care had in some African countries, said that the fact that the Sustainable Development Goals were integrated and indivisible assured countries that the determinants of health would be addressed holistically, and thus called for a multisectoral approach to development planning. She commended the Secretariat for basing the Thirteenth General Programme of Work on the Goals. Its three strategic priorities encapsulated the health-related targets of Goal 3, and the related Impact Framework would enable WHO to measure progress and remain focused on outcomes rather than outputs.

The representative of BARBADOS suggested that the Sustainable Development Goals should be used as a road map for sector-wide national development approaches. Advances at the country, regional and international levels had been uneven, with disparities continuing to exist in areas such as noncommunicable disease prevention and control, HIV/AIDS, tuberculosis, malaria, infant and maternal mortality, and climate change. Ultimately, achievement of the 2030 Agenda required multisectoral approaches involving greater private sector and civil society participation, and a stronger United Nations engagement in a system-wide strategic approach to implementation and reporting. In that regard, further linkages were required between United Nations agencies such as FAO, UNICEF and WHO. The Secretariat should continue to support national efforts to strengthen reporting and surveillance mechanisms on indicators and targets, and engage in technical cooperation to ensure that performance indicators were integrated into national health strategies.

The representative of the UNITED REPUBLIC OF TANZANIA applauded the progress made in implementing resolution WHA69.11 (2016). The slow pace of progress towards targets in the African Region called for accelerated efforts to design and implement integrated health systems, so as to achieve universal health coverage and the health-related Sustainable Development Goals, along with improved data collection and analysis in health systems.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, noted the remarkable progress made towards attaining the Sustainable Development Goals, especially in reducing under-five mortality, increasing the coverage of HIV treatment and reducing tuberculosis morbidity and mortality. Nevertheless, progress had stalled in areas such as malaria, drug-resistant tuberculosis, alcohol use, road-traffic deaths and overweight in children. He highlighted the data pertaining to the varied severity of national epidemics, the high incidence of tuberculosis in 30 high-burden countries, and HIV-related deaths, and emphasized the need for universal health coverage given the number of people impoverished as a result of out-of-pocket health care spending. He also commended the Secretariat for working with 11 global health and development organizations on the Global Action Plan.

The representative of HONDURAS noted that the Programme budget was the primary instrument for implementing the Thirteenth General Programme of Work, which centred on achieving the Sustainable Development Goals by focusing on three strategic priorities: universal health coverage, health security and improved health and well-being.

The representative of NORWAY said that the governments of Norway, Germany and Ghana had encouraged WHO to develop the Global Action Plan, which would be launched at the United Nations General Assembly in September 2019, in view of the work that remained to be done in respect of many indicators and in order to heighten collaboration and efficiency. The Plan focused on universal health

coverage and was intended to serve national needs and priorities. He strongly supported WHO's role as the directing and coordinating authority on international health efforts to achieve the Sustainable Development Goals.

The representative of GERMANY said that additional efforts were needed to make progress on universal health coverage. It was also important to take a multistakeholder approach and consider the interactions between different Sustainable Development Goals, as challenges such as antimicrobial resistance and pollution-related health issues demonstrated the close links between human, animal and environmental health. She welcomed the proposed Global Action Plan, which represented a key opportunity for WHO to act as the leading authority in the health sector; its implementation should lead to concrete action to accelerate progress on the Goals, with the involvement of governments, civil society and the private sector. Stakeholders from both inside and outside the health sector had a crucial role to play in creating a broader financing base and addressing interdependencies between the health-related Goals.

The representative of SWEDEN highlighted the importance of Sustainable Development Goal 3 in enabling people to reach their full potential and contribute to the development of society. To promote long and healthy lives in a sustainable manner, it was necessary to improve understanding of the complex links between social, environmental and economic factors. Indeed, positive lifestyle changes could improve the health of populations and the planet; cleaner energy, and better food and education could contribute more to health than the health sector itself. Public health work was a shared responsibility; the social conditions for good and equal health should be established throughout the population.

The representative of PANAMA said that sustainable development required participative, intersectoral action to address the causes of poverty and inequality, and to generate opportunities for dignified, prosperous lives, while protecting the planet. She emphasized the importance of applying the Framework of Engagement with Non-State Actors, which played a key role in respect of the social, economic and environmental determinants of health. The differing capacities of national information and research systems limited capacities to monitor progress towards the Sustainable Development Goals and analyse health indicators related to economic and social inclusion, making it harder to implement cost-effective interventions. Highlighting national and regional efforts focusing on the Goals and universal health coverage as a way to reduce inequality, she said that progress could only be made through transparent, concerted action by the international community, led by WHO and with full participation at the local level.

(For continuation of the discussion, see the summary record of the third meeting)

**The meeting rose at 17:30.**

## **SECOND MEETING**

**Tuesday, 21 May 2019, at 09:15**

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

**later:** Dr M. ASSAI ARDAKANI (Islamic Republic of Iran)

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

**Public health emergencies: preparedness and response:** Item 11.2 of the agenda

The CHAIRMAN said that, before commencing consideration of the item, Dr Ilunga Kalenga, Minister of Public Health of the Democratic Republic of the Congo, would provide the Health Assembly with an update on the current Ebola virus disease outbreak in the Democratic Republic of the Congo.

The MINISTER OF PUBLIC HEALTH OF THE DEMOCRATIC REPUBLIC OF THE CONGO said that the response to the Ebola virus disease outbreak was complex, given the constantly evolving nature of the disease, and must be informed by lessons learned. The number of cases, in addition to population mobility and national security issues, exacerbated the complexity of the response. It was therefore important to take a public health approach to stop the spread of the disease, employing a series of actions for each individual case based on surveillance, infection prevention and control, contact and vaccine preparation, research, logistics and organization. He thanked WHO and other partners for the support provided in that regard. In spite of the challenging circumstances, the response, which had focused on dealing with the environmental and internal security issues, had succeeded in containing the epidemic in two provinces of the country. The work performed by teams in the field had been crucial in preventing the spread of the disease to neighbouring countries; over 50 million people had been screened at border controls and over 100 000 people had been vaccinated.

The draft fourth strategic response plan must not only build on the success achieved, but also take into account the shortcomings of the response to date. Weaknesses included the silo effect and lack of information sharing among all actors, including among the health sector in the North Kivu and Ituri provinces, and the lack of involvement of the population. It was essential to break down the silos to ensure effective and constant communication between all stakeholders involved in the response. Given the role of data in guiding the response and identifying at-risk areas, it was vital to strengthen capacities to analyse data. To that end, a system to manage the collection and analysis of data had been established. All stakeholders must be accountable at the operational and financial levels and should share performance indicators. Additional monitoring tools for the use of resources and funding in response efforts should be introduced and existing ones improved. It was crucial that all strategies were based on an effective operational action plan to ensure successful implementation. A bottom-up approach to funding was required, with funding provided to stakeholders based on the activities contained in the associated operational action plan. That approach would also help to eradicate the silo effect, enhance accountability and ensure consistency.

To improve vaccination coverage, contact tracing must be improved, and a strategy incorporating a larger geographical area should be put in place, whereby not only the individual affected but also their household and all those in contact with that household were vaccinated. Such an approach had already been adopted in remote and inaccessible areas. All stakeholders would be invited to attend a meeting in Kinshasa in June 2019 to openly debate the subject of vaccinations, with the aim of achieving consensus. A clear distinction must be made between community engagement and acts of violence; it should not be assumed that communities' expressions of opinion were necessarily violent, and communities should

not be blamed for not engaging appropriately in response efforts. The problems related to community engagement mainly stemmed from difficulties in accessing those communities and the silo mentality, as communities were faced with a lack of information in some cases, and conflicting messages from a range of stakeholders in others. The solution to such fragmentation lay in respecting community and listening to them, soliciting their input on the action to be taken, and liaising with traditional community leaders to fully involve communities in the response to the Ebola virus disease outbreak.

The REGIONAL DIRECTOR FOR AFRICA said that, despite the considerable efforts made by the Government of the Democratic Republic of the Congo, the complex Ebola virus disease outbreak in the country remained deeply worrying and challenging owing to difficulties in building trust with and accessing communities and the lack of security, including attacks on response teams. The risk of the disease spreading beyond the borders of the Democratic Republic of the Congo remained very high due to the cross-border movement of people. She commended the governments of the nine neighbouring Member States who had invested significant resources to improve their preparedness to respond in the event of the spread of the outbreak. Each of the governments had developed and continued to test their national Ebola virus disease contingency plans, which covered all the capabilities required for mounting an effective response, including by conducting full-scale simulation exercises. The key performance indicators used in the exercises included the capacity of each district to institute an effective response within 72 hours of confirmation of a case. Laboratory capacity was in place in all countries to conduct preliminary Ebola virus disease testing using GeneXpert, and screening activities had been improved at major points of entry. Over 7000 frontline health workers in high-risk districts in Uganda, South Sudan and Rwanda had been vaccinated. WHO and its partners had deployed 270 technical experts to support the countries. Those experts had trained around 400 national multisectoral and multidisciplinary rapid response teams.

To ensure effective coordination, national public health emergency operation centres had entered into operation in most of the nine countries. In addition, 16 Ebola virus disease treatment centres had been established across those countries, and over 4500 health workers had been trained to detect and manage cases of Ebola virus disease. The countries continued to raise awareness of the disease among all high-risk communities. A total of 894 alerts had been reported by the nine countries: all had been investigated and confirmed negative for Ebola virus disease. Strong cross-border collaboration and information sharing among countries was facilitating joint actions. As a result of Ebola virus disease preparedness efforts, a yellow fever outbreak in South Sudan had been detected through an Ebola virus alert, leading to timely action. In addition, significant progress had been made in preparedness of non-affected provinces in the Democratic Republic of the Congo for risk mitigation, early detection and prompt response. She expressed the hope that under the leadership of the respective governments and with the involvement of communities, further progress would be made towards preparedness.

The Organization would continue to advocate for the mobilization of additional resources to support the containment of Ebola virus disease in the Democratic Republic of the Congo and preparedness activities in the nine neighbouring countries. The Secretariat had developed a regional plan costing at US\$ 60 million, US\$ 32 million of which had been raised, leaving a shortfall of US\$ 28 million for regional preparedness activities.

The DIRECTOR-GENERAL said that, one year on from the discussions at the Seventy-first World Health Assembly on the Ebola virus disease outbreak in the western part of the Democratic Republic of the Congo, which had been controlled within three months, the country was experiencing a complex outbreak, with almost 1900 cases identified over the previous nine months. Although the outbreak had been confined to the North Kivu and Ituri provinces, the risk of the disease spreading to neighbouring provinces and countries remained high owing to the highly complex, volatile and insecure environment. Over 700 WHO and Global Outbreak Alert and Response Network staff members were operating on the ground together with thousands of workers from the Democratic Republic of the Congo in a highly dangerous setting. Over 130 attacks on health facilities in the North Kivu province had resulted in injuries and deaths, thereby disrupting the response, stalling access to vulnerable communities and provoking the departure of key operational partners on the ground. As a result, the



detection of cases and contacts, as well as vaccinations and isolation, had been delayed and people were taking longer to reach treatment centres. In addition, politicization of the outbreak had caused mistrust, misinformation and hostility towards health workers and responders. The outbreak was therefore persisting as the Organization did not have sustained access to communities.

The Ebola virus disease vaccine had a 97.5% efficacy rate within 10 days of the onset of symptoms, and not only prevented the disease but also reduced fatalities. Over 120,000 people in the Democratic Republic of the Congo and 8660 frontline workers in neighbouring countries had been vaccinated and unprecedented survival rates were being achieved. Community-based approaches had also been introduced with strong community engagement and local leadership, and preparedness work had been carried out in neighbouring countries to increase their capacity to rapidly detect cases and mitigate local spread.

Although the organizations of the United Nations system and non-State actors played a significant role in supporting the Government-led response, escalating attacks, including the death of Dr Richard Valery Mouzoko Kiboung, demonstrated that the epidemic was heading in a dangerous direction. Together with the Regional Director for Africa, he had visited the Democratic Republic of the Congo after Dr Kiboung's death and had listened to the concerns of all stakeholders, including health workers, community members and political, religious and business leaders. The visit had underlined the need to adapt and scale up efforts in all areas of the response. The Organization had been working closely with the Government of the Democratic Republic of the Congo and its partners to identify and implement solutions to better control the epidemic. Although certain changes had been implemented, a public health response required an enabling, peaceful and safe environment for communities and responders to build community confidence and acceptance. He had been working with the Secretary-General of the United Nations and the heads of other organizations of the United Nations system to provide an improved enabling platform to support public health operations and to improve coordination among United Nations bodies and non-State actors, including by assigning more senior staff members to the epicentres of the outbreak. It was vital to intensify political engagement, security and operational support, strengthen engagement with non-State actors and improve financial predictability, planning, monitoring and reporting in order to beat Ebola virus disease, protect vulnerable communities and save lives.

He expressed his appreciation to the Minister of Public Health of the Democratic Republic of the Congo for his work in responding to the outbreak.

The observer of GAVI, THE VACCINE ALLIANCE said that his organization had invested over US\$ 15 million to support operational costs in the Democratic Republic of the Congo and neighbouring countries for the vaccination effort. The Ebola vaccine had played a major role in saving lives, with over 115 000 people vaccinated to date in the eastern part of the country. His organization was working closely with WHO and the vaccine manufacturer to assess the supply situation. Since the beginning of the outbreak, approximately 440 000 doses of investigational vaccine had been made available, and the manufacturer was committed to producing the doses necessary to respond to evolving needs. Based on the recommendations of the Strategic Advisory Group of Experts on immunization, the available supply of vaccines might be sufficient. He welcomed WHO's assessment of the supply situation, but noted that, if the vaccination strategy was further revised for a wider reach, the supply situation should be reassessed. His organization was also continuing to work closely with the Government of the Democratic Republic of the Congo to strengthen health systems and was supporting the country's Mashako Plan, which aimed to increase immunization coverage by 15 per cent in 18 months.

The representative of the WORLD BANK said that his organization had been supporting the Government-led response to the current Ebola virus disease outbreak. It had committed US\$ 100 million to the response to date, the majority through International Development Association funds to the Democratic Republic of the Congo, and US\$ 20 million from the Pandemic Emergency Financing Facility cash window. It was important to take stock of lessons learned and increase efforts to identify more effective operational plans to unite all responders in collectively implementing a fourth strategic response plan. The response must follow a multisectoral approach and address the development needs

of the communities involved. The World Bank stood ready to commit further resources to the fourth strategic response plan.

The representative of NIGERIA encouraged the Government of the Democratic Republic of the Congo to intensify its efforts to respond to the Ebola virus disease outbreak while ensuring national leadership of the response, and to test new approaches, including new vaccines, where available and feasible. He recognized the proactive support provided by the Secretariat and the Organization's role in leveraging resources for the response. He offered his condolences for the loss of Dr Richard Valery Mouzoko Kiboung and other health workers and thanked all those working directly and indirectly in response efforts.

The representative of ETHIOPIA strongly condemned any form of violence against health workers and health facilities involved in the response to the Ebola virus disease outbreak in the Democratic Republic of the Congo. Strengthening health systems could prevent such outbreaks of disease and ensure an appropriate response when they did occur.

The representative of SOMALIA commended the Government of the Democratic Republic of the Congo and the Secretariat for their efforts in responding to the Ebola virus disease outbreak. It was not possible to respond effectively to the outbreak without gaining the trust and cooperation of the affected community. Given that WHO was not traditionally equipped to deal with the social aspects of health emergencies, he asked how social issues were affecting the overall response to the outbreak.

The representative of LIBERIA, expressing his gratitude to all those involved in the response to the Ebola virus disease outbreak, said that innovative approaches were needed to end the outbreak. His Government stood ready to provide support wherever possible.

The MINISTER OF PUBLIC HEALTH OF THE DEMOCRATIC REPUBLIC OF THE CONGO said that early vaccination in the densely populated North Kivu and Ituri provinces had been crucial to containing the epidemic. He thanked Gavi, the Vaccine Alliance for its support in that regard. He also thanked the World Bank for its considerable contributions and support for government initiatives.

His Government was addressing cultural challenges to response efforts by maintaining open dialogue at the community level and continuously adjusting its approach. A multisectoral approach was needed to gain trust, and the social and economic problems that affected populations had been facing for many years before the outbreak must be taken into consideration. Community engagement and employment measures should be further strengthened and diversified. It was vital that communities took ownership of the response. Using dialogue as a tool to engage communities in the response had led to considerable success in recent weeks, especially in areas with particular community resistance.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) thanked Gavi and other partners for their continued support, including in relation to the WHO research and development blueprint Global Coordination Mechanism, to ensure the provision of vaccines in response to the crisis. The complex public-private partnerships that had been developed through that process exemplified how innovation and adaptability could be leveraged to deliver real solutions to people on the ground.

It was important to recognize that, while the vast majority of responders were from the Democratic Republic of the Congo, many were from other African nations, notably those trained in vaccinations during the Ebola virus disease outbreak in West Africa. Such collaboration was an excellent example of South-South cooperation to solve health security issues.

He wished to thank the World Bank for its ongoing support in response to the Ebola virus disease outbreak, including the funding provided to the Government of the Democratic Republic of the Congo, WHO and UNICEF. He looked forward to working under the leadership of the Government of the Democratic Republic of the Congo to develop the fourth strategic response plan, which would provide a vital financial platform and tool for the next phase of the response.

- **Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme** (document A72/6)
- **WHO's work in health emergencies** (document A72/7)
- **International Health Regulations (2005)** (document A72/8)

The CHAIRMAN invited the Committee to consider the three documents under agenda item 11.2 together.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme, introducing the report of the Independent Oversight and Advisory Committee contained in the Annex to document A72/6, provided an overview of the main findings and recommendations contained in the report, including field missions to Uganda and to North Kivu in the Democratic Republic of the Congo, where the Ebola virus disease outbreak was ongoing. The Committee was profoundly saddened by the recent death of Dr Richard Valery Mouzoko Kiboung and extended its deepest condolences to his family and to his WHO colleagues.

She welcomed the efforts already undertaken by the Director-General and WHO senior management to follow the Committee's recommendations to improve the well-being and satisfaction of WHO staff and to increase diversity throughout the Organization. Those efforts should continue and be reinforced.

The Committee welcomed the improvements to the WHO Health Emergencies Programme, including greater senior management capacity and a stronger preparedness component, but cautioned that the consolidation of cross-cutting functions as part of the transformation agenda must not dilute the distinctive functions and business processes required for the Programme's operations. High priority should be given to increasing human resource capacity and training staff in emergency response at the country level.

With regard to the Ebola virus disease outbreak in the Democratic Republic of the Congo, the intentional politicization of the situation had significantly undermined community trust. Furthermore, the response had been slow to adapt to community feedback. In view of the worsening outbreak, an operational review of the response should be undertaken as a matter of urgency to ensure that field activities followed a community-centred approach.

Security was a prerequisite for delivering life-saving interventions in emergencies. Security risks in the Democratic Republic of the Congo were a result of community resistance and political tensions, which could be addressed by improving dialogue, localizing response operations and rebuilding trust between the response teams and affected communities. However, the security threat in the North Kivu province required a more systematic approach and dedicated capacity for security management. She urged United Nations security services, including the United Nations Department of Safety and Security, to increase its support for the Ebola virus disease response. All necessary security measures must be available to protect response staff, but should not be used in a way that could lead to community mistrust and must be guided by credible security analysis.

WHO's level of engagement in and prioritization of the Ebola virus disease response had not been reciprocated by all partner organizations and Member States. As a result, WHO had been obliged to undertake activities outside its normal areas of expertise, such as security, community engagement and financing. The mismatch between expertise and roles, along with strained communication between some partners, had hampered adaptation of the response strategy. She therefore welcomed the United Nations Secretary-General's recent statement regarding Ebola virus disease, in which he had emphasized his commitment to a collective United Nations approach in close collaboration with leaders from the Democratic Republic of the Congo. Funding for the Ebola virus disease response was an area of concern. Misunderstandings between WHO and donors regarding funding modalities and resource requirements must be resolved urgently, as the response would soon require a major influx of funds.

WHO reforms had enabled the Organization to act quickly, deploy staff and other assets to the field rapidly and fulfil its mandate. She commended WHO's full engagement and commitment in the

Ebola virus disease outbreak, as well as the strong ownership of the Government of the Democratic Republic of the Congo, and paid tribute to all those working to contain the outbreak. The Ebola virus disease response must be revised as a matter of priority to prevent further geographical spread and an increase in the number of cases. Member States, the Secretariat, the United Nations and all other partners must work together to put an end to the outbreak. Further financial support from Member States and donors was needed to that end.

The representative of INDIA said that the spread of Ebola virus disease in the Democratic Republic of the Congo was a major concern and cast doubt on the efficacy and sustainability of the current response. WHO must leverage all its expertise to contain the outbreak. The shortage of human resources available to respond to large-scale public health emergencies was a cause of concern. She supported the recommendations of the Independent Oversight and Advisory Committee on building the operational capacity of the Global Outbreak Alert and Response Network and establishing institutional arrangements for deploying experts from the Network. The public health expertise of other Member States, partners and networks should be used to tackle the Ebola virus disease outbreak. Additional support from donors was necessary to address the shortfall in funding for the response and bring the current outbreak under control.

The representative of CABO VERDE, speaking on behalf of the Community of Portuguese-speaking Countries, said that the establishment of the WHO Health Emergencies Programme had greatly contributed to strengthening the capacity of WHO to respond to public health emergencies. The Community of Portuguese-speaking Countries was fully committed to implementing the International Health Regulations (2005) and supported the coordination of joint, united responses to emergency situations. Strengthening implementation of the Regulations was essential in order to achieve the Sustainable Development Goals and better prepare the global community to respond to health crises.

The Community of Portuguese-speaking Countries wished to express its solidarity with Mozambique following the recent cyclone in the country. The Community had established a special fund to support victims of the cyclone and had provided medical teams, humanitarian aid and medicines, as required. He welcomed the rapid response of WHO to that emergency situation.

In 2017, the Community of Portuguese-speaking Countries had established a working group with a view to improving the monitoring of and response to public health emergencies. One of the objectives of the working group was to establish joint emergency medical teams, leveraging its member countries' shared language and culture.

The representative of LEBANON, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that many countries in her Region were affected by acute and protracted emergencies. She therefore supported the Independent Oversight and Advisory Committee's recommendation to support countries in maintaining preparedness and building capacity to implement the International Health Regulations (2005). The Secretariat should implement the Committee's recommendations to ensure that the WHO Health Emergencies Programme was fully operational in the Eastern Mediterranean Region. She appreciated the Committee's regular reporting to the Executive Board and Health Assembly and looked forward to the forthcoming report of the Global Preparedness Monitoring Board.

Staff security was an area of concern that warranted special attention. She called for increased recruitment of staff at the country and regional levels, as well as the establishment of a regional roster of health experts in order to respond adequately to health emergencies. While she appreciated the efforts of the WHO Health Emergencies Programme to address health emergencies around the world, the situation in the Democratic Republic of the Congo required innovative approaches and increased collaboration between bodies of the United Nations system, other international organizations and local actors.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that building country capacity was essential for the implementation of the

International Health Regulations (2005), which was a key element of the international health system. He called on the Secretariat to provide the necessary support to enable Member States to implement action plans on the basis of joint external evaluations.

The representative of GERMANY supported most of the key political messages set out in the report of the Independent Oversight and Advisory Committee, particularly the call for all capable partners to support WHO in responding to the Ebola virus disease outbreak. He strongly condemned attacks and violence against medical facilities and personnel, as well as any attempts to politicize the response. The WHO Contingency Fund for Emergencies must be adequately funded to ensure that it continued to be effective. To tackle challenges to ensuring readiness for health crises, Member States should support one another to build and maintain core capacities for the implementation of the International Health Regulations (2005). The Secretariat should foster the alignment of international support, with the support of Member States, in order to increase efficiency. His Government would continue to provide bilateral and multilateral support for implementation of the Regulations.

He welcomed the fact that WHO was striving to learn from the experience gained during the Ebola virus disease outbreak in West Africa. However, he would like the Secretariat to analyse whether the high number of short-term staff contracts was hampering organizational readiness to address health emergencies. His Government welcomed WHO's approach to monitoring compliance with the Regulations and requested the Secretariat to conduct a voluntary joint external evaluation in his country.

The representative of GHANA said that implementation of the International Health Regulations (2005) was a driving force in establishing strong health security. In that regard, the Event Information Site for National IHR Focal Points had proven to be a timely and reliable source of information. He urged all States Parties to the Regulations to comply with the relevant provisions thereof so as to prevent delays in event notification and ensure an effective collaborative response. He welcomed the use of joint external evaluations, and the development of the Go.Data software as a useful tool for field data collection.

The representative of FINLAND, speaking also on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, welcomed the significant progress achieved in redesigning health operations at WHO. Active cooperation with partners and stakeholders in preparedness and response was crucial to delivering results. Nevertheless, health challenges persisted, including the current Ebola virus disease outbreak in the Democratic Republic of the Congo. Measures must be put in place to protect health workers and facilities around the world from security threats. New approaches to community engagement should also be explored, as well as measures to ensure adequate and qualified health workers and universal access to primary health care, including by strengthening the capacities of primary health care systems. Gender-sensitive approaches should be integrated into preparedness, response and recovery policies and care should be taken to ensure that outbreaks were tackled in a manner that did not stigmatize or frighten the people affected. With the support of Member States, WHO must exercise its leadership role in promoting health during complex emergencies to the best of its ability.

The representative of the DOMINICAN REPUBLIC welcomed the level of State Party participation in joint external evaluations and the progress made in information and knowledge sharing regarding public health preparedness and response. Lessons learned in that regard should be more widely shared. Strong and stable health systems were essential to ensure a robust national response to health emergencies.

The representative of PANAMA highlighted the vital role played by National IHR Focal Points in identifying and communicating public health emergencies and ensuring an effective and timely response. On several occasions, her Government had requested verification from or had sent information via other States' National IHR Focal Points without receiving a response. Strengthening the capacities of National Focal Points was therefore a priority to ensure implementation of the International Health

Regulations (2005); the commitment of each State Party was crucial in ensuring the required transparency. Continued support from WHO was necessary to achieve the required country capacity at all levels, with a regional and global focus in order to ensure an effective response to health events with intersectoral and inter-agency support.

The representative of CANADA welcomed WHO's continued progress in detecting, preparing for and responding to outbreaks and health emergencies. He supported the Organization's role in the health response to the Ebola virus disease outbreak in the Democratic Republic of the Congo and recognized the challenges associated with managing disease transmission in an unstable security environment. He looked forward to further details on the planned operational revision of the current response. The Global Outbreak Alert and Response Network played a crucial role in mobilizing and deploying partners' resources. He strongly condemned attacks on medical personnel and facilities and called for international humanitarian law to be upheld. He encouraged Member States to support the WHO Contingency Fund for Emergencies, which was crucial to ensuring timely responses to health emergencies and containing outbreaks and represented good value for money. His country had just announced an additional contribution of US\$ 1 million to the Fund.

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, noted with satisfaction the progress made in WHO's response to health emergencies around the world as a result of implementing the WHO Health Emergencies Programme, and the support provided for risk management as part of efforts to achieve universal health coverage. He encouraged the development of mechanisms to improve response capacities at the national level. WHO should expand its partnerships with regional and subregional organizations involved in managing health emergencies. Support should also be provided to Member States in strengthening and regularly assessing human resource capacity to ensure rapid mobilization. The recent death of Dr Richard Valéry Mouzoko Kiboung, who had been contributing to the Ebola virus disease response in the Democratic Republic of the Congo, highlighted the need to ensure the safety and protection of all workers responding to emergencies. The Secretariat should support States Parties in strengthening their capacity for implementing the WHO event management system, evaluating risk and managing health information. Flexible, predictable and sustainable financing would be needed to respond adequately to health emergencies.

The representative of SENEGAL said that particular attention should be accorded to ensuring sufficient capacity to enable countries, particularly in the African Region, to adequately prepare for and respond to health risks and emergencies. Public financial resources should be allocated to national emergency response structures to enable timely mobilization of resources. The Secretariat should urge Member States to invest in preparedness in order to minimize or even prevent public health events.

The representative of the UNITED STATES OF AMERICA welcomed the significant improvements made by WHO in enhancing its operational capacities during emergencies and by the WHO Health Emergencies Programme in successfully coordinating across the three levels of the Organization, including in areas such as the supply chain, management and logistics. Although a standardized, predictable and rapid response to health emergencies across the Organization was needed, the centralization of some processes must not dilute the distinctive functions of the WHO Health Emergencies Programme. WHO should continue to strengthen core staffing and leadership, including integration and coordination with the United Nations health cluster, financial management and reporting, and overall coordination with response actors, including nongovernmental organizations and the private sector. As one of the greatest threats to global health security, pandemic influenza must remain a budgetary and programmatic priority of WHO. He commended the Secretariat for its efforts to support Member States in implementing the International Health Regulations (2005), which had served to catalyse efforts to strengthen preparedness for outbreaks of infectious disease and other threats.

The representative of SAMOA described the progress and efforts made to implement the International Health Regulations (2005) in his country, with a particular focus on infectious disease control in preparation for hosting the 2019 Pacific Games. The Government of the United States of America had provided support for the construction of an isolation facility at the country's international airport for suspected cases of infectious disease. The lack of a public health laboratory and shortage of staff in the country remained a challenge.

The representative of JAMAICA welcomed external support and partnerships in implementing the International Health Regulations (2005). WHO/PAHO continued to support her country and had strengthened collaboration between Member States in the Caribbean. Her country had benefited from offering support to other small island developing States.

The representative of TRINIDAD AND TOBAGO expressed deep concern over the increasing number of countries reporting measles outbreaks and epidemics, and noted that the phenomenon of vaccine hesitancy was a major global health challenge. Global collective action was needed urgently to contain outbreaks and epidemics. All Member States should strengthen policies to ensure that children and those at high risk were vaccinated. The sharing of lessons learned and implementation of joint approaches to address the anti-vaccine movement must be explored. He asked the Secretariat to increase its support to Member States in those efforts.

The representative of SINGAPORE encouraged Member States that had not yet done so to undergo a joint external evaluation. In order to build collective resilience against pandemic threats, His Government would continue to share its experiences and expertise, including through training under the Singapore Cooperation Programme.

The representative of BAHRAIN encouraged Member States to provide technical support, especially in relation to laboratory capacity on public health issues. He expressed support for the promotion of the International Health Regulations (2005).

The representative of VIET NAM outlined the progress his country had made, including the establishment of emergency operation centres and the development of a national implementation plan for the International Health Regulations (2005).

The representative of SOMALIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, encouraged the Secretariat to support Member States in operationalizing the humanitarian–development–peace nexus in conflict-afflicted and vulnerable countries in order to advance the coverage and quality of essential services, strengthen the resilience of health systems to withstand further shocks and lay a foundation for long-term health system recovery. That would require more joined-up action from WHO administrative departments at all levels. The effect of protracted emergencies on WHO, and how standard approaches might be adapted to such emergencies, must be explored. The Secretariat should support Member States in documenting lessons on effective health system delivery and health system resilience during humanitarian emergencies and developing a targeted research agenda.

The representative of SAINT LUCIA said that her Government would continue to submit information through the State Party Annual Reporting questionnaire, in line with the International Health Regulations (2005), as it had done following the recent notification of a confirmed case of measles on a cruise ship.

The representative of ALGERIA highlighted the urgency of finding better solutions to provide sustainable support for health systems to ensure a high level of preparation and response to current and future health emergencies. Areas demanding attention included strengthening the capacities of health care professionals, involving all relevant partners in a multisectoral framework and guaranteeing

adequate financial and human resources. WHO must continue its leadership role in emergency preparedness and response and remain attentive to Member States' concerns.

The representative of BARBADOS remained committed to the implementation of the International Health Regulations (2005), particularly in view of the risks faced by his country due to its dependence on tourism. He requested the Secretariat to strengthen and invest in his country's laboratory capacity to detect and respond to diseases of international public health concern and to support the implementation of the Regulations by providing technical support to develop domestic legislation and foster global partnerships with other agencies.

The representative of INDONESIA supported the recommendations made by the Independent Oversight and Advisory Committee, especially those on WHO support for countries in developing simplified and impact-oriented national action plans and the streamlining of that process.

The representative of SPAIN recognized the efforts made by WHO to improve the preparedness and response capacity of countries currently facing emergencies. However, the current Ebola epidemic proved that, despite progress, the strengthening of health systems in many countries remained weak.

The representative of PARAGUAY asked the Secretariat to increase its support for Member States in improving their response to threats. She suggested organizing a joint evaluation and event detection exercise in the Region of the Americas to practise notification and communication procedures, and intersectoral coordination and the communication of risks between National IHR Focal Points in emergencies. Only joint efforts would guarantee compliance with the International Health Regulations (2005) and quick and efficient responses to regional and international public health emergencies.

The representative of SAUDI ARABIA emphasized the importance of joint external evaluations. His country had undergone such evaluation in 2017 and had prepared a national plan based on its findings.

The representative of the LAO PEOPLE'S DEMOCRATIC REPUBLIC outlined the ways in which his country had developed a strong health system and emergency preparedness in line with the International Health Regulations (2005) in partnership with its development partners and WHO.

The representative of ZAMBIA, expressing concern at the southward spread of Ebola virus, appealed to the Secretariat, Member States and other stakeholders to continue supporting the response. In particular, the Secretariat should use relationships fostered in Africa to improve the response. She strongly supported the recommendations made in the report of the Independent Oversight and Advisory Committee.

The representative of JAPAN said that, in response to the request for additional support to end the Ebola outbreak in the Democratic Republic of the Congo, his country had contributed US\$ 22 million to the WHO Contingency Fund for Emergencies earlier in 2019. The Global Preparedness Monitoring Board should provide practical recommendations on strengthening the global health security system, with a focus on the criteria for releasing funds from the World Bank Group's Pandemic Emergency Financing Facility and the long-term sustainability of the WHO Contingency Fund for Emergencies. The Independent Oversight and Advisory Committee should monitor the latter. He sought more information on cooperation between the WHO Health Emergencies Programme and the department of the Secretariat addressing universal health care and the life course.

The representative of KAZAKHSTAN said that her country had approved a road map on the implementation of the International Health Regulations (2005) and a health protection programme that included real-time epidemiological surveillance, immunization and personnel training.



The representative of MADAGASCAR outlined the ways in which his country had implemented the requirements of the International Health Regulations (2005), including the introduction of electronic surveillance in international public health emergency reporting. In that regard, he highlighted the need for technical and financial cooperation.

The representative of MALAYSIA said that the Secretariat should support Member States by providing the financial and human resources necessary for the implementation of the International Health Regulations (2005).

The representative of MALDIVES gave examples of the progress his country had made in improving public health preparedness and response in line with the recommendations made following its joint external evaluation in 2017. However, there were still substantial improvements to be made. Considering the high rate of global travel and the concomitant increased likelihood of the rapid spread of communicable diseases, he underscored the importance of coordinated efforts towards improving public health preparedness and capacity to respond.

The representative of MALAWI, speaking on behalf of the Member States of the African Region, applauded the support countries in his region had received in the form of joint external evaluations, and mentioned several initiatives that had been undertaken in the region in line with the International Health Regulations (2005). More progress should be made in developing the core capacities required by the International Health Regulations (2005), including by incorporating the Regulations into national legal frameworks and information sharing between countries.

The representative of THAILAND said that well-trained staff within a powerful network with community engagement were key to strong national capacities for preparedness and response. There should be greater focus on strengthening the core capacities required by the International Health Regulations (2005) and monitoring the progress of national action plans. He encouraged Member States to focus on a multisectoral approach to health system strengthening and to mobilize resources to support work relating to public health emergencies.

The representative of the RUSSIAN FEDERATION said that her Government supported the Organization's efforts to implement measures in response to public health emergencies but did not share the optimistic view of the Independent Oversight Advisory Committee on the work carried out by WHO and its partners. The high rate of injury among health workers was a consequence of shortcomings in their training. Some countries with the capacity to assist in the development of a public health emergency response, including the Russian Federation, had not been involved in the process. Recent efforts to collect and disseminate data on attacks on health facilities therefore breached resolution WHA65.20 (2016), and the issue should be discussed at the 146th session of the Executive Board.

Since the joint external evaluation mechanism had not been approved as a mandatory requirement under the International Health Regulations (2005), it should not be included as a compliance criterion. It was also unfair to criticize countries for exercising their right under paragraph 43 of the Regulations to implement additional health measures in response to specific public health risks. She supported the Secretariat's proposal to draft evidence-based guidance on screening at points of entry and exit.

The representative of the BAHAMAS said that preparedness and response to public health emergencies should be prioritized, given the threat that they posed to collective health and well-being. Despite efforts made by her Government to strengthen laboratory capacity and emergency planning, her country still faced challenges in compliance with zoonotic, chemical and radio-nuclear event core capacities and lacked sufficient human resources to implement the International Health Regulations (2005). She called on the Secretariat to enhance mechanisms and foster collaboration to eliminate gaps in the relevant core capacities to ensure health security. She welcomed the proposed evidence-based guidelines and noted that the simplified format of the revised State Party Annual Reporting questionnaire

had eased the reporting burden. WHO should address any gaps identified and enhance capacities at points of entry, in particular to respond to emergencies involving chemicals and radiation.

The representative of CHINA said that the report had provided specific, well-targeted and actionable suggestions on how to tackle existing challenges. Moving forward, the Secretariat should conduct studies and implement improvement measures, in particular to optimize day-to-day operations and procedures to tackle public health emergencies effectively, improve administrative efficiency and accomplish the goals of the WHO Health Emergencies Programme in a timely manner. His Government stood ready to provide support to Member States to safeguard public health and safety.

The representative of ETHIOPIA acknowledged the progress made in building and maintaining the core capacities required by the International Health Regulations (2005). However, gaps remained in vulnerable countries with weak health systems and those in conflict situations. The timely and transparent reporting of country capacities and event-related information was needed in emergency settings. She urged Member States to make a critical assessment of the situation on the ground and refer to WHO advice before implementing health measures in order to avoid discouraging other countries from reporting public health emergency events in a timely manner.

The representative of COLOMBIA said that the Secretariat should help countries to manage their resources, exchange experiences between regions and build capacities in epidemiological surveillance and risk communication. Since WHO played a leading role in international public health emergency control, the Secretariat should continue to promote the implementation of risk management systems among Member States, with a focus on the Region of the Americas in the light of the region's current migration situation.

The representative of the REPUBLIC OF KOREA commended WHO and its partners on their efforts to combat Ebola virus disease outbreaks in the Democratic Republic of the Congo since 2018. However, unsafe conditions in the region and lack of compliance among local communities were causes of concern. The WHO Health Emergencies Programme had played a vital role in the response to and deceleration of the Ebola outbreak. However, the allocation of financial and human resources required further attention and discussion. His Government pledged to donate US\$ 500 000 to the Organization's work to tackle Ebola virus.

The representative of the ISLAMIC REPUBLIC OF IRAN stressed that, given the importance of preparedness for public health emergencies, the Secretariat should help Member States to develop national health security plans and prepare a timely response to potential emergencies with the active participation of countries. More resources should be mobilized towards the fast-track development of effective diagnostic tests, vaccines and medicines and Member States should be kept abreast of developments in the area. The Organization should pay closer attention to risk communication, management and response and improve early warning systems. Member States should channel more investment into readiness and response to signals of health risks and imminent high-priority risks, and the Secretariat should provide more technical assistance in those areas. National technical bodies should take heed of the contents of the report to improve their own systems.

The representative of NAMIBIA commended the implementation of the International Health Regulations (2005) monitoring and evaluation framework, especially the increase in the number of joint external evaluations and simulation exercises completed, and the progress made in surveillance, laboratory capacity and improvements in National IHR Focal Point functions. However, insufficient progress had been made in the development of capacities to respond to chemical events and radiation emergencies and at points of entry. He urged the Secretariat to strengthen collaboration with relevant organizations such as the Organisation for the Prohibition of Chemical Weapons and the International Atomic Energy Agency. Given the current focus on universal health coverage, an addendum to the core capacity index should be included in future reports on the International Health Regulations (2005).

submitted to the Health Assembly. He expressed his appreciation for the support provided by the Secretariat to Member States on the development of public health risk profiles.

The representative of AUSTRALIA noted with concern the increase in cases of Ebola virus disease but commended WHO and the Government of the Democratic Republic of the Congo for their response under difficult circumstances. She supported the recommendations of the Independent Oversight and Advisory Committee. The International Health Regulations (2005) remained a key mechanism for the improvement of global health security. Capacity-building should be placed in the context of broader health system strengthening. She expressed her appreciation of the Organization's work to promote the joint external evaluation process as a valuable tool for measuring health security capacity and commended Member States on their engagement in the process. She was pleased to see the continued progress and strengthening of the WHO Health Emergencies Programme, including its improved coordination with technical networks and nongovernmental organizations on initiatives such as the Global Outbreak Alert and Response Network. She encouraged WHO to engage proactively with and leverage those partnerships. She supported WHO's commitment to ensuring the safety of staff and partners in the field and to the protection of staff from sexual harassment, exploitation and abuse.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND commended WHO on its work to control the Ebola virus outbreak. WHO should work with other United Nations organizations to address security challenges, increase engagement with communities and allow WHO to focus on the public health response in the Democratic Republic of the Congo. The outbreak would only be contained through sustained political support for the Government of the Democratic Republic of the Congo, an enabling environment for the response to Ebola virus and the mobilization of significant additional financial resources; it was therefore encouraging to hear several Member States pledging funds.

The WHO Health Emergencies Programme should retain its successful structure. She welcomed the recommendation on surge capacity to avoid further overburdening staff members; teams formed for that purpose should comprise an appropriate mix of experts. She supported the recommendations on the development of internal culture and feedback processes among staff. Those recommendations should consider conflict situations to ensure that they were equally applicable to front-line staff.

The representative of INDIA, describing the measures taken by his Government to implement the International Health Regulations (2005), welcomed the Secretariat's efforts to draft guidelines on the implementation of additional health measures during public health events, which would help to prevent the unnecessary imposition of travel and trade restrictions, such as those recently imposed on his country by other Member States. WHO should proactively coordinate with Member States on such issues, and focus on the entire continuum of disaster management, especially mitigation imperatives. Resources had to be mobilized effectively during emergencies and regional offices should be granted sufficient resources and flexibility in decision-making. In particular, the mobilization and maintenance of emergency medical teams in countries requiring humanitarian assistance should be funded through the WHO Contingency Fund for Emergencies. WHO should seek ways to garner support from donors for public health emergencies as a priority.

The representative of the NETHERLANDS said that the situation in the Democratic Republic of the Congo was deteriorating despite the courageous work of local health workers to combat the Ebola virus outbreak and the support provided by WHO and partners to the Government. The political and socioeconomic differences between locals and foreign humanitarian workers complicated the already fragile situation on the ground, and it was difficult to convince people who were already struggling to get by to shift their attention to an unfamiliar disease. A broader, more culturally sensitive approach was needed that addressed not just the physiological but also psychosocial health needs of the affected population. She urged WHO to engage proactively with relevant partners to allow the Organization to focus on its core mandate and for all stakeholders to continue their positive engagement with the community. Investment would be needed to ensure that the Democratic Republic of the Congo could

count on the resilience of its own health system after the departure of international stakeholders from the field.

The representative of ISRAEL supported WHO's work in strengthening emergency preparedness among national health systems. She expressed appreciation of the WHO Emergency Medical Teams Initiative, which was aimed at assisting Member States in capacity-building and emergency health system strengthening and facilitating the smooth deployment of quality-assured medical teams during emergencies. The Organization's efforts to lead a joint response to emergencies would only succeed through a comprehensive approach that spanned the full emergency cycle from prevention and preparedness to response and recovery. Although the briefings on emergency operations provided throughout the year were appreciated, the Secretariat should provide more detail in the annual report on its work on health emergencies.

The representative of GUYANA said that her Government was committed to capacity-building for public health emergency preparedness and response. In 2018, WHO/PAHO had supported her country in its response to the emergence of several diseases due to migration from neighbouring countries.

The representative of NIGERIA noted with satisfaction that all countries in the African Region had reported on their public health emergency prevention and response capacities for the second consecutive year. His country had experienced outbreaks of several diseases in the past year, which had highlighted the critical need to build operational readiness at the national and subnational levels. A mid-term joint external evaluation would be carried out in 2019. He requested continued support from the Secretariat for the implementation of Nigeria's national action plan.

The representative of NIGER said that his Government had completed a joint external evaluation and was finalizing its One Health action plan for health security. WHO should continue to help countries fulfil their obligation to implement the International Health Regulations (2005) by mobilizing financial resources to support capacity-building.

The representative of CAMBODIA described the steps taken by her Government to enhance national capacities for the prevention, early detection and timely response to public health threats in the scope of the International Health Regulations (2005). Her Government would continue to accelerate efforts to build and maintain core capacities by strengthening intersectoral coordination.

The representative of CÔTE D'IVOIRE noted the progress made in his country to strengthen the core capacities required by the International Health Regulations (2005), including the signing of decrees on public health emergency operation centres under a One Health approach and simulation exercises to test their core capacities.

The representative of ERITREA said that the rise in emergencies and acute outbreaks demanded concerted efforts at the national and international levels. He underlined the need for increased coherence among incident management teams and improvements in decision-making and coordination at all levels of the Organization. The Secretariat should work in collaboration with development partners to address the funding gap and tackle staff exhaustion resulting from prolonged operations due to the protracted global health crisis.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA said that close collaboration with WHO had proved indispensable in strengthening the timely response to public health emergencies of international concern and mitigating their social and economic complications. He outlined steps taken by his Government to develop the national core capacities required by the International Health Regulations (2005). He was confident that WHO would take appropriate action to

ensure that all Member States possessed adequate mechanisms and resources for the successful implementation of the Regulations.

The representative of IRAQ requested the Secretariat to upgrade the National IHR Focal Point reporting system. She described her country's efforts to meet the requirements of the International Health Regulations (2005) and follow the recommendations on the application of trade and travel restrictions. She asked for support from the Secretariat in strengthening her country's emergency preparedness and response.

The representative of TOGO said that his Government had made progress in implementing the International Health Regulations (2005). While the recent joint external evaluation had highlighted some positive steps, his Government still needed to strengthen its multisectoral approach and operational capacities. He requested support from partners in the development and implementation of his country's national health security plan.

The representative of the UNITED REPUBLIC OF TANZANIA said that the high rate of annual reporting for 2018 showed the high level of countries' commitment to the International Health Regulations (2005). Embedding health security in national planning was key. With regard to delays in countries notifying WHO of events, low awareness and frequent turnover among National IHR Focal Points were a challenge in the African Region. WHO and partners should focus attention on areas where progress was lagging, such as capacity-building in the areas of points of entry and ship sanitation certification.

The representative of ZIMBABWE expressed appreciation for WHO support in implementing her country's joint external evaluation, which had identified gaps in national capacity for emergency and outbreak response. The Secretariat should continue to support efforts to build the core capacities required by the International Health Regulations (2005) for effective implementation of related national action plans. She praised the quick action of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme during the response to the Ebola outbreak, which had helped to avert more deaths.

**Dr Assai Ardakani took the Chair.**

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that his organization's work for the Ebola response in the Democratic Republic of the Congo was at a critical juncture. Increased community non-acceptance and the challenges posed by contact tracing were increasing the risk of transmission. To reverse that trend, a community feedback system had been introduced to build trust and local ownership of the response and to collect feedback that could inform operational decision-making. That system demonstrated the need to listen and respond to community concerns.

The observer of GAVI, THE VACCINE ALLIANCE noted that routine immunization and strong primary health care helped to prevent outbreaks and strengthened the country capacities that enabled early detection and response. She expressed concern about the growing number and risk of disease outbreaks, to which communities with large numbers of underimmunized children due to weak primary health care systems were particularly vulnerable. Although the Ebola vaccine had played a major role in saving lives in the Democratic Republic of the Congo, the increasing risk of geographical spread and risks to health workers were of serious concern. Strong political leadership, financing to build resilient primary health care systems and improving routine immunization coverage and equity would be key to averting future disease outbreaks.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, expressed regret that armed conflicts were not recognized in the report as a major

risk factor for public health. Health care workers faced increasing attacks during armed conflict, in violation of humanitarian law and human rights. Respect for medical neutrality was a key requirement for an adequate public health emergency strategy. Universal health coverage and robust primary health care were the foundations for sustainable emergency preparedness. A well-trained national health and emergency response force was central to rapid response to health emergencies and prevention of epidemics and pandemics.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, called on WHO to reaffirm its commitment to United Nations Security Council resolution 2286 (2016), prioritize the safety and well-being of health workers on the front line and support the development of strong primary health care systems. He called on Member States to adhere to 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, noting concerns regarding blood samples taken during the 2014–2016 Ebola virus epidemic, and to finance the WHO Contingency Fund for Emergencies and the World Bank Group's Pandemic Emergency Financing Facility.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC., speaking at the invitation of the CHAIRMAN, called for palliative care to be integrated into responses to humanitarian emergencies and crises, and urged Member States to refer to the WHO guide on *Integrating palliative care and symptom relief into the response to humanitarian emergencies and crises*.

The representative of IOM said that continued support for Member States that were strengthening and maintaining the core capacities required by the International Health Regulations (2005) was critical. In partnership with WHO and the Ministry of Health of the Democratic Republic of the Congo, IOM had used mobility trends to minimize transmission of the Ebola virus to new areas and across borders. Nevertheless, further investment and research into the link between national and international migration, as addressed in the Regulations, was needed.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, urged Member States to continue building capacities to detect, prevent and respond to health threats, as emergency preparedness in most countries remained inadequate. States had to prioritize investments to stop outbreaks at their source and to develop vaccines, therapeutics, rapid diagnostics, medical countermeasures and other lifesaving tools to prevent the next outbreak from growing into a pandemic. The Ebola virus outbreak in the Democratic Republic of the Congo highlighted the immediate need to strengthen response capacities in conflict-affected and fragile settings. She encouraged WHO to consider all diagnostic tools for emerging infectious diseases and other neglected tropical diseases. WHO should help countries prevent antimicrobial resistance in preparedness activities by strengthening antibiotic capacities, and improve preparedness and response measures.

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

**The meeting rose at 13:00.**

### **THIRD MEETING**

**Tuesday, 21 May 2019, at 14:35**

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

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

**Proposed programme budget 2020–2021:** Item 11.1 of the agenda (documents A72/4, A72/5, A72/INF./2, A72/INF./3 and A72/63)

The representative of ZAMBIA, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, presented the report on the Committee's consideration of the Proposed programme budget 2020–2021 contained in document A72/63. The Committee had noted that the changes made to the Proposed programme budget were consistent with the discussions of the Executive Board at its 144th session and appreciated the consultative process undertaken and highlighted the Proposed programme budget's integrated health system approach and alignment with the Thirteenth General Programme of Work, 2019–2023 and the Sustainable Development Goals. The use of the balanced scorecard approach and focus on measuring impact at the country level were welcome. The strengthening of country offices must be accompanied by good oversight. While welcoming the projected efficiency savings, the Committee wished to better understand the resource mobilization and partnership strategy for 2019–2023. It had been pleased at the focus on health outcomes through the WHO Impact Framework for the Thirteenth General Programme of Work, 2019–2023 and the link between those outcomes and the Sustainable Development Goals. He drew attention to the draft resolution on the Proposed programme budget contained in document A72/63, and recommended its approval.

The representative of MEXICO, speaking on behalf of Argentina, Australia, Canada, Chile, Costa Rica, Finland, France, Germany, Iceland, Ireland, Israel, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Peru, Sweden, the United Kingdom of Great Britain and Northern Ireland and Uruguay, noted that the budget's commitment to equity, gender and human rights complied with WHO's commitments under the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women, which contained standards related to budgeting and planning, including the establishment of a financial benchmark for gender equality work and tracking of the financial resources allocated to that work. She asked how the Secretariat planned to advance those two standards. Fulfilling those obligations would require strong and visible commitment from senior management, adequate resourcing, engagement and accountability. While welcome progress had been made, gender, equity and human rights must be firmly linked to programme areas and the mandate to influence corporate processes to ensure ownership, implementation and impact. She strongly endorsed the inclusion of equity, gender and human rights as assessment parameters in the balanced scorecard approach. The necessary additional human and financial resources should be drawn from core resources.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement. She welcomed the integrated approach taken in the Proposed programme budget 2020–2021. Areas where WHO

enjoyed a significant comparative advantage must be prioritized; the Organization's normative and coordination functions must therefore be adequately financed. Insufficient resources had been invested in WHO's enabling functions, including accountability and staff security, in recent years. For the Proposed programme budget 2020–2021 to hold the Secretariat to account and provide a rationale for subsequent resourcing decisions, it must clearly outline and measure the expected outputs.

She welcomed efforts to strengthen WHO's work at the country level. That work, as well as the work of the WHO governing bodies, must be given adequate oversight, and Member States must receive adequate information to provide guidance on WHO's work in countries. WHO should use the resource mobilization and partnership strategy to generate the funds required for the proposed base budget increase. She asked how much of that funding could already be projected. She supported the draft resolution and Proposed programme budget 2020–2021, and requested timely and accurate information on the allocation of resources.

The representative of GERMANY said that his Government had used five principles to assess the Proposed programme budget 2020–2021, namely: adequate finances for WHO's core mandate; adequate funding for its enabling functions; clear identification of the areas most in need of funding; the provision of funding only where adequate oversight mechanisms were in place; and the channelling of funding to where it was required. Although not all of those requirements had been met, he was willing to approve the Proposed programme budget because progress had been made, and the new approach taken was positive. He stood ready to enter into discussions on the budget even after its approval.

The representative of MONACO, noting that she shared the concerns raised by the representatives of Romania and Germany, said that an integrated approach to the Proposed programme budget 2020–2021 must be taken, with more attention paid at the country level, which would require increased monitoring of budget implementation, particularly in view of the unsatisfactory implementation of the Programme budget 2018–2019 and the significant increase to the Proposed programme budget 2020–2021. The documents under the current agenda item had been published very late. Despite the issues relating to follow-up in the Proposed programme budget, she was ready to approve the programme budget and the draft resolution, and requested regular updates on programme budget implementation. The remaining work on the WHO Impact Framework should be completed in consultation with Member States.

The representative of the RUSSIAN FEDERATION welcomed the fact that the first programme budget developed under the Thirteenth General Programme of Work, 2019–2023 was aligned with the Sustainable Development Goals and constituted a road map for achieving health targets. He noted that the Proposed programme budget 2020–2021 would be implemented alongside the wider United Nations reform and called on the Secretariat to strengthen interinstitutional mechanisms across the United Nations system to improve cooperation and avoid duplication of work. He urged the Secretariat to cooperate fully with its counterparts at the United Nations and other bodies in developing new forms of joint spending, particularly with regard to the new United Nations Resident Coordinator system. He drew attention to the fact that WHO's work in the area of noncommunicable diseases was not fully financed; it was to be hoped that the new budgeting format would reverse that trend. He expressed concern at the late publication of the report by the Programme, Budget and Administration Committee.

The representative of BAHRAIN said that she fully supported the Proposed programme budget 2020–2021, which reflected WHO's commitment to the United Nations development system reform, provided there was a clear and manageable funding plan. The proposed initiatives would incorporate a value-for-money approach into WHO's work; key officials and programme directors in Member States should be involved in work on the value-for-money approach prior to operational planning for the biennium 2020–2021. Data collection and reporting capacities at the country level must be comprehensively assessed, with capacity-building to close any gaps.



The representative of BARBADOS said that the Director-General must continue to give priority to the Region of the Americas, particularly small island developing States. While the budget had increased, his Region lagged behind in terms of proportional funding.

The representative of the PHILIPPINES said that he welcomed the changes to the Proposed programme budget 2020–2021, particularly its focus on measurable impact and a more integrated health systems approach. His Government looked forward to receiving support in producing sustainable outcomes and welcomed the alignment of work at all three levels of WHO.

The representative of CHINA supported the Proposed programme budget 2020–2021. The budget increase was necessary given the growing, complex global health challenges facing WHO, which would require enhanced fundraising. The Proposed programme budget should better align with national priorities; she asked how the Secretariat would ensure that voluntary contributions were earmarked in line with such priorities. She agreed that the Proposed programme budget should allocate extra funding to data and innovation, particularly in low- and middle-income countries.

The representative of SWITZERLAND said that the Proposed programme budget 2020–2021 seemed adequate for the implementation of the Thirteenth General Programme of Work, 2019–2023, and the achievement of the “triple billion” goals. The Secretariat must keep Member States informed of dialogue with potential donors and progress regarding voluntary contributions. She asked how the proposed target of US\$ 99 million in savings would affect WHO staff. She welcomed the strengthening of activities at the country level and looked forward to discussions on governance. Turning to the WHO Impact Framework, she noted that synergies within the United Nations system were essential.

The representative of THAILAND said that he welcomed the links to strategic priorities in the Proposed programme budget 2020–2021. However, he remained concerned that much of the budget came from voluntary contributions. That issue could be addressed by raising assessed contributions and encouraging donors to increase unearmarked voluntary contributions. WHO must refrain from using resources from industries that negatively affected health and must draw on its social and intellectual capital, in addition to financial resources.

The representative of AUSTRALIA welcomed the improvements to the Proposed programme budget 2020–2021 and its integrated approach and focus on delivering impacts. Increased resources for country offices must be accompanied by increased monitoring of their performance and support for capacity-building. He supported the budget increase for universal health coverage and health systems strengthening and welcomed the greater focus on global public health goods and efforts to improve the predictability and flexibility of funding. Member States should increase the quality of their funding, for example by increasing core voluntary contributions and reducing earmarking. He looked forward to the prompt finalization of the resource mobilization and partnership strategy and, critically, the WHO Impact Framework, in particular a finalized set of programmatic indicators. It would be useful to know how funding allocations would be prioritized in the event of a shortfall. He supported the draft resolution.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that she supported the Proposed programme budget 2020–2021. The new budget would require changes not only to processes, systems and procedures but also to WHO’s organizational culture, with the opportunity for even closer collaboration at all levels to achieve the goals of the Thirteenth General Programme of Work, 2019–2023. The delivery of the Proposed programme budget and implementation of the transformation agenda were clearly interdependent. The balanced scorecard approach would keep WHO focused on impact, gender, equity and human rights, and value for money. She looked forward to the finalization of the WHO Impact Framework and urged the Secretariat to focus on effective and strategic resource mobilization during the 2020–2021 budget period.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, commended the Secretariat on the consultative process undertaken to develop the first proposed programme budget under the Thirteenth General Programme of Work, 2019–2023. The focus on measurable public health impacts in every country, the shift from a disease-specific to health systems approach and the synergies in delivery across the three levels of the Organization were unique features. Expressing regret for the death of staff members in the course of their duties, she urged countries to strengthen the protection of health care workers and the Secretariat to do more in health emergencies. The creation of the Science Division was welcome, and the Secretariat should continue creating synergies at different levels of the Organization. She supported the reintroduction of a budget line for emergency operations and appeals and was pleased that the functions under the Global Polio Eradication Initiative would continue. Commending the translation of the “triple billion” goals into outcomes and the introduction of the balanced scorecard approach, she wished to know the specific time frame for the balanced scorecard pilot, the parameters for success and the alternatives if the pilot were unsuccessful. She expressed appreciation for the increase in funding for country offices in the Region and welcomed the resource mobilization and partnership strategy, 2019–2023, calling for support from the Secretariat, more flexible funding from partners and a better integration of funding to prevent fragmentation. The explanations in the Proposed programme budget 2020–2021 of how the Secretariat would deliver were a measure of transparency and accountability. She supported approval of the Proposed programme budget.

The representative of SOUTH AFRICA commended the robust resource mobilization efforts made by the Secretariat. The additional outcome indicators and Secretariat support for countries on data collection and reporting would ensure that all Member States monitored progress towards achieving the health-related Sustainable Development Goals, particularly through universal health coverage and patient-centred care systems. Although, during the priority-setting process, Member States had ranked outcome 1.3 (Improved access to essential medicines, vaccines, diagnostics and devices for primary health care) fourth and outcome 4.1 (Strengthened country capacity in data and innovation) fifth, for those outcomes, the headquarters budget exceeded the regional budget. She queried which activities for the two outcomes would be covered in the budget and recommended that those activities should be undertaken at the regional level. She endorsed approval of the Proposed programme budget 2020–2021.

The representative of CANADA supported the increased emphasis on measurable impact and breaking down silos for a more integrated, systems-focused approach. The innovative approach to strengthening the measurement of WHO outputs was welcome, particularly the integration of gender, equity and human rights into the balanced scorecard, and would require additional core resources. She valued WHO’s technical and normative functions and was confident that the focus on country-level impact would strengthen the relevance and utility of the global public health goods produced by the Organization. She underscored that country-level impact would require strengthened country offices, with the right staff, possessing the right skills, in the right place. The proposed budget increase was ambitious, and the growing reliance on voluntary contributions presented an institutional risk. A formalized resource mobilization strategy was critical to help mitigate that risk, and should be developed before the 146th session of the Executive Board in January 2020.

**Dr Lutucuta took the Chair.**

The representative of JAPAN supported the draft resolution. While acknowledging the Secretariat’s efforts in preparing the Proposed programme budget 2020–2021, she drew attention to its late release. Monitoring budget implementation was critical in view of the new budget structure. She requested the provision of timely updates on the implementation of the Proposed programme budget and asked how the results framework would be used to structure the next programme budget.

The representative of the DOMINICAN REPUBLIC reiterated the statement made by her Government at the meeting of the Programme, Budget and Administration Committee in May 2019, highlighting the increasing disparity between budget ceilings and the actual funding received by the Region of the Americas. Her Region received one of the smallest budget allocations compared to similar regions. She requested the Secretariat to correct the budget allocation for her Region, to make it comparable to the European Region or the Western Pacific Region, and to increase actual funding, particularly flexible funding, for all regional offices.

The representative of NORWAY, welcoming the new Science Division and more systematic approach to normative and technical work, said that adequate skills and resources at headquarters were needed for WHO to be strong and efficient and remain the world's normative health agency. Efficiency savings must not undermine the leadership and normative function of headquarters. He requested the Director-General to keep Member States informed of measures to meet the savings target. Sufficient resources for enabling functions must be safeguarded in order to match WHO's ambitions. He welcomed the transfer of poliomyelitis transition costs to the base budget and the Organization's commitment to poliomyelitis transition, emphasizing that transition planning and implementation at the country level must not be delayed. He supported the strengthening of country offices, with adequate oversight and assurance systems. The United Nations reform would positively impact WHO's work; it would be important to optimize collaboration and ensure an integrated approach in country offices to deliver on that reform and the Global Action Plan for healthy lives and well-being for all.

The representative of PANAMA welcomed the changes to the budget structure but hoped for a more precise, equitable and transparent budget allocation in the future; the prioritization criteria used remained unknown. She recommended broadening the prioritization methodology at the country level, using PAHO's experience. The new output assessment model was welcome, but should be validated within two years. She suggested: including funding projections in the next budget, with specific details whenever increases were requested; improving the presentation of budget spaces; evaluating the resource mobilization and partnership strategy and communicating the findings; establishing mechanisms for control and oversight of budget implementation, given the low implementation rate; and reviewing the list of actions under the heading "More effective and efficient WHO providing better support to countries" in document A72/4, since they were inflexible and hinder action on national priorities. Thanking the Programme, Budget and Administration Committee for taking on board the recommendation that the WHO/PAHO technical teams should jointly analyse the problem of defining budget ceilings, she requested the Director-General to correct the budget allocation for the Region of the Americas as it was decreasing and did not align with that of other regions.

The representative of the BAHAMAS applauded the results-based budgeting and new balanced scorecard approach in the Proposed programme budget 2020–2021, which added a layer of visibility and accountability to the programme budget. He appreciated WHO's responsiveness to the recurring call to reduce and harmonize the performance indicators that Member States must report on. Despite increased budget resources at the country level, the regional budget allocation was unsatisfactory, with the Region of the Americas receiving the lowest allocation in absolute terms and percentage increase. In addition, the funding of the budget space was uncertain. In view of the great health inequalities, noncommunicable disease burden and violence in the Region, he called for a reconsideration of its budget allocation. Outcome 4.1 (Strengthened country capacity in data and innovation) was particularly relevant; the Secretariat should develop a comprehensive road map and toolkit in that area. Robust data systems were cross-cutting and fundamental for strengthening health systems and finding innovative, effective health solutions.

The representative of BRAZIL supported the innovations in the Proposed programme budget 2020–2021. The reliance on voluntary contributions, however, was a cause for concern. Particularly worrying was the large proportion of earmarked contributions, which could lead to resource shortages in priority areas for developing countries. He noted the degree of flexibility to reallocate resources,

trusting that any reallocation would not harm priority programme areas. The alignment of the budget with the political priorities agreed at the United Nations General Assembly, with special attention to the United Nations development system reform and the Sustainable Development Goals, was valued.

The representative of BELGIUM said that the proposed increase in the base budget, although large, was realistic in the light of overall funding levels and WHO's increased visibility. He expressed concern that a larger reliance on flexible contributions to fund the increase might discourage countries, including his own, from making voluntary contributions. The increase of 2% for universal health coverage, in comparison with 40% for emergency situations, was far too small. Regarding the third pillar of the Proposed programme budget 2020–2021, pockets of poverty remained, and more discipline was needed when setting new priorities.

The representative of the UNITED STATES OF AMERICA said that he supported the country-focused approach, which would require enhanced accountability and internal controls. WHO's commitment to helping countries meet global targets in areas such as communicable diseases was appreciated. He called for a final push for a poliomyelitis-free world and supported polio transition. The Secretariat must ensure that sufficient resources were mobilized for the ambitious budget and that structures and new business processes were aligned with strategic shifts and resource availability. He endorsed approval of the Proposed programme budget 2020–2021.

The representative of ETHIOPIA supported the focus in the Proposed programme budget 2020–2021 on measurable impacts, prioritization to drive public health impacts in every country and demonstrate resource alignment with impact, and the change from a disease-specific approach to an integrated, holistic approach. WHO's strategic focus on countries would enhance its normative role at all levels. The Secretariat should therefore continue strengthening operations at the country level. Balanced consideration should be given to the normative, technical and coordination roles of the Organization when allocating and spending resources. She endorsed approval of the Proposed programme budget and draft resolution.

The representative of PARAGUAY said that the disparity between the budget increase and actual budget allocation for the Region of the Americas remained a cause for concern. The allocation for her Region should be corrected and funding for all regional offices increased.

The representative of the UNITED REPUBLIC OF TANZANIA said that the mainstreaming of the poliomyelitis budget and establishment of a budget line for emergency preparedness and response would ensure the sustainability of key functions and activities and facilitate the effective use of resources. The six assessment parameters of the balanced scorecard were qualitative; clear, transparent guidelines should be developed. She supported approval of the Proposed programme budget 2020–2021 and looked forward to the finalization of the WHO Impact Framework.

The representative of ISRAEL said that presentation of the budget implementation on the WHO Programme Budget Portal had been useful. The enhanced focus on impact at the country level and the strengthening of country data collection systems was welcome, as was the development of indices such as the health emergency protection index and healthier population index. She stressed the importance to accurate health trend monitoring of strengthened methodological guidance from WHO and the capacity and responsibility of countries to gather information in line with professional standards. She supported WHO's normative role and approval of the draft resolution.

The representative of MEXICO said that, while the increased funding for noncommunicable diseases was positive, it was insufficient to address the challenges posed by those diseases and in comparison with the resources allocated to other areas. Poliomyelitis, in particular, remained overfunded. The increased funding for corporate and enabling functions was also of concern. It was important to inform Member States of how the Proposed programme budget 2020–2021 would

contribute to the targets set for 2023. The comprehensive analysis of potential savings and efficiencies was welcome, although opportunities remained in those areas, as well as in relation to human resources; those opportunities should be examined in greater detail. She noted the challenge of gathering the information needed to report on progress, particularly for low- and middle-income countries. WHO country offices should provide the necessary technical capacity-building in that regard. Results should be reviewed in the short-, medium- and long-term.

The representative of VIET NAM welcomed the strengthened bottom-up planning process, which included extensive country consultation on the priority outcomes underpinning each of the “triple billion” goals. She appreciated the budget increase and thanked the Secretariat and development partners for their technical and financial support.

The representative of COLOMBIA said that, in a restricted financial context, it was essential to clearly define the functions and added value of different strategies and align national efforts with those of WHO to improve cost-effectiveness. He welcomed the reintroduction of a budget line for emergency operations and appeals in the Proposed programme budget 2020–2021, which considered the need for capacity-building at the global level. He supported the priority areas identified and expected that the Proposed programme budget would strengthen the capacities of Member States. He expressed concern that the Region of the Americas had received the smallest increase in budget allocation and noted the decrease in the percentage allocated to regional offices from the base segment. Turning to the WHO Impact Framework, more work was needed on programmatic indicators, which should be aligned with the Proposed programme budget and country priorities.

The representative of INDONESIA said that, to improve the financing of the Proposed programme budget 2020–2021, the Secretariat should map donors according to the Programme budget 2018–2019 to minimize changes to the Proposed programme budget. She appreciated WHO’s commitment to the United Nations development system reform. Such commitment had been demonstrated through the development of the WHO Impact Framework, creation of the Science Division and reintroduction of a budget line for emergency operations and appeals.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, supported the proposed balanced scorecard approach for measuring outputs that would replace the previous measurement method based on indicators. He welcomed the increase in the total base segment of the Proposed programme budget 2020–2021 and encouraged the Director-General to make all efforts to mobilize the resources needed for its financing.

The representative of MALAYSIA welcomed the development of a new comprehensive output measurement system, which would ensure accountability at all three levels of the Organization. It was reassuring to note that the WHO Impact Framework was fully aligned with the Sustainable Development Goal indicators. She hoped that the increased funds channelled towards the Western Pacific Region would strengthen WHO’s capacities at the country level. She strongly supported the budget’s focus on the “triple billion” goals as strategic priorities, and recommended the approval of the Proposed programme budget 2020–2021.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, wished to know why oral health was not included among the programmatic indicators of the Proposed programme budget 2020–2021. She urged Member States to monitor and report on indicators relating to the prevalence of dental caries and edentulism, and the Secretariat to include such indicators in the Proposed programme budget. She stood ready to support WHO in collecting oral health data.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, noted that palliative care indicators were not included in the WHO Impact Framework. Acknowledging that WHO had been working to collect better data on palliative care, he encouraged the Organization to make the inclusion of palliative care indicators a priority, in order to drive progress in that area.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, highlighted the need to transition rapidly from a budget with a disease-specific approach to one that funded noncommunicable disease prevention programmes addressing all risk factors. She called on WHO to ensure adequate resources to meet increasing demand for technical support on noncommunicable disease prevention and control. WHO should engage with donors to increase support for improved data collection and analysis, which would feed into monitoring and measurement as a basis for targeted interventions with maximum benefit.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN, commended the Secretariat for highlighting health-promoting fiscal measures, restrictions on alcohol advertising and alcohol control policies. There was increasing demand from Member States for technical support on alcohol policy “best buys”, especially alcohol taxation. He expressed concern over the reduced resources allocated to mental health and substance abuse work and requested WHO to allocate adequate resources, with alcohol policy as a priority. Engagement with the alcohol industry should not be framed as a multistakeholder partnership, and core roles should be limited to the actors stipulated in the WHO global strategy to reduce the harmful use of alcohol.

The DIRECTOR (Planning, Resource Coordination and Performance Monitoring) acknowledged that many issues remained with regard to the budget and would have to be addressed through collective efforts. The budget was realistic and set out more projected resources than in the previous biennium. An information document on the resource mobilization and partnership strategy would be presented at the 146th session of the Executive Board. The Secretariat would work with Member States to improve accountability, transparency and reporting and produce better reports, including on cost savings, taking into account value for money. The finalized concept of output measurement through a balanced scorecard would be presented in full at the 146th session of the Executive Board. The modest increase in enabling functions by 2021 would be sufficient to preserve and strengthen key accountability and oversight functions. The issue of security, particularly for staff in the field, had not yet been addressed and would be examined in the future. The budget share for the Region of the Americas had not increased in percentage terms since poliomyelitis functions, which had been mainstreamed into the base budget, were connected to countries in other regions. Organizational and cultural changes would be addressed but represented a significant challenge.

The DEPUTY DIRECTOR-GENERAL reaffirmed that the Proposed programme budget 2020–2021 was fully aligned with the Thirteenth General Programme of Work, 2019–2023 and 2030 Agenda for Sustainable Development. The Secretariat would report to the WHO governing bodies on its work at the country level. The move from a silo-based to an integrated approach in the budget would provide a unique opportunity for operational planning. She noted the importance placed on poliomyelitis transition in the Proposed programme budget, and acknowledged the need for WHO to continue delivering on targets related to poliomyelitis and to noncommunicable diseases. She assured Member States that the Secretariat would align its work with the United Nations development system reform, including United Nations Development Assistance Frameworks, while safeguarding its normative functions. The increased budget would require more accountability, which would be supported by the balanced scorecard approach. She concurred that changes in WHO’s organizational culture were needed. Such changes would require full implementation of the transformation agenda. Important progress had been made in developing a strong resource mobilization and partnership strategy, which would contribute to a predictable and flexible budget.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in document A72/63.

**The draft resolution was approved.<sup>1</sup>**

The CHAIRMAN invited Member States to comment on the WHO Impact Framework for the Thirteenth General Programme of Work, 2019–2023, contained in document A72/5.

The representative of BRAZIL agreed with the proposal to divide the WHO Impact Framework into two stages, focusing first on the health-related indicators of the 2030 Agenda for Sustainable Development. However, the unclear timeline for addressing the other topics included in the Framework remained a concern. The Secretariat should consult Member States to ensure that methodological challenges in measuring outcomes, including life expectancy and living conditions, were addressed.

The representative of FINLAND, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said that measuring WHO's impact on global health through the "triple billion" indicators was an innovative move within the multilateral system and would increase accountability. The Secretariat should work closely with Member States and other partners to develop the health monitoring and data collection capacities of national authorities. The WHO Impact Framework should avoid unnecessarily increasing reporting burdens, and the Secretariat should conduct trials during the development process to that end. While consensus had been reached on the overall design of the Framework, he noted that further work would be required to finalize the document.

The representative of the UNITED STATES OF AMERICA welcomed the consultative approach to the development of the WHO Impact Framework and expressed an interest in the balanced scorecard approach based on a multilateral performance assessment network. She looked forward to finalizing the two-stage WHO Impact Framework through consultations at the regional level and at WHO headquarters in the coming months.

The representative of AUSTRALIA welcomed the robust approach to measurement and accountability, and highlighted the importance of finalizing the WHO Impact Framework in order to assess the global impact of the Organization's work and whether donor funding provided value for money. She expressed appreciation for the balanced scorecard approach, with the integration of gender, equity and human rights, but said that work on output indicators and baselines should be prioritized to allow for the effective measurement of results for the biennium 2020–2021. In addition, given the increased funding for country offices, there should be specific indicators on WHO's performance at the country level; that would help the Secretariat to track trends over time and make comparisons across regions and programmes, enabling lessons to be learned. The Secretariat should continue to support Member States in improving their data and information systems.

The representative of JAPAN noted the late submission of document A72/5 and asked for documents to be released earlier in future given the importance of the topic. He requested clarification of whether, in noting the report, the Committee would imply agreement only with the programmatic indicators listed under stage 1, or also with the indices referred to under stage 2. He also asked whether the WHO Impact Framework overlapped with the results framework for the Proposed programme budget 2020–2021, outlined in document A72/4, and how the results of the Impact Framework would be reflected in Programme budgets in the future. The potential burden of data collection was a concern, and he expressed the hope that the results of case studies would provide clarification in that regard. He asked how, and how often, countries would be asked to provide data. Given that the Inter-Agency and Expert Group on Sustainable Development Goal Indicators had not accepted WHO's proposed universal

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA72.1.

health coverage index for indicator 3.8.1 under Sustainable Development Goal 3, he asked the Secretariat to make progress on monitoring universal health coverage on the basis of the Group's agreed current index, and provide a monitoring report prior to the 2019 high-level meeting of the United Nations General Assembly on universal health coverage.

The representative of THAILAND, referring to paragraph 16 of document A72/5 on service coverage, agreed that Member States should strive to measure effective coverage rather than crude coverage, but expressed concern regarding the investment in human and system resources required to gather and interpret the necessary data, and the major impact the transition to effective coverage would have on Member States in the measurement, interpretation and use of data. Any changes to the universal health coverage indicators under target 3.8 of the Sustainable Development Goals should be made in consultation with Member States, as agreed by the Director-General at the 144th session of the Executive Board, and not only with the Inter-Agency and Expert Group on Sustainable Development Goal Indicators.

The representative of URUGUAY welcomed the innovative approach to results monitoring, but stressed that WHO results were not the same as Member State results and those terms should not be used as synonyms. She noted that meaningful changes in health status would not occur every year, so it would be more effective to monitor results at the end of the Thirteenth General Programme of Work in 2023. The Secretariat should intensify efforts to strengthen Member States' reporting capacity on the Sustainable Development Goal targets in order to identify successful initiatives for attaining the Goals. She asked the Secretariat to pilot the WHO Impact Framework in selected countries to assess its processes and effectiveness, and submit an annual report to the Executive Board as a basis for deciding how to extend it to other countries. She looked forward to further work on the WHO Impact Framework, notably with a view to avoiding the burden of double reporting.

The ASSISTANT DIRECTOR-GENERAL (Data, Analytics and Delivery) welcomed Member States' support for the WHO Impact Framework and reiterated the Secretariat's commitment to continue to consult Member States during the finalization process. The programmatic indicators contained in the Proposed programme budget 2020–2021 had been finalized based on Member State input. The Secretariat would redouble its efforts to promote reliable data and support Member States in strengthening their national health information systems.

In order to finalize the WHO Impact Framework, the Secretariat would refine the milestone values for the programmatic indicators, baselines and 2023 targets; and further develop the methods used to calculate the "triple billion" indices. The Secretariat would use the approved 2017 universal health coverage index for reporting at the 2019 high-level meeting of the United Nations General Assembly on universal health coverage and in the monitoring report; and it would continue to finalize the health emergency protection index and healthier population index in consultation with Member States. She welcomed the suggestion to pilot the WHO Impact Framework in selected countries, which would be pursued in consultation with Member States. She acknowledged the data gaps regarding indicators for the key public health priorities of palliative care, cervical cancer, mental health disorders and ageing. The Secretariat would continue to support Member States in bridging those gaps, and additional indicators would be included in the programme budget for 2022–2023, when the WHO Impact Framework would also be updated. Further progress updates would be given at meetings of the regional committees, and the final WHO Impact Framework would be presented for consideration at the 146th session of the Executive Board in January 2020.

**The Committee noted the report.**



**Public health emergencies: preparedness and response:** Item 11.2 of the agenda (continued from the second meeting)

- **Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme** (document A72/6) (continued)
- **WHO's work in health emergencies** (document A72/7) (continued)
- **International Health Regulations (2005)** (document A72/8) (continued)

The representative of FRANCE noted the important role of WHO in strengthening national preparedness and response through the WHO Health Emergencies Programme. The G7 was working with WHO to support implementation of the International Health Regulations (2005) and would publish a progress report on the issue in 2019, which would indicate the further efforts required. Health security needed the collaboration of all parties.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, expressed concern at the poor implementation of United Nations recommendations concerning infant and young child feeding in emergencies. WHO could reverse that situation by promoting the related operational guidance for emergency relief staff and programme managers. She welcomed the Independent Oversight and Advisory Committee's recommendation to establish long-term partnerships with key nongovernmental organizations and encouraged WHO to guard against conflicts of interest.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, urged Member States to commit additional and more flexible resources to public health systems, since they were essential to improving national preparedness. The work done through the WHO Health Emergencies Programme was commendable, but the Programme was not adequately funded. Member States should increase their contributions to the WHO Contingency Fund for Emergencies to ensure the Programme's long-term sustainability. He called on Member States to take measures to guarantee the safety of health workers in conflict situations and respect their trade union rights.

The representative of INTRAHEALTH INTERNATIONAL INC., speaking at the invitation of the CHAIRMAN, highlighted the urgent need for substantial new investment in capacity-building for implementation of the International Health Regulations (2005) and the protection of frontline health workers. Member States should not treat access to competent and supported health workers as a policy afterthought and should invest in equipment, training and supplies. Furthermore, Member States should collect transparent and searchable data on public health events and attacks that had an impact on health.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) welcomed the report by the Independent Oversight and Advisory Committee and the comments made by Member States. He recognized the fragility of the gains made and said that the Secretariat would continue to strengthen regional and national platforms for preparedness and response, particularly in countries experiencing epidemics and conflict. He recalled the creation of two new divisions within the Secretariat for emergency preparedness and response, and reassured Member States that the Secretariat would continue to build on the excellent work already carried out under the WHO Health Emergencies Programme.

He agreed that it was important to promote mutual support between Member States, particularly in the provision of emergency responses; a comprehensive framework was being developed by the Secretariat for a global health emergency workforce. That framework would leverage national assets and regional training programmes to develop surge capacity within Member States, which could then be deployed in support of other Member States when required.

In relation to universal health coverage and emergencies, it was important to recognize the changing context. The majority of high-impact epidemics occurred in 30 countries affected by fragility

and conflict, as did most cases of avoidable morbidity and mortality in women and children. It would not be possible to achieve the Sustainable Development Goals or ensure health security without working closely with those vulnerable countries. A joint task force with the relevant Secretariat departments and regional offices would seek to improve the delivery of essential public health service packages towards attaining universal health coverage.

He thanked the Member States that had supported the WHO Contingency Fund for Emergencies, which was a highly valuable mechanism for urgent responses, and said that consultations were under way to improve its sustainability. He noted the increasing prevalence of taxes on health care and agreed that they were unacceptable; the WHO Health Emergencies Programme continued to monitor the impact of such taxes.

He welcomed the initiatives mentioned by certain Member States, notably the emergency operations centres, which were an important part of the global health security architecture. The Secretariat was committed to supporting countries to further develop such infrastructure at the national level. Regarding the requests for further inputs regarding chemical radiation and other hazards, he confirmed that the Secretariat aimed to take a broad, multi-hazard approach to the development of public health security systems. Resilience was another concern; it was particularly important to develop safe, resilient health systems and empower communities to be prepared. He recognized concerns regarding staff welfare, and highlighted the excellent work by the Secretariat to support frontline workers. Responding to concerns about the resurgence of formerly common diseases, such as measles and cholera, he reiterated the importance of a multisectoral approach.

The ASSISTANT DIRECTOR-GENERAL (Emergency Preparedness and International Health Regulations) took note of the recommendations regarding the implementation of the International Health Regulations (2005), which would guide the Secretariat's work in emergency preparedness. He highlighted a number of achievements, including on levels of reporting which were at their highest since 2007, with 182 States Parties using the new State Party Annual Reporting questionnaire. Voluntary joint external evaluations had been conducted in 96 countries and a further 20 were planned. Those evaluations would remain voluntary and would be undertaken by States Parties with or without WHO support. While many governments had developed national action plans for health security and health emergency preparedness, few were being implemented, owing to a lack of resources. To date, States Parties had conducted 100 simulation exercises and 47 after-action reviews to test levels of preparedness, and the Secretariat would assist Member States in developing that capacity.

The Secretariat would continue to work with Member States and partners to scale up emergency preparedness by: strengthening local, national and international partnerships; developing funding preparedness; developing linkages between universal health coverage and emergency preparedness to increase health systems' resilience, particularly in vulnerable countries; and promoting international collaboration to implement the One Health approach. He thanked the World Bank for organizing a high-level meeting on funding preparedness and for providing support to Member States. National IHR Focal Points had decided to develop regional and global national focal point networks to further develop their capacities. He acknowledged the request for better monitoring and reporting on additional health measures. The Secretariat would provide the technical support requested by Member States to develop the capacities required by the International Health Regulations (2005).

The CHAIR OF THE GLOBAL OUTBREAK ALERT AND RESPONSE NETWORK said that, over the previous 20 years, the Global Outbreak Alert and Response Network had worked with partners to deploy 3000 experts to 90 countries, providing assistance in more than 140 major outbreaks and public health emergency events. The response to the latest Ebola virus disease outbreak in the Democratic Republic of the Congo was unprecedented in terms of the risk to health care workers deployed to assist in the field. The health and safety of local and international health care workers must remain a priority. The Network's role in emergency response had continued to grow and was strengthening its capacity in training, research and preparedness by leveraging the strength of its partners.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in her capacity as Chair of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, noted that Member States had called for the continuation of WHO's work to develop national core capacities. She recognized the importance placed on joint external evaluations and the implementation of the International Health Regulations (2005), agreeing that preparedness was critical. Further efforts were needed to address the protracted crisis in the Democratic Republic of the Congo and the Committee would review that work under its monitoring framework. The Committee would continue to support WHO in its response to the current Ebola virus disease outbreak, particularly given the absence of key partners on the ground due to security concerns. WHO should encourage its partners to scale up their support in the response. A safe operating environment was a prerequisite for WHO to deliver public health interventions, which required a more systematic, multistakeholder approach to security management, particularly given WHO's increasing role in conflict and complex political settings.

Noting Member States' commitment to funding outbreak response activities, she urged parties to step up their financial support to bring the current Ebola virus outbreak under control and to contain its international spread. The Committee would examine the concerns expressed about the sustainability of the WHO Contingency Fund for Emergencies. Oversight of human resource matters would also be continued, and she welcomed the emphasis on the need to ensure that human resources in emergency settings were well-managed and kept fully up to date. The concerns raised regarding types of human resource contracts would be examined in the Committee's next report. Noting the concern expressed regarding the potential dilution of WHO business processes, the Committee was monitoring the Organization's transformation agenda, to ensure that it strengthened its emergency response activities. She thanked the Governments of Uganda and the Democratic Republic of the Congo for allowing the Committee to conduct field visits to observe the work of WHO, which had identified positive trends and ongoing challenges.

The CHEF DE CABINET said that the Organization had learned a great deal regarding the management of health emergencies, particularly from the most recent Ebola virus disease outbreak in the Democratic Republic of the Congo, which would lead to changes in response procedures in the future. The Global Preparedness Monitoring Board was due to meet for a third time in July 2019 to finalize its report, which would include an in-depth analysis of the current Ebola virus outbreak and which would be issued before the high-level meetings of the United Nations General Assembly in September 2019. That Board's website would be launched shortly in order to provide more regular updates on its work. He noted the comments made during the discussion, including the request to examine the World Bank Group's Pandemic Emergency Financing Facility more closely.

**The Committee noted the reports.**

**Implementation of the 2030 Agenda for Sustainable Development:** Item 11.4 of the agenda (document A72/11 Rev.1) (continued from the first meeting, section 2)

The representative of AUSTRALIA noted the substantial gains towards achieving the health-related Sustainable Development Goals and the remaining areas of concern outlined in the report, which included slow progress towards attaining universal health coverage. She welcomed WHO's active engagement in multisectoral initiatives, which would be essential to achieving the health-related Goals. She looked forward to further contributing to the Global Action Plan for healthy lives and well-being for all prior to the high-level meeting of the United Nations General Assembly on universal health coverage in September 2019. She welcomed the Global Action Plan's strategic approaches on: improving accountability; aligning financing for cost-effective interventions; and accelerating progress towards universal health coverage. Her Government would continue to support regional efforts to strengthen health systems and develop sustainable financing for health, particularly where Governments were transitioning away from external resources.

The representative of INDONESIA commended WHO for its role in working to attain the Sustainable Development Goals by supporting comprehensive and integrated national plans for health and by taking the 2030 Agenda for Sustainable Development into consideration when developing the Proposed programme budget 2020–2021 and the Thirteenth General Programme of Work, 2019–2023.

The representative of ETHIOPIA recognized the progress achieved in promoting a multisectoral and coordinated approach to implementing the 2030 Agenda. She noted the role of WHO country offices in supporting governments and partners in the implementation of the Sustainable Development Goals, and in encouraging Member States to develop more effective approaches to delivering universal access to health services. She supported the Global Action Plan for healthy lives and well-being.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND supported WHO's approach to driving progress on the health-related Sustainable Development Goals. Despite positive developments, many targets remained off track and should be the focus of WHO's work ahead of upcoming high-level meetings. The Global Action Plan should focus on effecting real change in how work was conducted in order to accelerate progress. Her Government would be pleased to share the results of its national review of progress towards achieving the Goals.

The representative of BOTSWANA said that resolution WHA69.11 (2016) on health in the 2030 Agenda was being fully implemented in his country, noting progress in the areas of reproductive, maternal and child health and universal health coverage.

The representative of COLOMBIA said that the measures set out under the seven thematic areas outlined in the report should be taken into serious consideration. Mass migration in the Region of the Americas, including in Colombia, had had a negative impact on progress towards meeting the Sustainable Development Goals, particularly targets 3.2, 3.3, 3.7 and 3.8 of the Goals on under-5 mortality, communicable diseases, access to sexual and reproductive health services and universal health coverage. Considerable resources were required to step up epidemiological surveillance and provide vaccines to the most vulnerable populations. Across her Region, migratory flows had led to an increase in cases of measles, malaria and other communicable diseases. Addressing those changes would require redoubled efforts at the national, regional and global levels.

The representative of the REPUBLIC OF KOREA said that strengthening data systems was key. Greater support for Member States would be needed to ensure that progress and performance were measured and monitored at the country level. She looked forward to sharing successful and effective data management systems worldwide. Benchmarking against best practices at the global level would facilitate individual countries' efforts to achieve the Sustainable Development Goals.

The representative of GHANA expressed support for the concept of healthy cities networks as a way of advancing progress towards the Sustainable Development Goals. Multisectoral collaboration was another essential factor. One key challenge lay in coordinating the work of the many stakeholders involved to ensure that resources were used efficiently while promoting country-led action. Meeting the Goals would require a coherent approach and adjustments to the global health architecture. That was why his Government had joined those of Germany and Norway in requesting the Secretariat to guide the development of the Global Action Plan on healthy lives and well-being for all.

The representative of BANGLADESH commended the progress made towards achieving the health-related Sustainable Development Goals but stressed that challenges remained in terms of promoting multisectoral coordination and approaches. WHO engagement with the United Nations system would maximize the impact of WHO activities, help support comprehensive and integrated national plans, and facilitate Member States in developing effective approaches to delivering universal health coverage. The Secretariat should continue such support to help strengthen countries' capacities and deploy standardized systems to better monitor progress.

The representative of the UNITED NATIONS STANDING COMMITTEE ON NUTRITION said that the importance of healthy diet and nutrition as drivers of progress towards Sustainable Development Goal 3 and the other Sustainable Development Goals should have been more explicitly mentioned in the report. The high levels of stunting recorded in the report could not be significantly reduced without proper attention to malnutrition and early childbearing. Poor diet worsened the effects of communicable diseases and was an undisputed risk factor for noncommunicable diseases. The linkages between nutrition and health must be taken into account when working to strengthen health systems and achieve universal health coverage. A One United Nations approach was the only way to support countries in achieving the Goals.

The observer of GAVI, THE VACCINE ALLIANCE said that her organization had worked to increase resources for immunization and expand access to vaccines in low-income countries, which had led to a reduction in child mortality. Strong immunization programmes created opportunities to integrate health services and contributed to policy goals on gender equity nutrition, education, combating poverty and global health. It was important to prioritize investment in and commitment to health and increase access to immunization by allocating domestic resources and making resilient health systems a political priority. She expressed support for the Global Action Plan on healthy lives and well-being for all and other collaborative initiatives. Achieving the 2030 Agenda would require reaching children that had never been vaccinated, children in transit, and children in overcrowded urban settings and other hard to reach places.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that only through coordinated efforts across disciplines and social sectors could all determinants of health be addressed and health for all be achieved. She supported developing intersectoral initiatives to strengthen research, particularly in low-income countries where there were many barriers to conducting that work. Young people were one of society's most significant demographics, and they must be included in the political process at the local, national and international levels.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that there were currently not enough health professionals to achieve Goal 3. Member States should specify how they would ensure a strong and balanced health workforce in their national action plans. He expressed concern regarding increased violence against health professionals and the resulting impact on health care and patient safety. WHO should work closely with national medical associations and other stakeholders to implement the 2030 Agenda and related action plans.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN and on behalf of the INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH, said that Sustainable Development Goal 3 could not be met unless countries adopted integrated approaches to addressing the oral disease burden, despite the failure to include oral health among the Sustainable Development Goal indicators. Member States should therefore adopt a common risk factor approach to developing and implementing strategies on target 3.4 of the Goals on noncommunicable diseases and should expand the list of tracer interventions contained in indicator 3.8.1 of the Goals on coverage of essential health services to include oral health. Her Organization was working to develop a set of indicators that could be used to monitor national oral disease burdens.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that target 3.8 on universal health coverage provided the opportunity to transform health systems to meet the needs of a dramatically ageing world. However, current universal health coverage indices and indicators did not effectively measure older people's access to financial support and health services. She called on WHO to ensure that older people were recognized, counted and included when measuring progress under the 2030 Agenda.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, urged Member States to: increase investments in building health system capacities; accelerate action on the risk factors for noncommunicable diseases and implement the full set of related interventions recommended by WHO; facilitate cooperation with actors outside the health sector using a Health in All Policies approach; and strengthen health information systems to improve evidence-based policy-making.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that a change in health care provision for the most vulnerable newborns was needed if Governments were to reduce the high rate of neonatal deaths in their countries. She expressed surprise that the report did not mention pneumonia as a leading cause of child mortality, given its prevalence and its preventable nature. To effectively prevent, diagnose and treat pneumonia Governments should ensure access to strong, primary health care for all communities that was free of charge at the point of use, alongside nutritional interventions. The issue of children's mental health in conflict zones and other humanitarian settings also deserved more attention.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that the inclusion of civil society actors in implementing the Global Action Plan on healthy lives and well-being for all would be critical to the success of the 2030 Agenda. Civil society representation should include women, minorities and other disenfranchised groups. WHO should maximize engagement with existing platforms and ensure transparency and accountability when assessing results, and a new online platform should be created for stakeholder coordination to implement the Global Action Plan and other global health movements. Member States should host in-country consultations with local civil society organizations to facilitate the effective implementation of the Global Action Plan, and should ensure that it was adequately funded.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIRMAN, said that progress towards achieving the Sustainable Development Goals could only be achieved through political will, effective health technologies and sustainable financing. She highlighted the challenges associated with ensuring access to affordable hepatitis C treatments for all patients, including those who were asymptomatic, which should be addressed. Reducing the burden placed on health systems by high medicine prices would allow for additional gains towards attaining the Goals.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that lack of access to clean water and decent toilets was costing lives, hindering the impact of health investments and preventing families, communities and countries from reaching their full potential. However, the urgency of the problem was not reflected in global investments and action. She called on Member States to coordinate efforts across sectors and organizations; prioritize water, sanitation and hygiene when strengthening health systems; and support those services through sustainable domestic and international financing.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that the linkages between health and such areas as quality education, gender equity, decent work and economic growth should not be minimized. The Sustainable Development Goals would not be met until inequities among populations were addressed, an effort in which nurses were playing an essential role, given that their view of patients' needs went beyond medical diagnosis. Since nurses made up the majority of frontline health workers, moving to a cost-effective frontline health system, which would accelerate progress towards attaining the health-related Goals, required greater investments in nursing.

The representative of the SECRETARIAT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL explained the role of his institution in measuring and reporting on progress towards target 3.a of the Sustainable Development Goals on the implementation of the WHO Framework Convention on Tobacco Control. Monitoring of that target was essential and should be integrated into States Parties' statistical systems and reported upon as part of voluntary national reviews. He expressed the hope that the Convention Secretariat would be able to work with the WHO Secretariat to develop future approaches to indicators relating to target 3.a and contribute to the preparation of relevant reports and documents by providing information from the biennial global progress reports on implementation of the Convention and on best practices.

The ASSISTANT DIRECTOR-GENERAL (Data, Analytics and Delivery) acknowledged that progress toward achieving the health-related Sustainable Development Goals was inhibited by a lack of data. Data from *World Health Statistics 2019* indicated that almost a third of Member States lacked recent, underlying primary data relating to more than half of the Sustainable Development Goal indicators due to resource limitations. The Secretariat was committed to working with United Nations partners, particularly the United Nations Statistical Division, to ramp up support for Member States in such areas as routine information systems, surveys of health facilities and households, and civil registration and vital statistics, all of which were essential to the provision of relevant, timely and accurate data and the strengthening of national analytical capacities.

The SPECIAL ADVISER TO THE DIRECTOR-GENERAL thanked Member States for their comments and their support for the Global Action Plan on healthy lives and well-being for all, which was aimed at accelerating progress towards the health-related Sustainable Development Goals and targets. He praised the commitment of the agencies involved in developing and implementing the Global Action Plan and their constructive, productive joint efforts towards achieving Sustainable Development Goal 3. Although the Action Plan was global in nature, national priorities were taken into account, as the Secretariat fully understood that progress towards achieving the Sustainable Development Goals mostly took place at the country level. The Global Action Plan also strongly emphasized the need for concrete action by finding new ways to collaborate more closely and recognizing existing collaboration among United Nations agencies.

**The Committee noted the report.**

**The meeting rose at 18:00.**

## **FOURTH MEETING**

**Wednesday, 22 May 2019, at 09:40**

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

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

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

### **1. FIRST REPORT OF COMMITTEE A (document A72/52)**

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

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

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

**Universal health coverage:** Item 11.5 of the agenda

The CHAIRMAN invited the Committee to consider the bullet points under agenda item 11.5 separately.

- **Primary health care towards universal health coverage** (documents A72/12 and EB144/2019/REC/1, resolution EB144.R9)

The CHAIRMAN drew attention to the report by the Director-General on the item, contained in document A72/12, and invited the Committee to consider the draft resolution recommended by the Executive Board in resolution EB144.R9, contained in document EB144/2019/REC/1.

The representative of BAHRAIN stressed his Government's commitment to pursuing primary health care and thereby achieve universal health coverage by 2030. Member States should take primary health care seriously, turn attention to research and training in primary and community health care, and analyse community needs and other data in order to develop national plans supported by performance indicators, so as to help optimize the use of resources. He endorsed the draft resolution.

The representative of SAUDI ARABIA welcomed the Declaration of Astana on primary health care and described the significant steps taken by his Government to facilitate access to such care, which was a key element of universal health coverage.

The representative of INDONESIA, speaking on behalf of the Member States of the South-East Asia Region, expressed support for the draft resolution. Preventive approaches should be used to strengthen primary health care and thereby ensure health coverage for vulnerable, remote and poor populations. Such approaches would guarantee that both the sick and the healthy received essential preventive health services. They must also be multisectoral, to ensure minimum quality standards and

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<sup>1</sup> See page 304.



progress towards universal health coverage. The capacities of frontline primary health care workers had to be improved, to enable them to respond effectively to rapid demographic and epidemiological changes. Such workers played an important role, and measures should be taken to improve their retention. Moreover, primary health care facilities should be accredited, as doing so would undoubtedly improve the quality of health services, patient safety and protection of frontline workers.

The representative of JAPAN said that primary health care, the cornerstone of universal health coverage, should be promoted through health system strengthening. Member States should take advantage of the opportunity presented by the upcoming High-level Meeting of the United Nations General Assembly on Universal Health Coverage to confirm their political commitment to both primary health care and universal health coverage. Funding was essential to strengthen primary health care and it was therefore vital to work with the financial sector. To that end, a joint session involving health and finance ministers would be held at the G20 Summit in June 2019, which was to be hosted by his country.

The representative of JAMAICA said that her country fully embraced the spirit of the Declaration of Astana and had taken steps to strengthen its primary care system in line with the new demands of the population. Her Government supported the draft resolution and welcomed the operational framework being developed to guide efforts to strengthen primary health care; WHO should continue to provide technical leadership in that regard.

The representative of INDIA said that her Government had made significant efforts to improve primary health care with a view to achieving universal health coverage. Given the challenges relating to urban primary health care, quality standards for outpatient care, protocols and workflows for two-way referrals, and effective linkages between hospitals, primary health care facilities and community level care, WHO should support well-designed implementation studies with a view to issuing appropriate recommendations on health system approaches.

The representative of THAILAND said that, in view of the crucial role they played, frontline health workers must be provided with the resources they needed to do their jobs and remain motivated, especially in underserved areas. Engagement with local government authorities was essential to improve and sustain primary health care. The international community must take concrete action to strengthen primary health care.

The representative of ARGENTINA stressed that the international community had a solemn responsibility to ensure that the Declaration of Astana enabled all people to exercise their fundamental right to health; it therefore had to consider how primary health care might be redeveloped in order to address current health challenges. She noted that the Declaration referred to both “primary health care” and “primary care”. Primary health care should be understood as a comprehensive and integrated strategy guaranteeing the right to health of the global population, while primary care should be seen as the territorial concept around which primary health care was implemented. The rights to health and equity were core values of primary health care, which provided a strategy to achieve universal health coverage within the framework of the Sustainable Development Goals. She therefore supported the draft resolution.

The representative of MALAYSIA said that her Government was committed to strengthening primary health care. She supported the draft resolution, which was in line with the Declaration of Astana.

The representative of CHINA recommended that the Secretariat should facilitate cooperation and coordination between Member States on primary health care, with a view to highlighting best practices. It should also provide further technical support to help Member States achieve universal health coverage. He proposed that paragraph 4(2) of the draft resolution be amended to read:

“to develop, in consultation with Member States and relevant national experts, by the Seventy-third World Health Assembly an operational framework for primary health care that is targeted, fair and effective, to be taken fully into account in the WHO general programmes of work and programme budgets so as to strengthen health systems and support countries in scaling-up national implementation efforts on primary health care, and to formulate, as quickly as possible, a set of quantified indicators and an assessment mechanism to facilitate countries in effectively implementing the commitments of the Declaration of Astana,”

His country wished to be added to the list of sponsors of the draft resolution.

The representative of CANADA applauded the work carried out by WHO and UNICEF since the adoption of the Declaration of Astana to elaborate evidence-based policy levers for implementing the Declaration’s vision of primary health care, which, along with universal health coverage, should reflect the significant social progress made since the adoption of the Declaration of Alma-Ata. Sexual and reproductive health and rights were integral to the health of women, children and adolescents, and were therefore a critical component of universal health coverage. Her Government would continue to seek opportunities to deliver international assistance in support of national policies, strategies and plans that met the health needs of women and girls. It would also provide development assistance to support Member State efforts to mobilize human, technological, financial and information resources and thereby help build strong and sustainable health systems based on primary health care.

The representative of HUNGARY said that her Government was open to collaborating on a global level to realize the 2030 Agenda for Sustainable Development.

The representative of ZAMBIA reaffirmed her Government’s commitment to the Declaration of Astana and the principles of primary health care, elements of which needed to be updated in order to respond appropriately to health challenges and take advantage of new resources and opportunities. Primary health care had proven to be highly effective and efficient at addressing poor health and emerging health challenges. She commended WHO for its commitment to helping governments advance towards universal health coverage through health financing reforms and expressed support for the draft resolution.

The representative of ETHIOPIA said that universal health coverage required strong health systems that left no one behind. Political commitment was key for primary health care and universal health coverage. Her Government was committed to implementing the Declaration of Astana and supported the draft resolution.

The representative of LEBANON said that her Government had made meaningful progress towards universal health coverage, despite the repercussions of the protracted crisis in the Syrian Arab Republic. She looked forward to the Secretariat’s review of 40 years of primary health care implementation at country level and expressed support for the draft resolution.

The representative of MADAGASCAR emphasized the importance of primary health care in achieving universal health coverage. He outlined the progress made by his Government towards universal health coverage, particularly in terms of quality of care and funding.

The representative of SRI LANKA expressed strong support for the draft resolution. Her Government had embarked on significant reforms to strengthen primary health care, but would require technical support to implement efficiency measures and strategic purchasing.

The representative of CUBA also expressed support for the draft resolution and said that her Government was willing to share its experience of primary health care initiatives, it being fundamental to continue strengthening primary health care.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, reaffirmed the Region's commitment to a comprehensive primary health care approach involving all stakeholders and expressed support for the draft resolution. Most of the Region's Member States were facing a triple burden of disease and would have to update their primary health care approaches in response to new and ongoing challenges to health systems. Together with all partners, they would endeavour to allocate resources to strengthen health systems and would establish a framework to monitor progress towards achieving universal health coverage and the Sustainable Development Goals. To that end, more human, technical and financial resources should be allocated to strengthening primary health care in the Region and support from partners should be aligned with national policies, priorities and plans.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, outlined some of the steps his Region would take to achieve its 2030 Vision of health for all, by all: adopting policies, developing prepayment mechanisms for public health care providers, scaling up training, and creating funding mechanisms for essential public health services and medical products.

The representative of FRANCE said that it was crucial to strengthen primary health care, given the geographic, social, environmental and health inequalities that persisted between and within countries, and that doing so would require improvements to the exchange of information on concrete country reforms. To that end, and as part of the Global Action Plan for healthy lives and well-being for all, the G7 Primary Health Care Universal Knowledge Initiative would establish a platform for the exchange of expertise on primary health care in which all countries could participate.

The representative of ANGOLA said that Member States should accelerate national health system strengthening by focusing on primary health care as a path to universal health coverage. To that end, they should invest in human resources and improve access to health infrastructure and quality medicines. It was also crucial to mobilize domestic and external funding, institutionalize use of technologies to monitor the growth of universal health coverage, and promote public-private partnerships and community involvement in decision-making.

The representative of the PHILIPPINES said that her Government was in the early phases of rolling out universal health coverage and sought guidance from WHO on the development of evidence-based mechanisms to establish primary health care while promoting reliance on public resources. Universal health coverage and the health-related Sustainable Development Goals would only be achieved if a strong emphasis was placed on primary health care throughout the health system, using a multisectoral approach to integrate policies for health promotion, disease prevention and responsive health services. To that end, Member States should be fully committed to the primary health care approach, align their national policies with primary health care, and benefit from continued technical support from the Secretariat.

The representative of TOGO said that the main obstacles to extending primary health care with a view to achieving universal health coverage in his country were equitable geographic distribution of health training programmes, a lack of qualified health professionals, and mobilization of financial resources, including domestic resources. He expressed support for the draft resolution.

The representative of BRAZIL said that strengthening health systems through primary health care was a priority for his Government, which was committed to actively participating in international primary health care discussions. It was essential to ensure that people had access to health services. Primary health care should be people-oriented, not disease-driven, and was a cost-effective way to organize health systems and tackle noncommunicable diseases. He expressed support for the draft resolution.

The representative of the ISLAMIC REPUBLIC OF IRAN said that a primary health care approach to universal health coverage was her Government's main health strategy. She suggested that there should be further alignment between United Nations entities and partners, with a view to reaching common goals, and that WHO should facilitate the exchange of country experiences.

The representative of TRINIDAD AND TOBAGO outlined the steps his Government had taken to achieve universal health coverage. He supported the draft resolution, but recommended that the words "share and" be included in front of the word "implement" in paragraph 2, so as to emphasize a patient-centred approach.

The representative of the RUSSIAN FEDERATION welcomed the adoption of the Declaration of Astana, which would provide guidance for the achievement of universal health coverage. Her Government wished to be added to the list of sponsors of the draft resolution and would participate in the consultations on the operational framework for primary health care.

The representative of PAKISTAN said that health systems should be based on a primary health care approach that focused on quality of primary care, improved access and efficiency, the integration of noncommunicable diseases and mental health into primary care, stronger public health functions, a multisectoral approach, and health system accountability to communities. Pakistan would be the first country to adopt an essential universal health coverage package as part of the Disease Control Priorities Project. He supported the draft resolution.

The representative of PANAMA said that Member States had a responsibility to prioritize primary health care in order to achieve universal health coverage. In that respect, it was important to work with community health workers, foster intersectoral cooperation and strengthen all three levels of health care. She called on WHO to actively promote intercultural, community-based strategies, such as those being developed by her Government in the areas of sexual and reproductive health and nutrition education. Her Government remained committed to achieving universal health coverage and strengthening primary health care, and recognized that resource allocation should be incorporated into planning processes in order to take account of the training needs of all health-related occupations.

The representative of the UNITED STATES OF AMERICA strongly encouraged the inclusion of civil society, community, faith-based and private sector organizations as partners to achieve universal health coverage. Incorporating those groups was critical to a whole-of-society approach, and countries should work to ensure that they had the support of the communities they served.

The representative of BARBADOS said that his Government continued to examine new models of health care financing, including national health insurance and pooled procurement for pharmaceuticals and vaccines. A well-trained, competent workforce was critical to maintaining universal health coverage, and his Government would develop graduate and post-graduate programmes to that end. He expressed support for the draft resolution.

The representative of GERMANY welcomed the reference to coordinated service delivery and referral systems in the Director-General's report, as secondary and tertiary health care were of great importance. Investments in the health workforce should be aligned with the Global Strategy on Human

Resources for Health: Workforce 2030 and accompanied by an active labour market policy and decent working conditions. She expressed support for the draft resolution.

The representative of NORWAY said that universal health coverage – which his country had achieved before it became rich – was not primarily a question of national wealth, but a political question of equitable distribution. Moreover, evidence-based priority-setting was key to charting the most efficient and equitable path to universal health coverage. The upcoming high-level meeting on universal health coverage should provide the incentives, guidance and accountability needed for action and ownership at country level. It should be firmly anchored in analysis and guidance from WHO. Its success would be aided by the Global Action Plan, in respect of which Norway would be a constructive partner.

The representative of the UNITED REPUBLIC OF TANZANIA outlined some of the challenges his country faced with regard to primary health care, such as inequitable distribution of services and infrastructural inadequacies. He also outlined the efforts being made to achieve universal health coverage as soon as possible, and to develop operational arrangements that translated the Declaration of Astana into transformational and context-sensitive action.

The representative of SINGAPORE applauded the renewed emphasis on primary health care, which was one of the most efficient and cost-effective ways of achieving sustainable universal health coverage – a key concern as many societies tackled the twin challenges of an ageing population and a heavier noncommunicable disease burden while working to ensure universal health coverage could be sustainably provided for future generations.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA outlined the universal and free medical care system in his country, which was based on a household doctor system. His country had recently developed a package of essential health services to ensure the provision of quality primary health care.

The representative of CAMBODIA shared some of the activities her country had undertaken to improve and extend primary health care and raise the quality of health services provision.

The representative of GHANA said that primary health care was essential to universal health coverage and fully endorsed WHO's call for stronger political commitment. He recommended that the community-responsive solutions prescribed by WHO should reach as far as households. Emergency care and mental health should be included in the services covered under primary health care, which should be branded as “smart care for everyone”, instead of “perceived poor care for poor people”, in order to make it the foundation for universal health coverage. In that regard, he recommended alignment with the Global Action Plan. Countries should map out delivery chains for primary health care on a regular basis and address any gaps identified.

The representative of HONDURAS, expressing support for the draft resolution, said that special consideration should be given to the strengthening of health-related human resources and to the development of strategic management processes for the provision of services guaranteeing consistently equitable access to sufficient competent health professionals.

The representative of the MALDIVES said that primary health care, with its emphasis on integrated care, social determinants and empowerment of individuals and communities, was the ideal format for health care delivery in countries with small, geographically scattered populations like the Maldives. It was time to strengthen primary health care, reorient services towards changing needs and introduce the latest available technology, with a view to achieving the Sustainable Development Goals, in particular the universal health coverage targets.

The representative of VIET NAM said that her country, which had a growing noncommunicable disease burden and an ageing population, was strongly committed to shifting from hospital-based and curative to community-based and preventive health care. She outlined several measures it was taking to strengthen the health system and provide better primary health care. WHO should finalize the operational framework outlining the roles that different stakeholders would play in realizing the Declaration of Astana.

The representative of MEXICO said that her Government promoted primary health care through a new health policy focused on guaranteeing access to free health services and medicines in collaboration with local governments. Primary health care was the most viable and efficient strategy for achieving universal access to health and well-being, a consideration that should be taken into account during the preparations for the high-level meeting on universal health coverage.

The representative of NAMIBIA said that, as a priority, the Secretariat should support Member State efforts to assess the progress made in achieving universal health coverage, identify challenges and draw lessons from successful interventions. It should also provide Member States with in-country support to implement the evidence-based levers described in the Director-General's report. He welcomed the call to develop an operational framework for primary health care, which should be part of the broader reforms aimed at achieving universal health coverage. He expressed support for the draft resolution.

The representative of AUSTRALIA, observing that primary health care was the foundation for achieving universal health care, said that accelerating progress on universal health care was essential to achieving Sustainable Development Goal targets such as ensuring universal access to sexual and reproductive health care services and ending the AIDS, tuberculosis and malaria epidemics by 2030. His country was committed to ensuring that universal health care was inclusive and accessible to all, including women and children, indigenous peoples, people with a disability and other marginalized and vulnerable populations. It would work with other Member States to reflect those goals in the final text of the political declaration to be adopted by the high-level meeting on universal health coverage and in other relevant multilateral processes over the course of the year, including the G20 Summit. He expressed support for the draft resolution.

The representative of TONGA supported the draft resolution and endorsed the Declaration of Astana. She outlined the work under way in her country to strengthen primary health care and thanked Tonga's development partners, including Australia's Department of Foreign Affairs and Trade, for their assistance, which she hoped they would maintain.

The representative of the REPUBLIC OF KOREA agreed that a primary health care approach was key to achieving universal health coverage and meeting health-related Sustainable Development Goal targets. That approach was in line with her Government's vision for a people-centred and inclusive welfare State. She outlined the steps it had taken to put the Declaration of Astana into action, which included prioritizing the needs of health care users over those of providers.

The representative of MOROCCO, acknowledging the fundamental role of primary health care in achieving universal health coverage, expressed support for the draft resolution and noted that its implementation depended on the operational framework for primary health care, which should be applied across all WHO programmes and budgets in order to help Member States strengthen health systems. It should be finalized in broad consultation with Member States and clearly set out how the Secretariat would support Member States as they moved in that direction.

The representative of the UNITED ARAB EMIRATES outlined the ways in which her country's health care system was aligned with the principles of universal health coverage. The indicators used to track progress towards universal health coverage were obviously useful, but those used to calculate her

country's index, for example, were outdated and should be updated for the next report. She urged the Regional Offices to work closely with Member States to ensure that data were up to date and validated.

The representative of DENMARK said that not only was strengthened primary health care crucial for achieving universal health coverage and the Sustainable Development Goals, it would also lead to more efficient use of health care resources. The high-level meeting on universal health coverage would be a major stepping stone to achieving the health-related Sustainable Development Goals, including Goal 3.8 on universal health coverage and Goal 3.7 on universal access to sexual and reproductive health care services, which must also include sexual and reproductive rights. WHO should focus on strengthening primary health care to make it accessible, equitable, safe, high quality, comprehensive, efficient and affordable, and on the delivery of continuous integrated services that were people-centred and gender-sensitive.

The representative of SOUTH AFRICA welcomed the Declaration of Astana and expressed support for the draft resolution. To be successful, primary health care – a key component of her country's health care system – required access to medicine, preventive and promotional services, and adequate financial and human resources. She asked the Secretariat to develop a road map for the operational framework, including timeframes and implementation indicators; to review primary health care audit tools in the light of the Declaration of Astana and the Sustainable Development Goals; and to provide guidelines on different packages of primary health care services meeting the epidemiological needs of each country.

The representative of the PLURINATIONAL STATE OF BOLIVIA pointed out that gender mainstreaming did not feature prominently in health policies. Women and girls were statistically more affected by social, cultural and economic health determinants and continually faced violence. That should be a concern for all makers of health policy. Health systems must be fair to victims of violence and should include prevention and care for pregnant adolescents. Health worker training focused on capacity-building and dismantling the patriarchy was key to achieving equitable access to high-quality health services.

The representative of KAZAKHSTAN said that the operational framework for primary health care should be finalized in consultation with Member States after the present Health Assembly, with a view to its adoption at the next. Implementation of the Declaration of Astana – which should be referenced in the draft political declaration of the high-level meeting on universal health coverage – should be reviewed and also presented at the next Health Assembly. He expressed support for the draft resolution.

The representative of BURUNDI, referring to the important role played by community health care workers in strengthening primary health care and universal health coverage, encouraged Member States to use the WHO guideline on health policy and system support to optimize community health worker programmes, to source adequate financing for such programmes, and to ensure that best practices and lessons learned were promoted, and success factors identified, in order to guide other countries. He expressed support for the draft resolution and urged the Secretariat to continue providing technical support to Member States with a view to strengthening primary health care and universal health coverage.

The representative of FIJI expressed support for the draft resolution and endorsed the Secretariat's renewed call to strengthen primary health care through a whole-of-government approach. To ensure the successful implementation of primary health care as a means of attaining universal health coverage, WHO and donor partners should devise strategies to reduce the cost of biomedical equipment, medicines and health inputs; promote capacity-building and the development of human resources for health; and facilitate the development of climate-resilient technology.

The representative of GUYANA reaffirmed her Government's commitment to the Declaration of Astana. Primary health care should centre on efforts to attain Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Her Government had taken steps to promote primary health care and would continue to work with the Secretariat to strengthen peripheral and community health services in order to improve the delivery of essential services and build health system resilience.

The representative of SWITZERLAND welcomed the efforts made via the UHC2030 platform to strengthen primary health care and thereby attain universal health coverage, a development that was contingent on three things: sustainable health system financing; quality services and patient safety; and coverage in emergency situations. She expressed support for all three draft resolutions<sup>1</sup> under the item on universal health coverage.

**Dr Suzuki took the Chair.**

The representative of BANGLADESH expressed support for the draft resolution and agreed that primary health care in the twenty-first century required a whole-of-society approach. After outlining his Government's efforts to increase access to primary health services, in particular among people living in remote areas, he said that WHO should continue to champion primary health care as a cost-effective way to promote health and well-being and to deliver health services.

The representative of HAITI, observing that universal health coverage guaranteeing primary health care for all would benefit the most vulnerable populations, who often found it difficult to access health care owing to their economic situations, encouraged WHO to make every effort to ensure that 1 billion more people benefited from such coverage by 2025, including by implementing its transformation agenda and mobilizing resources. Those efforts would require an active, inclusive approach based on a partnership aligned with the five principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action.

The representative of ISRAEL said that strong primary health care should be a high priority for all countries at a time when health systems faced new challenges. Primary health care was crucial for the early detection, treatment and prevention of chronic noncommunicable diseases, but contingent on the availability of qualified community health workers, who should receive comprehensive training and work in multidisciplinary teams. He encouraged the Secretariat to support Member State efforts to achieve the goals of the Declaration of Astana, with a particular focus on food labelling, prevention of infections and better health choices.

The representative of COLOMBIA expressed support for the draft resolution and agreed that primary health care was the cornerstone of sustainable universal health coverage and achievement of the health-related Sustainable Development Goals. She urged the Secretariat to provide technical support for national efforts to strengthen actions and strategies aimed at improving the quality of health services.

The representative of EGYPT also underscored the importance of strengthening primary health care to the achievement of universal health coverage and attainment of Sustainable Development Goal 3. The challenge facing health care systems was how to address unlimited health care needs with limited resources; active referral systems might prove useful in that regard. He urged the Secretariat to incorporate primary health care into the WHO transformation agenda and to help Member States empower their primary health care systems.

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<sup>1</sup> EB144.R4, EB144.R9 and EB144.R10.



The representative of KENYA, observing that people's health and well-being were most effectively, equitably and efficiently achieved through primary health care, outlined the steps his Government had taken to implement universal health coverage. He called on the Secretariat and relevant stakeholders to bolster Member State efforts to strengthen health systems, in particular in terms of human resources for health, and to provide more support for innovative models for increased and sustained health workforce productivity.

The UNITED NATIONS ASSISTANT SECRETARY-GENERAL AND COORDINATOR, SCALING UP NUTRITION MOVEMENT said that essential nutrition services in areas such as breastfeeding and nutrition management should be among the core services delivered to all through primary health care, including via community health workers.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, encouraged Member States to develop national strategies and action plans for their pharmaceutical workforce and offered support in the form of a model workforce transformation programme formulated by her organization.

**Dr Lutucuta resumed the Chair.**

The representative of the INTERNATIONAL COMMISSION ON OCCUPATIONAL HEALTH, speaking at the invitation of the CHAIRMAN and also on behalf of the International Occupational Hygiene Association and the International Ergonomics Association, said that occupational health services should be extended to the 85% of workers who could not currently access them.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIRMAN and observing that kidney disease could be prevented by the timely and appropriate management of risk factors and its progression delayed through early diagnosis and equitable access to quality therapy and follow-up, encouraged Member States to provide comprehensive health services throughout the life course; address the growing comorbidity burden through primary health care interventions, and promote a people-centred approach to health care.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that emerging global health challenges would be best tackled by guaranteeing access to high-quality primary health care, which required a multisectoral approach as well as financial and political investment. Working conditions and practices should be improved for the benefit of all health workers and governments should prioritize primary health care policy-setting. Primary health care was key to the response to diverse health determinants, and young people should be engaged in primary health care planning and delivery to ensure health for all, including vulnerable groups.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN and also on behalf of the International Association for Dental Research, said that countries should commit to implementing an integrated One Health approach; add essential oral health services to their national essential package of health services; and provide the basic package of oral care recommended by WHO as a minimum.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, said that governments could fulfil their human rights obligations and commitments under the Declaration of Astana by operating health systems that delivered holistic care. She therefore urged Member States to review the new WHO guidelines on integrating palliative care and symptom relief into primary health care and to provide compulsory basic palliative care training at all levels of the health workforce.

The representative of INTRAHEALTH INTERNATIONAL INC., speaking at the invitation of the CHAIRMAN, expressed satisfaction that the operational framework emphasized inclusion and accountability, and encouraged interlinkages between primary health care reforms and health workforce development. All countries should receive support for the implementation of comprehensive primary health care through universal health coverage.

The representative of the INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE, speaking at the invitation of the CHAIRMAN and also on behalf of the World Confederation for Physical Therapy, the International Society for Prosthetics and Orthotics, the World Federation of Occupational Therapists, the International Association of Logopedics and Phoniatrics and the World Organization of Family Doctors, observed that demand for rehabilitation was increasing, disability-adjusted life years were growing, and violent conflicts, natural disasters and migration were reshaping the global health landscape. In that context, she urged WHO to acknowledge the need to include rehabilitation in primary health care, to decentralize the delivery of rehabilitation services, and to train primary health care professionals in basic rehabilitation services.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that governments should optimize the contribution of nurses – the main providers of primary health care – by removing obstacles to their work; investing in quality education, recruitment and retention strategies, including decent work and fair pay; and developing policies and legislation to support the holistic, person-centred work of nurses to prevent, detect and manage conditions commonly encountered in primary health care settings.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that essential health service packages should include holistic, people-centred, accessible and affordable primary health care services that met the complex needs of older people. Universal health coverage models should protect older people from financial hardship, and upper age limits should be removed from data sources to increase accuracy in data reporting.

The representative of the GLOBAL HEALTH COUNCIL INC., speaking at the invitation of the CHAIRMAN, said that primary health care initiatives should address socioeconomic barriers; seek to remove point-of-care fees; and integrate promotion, prevention and care throughout the life course. The Secretariat should help all countries implement comprehensive primary health care services while encouraging co-financing from multilateral organizations to promote health system strengthening. Primary health care should extend beyond health facilities to communities, with community health workers receiving rigorous supervision, fair pay and evidence-based tools. Services should be delivered in teams to facilitate access to a full spectrum of health care providers. She urged Member States to use implementation science to identify gaps in health system capacities to provide accessible, affordable and quality health care.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, urged Member States to adopt a people-centred approach to health across the continuum of care, so as to address co-morbidities; to implement a life-course approach to health planning so as to enable health systems to manage people's changing needs and respond to health emergencies; and to ensure that people living with conditions were meaningfully engaged in the development, implementation and evaluation of public health care systems.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that WHO and its partners should work to operationalize the Declaration of Astana by incorporating the related operational framework into the Organization's general programme of work. She called for further public investment in primary health care that delivered good-quality and respectful health care. Member States should prioritize a rights-based approach by ensuring community

participation; they should ensure that all ministries were involved, so as to reflect the multidimensional nature of primary health care.

The representative of the WORLD FEDERATION FOR MENTAL HEALTH, speaking at the invitation of the CHAIRMAN, said that, in order to combat discrimination, Member States must ensure that persons with mental health problems had full access to mental health care services in their community, outside psychiatric hospitals, such as day care, social and work entrepreneurship programmes, and short-term hospitalization.

The representative of PATH, speaking at the invitation of the CHAIRMAN, called for people-centred, supportive public health care, which included accountability mechanisms, throughout the life course. Mobilized communities should be actively engaged in planning and monitoring to foster accountability and represent citizens' interest. Ensuring connections between personal experiences and public health care empowered communities and accelerated efforts. The transformative power of digital technologies should be leveraged for public health care.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN and noting that access to medicines was a key component of universal health coverage and that the unaffordable price of many treatments was a major obstacle thereto, said that the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) increased competition, lowered prices and improved access to medicines. Universal health coverage, including universal access to essential medicines, required an efficient procurement and supply chain, and a skilled and fairly paid health care workforce. Only a well-funded and well-informed health service, one that also integrated sexual and reproductive rights, could guarantee universal health coverage.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, said that, with the involvement of pharmacists, future pharmacists in particular, to ensure the availability of good quality medicines, it would be possible to achieve universal health coverage by 2030. His organization's 2019 World Congress would focus on universal health coverage.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, called on the Secretariat, Member States and partners to strengthen coordination between the health sector and the water, sanitation and hygiene sector. They should reference hygiene in the draft political declaration of the high-level meeting on universal health coverage. They should allocate greater financing for, and promote ownership of, water, sanitation and hygiene projects to ensure a holistic approach to health both in communities and within health care facilities.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIRMAN, said that universal health coverage had prescribed a clear split between health financing and health provision, allowing policy-makers to steer away from public systems towards privatization. Furthermore, the multistakeholder paradigm tended to ignore the adverse effects of the commodification of health. In that context, Member States should recall the original intention of the Declaration of Alma-Ata, namely, to advance a comprehensive approach to health care that emphasized health as a human right and promoted a spirit of social justice.

The representative of WORLD SELF-MEDICATION INDUSTRY, speaking at the invitation of the CHAIRMAN, called for recognition of the role that self-care and self-medication could play in primary health care aimed at achieving universal health coverage. Self-care and self-medication were effective in treatment and prevention, cut costs, ensured rational use of resources, and contributed to the fulfilment of health needs, but required health literacy. All health care professionals, especially pharmacists, could support the self-care continuum by guiding individuals to make healthy lifestyle choices and facilitating self-medication.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, welcomed the inclusion of access to affordable and quality-assured medicines, vaccines and health products in universal health coverage. Structured, collaborative action was needed to expand patient access to medicines and create a sustainable health sector. It was also important to foster innovation for new treatments and cures. Expanding universal health coverage was not a cost but a genuine investment in human capital.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that innovative arrangements to advance health must be carefully screened and independently monitored without corporate involvement. The Secretariat must warn Member States of the risks of inappropriate commercial involvement, and how to avoid and manage them. It must maintain its independence, integrity and trustworthiness, using reliable evidence to show that public provision of services was the only way to achieve health for all. Member States must support and monitor the protection and promotion of breastfeeding. For instance, they should include breastfeeding in the indicators for monitoring Sustainable Development Goals 2 and 3 and fully implement the Baby-friendly Hospital Initiative.

The representative of IOGT International, speaking at the invitation of the CHAIRMAN, said that prevention was the best approach to attaining health for all. He called for an increase in sustainable financing for health, particularly through domestic resource mobilization in the form, for example, of a health promotion tax on products such as alcohol. Such a policy would reduce consumption and exposure to risk factors while mobilizing resources to further promote health.

The EXECUTIVE DIRECTOR (Universal Health Coverage/Life Course) thanked the Government of Kazakhstan and UNICEF for co-hosting the Global Conference on primary health care in Astana, and the Governments of France and Japan for their leadership on public health care and universal health coverage in the G7 and G20, and leading up to the high-level meeting on universal health coverage. After summing up the points raised during the discussion, he noted that Member States had asked the Secretariat to work with them to finalize the operational framework, which should include a robust monitoring and evaluation framework aligned with the WHO Impact Framework; develop a country exchange platform as part of a learning agenda for evaluations; construct an implementation research agenda; and, as part of the transformation agenda, increase capacities at all levels and capitalize on all the political and financial opportunities afforded by the G7 and G20 meetings and the high-level meeting on universal health coverage.

The representative of the UNITED STATES OF AMERICA suggested that the proposed amendment to paragraph 4(2) of the draft resolution be modified, in the interest of clarity, by inserting “and with the involvement of more expertise from,” between “in consultation with,” and “Member States”.

The CHAIRMAN took it that the Committee wished to approve the draft resolution as amended.

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

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<sup>1</sup> Transmitted to the Health Assembly in the Committee’s second report and adopted as resolution WHA72.2.

- **Community health workers delivering primary health care: opportunities and challenges**  
(documents A72/13 and EB144/2019/REC/1, resolution EB144.R4)

The CHAIRMAN drew attention to the report by the Director-General on the item, contained in document A72/13, and invited the Committee to consider the draft resolution recommended by the Executive Board in resolution EB144.R4, contained in document EB144/2019/REC/1.

The representative of LESOTHO, speaking on behalf of the Member States of the African Region, said that, in view of the role played by the health workforce in the attainment of universal health coverage, and in order to deliver on the strategic priorities set out in the Thirteenth General Programme of Work, 2019–2023, the African Region had expanded its workforce profile to include community health workers and thereby reach the most vulnerable and remote areas. Remaining challenges included inefficient planning and coordination mechanisms for community health activities, inadequate investment in community health worker programmes, and the failure in most countries to integrate community health workers into formal health systems.

The representative of TIMOR-LESTE, speaking on behalf of the Member States of the South-East Asia Region, said that community health workers, who played an important role in providing community-level care and rehabilitation services in many south-east Asian countries and were often the first point of contact for communities during emergencies, had to be integrated into national health systems in order to improve access to health care and the sustainability of frontline services. They had to be given appropriate training and support, in a long-term process adapted to country contexts. In addition, only limited, non-standardized data were available on community health workers, and more research was therefore needed.

Primary health care systems could benefit greatly from community health workers' knowledge and cultural awareness, which allowed them to connect with those most at risk of poor health outcomes. Communities' expectations of health care providers had changed over time, and he therefore welcomed the WHO guideline on health policy and system support to optimize community health worker programmes; going forward, the guideline should highlight forms of on-the-job training and the appropriate use of digital technology. The Governments of his Region fully supported the draft resolution.

The representative of TOGO said that countries required support and coordinated financial assistance in the area of community health.

The representative of ETHIOPIA said that, despite compelling evidence that interventions by community health workers were effective in delivering essential life-saving health care, particularly in emergencies, the vital role played by community health worker programmes had only recently received sufficient recognition, with the programmes being poorly integrated, short of funding and without clear recruitment, training and deployment processes. His Government welcomed the guideline and called on Member States, the Secretariat and other stakeholders to intensify their efforts to implement its recommendations. It supported the draft resolution.

The representative of BAHRAIN expressed support for all the recommendations contained in the Director-General's report. Community health workers were an integral part of resilient health systems, which in turn furthered achievement of the Sustainable Development Goals. Their security should be enhanced, along with that of humanitarian workers, United Nations system staff and health care facilities.

The representative of the UNITED STATES OF AMERICA expressed support for the guideline's evidence-based strategy for integrating community health workers into health systems and communities, and for the important role such workers played in supporting primary health care and helping adolescents to avoid sexual risks. Community health workers were a crucial part of many countries' health workforces, and her Government supported efforts to optimize their role.

The representative of MEXICO, after summarizing her Government's efforts in respect of community health workers, observed that the design, application, performance and evaluation of community health worker programmes depended on each country's needs and the resources it could allocate to them.

The representative of the UNITED REPUBLIC OF TANZANIA said that the compelling results achieved by her country left no room for doubt about the important role played by community health workers in health service delivery.

The representative of ANGOLA said that community health workers were a fundamental link between communities and health services. Her Government supported the draft resolution.

The representative of MONACO agreed with previous speakers that community health workers, who often operated in dangerous settings, were vital to primary health care and universal health coverage. Her Government wished to be added to the list of sponsors of the draft resolution.

The representative of INDIA welcomed the broad scope of the policy recommendations and key actions set out in the document. Community health workers had the potential to make a significant contribution to primary health care and universal health coverage, and they should be integrated into health systems with due regard for the balance between their community-based selection processes and accountability to communities, on the one hand, and their dependence on health system support, on the other. Good practices in that connection must be studied and shared.

The representative of THAILAND expressed support for the draft resolution and remarked on the lack of progress in the development of national health workforce accounts and information systems, in part owing to the challenges of sharing updated health workforce data. Particular attention should be paid to transformative education and training. Community health workers had great potential to enhance the relationship between patients and providers. The guideline should highlight their role in managing health emergencies, which required intersectoral cooperation.

The representative of ZAMBIA said that community health workers, by enabling communities to take responsibility for their own health, were a key part of the continuum of care. The challenges facing community health worker programmes included inadequate education and coordination. Her Government therefore welcomed the guideline and urged the Secretariat to support country-specific initiatives. It welcomed the call for countries to plan the formal integration of community health workers into their national health systems.

The representative of ZIMBABWE agreed with previous speakers that community health workers played a vital role in health care delivery.

The representative of the DOMINICAN REPUBLIC said that primary health care strategies should be implemented by multidisciplinary health teams. Community participation in health management was important, and national health systems should utilize different types of community health worker. Her Government supported the idea that community health work should receive not only financial reward, but also social recognition. It supported the draft resolution.

The representative of SRI LANKA said that her Government required assistance to analyse human resources for health as part of primary health care reform.

The representative of NAMIBIA was pleased to note that the Director-General's report provided guidance on the challenges his country had encountered with regard to community health workers. He urged Member States to take full advantage of that guidance and of other Member States' experience, and expressed support for the draft resolution.

The representative of the RUSSIAN FEDERATION said that her Government welcomed WHO efforts to support community health workers, who played a key role in primary health care delivery, and attached great importance to supporting the Secretariat's effort to develop programmes, guidance and training material for them. The Executive Board had discussed professional training and the importance of community work, and the resulting guidance should be translated into different languages. Her Government supported the draft resolution.

The representative of the ISLAMIC REPUBLIC OF IRAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the extensive experience of community health worker programmes garnered by some countries in her Region had furthered the development of similar programmes in other regions. Protracted crises had led to the development of community health worker programmes to address health workforce shortages, but while community health workers made an important contribution, they could not replace skilled health workers. Their role should therefore be reviewed to optimize their contribution to primary care services.

Speaking in her national capacity, she said that her Government was willing to share its experience with regard to community health care workers.

**The meeting rose at 13:30.**

## **FIFTH MEETING**

**Wednesday, 22 May 2019, at 14:35**

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

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

**Universal health coverage:** Item 11.5 of the agenda (continued)

- **Community health workers delivering primary health care: opportunities and challenges** (documents A72/13 and EB144/2019/REC/1, resolution EB144.R4) (continued)

The representative of CHINA welcomed the analysis of challenges and opportunities faced by community health workers in providing primary health care and the key recommendations contained in the report. Community health workers played an important role in implementing primary health care and promoting access to basic health services for all. Major economic and social developments, as well as changes to health systems and concepts, had led to increased demand for primary health care. He welcomed the emphasis on the key role of community health workers in creating robust, resilient and safe health systems. To recruit more community health workers it would be necessary to improve their remuneration. He expressed support for the draft resolution recommended by the Executive Board in resolution EB144.R4 and wished to be added to the list of sponsors.

The representative of BRAZIL expressed support for the draft resolution and commended the development of the WHO guideline on health policy and system support to optimize community health worker programmes. Community health workers were central to strengthening primary health care at the national level and building solid, efficient health systems, working closely with individuals, families and communities and linking surveillance and health care. Community health workers should form part of a multidisciplinary workforce and provide a key interface between communities and health services. As was the case in Brazil, health strategies should focus on the role of community health workers, in line with the three strategic priorities of the Thirteenth General Programme of Work 2019–2023, namely achieving universal health coverage, responding to health emergencies and promoting healthier populations.

The representative of SOUTH AFRICA said that community health workers were key to improving access to health care. In South Africa, lessons learned from efforts to implement a community health workers programme included the important role of community health workers in bridging the gap between services provided through mobile and fixed primary health care facilities, and in defaulting tracing and referral. Her Government supported the draft resolution and the recommendations contained in the report and welcomed the guidelines developed by the Secretariat on community health workers.

The representative of the PHILIPPINES welcomed the draft resolution. Community health workers were key drivers of universal health coverage, providing safe, effective and quality health services to all. However, the report should also acknowledge that the definition of community health workers and their competencies varied from country to country. WHO should look beyond developing competencies and policies for community workers and consider how multidisciplinary primary care teams could be established in country-specific settings. He welcomed the policy options recommended in the Global Strategy on Human Resources for Health: Workforce 2030 and the role of the Secretariat



in optimizing support for the alignment of community health worker programmes with national policies on health, labour, education and finance.

The representative of SOLOMON ISLANDS said that his Government recognized the importance of primary health care and wished to acknowledge the strong support provided by development partners, including Taiwan,<sup>1</sup> to achieving a vibrant health care system. He urged the Committee to invite Taiwan<sup>1</sup> to participate fully in its deliberations in order to fulfil the ideals of universal health coverage and leaving no one behind.

The representative of SAMOA, speaking on behalf of the Pacific island countries, said that, in the context of challenges such as the increasing burden of noncommunicable diseases, the threat of emerging and re-emerging diseases and the health impact of climate change, health systems needed to be responsive and ensure that services were accessible to all. Primary health care could be strengthened through community support and a health care delivery system with clearly defined roles. Efforts to strengthen primary health care should focus on the development of the health workforce and include incentives to retain staff and the reorientation of health workforce curricula towards a more comprehensive approach.

The representative of BURUNDI said that community health workers played a major role in providing a wide range of health services, particularly in rural and hard-to-reach areas. Challenges included harmonizing their training, scope of activity and remuneration compared with health workers in formally recognized roles. He expressed support for the draft resolution.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES welcomed the emphasis placed on adopting people-centred approaches to primary health care that addressed health determinants throughout the life course. Volunteers provided valuable contributions to the health and well-being of the wider community and were important in linking the formal health system to the communities they served. He therefore called for explicit acknowledgement of the vital work of community health workers and volunteers in the draft resolution.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, stressed the critical role of regulated health professionals in achieving universal health coverage and urged countries not to use community health workers as cheap replacements for them.

The representative of INTRAHEALTH INTERNATIONAL INC., speaking at the invitation of the CHAIRMAN, said that maximizing the impact of community health workers would be critical to achieving universal health coverage. She urged Member States to create national planning and resource allocation processes, with the corresponding governance, management and financing implications, for the development of a sustainable and resilient local frontline health workforce. Team-based service delivery and task-sharing approaches must be integrated to promote access to frontline health workers with the right skill mix needed to deliver essential services.

The representative of AMREF HEALTH AFRICA, speaking at the invitation of the CHAIRMAN, welcomed the WHO guideline on health policy and system support to optimize community health worker programmes. The implementation of diverse models for community health service delivery must ensure the selection of community health workers based not only on formal qualifications but also on membership of and selection by the target community. Community health workers should undergo accredited and certified training after selection as a pathway to formal contracting, remuneration and future career opportunities. In addition, countries should transition from

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<sup>1</sup> World Health Organization terminology refers to “Taiwan, China”.

voluntarism to remuneration of community health workers and provide an operational working environment and formal structures that supported their mentorship and supervision.

The representative of GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that community platforms and a strong health workforce making greater use of digital technology were essential elements in delivering health for all. She welcomed the recognition in the draft resolution of the importance of formal certification of community health workers and looked forward to the day when they were paid a living wage, required to meet minimum standards, regularly stocked from the national medicine supply chain and linked to teams and facilities. He urged Member States to test for competencies during selection rather than relying on strict educational requirements so as not to restrict the pool of potential candidates.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN and on behalf of Medicus Mundi International – International Organisation for Cooperation in Health Care, welcomed WHO's recognition of community health workers as a key component of human resources for health. However, he expressed concern that the draft resolution failed to address crucial topics such as remuneration and formalization of employment, and encouraged Member States to align the draft resolution with the priorities set out in WHO's guidelines. Member States must take responsibility for implementing and standardizing community health worker programmes and be made accountable to the communities they served. Current programmes treated community health workers only as auxiliaries of the formal health care system; the Health Assembly should consider the fundamental role that those workers could play in supporting health systems and in advocating on behalf of their communities.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, said that community health workers and carers were crucial in providing palliative care to people in their homes and communities. She fully supported the recommendations contained in the report and requested the inclusion of palliative care in the curricula of all community health workers so that they felt equipped to provide care to adults and children with palliative care needs and to deal with the heavy psychological pressures of such work.

The representative of INTERNATIONAL WOMEN'S HEALTH COALITION INC., speaking at the invitation of the CHAIRMAN, said that community health workers, most of whom were women, continued to face barriers in carrying out their work and needed to be integrated into national health systems, paid a living wage and provided with the necessary training, education and resources to deliver health services in a gender-responsive, non-judgemental and non-discriminatory manner. Governments must also implement legislation to support the right of community health workers, especially women, to decent work. It was encouraging that the draft resolution recognized many of these elements, but governments must do more to empower and support community health workers, who were crucial to achieving universal health coverage.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, welcomed WHO's call to increase investment in the health workforce and close the health workforce gap in order to achieve universal health coverage. Physicians should not be replaced by community health workers and nurses as a cheap way of closing the gap. The proposed WHO global competency framework for universal health coverage should reflect the fact that each role and profession in a primary health care team had its own scope of practice and clear responsibilities.

The EXECUTIVE DIRECTOR (Universal Health Coverage/Life Course) clarified that community health workers were not a quick fix to close the projected gap of 18 million health workers worldwide. The aim of the draft resolution was to optimize the impact of community health workers and ensure that they had decent working conditions. The broader issue of the shortfall and WHO's approach to it were captured in the WHO Global Strategy on Human Resources for Health: Workforce 2030, and

the related work was supported by the joint WHO, ILO and OECD Working for Health Multi-Partner Trust Fund. Community health workers should have clear roles and responsibilities as members of multidisciplinary primary health care teams, complementing, not replacing, other levels of the health care workforce. There was also a clear role for community health workers as first responders in emergencies. A comprehensive approach to their recruitment and retention must be taken, supported by a labour workforce analysis that included training, competency-building, mentoring and supportive supervision. Community health workers needed to be integrated into health systems but not at the expense of community ownership, and supply chain support must be ensured. Sustainable financing through government, or as a minimum against a national plan and national standards, were also needed. Monitoring and evaluation must be strengthened, especially in relation to data on a variety of current definitions and roles of community health workers. The WHO guideline on health policy and system support to optimize community health worker programmes would be made available in all six official languages of WHO.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in resolution EB144.R4.

**The draft resolution was approved.<sup>1</sup>**

- **Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage** (documents A72/14 and EB144/2019/REC/1 and resolution EB144.R10)

The CHAIRMAN drew attention to the draft resolution on the preparation for the high-level meeting of the United Nations General Assembly on universal health coverage contained in resolution EB144.R10.

The representative of ZIMBABWE, speaking on behalf of the Member States of the African Region, expressed grave concern that at least half of the world's population still lacked access to essential health services, with the lowest coverage in sub-Saharan Africa, and that out-of-pocket health expenses were pushing people into extreme poverty. That militated against achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), as well as Goals 1 (End poverty in all its forms everywhere), 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture) and 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all). The proposed action-oriented political declaration should pay particular attention to ensuring access to affordable, safe, effective and quality medicines and diagnostics and other technologies, and to the need to interpret and implement intellectual property rights in a manner that supported the right of Member States to protect public health through the use of the flexibilities provided in the Agreement on Trade-Related Aspects of Intellectual Property Rights. It should also highlight the importance of primary health care as a cornerstone of universal health coverage, with the provision of services throughout the life course, the crucial role of health financing, the need for stakeholder support to facilitate health systems strengthening, and the need to ensure decent work, appropriate remuneration and protection for the health workforce. The need to tackle noncommunicable diseases, poverty eradication, migration, climate change and security must also be mentioned in the draft political declaration, as well as the importance of partnerships and close collaboration with eminent personalities and relevant organizations, including the Inter-Parliamentary Union.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, emphasized the importance of developing and implementing policies and strategies to advance universal health coverage in a way that ensured equity and efficiency. Institutional capacity to

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA72.3.

compile, share, disaggregate, analyse, disseminate and use universal health coverage indicators must be enhanced. Through the adoption of Regional Committee decision SEA/RC70(1) on annual progress monitoring of universal health coverage and health-related Sustainable Development Goals, the Member States of her Region had taken concrete action to advance the achievement of universal health coverage. The current Health Assembly provided a timely opportunity to contribute to the key elements of the proposed political declaration on universal health coverage. She highlighted the importance of a formal platform for intergovernmental review of progress made towards universal health coverage as a means of accelerating progress at the global level. The Member States of her Region fully supported the draft resolution.

The representative of SWEDEN said that Argentina, Australia, Austria, Belgium, Belize, Benin, Bosnia and Herzegovina, Bulgaria, Canada, Colombia, Costa Rica, Cyprus, Democratic Republic of the Congo, Estonia, Finland, France, Germany, Greece, Guinea, Iceland, Ireland, Israel, Latvia, Lithuania, Luxembourg, Mexico, Montenegro, Mozambique, Nepal, Netherlands, New Zealand, Norway, Panama, Philippines, Portugal, Republic of Moldova, Romania, Slovenia, South Africa, Spain, Switzerland and the United Kingdom of Great Britain and Northern Ireland aligned themselves with her statement.

She emphasized the importance of universal health coverage in ensuring healthy lives and well-being for all people, fulfilling the right to health and achieving the goals of the 2030 Agenda for Sustainable Development. Sexual and reproductive health and rights were an integral part of universal health coverage; their integration would reduce the fragmentation of health services and strengthen health systems, promotive and preventive primary health care services, and multisectoral approaches. Investing in sexual and reproductive health and rights would be affordable and cost-effective and would significantly contribute to financial risk protection, coverage and responsiveness, thereby fostering economic development, poverty reduction and sustainable development. It would also address the needs of marginalized and vulnerable people, in particular women, girls and adolescents, by improving access, closing gaps in equity and quality, and empowering women and girls. Recognizing WHO's leadership in supporting the promotion and implementation of universal health coverage, she called on the Director-General to ensure that sexual and reproductive health and rights would be addressed at the core of the high-level meeting and in subsequent WHO discussions on universal health coverage.

The representative of INDONESIA supported the draft resolution, which her Government had sponsored, and stood ready to actively participate in the preparation for the high-level meeting. The highest political commitment would be required to achieve universal health coverage, as well as multisectoral collaboration to ensure that it was sustainably financed.

The representative of the PHILIPPINES said that effective, quality, ethical and accessible reproductive health care services were essential in the promotion of the right to health and should be incorporated as a component of basic health care within the context of universal health coverage and sustainable development. Universal health coverage would help to protect people from financial hardship due to illness.

The representative of the RUSSIAN FEDERATION said that universal health coverage was an integral part of the global health agenda and recognized the important developments made to support access to health care services. Efforts must be made to achieve long-term political commitments, including through multisectoral and intersectoral cooperation and by increasing public and private investment in health care, consistent with the needs of the population. Her Government would actively participate in the preparation of the draft political declaration and welcomed the multistakeholder hearing to be organized in preparation for the high-level meeting.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that universal health coverage was a priority for the Member States of the Region and served as a driver to tackling other issues related to health services. The high-level meeting would provide increased momentum for the involvement of all stakeholders in the implementation of

universal health coverage at the country and regional levels. The Member States of the Region continued to seek support from the international community to deal with health-related challenges, especially those concerning implementation of universal health coverage.

The representative of the BAHAMAS said that economic and political factors strongly impacted the achievement of universal health coverage; approaching its implementation from a purely financial perspective would therefore be unwise. Noncommunicable diseases must form an integral part of the universal health coverage framework and its related road maps. No amount of flexible financing could keep pace with the alarming burden of noncommunicable diseases. Radical promotive and preventive approaches would therefore be needed to ensure sustainability, while addressing the determinants of health and fostering community empowerment through increased health literacy. She supported the draft resolution and urged the Secretariat to display strong leadership at the timely high-level meeting. The draft political declaration should be closely aligned with the PAHO Regional Compact on Primary Health Care for Universal Health: PHC 30-30-30.

The representative of BAHRAIN said that an efficient primary health care system was key to achieving universal health coverage. Health systems should ensure the provision of continued financing for all health services where out-of-pocket expenses were incurred. Sustainable financing was therefore essential. Her Government stood ready to contribute to the preparation of the high-level meeting and supported the draft resolution.

The representative of GERMANY said that commitment to achieving the 2030 Agenda for Sustainable Development, and in particular the health-related Sustainable Development Goals, should be renewed and strengthened. Achieving universal health coverage would require sustainable and resilient health systems, sustainable domestic resources, political leadership and whole-of-government and whole-of-system approaches. Member States should commit to strengthening the quality of their health workforce and addressing gender equality. Prevention was also an integral part of universal health coverage. A strong and action-oriented political declaration was necessary in order to further foster achievement and improvement of universal health coverage. She expressed support for the draft resolution.

The representative of the UNITED STATES OF AMERICA said that efforts to advance universal health coverage should be tailored to each country's cultural, economic, political and structural realities and priorities. Primary health care was at the foundation of universal health coverage. Approaches to universal health coverage should draw on the multifaceted strengths and resources of the public and private sectors and promote partnerships, including with civil society, nongovernmental organizations and faith- and community-based organizations. Such partnerships would increase the availability, quality, affordability and sustainability of health care. She therefore welcomed the high-level meeting's emphasis on bringing together diverse stakeholders from all sectors and its aim of complementing and building on preceding and ongoing initiatives.

While joining consensus regarding the draft resolution, she expressed her Government's exception to the words "sexual and reproductive health" in the sixth preambular paragraph, given that their meaning had evolved to include abortion, thereby encouraging countries to change their laws on abortion, as well as the normalization of sexual activity as an expectation for teenagers.

The representative of MEXICO highlighted the issues of catastrophic and impoverishing spending on health and called for concerted, multisectoral action to guarantee universal health coverage. Her Government, which promoted a holistic approach based on the recognition of health as a human right, was following the preparations for the high-level meeting with great interest and supported the draft resolution as a basis for the resulting political declaration. The recently published PAHO report *Universal health in the 21st century: 40 years of Alma-Ata* would also contribute to those preparations.

The representative of the ISLAMIC REPUBLIC OF IRAN outlined the national reforms undertaken with a view to achieving universal health coverage, including the establishment of a health network system, the scaling up of primary health care facilities, and measures to ensure the sustainability of financial resources for health and increase access to quality health services, with a particular focus on poor and marginalized communities.

The representative of the DOMINICAN REPUBLIC reaffirmed his Government's commitment to achieving universal health coverage and expressed support for the promotion of comprehensive, integrated health services throughout the life course. Efforts to address the determinants of health through policies and intersectoral action, and the empowerment of populations to enable them to actively participate in protecting their own health and that of their communities were also welcome. His Government supported the draft resolution.

The representative of KAZAKHSTAN welcomed the recognition of primary health care as key to achieving universal health coverage and Sustainable Development Goal 3. He also welcomed the importance placed on the Declaration of Astana and encouraged Member States to strengthen primary health care as a cornerstone of a sustainable health system. The draft resolution on primary health care towards universal health coverage and the draft resolution on the preparation for the high-level meeting of the United Nations General Assembly on universal health coverage together represented a chance to progress towards achieving WHO's aim of health for all.

The representative of SLOVAKIA reiterated her Government's commitment to attaining universal health coverage and highlighted national efforts in that area, notably the introduction of strategic priorities in line with the 2030 Sustainable Development Agenda.

The representative of INDIA highlighted her Government's comprehensive approach to universal health coverage and its full commitment to collaboration in that area. Future resolutions on universal health coverage should underline that women, children and adolescents often bore the greatest burden of ill health and preventable death, yet they were among the least able to access financial resources. Member States should hold each other accountable to ensure the availability of essential health services throughout the life course, including those related to sexual, reproductive, maternal, newborn, child and adolescent health, and should promote awareness and knowledge of such services among the population, including for self-care.

The representative of SPAIN expressed support for the adoption of an outcome document on universal health coverage at the forthcoming high-level meeting and for the supporting role played by WHO in the preparations. Outlining national measures to uncouple the right to health services from social security provision, she said that health was a basic human right and should not depend on a person's economic or social background. It was important to track indicators to monitor effective access to universal health coverage, with particular attention given to primary health care, specialist care, access to surgery, and sexual and reproductive health.

The representative of BRAZIL said that her Government had sponsored the draft resolution, demonstrating its continued active engagement in international discussions on universal health coverage. Her Government had fostered regional discussions on whether the concept of universal health coverage should be broadened to include the idea of universal access, which encompassed the capacity to use comprehensive, appropriate, timely and quality health services when needed. Primary health care was the best way to deliver health for all and should therefore form the cornerstone of health systems. Her Government would seek to emphasize the importance of integrating surveillance into primary health care systems during the negotiations on the draft political declaration to be approved at the high-level meeting.

The representative of the MARSHALL ISLANDS welcomed the organization of the high-level meeting on the key subject of universal health coverage and noted the importance of partnering with countries that had already attained the goal of health for all. His Government supported the draft resolutions on the preparation for the high-level meeting and on primary health care but strongly urged the Secretariat to include Taiwan<sup>1</sup> in the Health Assembly and in the report on universal health coverage to be submitted to the United Nations General Assembly.

The representative of CANADA expressed support for the draft resolution, and noted the importance of equity, strong primary health care systems and full implementation of the International Health Regulations (2005) in efforts to achieve universal health coverage. The prevention and treatment of mental illnesses and the health of women, children and adolescents – including sexual and reproductive health and rights – were also integral to achieving universal health coverage.

The representative of ETHIOPIA said that universal health coverage was a critical element of the global health agenda and expressed support for the scope, modalities, format and organization of the high-level meeting, as well as the process for the preparation of the outcome documents. She welcomed the participation of Member States in preparing the draft political declaration, which she agreed should include concerns over stagnation in the implementation of universal health coverage and the need for its active implementation worldwide. Her Government therefore supported the draft resolution.

The representative of VIET NAM, welcoming the report, said that the high-level meeting would provide an opportunity for significant progress to be made towards achieving universal health coverage. Although efforts had been made to strengthen national health care systems, many challenges remained; the proposed political declaration to be approved at the high-level meeting should provide Member States with guidance on how to advocate for political commitment and engage stakeholders to support multisectoral policies and actions. It should also include actions and an accountability framework to hold all actors accountable to universal health coverage commitments. Work on the development of the draft political declaration should take place with the active involvement of Member States so that country-specific contexts could be taken into account.

The representative of ISRAEL said that sexual and reproductive health and rights were an essential element of universal health coverage. Only strong and resilient health systems could provide high-quality, accessible health care for all; national health systems therefore needed to be strengthened in order to achieve universal health coverage. That required high-level commitment, including the effective allocation of public resources, and the establishment of an accessible, high-quality health system with a strong community reach. In that regard, adequate training and compensation for health workers was essential. He expressed confidence in the Secretariat's capacity to support Member States to strengthen their health systems through guidance and technical support. His Government supported the draft resolution.

The representative of NAMIBIA welcomed the proposal to include an accountability framework in the draft political declaration, which should include key milestones to measure progress. Although significant progress had been made in tackling HIV/AIDS through sustained, targeted efforts, significant fiscal space should be maintained in order to achieve the related elimination targets. Noncommunicable diseases also required major investment, which could be challenging given that they were competing for investment with communicable diseases. Progress towards universal health coverage depended on the success of primary health care, notably preventive and promotive action. Primary health care should therefore feature centrally in the draft political declaration to be approved at the high-level meeting, with an emphasis on the role of the global community in tackling the risk factors for noncommunicable diseases through the WHO best buys. His Government supported the draft resolution.

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<sup>1</sup> World Health Organization terminology refers to "Taiwan, China".

The representative of CHINA welcomed the preparations for the high-level meeting. To make progress towards universal health coverage all Member States attending the high-level meeting should make stronger political commitments to prioritize universal health coverage, strengthen public investment and focus on poor populations, especially the most vulnerable groups, such as women, children, the elderly and those with chronic diseases, so as to make basic public health services more efficient, accessible, equitable and fair. Furthermore, to achieve the 2030 Agenda for Sustainable Development, greater coordination was needed between WHO and the United Nations system to strengthen international cooperation, based on the practical needs of Member States. He supported the draft resolution, which clearly set out the responsibility of Member States, stakeholders and the Director-General towards the achievement of universal health coverage.

The representative of AUSTRALIA, expressing support for the draft resolution, said that universal health coverage was key to achieving the 2030 Agenda for Sustainable Development. A collective commitment to achieving target 3.8 of the Sustainable Development Goals would contribute to improved health outcomes for millions of people. WHO's role in that regard was critical. She welcomed WHO's guidance and technical input on the preparations for the high-level meeting and the development of the draft political declaration to ensure that global norms, standards, targets, statistics and definitions were adequately acknowledged and reflected therein.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, welcoming the draft resolution and the report, said that access to essential health services must be ensured, and out-of-pocket health expenses addressed. Sexual and reproductive health and rights were indispensable and integral to achieving universal health coverage and the 2030 Agenda for Sustainable Development. He urged all Member States to ensure high-level representation at the high-level meeting and to commit to a political declaration in order to make progress in that regard. It was essential to address health financing reform and to bring together initiatives on health security, antimicrobial resistance and tackling malnutrition into a single universal health coverage approach that included non-State actors. Quality of care and patient safety must be at the heart of efforts to achieve universal health coverage.

The representative of JAPAN said that strong political commitment at the highest level was essential to achieving universal health coverage and the high-level meeting should be used as an opportunity to harness such commitment. The Secretariat should actively support Member States, in cooperation with stakeholders in the health and non-health sectors, to develop a strong political declaration. In that regard, she encouraged countries to participate in the Group of Friends of UHC in order to enhance related discussions. A monitoring mechanism should be established to measure the achievement of universal health coverage in each country. She looked forward to receiving the WHO global monitoring report on universal health coverage which would be prepared for the high-level meeting.

The representative of BANGLADESH highlighted the need for Member States to engage in discussions and support the preparation of a draft political declaration on universal health coverage for adoption at the high-level meeting. He requested the Secretariat to continue providing technical support and policy advice to Member States, in collaboration with the broader United Nations system and other relevant stakeholders, towards achieving universal health coverage by 2030, especially with regard to health system strengthening.

The representative of SOUTH AFRICA welcomed the high-level meeting as an opportunity for Heads of State and Government to provide political leadership and guidance and a coordinated approach to achieving universal health coverage. To ensure that no one was left behind, Member States should promote the right to universal health coverage through resilient and responsive health systems. Sustainable financing for health systems would require countries to provide financing through internal and external funding. The increase in the number of indicators for Sustainable Development Goal 3 to



39 must be managed carefully to ensure that countries had the capacity required to measure them. She urged the Director-General to mobilize Heads of State and Government to attend the high-level meeting.

The representative of GHANA supported the call for a strong and continuous political commitment, more government fiscal space dedicated to health, greater investment in health delivery systems, primary health care and a committed health workforce, and strengthened implementation capacities. Delivery chains should be mapped and regularly monitored. The work on the global action plan for healthy lives and well-being for all should serve as a catalyst to enhance the achievement of universal health coverage. The six “key asks” recently submitted by UHC2030 should be factored into the draft political declaration to be adopted at the high-level meeting. A practical approach should be taken to implementing the outcomes of the high-level meeting, including potential deliverables. Member States should develop concrete road maps adapted to their national and subnational contexts. Lastly, the high-level meeting must complement and build on related meetings and discussions.

The representative of the CENTRAL AFRICAN REPUBLIC expressed support for the draft resolution, but called for emphasis to be placed on the need for communities to take ownership of strategies on community health care. Those strategies should form an integral component of national health strategies. A practical, coordinated approach involving cooperation between non-State actors and State actors should be followed, and strategies should be implemented under the leadership of national governments.

The representative of ARGENTINA said that it was essential that Member States should participate in the discussions on the preparation of a draft political declaration on universal health coverage, for presentation at the high-level meeting. A coordinated effort was required to achieve universal health coverage, with a focus on multisectoral and sustainable action. She expressed support for the draft resolution.

The representative of SRI LANKA, expressing support for the draft resolution, suggested that the high-level meeting should involve a high-level discussion on a range of health financing strategies, as well as discussions on how migration health assessments could contribute to achieving universal health coverage, particularly in the context of ending tuberculosis by 2030. Furthermore, in view of the rapid advancements in information technology to support universal health coverage, guidelines on its safe use should be updated. In particular, guidance should be provided on the health impact of the conversion from fourth-generation (4G) to fifth-generation (5G) technology and a technical discussion should be held thereon.

The representative of UNFPA said that universal health coverage was the cornerstone of the Sustainable Development Goals. Women, children and adolescents – especially the poorest and those who experienced discrimination and exclusion – bore the greatest burden of ill health and preventable deaths. She therefore called for the inclusion of sexual and reproductive health and rights in universal health coverage policy, plans and programmes in a comprehensive, holistic and person-centred way, which would also help countries to progress towards achieving targets 3.7, 3.8 and 5.6 of the Sustainable Development Goals on ensuring access to essential, and sexual and reproductive health care services.

The representative of IOM firmly believed that promoting the health of migrants must be an integral part of the draft political declaration to be adopted at the high-level meeting, given its importance in attaining target 3.8 of the Sustainable Development Goals. Universal health coverage milestones, such as Health Assembly resolutions on promoting the health of migrants and refugees, should be considered in connection with the global compact for safe, orderly and regular migration and target 10.7 of the Goals on facilitating orderly, safe, regular and responsible migration and mobility of people to ensure that national migration policies duly took into consideration the health aspects of well-managed migration. Health outcomes for migrants could be improved by emphasizing the need for

whole-of-society and whole-of-government actions and the involvement of migrants, including health workers, as co-developers of health services.

The observer of GAVI, THE VACCINE ALLIANCE, expressing support for the draft resolution, said that universal health coverage could be achieved by prioritizing primary health care and expanding the reach of effective public health interventions such as immunizations. The draft political declaration should seek to ensure universal access to cost-effective and preventive health interventions, increase equitable and inclusive access to health services for those left furthest behind and mobilize adequate and sustainable resources for health that were aligned with development aid and efficiently and equitably allocated.

The representative of the INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS, speaking at the invitation of the CHAIRMAN, said that the draft political declaration should draw on the report on patient safety contained in document A72/26 in view of the need to prioritize patient safety in efforts to achieve universal health coverage. The Health Assembly should focus its discussions on providing strategic direction to enable the global community to coordinate its efforts towards achieving universal health coverage. She urged Member States to approve the draft resolution.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIRMAN, said that kidney disease led to greater catastrophic health expenditure in low- and middle-income countries than any other condition. She called on Member States to: promote the development of innovative public and private funding strategies; increase efforts to deliver affordable and equitable treatments; develop and strengthen comprehensive, integrated services within a continuum of care; implement programmes that addressed co-morbidities; focus on disease prevention using population-based approaches and WHO best buys and screening at-risk populations; and implement a whole-of-government, whole-of-society Health in All Policies approach across all sectors.

The representative of the INTERNATIONAL WOMEN'S HEALTH COALITION, speaking at the invitation of the CHAIRMAN, said that universal health coverage must include comprehensive sexual and reproductive health services for women that were provided without stigma, discrimination, coercion or violence. Leaving no one behind meant addressing the barriers faced in particular by women, girls and the most marginalized groups and taking gender-related determinants of health throughout the life course into account. Investment should be made in decent work that protected the fundamental rights of health workers and promoted leadership, especially among women. Public health financing mechanisms and budgets must be gender-responsive, equitable, participatory and accessible in order to reduce inequalities and the greater out-of-pocket expenses faced by women.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that, to ensure the adequate representation of all stakeholders and all members of society, technical, material and financial support should be provided to promote the participation of grassroots organizations, civil society and young people in discussions on universal health coverage and on the draft political declaration in particular. Member States should commit to providing youth-friendly health services at all levels, strive to safeguard sexual and reproductive health and rights without politicizing the issue, invest in the health workforce and work to build the capacities of future health professionals.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN, said that services to tackle obesity must be an essential part of universal health coverage. In preparation for the high-level meeting, Member States should: invest in a holistic, whole-of-government and multisectoral approach; ensure that health workers were equipped and trained to deliver person-oriented and non-stigmatizing care; include prevention as part of commitments on universal health coverage, particularly actions focusing on the social, commercial and environmental

determinants of health; implement strong accountability and monitoring frameworks for all sectors and stakeholders; and ensure equity in all commitments so that no one was left behind.

The representative of WOMEN DELIVER, INC., speaking at the invitation of the CHAIRMAN, said that, in order to reap the full benefits of universal health coverage, health systems must be gender-responsive to ensure that girls and women had access to comprehensive, quality and affordable health care throughout the life course. Investing in girls' and women's health was also cost-effective: sexual and reproductive health and rights interventions, for example, yielded a nine-to-one return on investment. Gender equality and women's rights must be central to universal health coverage and should not be subject to political considerations.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN and on behalf of the International Diabetes Federation, the World Stroke Organization, the International Society of Nephrology, the World Hypertension League and the Framework Convention Alliance on Tobacco Control, said that implementing WHO best buys would help governments to protect health, make populations more productive, reduce health care costs and generate revenue through taxes on tobacco, sugary drinks and alcohol that could be used to finance universal health coverage. Health ministries should engage more productively with finance ministries to that effect. Health expenditure should be viewed as an investment, not a cost.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that the draft political declaration should include the need to invest in research and development, the health workforce and national capacity-building. Data on progress towards universal health coverage should be disaggregated by age and gender. She called for a commitment against prohibitively expensive user fees for essential services. Primary health care should be prioritized and extended beyond the facility level to frontline health workforce teams. Ensuring the right to health was not the sole responsibility of Member States but the collective commitment of the global community.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIRMAN, urged Member States to ensure that the draft political declaration explicitly called for national governments to provide a universal health coverage package for the entire population that included financial protection and a core set of comprehensive, safe, affordable effective and high-quality health services for the prevention, diagnosis, treatment and palliative care of noncommunicable diseases, including cancer, to be delivered by a well-trained workforce. Delivering on such commitments would require extensive prevention programmes, strong primary health care, robust referral services, increased health workforce and treatment capacity, and mandatory population-based disease registries.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that the draft political declaration must acknowledge the importance of prevention and strong, sustainable health systems that provided people-centred care. Timely referral of cancer patients to secondary and specialist facilities was essential. Cervical cancer elimination efforts could serve as a foundation for such action, given the need for progress in all countries. Strong health information systems and data disaggregated by gender, income and location must also be prioritized, including a registry of cancer data to support effective cancer control in view of the growing global cancer burden.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, expressed concern at the rising number of people lacking essential health services or facing catastrophic out-of-pocket payments, and at recent opposition to guaranteeing women's and girls' comprehensive sexual and reproductive health and rights. Member States should ensure high-level engagement at the high-level meeting, announce concrete actions towards ensuring universal health coverage, make bold commitments to increase public investment in providing essential health services

that were free at point of use and equitably accessible, and advocate for and invest in guaranteeing sexual and reproductive health and rights.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that governments must embrace new approaches to financing biomedical innovation to ensure universal health coverage and equal access to new medical technologies. The cost of research and development should be delinked from product prices, including by removing incentives for private investment. Dependence on temporary monopolies as an incentive for innovation was expensive and led to unequal access. Greater transparency of biomedical markets and innovation was critical. WHO's efforts to achieve universal health coverage must include expanding access to cell and gene therapies in developing countries.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, welcoming the inclusion in the draft political declaration of a section on mainstreaming gender, equity and human rights, said that it nonetheless failed to adequately recognize the need to guarantee full sexual and reproductive health and rights. Gender must be taken into account throughout the political declaration, which must include a strong call for governments to reaffirm the principles of non-discrimination and a human rights-based approach. The section on the follow-up mechanism must also be strengthened to ensure that civil society organizations were meaningfully engaged in accountability mechanisms once they were established.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIRMAN and on behalf of the Medicines for Malaria Venture, said that universal health coverage could not be achieved without support for the development of new diagnostic and treatment technologies focused on public health priorities and based on principles of affordability, availability, effectiveness, efficiency and equity. Member States attending the high-level meeting should push for policies that included indicators measuring progress towards meeting the needs of vulnerable populations and support public interest research and development collaborations addressing hurdles to universal health coverage. Measures should also be taken to accelerate the availability and accessibility of existing essential medicines, identify and accelerate the release of priority products already in the pipeline, and support longer-term innovative approaches to research and development. Joint strategies for the development of drugs and diagnostics were also needed.

The representative of ACTION AGAINST HUNGER INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that investment in low-cost, high-impact nutrition services promoted development, reduced the noncommunicable disease burden and increased immunity, thus contributing to universal health coverage. He urged Member States attending the high-level meeting to commit to: integrating nutrition-related interventions and health promotion into primary health care, with a focus on the poorest and most marginalized groups, especially women and girls; training and supporting community health workers to provide key nutrition services and essential medicines to prevent and treat malnutrition; allocating more funding to nutrition; and promoting nutrition issues among high-level decision-makers in collaboration with stakeholders in other sectors.

The representative of the THALASSAEMIA INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIRMAN, urged Member States to acknowledge the severity of rare diseases by including them in the agenda of the high-level meeting. Investment was needed in transformative technologies as a means of rendering national health systems accessible and efficient. In addition, national strategies and plans for the management of the multiple needs of patients with rare diseases, including thalassaemia, should be promoted.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, said that the goal of universal health coverage went hand in hand with the Sustainable Development Goal target on ending the epidemic of

tuberculosis. The draft political declaration must complement previous political declarations on tuberculosis and other disease areas, including antimicrobial resistance, noncommunicable diseases and HIV/AIDS. In addition, it should highlight the need to scale up treatment of tuberculosis and other diseases through primary health care, including by training and strengthening the health workforce. It should also emphasize the need for national health systems to preserve the specialized functions and funding needed to conduct critical high-level functions, including tuberculosis surveillance, programme monitoring, training and supervision.

The EXECUTIVE DIRECTOR (Universal Health Coverage/Life Course) said that the development of the draft political declaration was a Member State-led process. Consultations on the zero draft of the political declaration had already been held with over 500 stakeholders; further consultations were scheduled to take place as of late June 2019. There appeared to be strong consensus among participants on the technical aspects of universal health coverage and on the key principles and concepts of universality, leaving no one behind, gender equality and equity, and strong, resilient people-centred and integrated health systems. The Secretariat would continue to provide the technical support required, consistent with the language, framework and indicators of the Sustainable Development Goals. The draft political declaration was fundamentally a political commitment and not a technical document; its principal aim was to obtain clear and high-level political and financial commitment, as well as agreement on measurable targets and a robust follow-up mechanism. A whole-of-government approach and Head of State engagement were critical to obtaining a successful outcome. The Secretariat, together with the World Bank, UNFPA and OECD, aimed to prepare a global monitoring report on universal health coverage that would provide a progress update on key coverage, equity and financial protection indicators. The report would be made available before the high-level meeting.

The ASSISTANT DIRECTOR-GENERAL (Preparedness for the High-Level Meeting of the United Nations General Assembly on Universal Health Coverage) said that the development of the draft political declaration was a Member State-led process. The zero draft of the political declaration had been presented to Member States in New York on 28 May 2019 and made publicly available. Informal consultations on the draft political declaration would begin on 28 May 2019, followed by weekly informal meetings to work on the text, which would hopefully conclude by the end of July 2019. Work during the month of August 2019 would be dedicated to reflecting and finding additional evidence of contributions, if any, so that the final draft of the political declaration could be delivered to the President of the United Nations General Assembly by the first week of September 2019.

The Secretariat had provided support in aligning the language and ensuring the consistency of the draft political declaration with World Health Assembly resolutions. The Secretariat was also working with UHC2030 and the Group of Friends of UHC and had contributed substantially to the management of the multistakeholder hearing, which had included the participation of more than 500 civil society representatives. Additional support would be provided, based on factual evidence, regarding the metrics for the data and the qualitative indicators to be used in a reliable accountability system to monitor both the process and the progress towards the achievement of universal health coverage. The Secretariat would also provide support, where requested, on specific technical issues where consensus had not yet been reached.

Member States should ensure the participation of their leaders, communities and populations and make sure that the health component was properly reflected in the draft political declaration.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in resolution EB144.R10.

**The draft resolution was approved.<sup>1</sup>**

**The meeting rose at 17:15.**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA72.4.

## **SIXTH MEETING**

**Thursday, 23 May 2019, at 09:15**

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

**Later:** Dr M. ASSAI ARDAKANI (Islamic Republic of Iran)

### **1. SECOND REPORT OF COMMITTEE A (document A72/70)**

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

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

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

**Polio:** Item 11.3 of the agenda

- **Eradication** (document A72/9)

The representative of BAHRAIN agreed with the need to step up efforts to stop poliovirus circulation nationally and globally, close gaps in surveillance and immunization, and coordinate measures within and between countries, through broader and better outbreak response and stronger collaboration between polio eradication programmes and other health-related and humanitarian assistance programmes. It was vital to ensure affordable and sustainable access to the inactivated poliovirus vaccine before and after certification of the eradication of poliomyelitis, and fulfil the objectives of the WHO global action plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use.

The representative of MONACO expressed concern and disappointment that the progress made towards the eradication of poliomyelitis in recent years had been compromised by the detection of new cases in 2018. Those cases were a result of a refusal to vaccinate and increased insecurity. She paid tribute to the work of community health workers in their efforts to vaccinate children. It was vital that those workers were able to continue to fulfil their mandate in decent conditions. While she supported the Global Polio Eradication Initiative Polio Endgame Strategy 2019–2023, she believed that innovative approaches were also needed to reach unvaccinated children and ensure that populations accepted vaccination. She welcomed the fact that Gavi, the Vaccine Alliance, had joined the Polio Oversight Board.

The representative of AZERBAIJAN said that, in order to successfully eradicate polio, the international community needed to redouble its efforts.

The representative of CANADA welcomed the Polio Endgame Strategy 2019–2023. Vaccination in fragile, volatile and conflict-affected areas was essential to achieve polio eradication. She commended

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<sup>1</sup> See page 305.

those working in such challenging conditions. The Secretariat should intensify efforts to engage local communities in order to better understand the drivers of disruption in insecure areas, and renew its efforts to ensure that all children were vaccinated, including integrating innovative strategies into vaccination programmes to reach newborns. The Global Polio Eradication Initiative should continue and should increase its collaboration with Gavi with a view to improving vaccine coverage and equity and ensuring a predictable supply of inactivated poliovirus vaccines. Her Government appreciated the Initiative's commitment to gender mainstreaming and hoped that it would continue.

The representative of the RUSSIAN FEDERATION said that the eradication of wild poliovirus under the Polio Endgame Strategy 2019–2023 would eliminate the need to use live poliovirus vaccines, and she noted that there had been an increase in circulating vaccine-derived poliovirus type 2 following the switch to bivalent oral polio vaccine, which must be addressed. It was essential that all countries had access to an adequate supply of inactivated poliovirus vaccine in order to reach all unvaccinated children. The Secretariat should support Member States in developing containment capacity and fully implement resolution WHA71.16 on containment of polioviruses. She asked the Secretariat to consider whether all the documents submitted to the Global Commission for the Certification of Poliomyelitis Eradication could be made available in the Organization's six official languages.

The representative of SPAIN expressed support for the Polio Endgame Strategy 2019–2023. Vaccination and universal health coverage were key to eradicating poliomyelitis. She urged the Secretariat and Member States to continue their work towards the complete eradication of the polio virus.

The representative of THAILAND said that the emergence of vaccine-derived poliovirus in several countries had highlighted the importance of maintaining high levels of immunization coverage and effective surveillance systems. All development partners must urgently explore new approaches and identify long-term solutions to ensure an affordable and sustainable supply of the inactivated poliovirus vaccine. The Secretariat should ensure the availability of adequate and affordable supplies of a vaccine before recommending its inclusion in national immunization programmes.

The representative of AUSTRALIA commended the Global Polio Eradication Initiative for its draft gender strategy. She recognized the challenges facing frontline vaccination workers. She commended WHO's efforts to respond to recent detections of circulating vaccine-derived poliovirus in Papua New Guinea and Indonesia. She urged the Global Polio Eradication Initiative to make every effort to ensure that the new Polio Endgame Strategy 2019–2023 led to the elimination of all forms of poliovirus, referring also to interventions in hard-to-reach populations and sectors beyond health. Close collaboration with partners such as Gavi, and significant investment in inactivated poliovirus vaccines were needed to ensure polio eradication and prevent its re-emergence. She encouraged the adoption of innovative approaches to combat global shortages of the inactivated poliovirus vaccine.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed concern about the recent increase in the number of cases of vaccine-derived poliovirus and the effect that misinformation was having on the uptake of vaccines. She was confident that the Global Polio Eradication Initiative, in collaboration with other stakeholders, would achieve polio eradication. She urged Member States to maintain their commitment to polio eradication as it reached its final stages, with the support of the Director-General.

The representative of ANGOLA said that the possibility of outbreaks of vaccine-derived poliovirus in areas with low vaccination coverage was concerning. Member States should improve acute flaccid paralysis surveillance and implement good-quality vaccination campaigns using monovalent oral polio vaccine of the circulating serotype. Vaccination campaigns should be implemented on the basis of technical risk assessments and recommendations made by the Secretariat.

The representative of the UNITED STATES OF AMERICA, expressing support for the Polio Endgame Strategy 2019–2023, said that Member States must close all immunity gaps in order to prevent vaccine-derived poliovirus outbreaks. She urged all Member States to intensify efforts to implement and certify containment and encouraged the Secretariat to issue guidance in that regard. She expressed deep concern about recent developments in the few countries where polio was still endemic. Violence against health workers must be stopped. She urged all Member States to pursue the global certification of the eradication of wild poliovirus and the cessation of vaccine-derived poliovirus.

The representative of SAUDI ARABIA described the steps being taken in her country to eradicate poliomyelitis. She reiterated that wild poliovirus and circulating vaccine-derived poliovirus were major international health challenges.

The representative of GHANA said that collaboration between public health programmes was essential to ensure the sustainability of polio eradication. Outbreaks of poliovirus threatened eradication efforts in all Member States. However, there was no reason why polio should persist and his Government remained committed to global polio eradication by 2023.

The representative of MALAYSIA expressed support for the Polio Endgame Strategy 2019–2023, particularly regarding poliovirus containment. Member States should strive to overcome challenges relating to full vaccination coverage, so as to reduce the risk of circulating vaccine-derived poliovirus outbreaks.

The representative of LESOTHO said that her Government aligned itself with the second objective of the African Regional Strategic Plan for Immunization 2014–2020, which was to complete interruption of poliovirus transmission and ensure virus containment. Although there had never been an outbreak of wild or circulating vaccine-derived poliovirus in her country, measures were in place to prevent its transmission.

The representative of MEXICO said that the continued circulation of wild poliovirus was concerning, despite having been declared an international public health emergency in 2014. She expressed support for the Polio Endgame Strategy 2019–2023, which would guide Member States towards eradication, which should remain a priority. Financial resources must be mobilized to eliminate and prevent the reappearance of poliovirus. Nevertheless, she considered the budget earmarked for polio eradication in the Proposed programme budget 2020–2021 to be excessive in comparison to the resources allocated to other priorities, such as noncommunicable diseases. The financing of the Strategy should be entirely transparent and take into consideration the priorities established in the Thirteenth General Programme of Work, 2019–2023.

The representative of MYANMAR, speaking on behalf of the Member States of the South-East Asia Region, urged Member States in which poliovirus was still present to implement action plans in order to achieve polio eradication. As a result of strong and sustained efforts, his Region had been free of poliovirus since 2011. National outbreak response plans and routine immunization programmes that included inactivated poliovirus vaccine were in place in all countries of the Region, and progress was being made towards poliovirus containment. The Government of Indonesia had responded aggressively to a recent detection of circulating vaccine-derived poliovirus. Turning to polio transition, he said that good progress was being made. Governments needed to mobilize domestic resources for long-term sustainability, as well as ensure optimal funding for polio transition in high-priority countries. He therefore welcomed the engagement of new partners, such as Gavi.

The representative of JAPAN said that it was regrettable that polio eradication had not been achieved as planned, primarily because areas in which wild poliovirus was present were often inaccessible. It was therefore very challenging to implement surveillance, preparedness and response measures. A holistic approach was needed, rather than a narrow focus on poliomyelitis, and she therefore



welcomed the Polio Endgame Strategy 2019–2023. Barriers to eradication, including vaccine refusal, could only be overcome through health system strengthening, nutrition and education, in line with the needs of local populations. She requested WHO to use the polio programme budget in an efficient manner by enhancing collaboration among departments.

The representative of HONDURAS said that governments and WHO regional offices must show continued commitment to the eradication of poliomyelitis in order to preserve the achievements to date and overcome future challenges. She requested WHO to continue to prioritize technical and financial cooperation in order to secure a lasting polio-free world.

The representative of BELGIUM expressed support for the Polio Endgame Strategy 2019–2023 and said that his Government was willing to engage in international collaboration on that issue. The implementation of the WHO global action plan to minimize poliovirus facility-associated risk remained a priority for his Government, as there were several vaccine manufacturing facilities in his country.

The representative of VIET NAM expressed appreciation for the efforts made by WHO, UNICEF and other international partners to implement the Polio Eradication and Endgame Strategic Plan 2013–2018. Her Government had reflected those commitments in the development of a national plan, which included immunization, outbreak response, and budget planning.

The representative of KENYA said that polio eradication strategies should provide guidance on new ways to eradicate poliovirus, especially given the recent outbreaks of circulating vaccine-derived polioviruses. His Government had taken several steps to expand vaccine coverage and surveillance and had destroyed all stores of wild poliovirus in the country.

The representative of the ISLAMIC REPUBLIC OF IRAN said that governments should be offered clear guidelines on post-certification strategies and that clarifications of the complex activities involved, such as environmental surveillance and mop-up immunization campaigns, should be given during technical sessions. The high number of illegal migrants without vaccination documentation was a serious issue, and would require further support from WHO. She requested the Secretariat to clarify whether the Organization had approved the use of fractional-dose inactivated poliovirus vaccine or had recommended its use only in emergency situations or during shortages.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the inclusion of poliomyelitis in the Proposed programme budget 2020–2021 as a programmatic indicator. Poliovirus vaccines must be available for timely delivery in case of an outbreak. She encouraged governments to continue to prioritize their polio programmes as they embarked on their polio transition plans, in order to sustain gains made.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that basic services must be improved in order to contain the spread of wild polioviruses. Progress in combating poliovirus had slowed in Afghanistan and Pakistan, where the disease was still present. However, he noted the successful emergency measures taken to stop the recent outbreak in the Syrian Arab Republic. Welcoming the Polio Endgame Strategy 2019–2023, he underscored the commitment of the Member States in his Region to polio eradication.

The representative of BRAZIL lauded the contribution of Gavi to efforts to enhance the use of inactivated poliovirus vaccine. She emphasized the importance of strengthening vaccination activities and integrating poliomyelitis-related actions into health systems. Essential polio-related functions, supported by WHO and the Global Polio Eradication Initiative, must not be put at risk of discontinuation if international funding was interrupted.

The representative of NIGER said that, as a financial beneficiary of the Global Polio Eradication Initiative, his Government had been conducting activities to eradicate poliomyelitis, improve vaccination coverage and strengthen surveillance. However, the potential for cross-border transmission remained a challenge, which could be mitigated through the implementation of the International Health Regulations (2005).

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region, said that maintaining polio-free status was a priority for all the Governments in his Region. Despite experiencing shortages of inactivated poliovirus vaccine, its timely introduction had helped to maintain the population's immunity to poliovirus type 2.

The representative of CHINA recommended that WHO continue to strengthen international cooperation, seek support from Gavi and similar organizations, and work together with Member States to advance the implementation of the Polio Endgame Strategy 2019–2023. He also recommended increasing immunization rates in areas of poor coverage, initially using bivalent oral polio vaccine and then developing an implementation plan to replace it with inactivated poliovirus vaccine. Financial and technical support would be required in that regard.

The representative of GABON, speaking on behalf of the Member States of the African Region, thanked the Regional Office for Africa for its efforts to eradicate poliomyelitis. However, she said that some areas were still difficult to access, surveillance and vaccination activities were not comprehensive and there was still a risk of cross-border transmission. Cases of circulating vaccine-derived poliovirus type 2 had been detected and, in some countries, had constituted a national public health emergency. She noted that national outbreak response plans had yet to be standardized. Highlighting the introduction of inactivated poliovirus vaccine into the routine vaccination schemes of all Member States in her Region, she said that unreliable availability of that vaccine globally was still a challenge. She expressed concern over the lack of financing for polio eradication activities and the absence of earmarked funds to maintain certification and implement polio transition plans. Also of concern were the security issues in certain countries in the Region, which hindered surveillance and planned vaccination. Furthermore, global efforts towards eradication should support, and not hinder, regional activities. She underscored the need to fund and implement the Polio Endgame Strategy 2019–2023, even post-certification. The polio eradication programme should be retained in order to avoid the loss of trained human resources and to ensure the regular availability of inactivated poliovirus vaccines globally and thus build the resilience of the national health systems in her Region.

The representative of GERMANY emphasized the need to acquire the estimated US\$ 3.27 billion needed to achieve complete polio eradication by 2023 and urged all Member States to contribute financially and politically to achieving that goal. The Global Polio Eradication Initiative should establish a comprehensive budget for eradication that reflected the costs of supporting the use of inactivated poliovirus vaccine after 2020. Collective efforts were needed to ensure adequate support for countries in polio transition, particularly where capacities were currently financed by the Global Polio Eradication Initiative. He urged Member States to fill gaps in national legislation and to conduct advocacy on poliovirus containment. Strengthening national health systems, including the integration of poliomyelitis surveillance, was essential to sustaining polio-free status. To that end, strong and continued collaboration between national governments, health programmes and global initiatives was key.

The representative of BHUTAN called on all partners and Member States to strengthen collaboration in order to ensure the sustainability of polio eradication. He encouraged Member States to design strategic mechanisms to optimize resources and efforts towards achieving polio-free status. He drew attention to the need to implement resolution WHA71.16 on containment of polioviruses.

The representative of the UNITED ARAB EMIRATES outlined efforts her Government had made to support the eradication of poliovirus, including donating significant funds to the Global Polio Eradication Initiative and other government-led programmes for vaccination campaigns in Afghanistan, Ethiopia, Kenya, Pakistan, Somalia and Sudan.

The representative of NORWAY welcomed the Polio Endgame Strategy 2019–2023 and emphasized the strengthened collaboration between Gavi and the Global Polio Eradication Initiative on delivering inactivated poliovirus vaccine. The ongoing transmission of wild poliovirus in Afghanistan and the rise in the number of cases in Pakistan were deeply concerning, as were the increasing outbreaks of vaccine-derived poliovirus. Those issues highlighted the importance of integrating poliovirus vaccines into routine immunization.

The representative of INDIA drew attention to the shortage and sudden significant increase in the price of inactivated poliovirus vaccine following its mandatory introduction, which placed a financial burden on low- and middle-income countries. The introduction of any new interventions under the Polio Endgame Strategy 2019–2023 must be accompanied by proper guidance on supply management in order to guarantee vaccine security. He called for market shaping in order to help control global vaccine prices.

The representative of INDONESIA outlined containment activities underway in her country linked to the certification process for a poliovirus-essential facility. Given the risk of importing wild poliovirus and circulating vaccine-derived poliovirus, current immunization coverage must be expanded alongside robust mitigation strategies, which required support from WHO. Following the detection of vaccine-derived poliovirus type 1 in Indonesia in early 2019, the appropriate outbreak response had been undertaken. There was a need to develop an innovative poliovirus vaccine that would avoid the emergence of circulating vaccine-derived poliovirus.

The representative of MOROCCO supported the Polio Endgame Strategy 2019–2023. An in-depth study should be done to explain the increasing transmission of circulating vaccine-derived poliovirus type 2. He asked the Secretariat to ensure a continuous supply of inactivated poliovirus vaccine and to coordinate and encourage anti-poliomyelitis activities between the Eastern Mediterranean and African Regions in order to limit cross-border transmission of poliovirus.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA said that all Member States should maintain high surveillance and strong response capacity while the threat from circulating polioviruses still existed. The infrastructure and capacity to maintain polio functions should be further strengthened through the Polio Endgame Strategy 2019–2023, which must be sufficiently funded.

The representative of SENEGAL supported the Polio Endgame Strategy 2019–2023, the implementation of which should take into account the reduction in financing for eradication activities; the emergence of vaccine-derived poliovirus; the unreliable availability of inactivated poliovirus vaccine; and the need for strengthened surveillance, including environmental surveillance.

The representative of the REPUBLIC OF KOREA, in light of the increased risk of poliovirus importation from endemic countries, encouraged Member States to comply with WHO recommendations on polio eradication. Governments should also review national eradication and transition strategies, which should include indicators to monitor their implementation. The Polio Endgame Strategy 2019–2023 would require adequate human and financial resources, and the development of post-certification strategies.

The representative of MICRONESIA expressed concern over the recent reported cases of poliomyelitis and extended thanks to its development partners, including the United States of America Centers for Disease Control and Prevention, and the Governments of Japan and Australia, for their

support. He urged the Director-General and Member States to provide additional resources to eradicate the myth that vaccination against poliovirus and other vaccine-preventable diseases, was counterproductive.

The representative of PAKISTAN said that, as well as universal vaccination programmes, the sensitivity of national environmental and acute flaccid paralysis surveillance systems had been increased. Environmental sampling and the 19 poliomyelitis cases reported in 2019 had showed that poliovirus transmission continued in Karachi, Quetta block and Khyber-Peshawar. Response strategies included strengthening routine immunization, addressing the high prevalence of malnutrition and providing safe water and sanitation. A revised communication strategy was being used to address concerns over vaccine safety and efficacy fuelled by anti-vaccine propaganda. The Governments of Pakistan and Afghanistan continued to share experiences and strategies to manage the common epidemiological block. In response to the recent increase in the number of poliomyelitis cases, his Government had decided to undertake an urgent comprehensive programme review in consultation with WHO and the Global Polio Eradication Initiative. Thanking partners and donors for their support, he pledged his Government's commitment to polio eradication.

The representative of PANAMA outlined measures being taken in her country to maintain its polio-free status by improving vaccine coverage and strengthening surveillance, with particular reference to the risk of vaccine-derived poliovirus type 2 and the importation of wild poliovirus.

The representative of MOZAMBIQUE said that WHO was continuing to support her Government to expand and strengthen community surveillance with the help of local stakeholders, which had allowed the identification and successful management of several cases of circulating vaccine-derived poliovirus type 2 in Zambézia province. She called for the continued mobilization of flexible financial resources to fund extensive poliovirus immunization activities, including epidemiological surveillance.

The representative of IRAQ stressed the importance of ensuring the availability of low-cost inactivated poliovirus vaccines in efforts to achieve polio eradication by 2023. National challenges to maintaining eradication in her country included the number of refugees from endemic areas and internally displaced people, low routine immunization coverage among children under five in hard-to-reach areas, and military operations. WHO and UNICEF had supported the Ministry of Health in implementing national strategies and awareness campaigns and improving routine immunization coverage and acute flaccid paralysis surveillance.

The representative of COTE D'IVOIRE outlined the steps that had been taken in his country to eradicate polio. He said that his Government remained committed to maintaining its polio-free status, namely by carrying out activities relating to poliovirus containment and destruction; surveillance of poliovirus and acute flaccid paralysis; and the development of a plan to respond to imported cases. Resources currently steered towards poliovirus eradication would be used in future to prevent other vaccine-preventable diseases such as measles.

The representative of ZAMBIA welcomed the Polio Endgame Strategy 2019–2023, which would likely prove successful in the final push towards eradication. Despite successes, it was not the time for complacency, and Member States should fill gaps in immunization coverage and guard against cross-border transmission. She requested the Secretariat and stakeholders to support efforts across the African Region to overcome the challenges facing polio eradication and ensure that gains were maintained. She urged caution in ramping-down the allocation to poliovirus-related activities, which should be based on factors beyond a country's adherence to procedures and should contemplate the timing of inactivated poliovirus vaccine introduction and internal and external threats to eradication efforts.

The representative of NAMIBIA welcomed the fact that the Polio Endgame Strategy 2019–2023 would encourage tailoring collaboration to specific national contexts and needs. He expressed concern

regarding surveillance gaps, particularly in hard to reach places, and the risk of transmission from other countries with endemic wild poliovirus. The global shortage of inactivated poliovirus vaccine should be addressed.

The representative of EGYPT said that instability in his Region had disrupted immunization activities. Concerns regarding the re-emergence of poliovirus as a result of transmission from refugees had led to the Government expanding its poliovirus surveillance programme. Despite the success of the Polio Eradication and Endgame Strategic Plan 2013–2018, poliovirus remained a global health concern; the Polio Endgame Strategy 2019–2023 should therefore be fully financed and implemented at all levels.

The representative of CUBA said that, as her country had been certified polio-free, the national post-certification strategy was being implemented, which included acute flaccid paralysis surveillance; strengthened response capacities; and research into immunization strategies for the post-eradication phase. Strengthened technical cooperation and sharing of positive experiences would facilitate progress towards eradication.

The representative of JAMAICA said that, as a result of increasing global travel and inequitable immunization coverage at the national level, the reintroduction of poliovirus into the Region of the Americas remained a risk. She therefore called on the Secretariat to continue to provide technical support for outbreak response capacity-building activities, including simulation exercises; build environmental surveillance capacities among small island States; and provide training in microplanning to promote sustainable immunization coverage.

The representative of NIGERIA welcomed the Polio Endgame Strategy 2019–2023. His country had not detected any cases of wild poliovirus for 33 months and was working to strengthen surveillance and immunization to achieve certification by the end of 2019. However, 42 cases of acute flaccid paralysis resulting from circulating vaccine-derived poliovirus type 2 had been reported in the first 16 weeks of 2019. His Government had implemented three outbreak response initiatives across 18 states and was intensifying routine immunization activities with the use of inactivated poliovirus vaccine in selected districts, including efforts to reach children in less-accessible locations in the states of Borno and Yobe. Additionally, the administration of fractional doses of inactivated poliovirus vaccine among children was being scaled up.

The representative of MADAGASCAR said that weak immunization coverage in some countries had led to the resurgence of circulating vaccine-derived poliovirus. Madagascar had been declared polio-free in 2018 following considerable efforts in the areas of immunization, acute flaccid paralysis surveillance, and the identification of infectious and potentially infectious poliovirus materials.

The representative of BARBADOS said that the Polio Eradication and Endgame Strategic Plan 2013–2018 had created the foundation for sustainable polio eradication, and said that his Government would continue to implement the Polio Endgame Plan 2019–2023. Vaccine-preventable diseases resulted in significant costs to individuals, the health care system and society. He expressed concern regarding the global shortage of inactivated polio vaccine. A strong syndromic surveillance system would facilitate the prompt identification and treatment of acute flaccid paralysis.

The representative of the CENTRAL AFRICAN REPUBLIC supported the Polio Endgame Strategy 2019–2023. He expressed his gratitude to all partners that had provided support to the fight against vaccine-preventable diseases in conflict-affected areas since the benefits of immunization programmes in such settings stretched beyond disease prevention and promoted social cohesion and reconciliation. However, the return of individuals originating from wild poliovirus-endemic areas was a concern. Surveillance activities had been stepped up thanks to WHO, in particular at border zones, and two detections of poliovirus type 2 were being investigated.

The representative of TOGO said that his Government was committed to international and regional activities on polio eradication, and he described efforts being made in his country. Funding should continue to be channelled towards polio eradication activities, in particular those described in the Polio Endgame Strategy 2019–2023, and the manufacture of inactivated poliovirus vaccine should be scaled up to meet demand.

The observer of GAVI, THE VACCINE ALLIANCE commended the universal introduction of the inactivated polio vaccine. Gavi had joined the Polio Oversight Board of the Global Polio Eradication Initiative and was working to support the Polio Endgame Strategy 2019–2023 with a particular focus on strengthening routine immunization. Vaccine-derived poliovirus outbreaks, which occurred in high-risk locations owing to chronically low and inequitable immunization coverage and weak primary health care, were a concern. Gavi would allocate core funding in 2019 and 2020 to support the delivery of inactivated polio vaccine, and had agreed in principle to fund the whole-cell pertussis hexavalent vaccine currently in development. However, that would be contingent on the availability of funding for the period 2021–2025 and future poliovirus strategies. He stressed the importance of accelerating the implementation of nationally-owned polio transition plans to ensure domestic funding for essential routine immunization functions. Governments should leverage polio-funded assets to strengthen primary health care and complement country core capacities under the International Health Regulations (2005).

The DIRECTOR (Polio Eradication) thanked Member States for honouring the lives of frontline workers who had died in service. He welcomed the support for the Polio Endgame Strategy 2019–2023, the implementation of which would determine the success or unforgivable failure of the polio eradication project. Twenty-six cases of wild poliovirus had been reported in Afghanistan and Pakistan in 2019; however, no cases had been reported in Nigeria for 1000 days and wild poliovirus type 3 had not been detected since November 2012. Outbreaks of vaccine-derived polioviruses would continue until oral poliovirus vaccines were no longer in use, which would only be possible after the eradication of wild poliovirus. Strong routine immunization systems were needed worldwide to stop infection and to maintain gains after eradication. All Member States were now routinely using inactivated polio vaccine, but supply remained fragile and prices remained high. However, new products would soon be available, which should stabilize access and make vaccines more affordable. Several Member States in the Regions of the Americas and the South East Asia Region had already incorporated fractional-dose inactivated poliovirus vaccine into their schedules. The Polio Endgame Strategy 2019–2023 included key elements such as emergency response, containment and the full use of all tools available. However, it would only succeed if fully financed and implemented. He therefore thanked the Government of the United Arab Emirates for their coordination of the pledging event at the Reaching the Last Mile Forum. He commended the Government of Pakistan for its commitment to implementing the Strategy.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that progress in the elimination of wild poliovirus in Afghanistan and Pakistan had slowed since 2017 and circulation had since persisted, particularly in cross-border corridors. Barriers to eradication included the complex security situation, sustained bans on immunization in large areas of Afghanistan, pockets of suboptimal immunization coverage, high levels of population movement, and community misconceptions of immunization. He called for an immediate end to attacks on community health workers, commending the dedication of those workers. The Governments of Afghanistan and Pakistan, the Regional Office for the Eastern Mediterranean and relevant partners were rising to the task ahead and had not been discouraged by the setbacks encountered. Both Governments had shown their commitment to polio eradication and were adapting their emergency national action plans and revitalizing eradication efforts. The optimal use of skilled, experienced human resources and the implementation of lessons learned would be crucial to interrupting transmission and improving immunization services. Moreover, robust polio transition was required as part of the Thirteenth General Programme of Work, 2019–2023.

The DIRECTOR-GENERAL said that significant progress had been made. Two of the three strains of wild poliovirus had been eradicated and the African Region was on track to achieve polio-free certification in 2019. Wild poliovirus was now only endemic in a small number of districts in two countries, Afghanistan and Pakistan. He had been encouraged by the level of commitment to polio eradication demonstrated by the Governments and local health workers during his recent visit to those two countries in his capacity as Chair of the Polio Oversight Board of the Global Polio Eradication Initiative. However, WHO's operations were being threatened by insecure conditions on the ground, misinformation and the politicization of the issue, and innovative eradication strategies would be required to overcome those challenges. In addition to the Polio Endgame Strategy 2019–2023, he supported the programme implemented by the Pakistani Government, since government ownership of such activities would be crucial to eradication. He looked forward to the outcome of the pledging event, and welcomed the commitment of the Government of the United Arab Emirates in that regard. He was confident that current efforts would lead to the eradication of poliovirus.

**The Committee noted the report.**

- **Transition** (document A72/10)

The representative of NORWAY, welcoming WHO's continued commitment to polio transition, said that the implementation of the strategic action plan on polio transition and related national transition plans must not be delayed by the prolonged struggle to eradicate poliomyelitis. Moreover, Member States should focus on transition to ensure that investment in polio programmes was not lost. She expressed concern regarding the progress on key indicators for most of the countries within the strategic action plan's monitoring and evaluation framework.

The representative of MONACO thanked the Secretariat for updating the report and welcomed the establishment of a high-level Polio Transition Steering Committee. Her Government regrettably considered that a year had been lost in terms of implementing the strategic action plan on polio transition, and requested WHO to intensify country-level work and continue the discussions that had been initiated at the high-level meeting of key polio transition stakeholders, held in Montreux in 2018. She said that a detailed and updated report should be provided at the 146th session of the Executive Board.

The representative of MEXICO recalled that, at the 2018 high-level meeting of key polio transition stakeholders, emphasis had been placed on the need to ensure that country contexts were taken into account during polio transition. She welcomed the efforts of the Secretariat and the Global Polio Eradication Initiative to ensure transparent and accountable funding for polio eradication activities, while guarding against the duplication of resources. She expressed concern regarding the excessive allocation for the polio programme in the Proposed programme budget 2020–2021, compared with the resources allocated to other areas.

The representative of CANADA said that more detailed findings from the country visits conducted to review national transition plans, would help to ensure full coordination of the next steps with other programmatic teams across WHO. More progress towards an effective global governance framework for post-eradication would have been appreciated. While the 2018 high-level meeting of key polio transition stakeholders had been an important first step to identifying key priorities for transition, a more comprehensive approach should be adopted for future work. The report should have better reflected the integration of polio transition into other WHO areas of work. In the spirit of accountability and transparency, the Secretariat should provide regular updates on the implementation of the strategic action plan.

The representative of TOGO outlined the key achievements and challenges in his country relating to polio transition. He called on the Global Polio Eradication Initiative to continue financing activities to combat poliomyelitis in the African Region.

The representative of INDIA said that downsizing polio programmes, including the National Polio Surveillance Project, would undermine efforts to maintain eradication and wider immunization initiatives. It was important to continue to adequately fund polio eradication and transition activities, particularly in polio-endemic countries, in order to sustain gains made so far.

The representative of INDONESIA said that the support of WHO and partners would be vital to ensure a smooth polio transition, and emphasized the need for commitment at the national, subnational and community levels. Given the risk of wild poliovirus importation, she supported the Polio Endgame Strategy 2019–2023, and reiterated the need to ensure that polio eradication efforts received uninterrupted support.

The representative of GERMANY emphasized that polio transition programmes should be country-focused and Government-driven, and she urged the Secretariat to support Member States in that regard. The unknown timeline for global polio eradication meant that the implementation of polio transition programmes was a challenge. Collective efforts were needed to ensure adequate support for transitioning countries and to fund capacities that were currently being financed by the Global Polio Eradication Initiative. National health systems should be strengthened if countries' polio-free status was to be maintained, and that would require collaboration between national health programmes, communities and global initiatives.

The representative of ALGERIA said that it was important to remain vigilant and strengthen capacities to detect and eradicate the health threat posed by circulating vaccine-derived poliovirus. The Organization should provide technical support to Member States to implement polio transition plans at the national level, particularly given the scarcity of resources. Efforts to eradicate poliomyelitis and polio-essential capacities should be maintained.

The representative of the UNITED STATES OF AMERICA emphasized that the global primary focus must be on polio eradication, as only then could the polio transition process be implemented. She encouraged all Member States and partners to ensure that accountability, financing and governance structures were in place to achieve and keep the world polio-free. She encouraged the Secretariat to work with all stakeholders to determine the responsibilities and financing of polio-essential functions following the certification of the eradication of wild poliovirus.

The representative of GHANA noted that the strategic action plan on polio transition was a living document and recognized the challenges facing its implementation, namely related to financing and human resources. Polio transition efforts would provide a critical opportunity to support the strengthening of other programmatic areas. Efforts should be intensified to achieve global polio eradication and sustain the gains made, through sound transition planning.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the report did not provide sufficient information on the actions required for successful polio transition or on the governance of the Global Polio Eradication Initiative Post-Certification Strategy. Polio transition could be a major global health security risk, which would undermine the implementation of the Thirteenth General Programme of Work. It was important that Member States understood the specific global health consequences and impact of a poorly-handled transition in each country, as well as the indemnity risks and staffing implications. She requested detailed feedback on the results of the country visits and how that information was being used to prioritize which countries needed support to encourage domestic resourcing and find alternative sources of funding. Transition should be led at the country and regional levels, and collaboration among the three levels of Organization and with governments was essential to ensure national and regional ownership of the process.



The representative of CHINA said that, in order to achieve global eradication by 2023, the Polio Transition Steering Committee should identify priority areas for the step-by-step implementation of polio transition plans for different categories of countries. The strategic action plan's results-based monitoring and evaluation framework should be further developed, and it should be implemented in order to report progress to the future Health Assemblies.

The representative of SENEGAL said that coordination and supervision could be adversely affected if alternative funds for polio transition were not identified by the time that Global Polio Eradication Initiative funding was withdrawn. To that end, he called for support from governments and partners to sustain those two activities, which would ensure that transition plans were being implemented and regularly updated, and that the recommendations of the Africa Regional Certification Commission for Polio Eradication were being put into practice.

The representative of ANGOLA, speaking on behalf of the Member States of the African Region, noted that: the funding provided to non-endemic countries from the Global Polio Eradication Initiative was being withdrawn; the risk of vaccine-derived poliovirus would only be eliminated when oral polio vaccines were no longer being used; essential polio activities should be integrated into national health programmes to ensure that they were sustainable; and WHO's strategic action plan on polio transition and national polio transition plans should include responses to any potential poliomyelitis cases. Lessons learned from polio eradication should not be lost. There was a need to reduce dependence on polio eradication resources, which were being ramped down, and to mobilize domestic and international resources to finance the development and implementation of national polio transition plans. WHO should continue to collaborate with its partners and with national governments to ensure that routine immunization programmes were sustainable, effective and resilient. Existing polio-funded assets and experience could be leveraged in that regard.

The representative of JAPAN said that the human resources developed through the Global Polio Eradication Initiative should be retained not only for poliomyelitis-related activities but should also be appropriately allocated to other communicable disease and health systems strengthening programmes. In light of the reduction of the budget for the polio programme, it was important to assess which functions to maintain as the polio transition process progressed. Functions such as surveillance and immunization would be incorporated into WHO's base budget.

The representative of BURKINA FASO welcomed the implementation of the Polio Endgame Strategy 2019–2023. He called on the Secretariat to ensure adequate funding for the development of his Government's national polio transition plan.

The representative of NIGERIA outlined the steps taken by his Government to begin polio transition, which had culminated in the submission of a polio business case in February 2019 to cover the period to 2023. He thanked partners for their support.

The representative of NIGER said that a reduction in financing for polio eradication activities would inevitably disrupt her Government's national immunization programme. Funding for health and vaccine availability would be hardest hit in a context where earmarking state budget allocations for health was already challenging. Her Government supported the integration of immunization programmes into initiatives to strengthen health systems.

The representative of AUSTRALIA emphasized the importance of polio transition given the risks that the upcoming reduction in polio resources would entail. She encouraged all Member States to remain proactive in their efforts to implement the strategic action plan on polio transition, in light of the extension of eradication efforts under the Polio Endgame Strategy 2019–2023. While acknowledging WHO's work to avoid duplication of the WHO and Global Polio Eradication Initiative polio transition

budgets, and efforts to provide clarity and transparency in that regard, she expressed concern about the real funding increase required to absorb polio-funded assets into the WHO base budget.

The representative of THAILAND thanked partners for allocating resources to polio transition priority countries, which enabled them to prepare their national health systems for transition and mobilize sustainable domestic resources. While welcoming the strategic action plan on polio transition, he said that there was a need for clear timelines and measurable outcomes to ensure its effective implementation. Moreover, budgets should be closely monitored to prevent duplication and overlap between WHO's base budget and the Global Polio Eradication Initiative. The strategic action plan should be fully aligned with WHO's post-2020 vaccine and immunization strategy and Gavi 5.0 – the strategy developed by the Vaccine Alliance for the period 2021–2025.

The representative of ETHIOPIA outlined the way in which her Government had prepared its polio transition plan. She expressed concern about the uncertain timeframe for achieving global certification of a polio-free world and declining resources at a time when the occurrence of polio events in Africa and globally was still a threat. She urged the Secretariat to support polio transition, including through the monitoring and development of mitigation measures to ensure that gains were maintained.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that the Global Polio Eradication Initiative, which should focus on reaching underserved communities and children who had not been previously vaccinated, should engage with civil society organizations as partners in immunization, ensuring that roles and responsibilities were defined in national plans. Governments must be supported in their polio transition planning. She called on WHO to work with all stakeholders, including Gavi, to address domestic polio financing concerns in the context of the wider immunization system.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed WHO's partnerships with relevant stakeholders, and noted that Gavi had joined the Polio Oversight Board. She commended WHO's commitment to supporting countries in polio transition, including strengthening routine immunization and surveillance. Additional efforts were required to raise awareness of resource gaps and attain the commitment of relevant actors in immunization activities and the implementation of the International Health Regulations (2005) to address them. She noted WHO's recognition of the need to maintain the workforce required to support Member States' polio eradication activities.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the Polio Endgame Strategy 2019–2023, and emphasized that eradication must be achieved before the transition of polio assets could be effectively implemented. The main barrier to eradication was not feasibility, but determination; it was important to empower frontline health workers and ensure adequate investment.

The DEPUTY DIRECTOR-GENERAL said that she had been requested by the Director-General to oversee WHO's polio transition efforts personally, with the engagements of all relevant stakeholders. Efforts were aligned across the three levels of the Organization. An implementation plan based on the strategic action plan on polio transition was being drawn up; it would set country-specific objectives and be monitored by a steering committee, and a progress report would be submitted to the 146th session of the Executive Board. Ultimately, the polio transition process aimed to sustain the existing infrastructure and capacity so as to enable broader disease surveillance, strengthen routine immunization and enhance the detection of and response to emergency outbreaks.

WHO's efforts necessarily addressed both eradication and transition, for example through its joint country support visits, as one could not be considered without the other. Transition was a country-focused process. So far, eight joint country visits had taken place and these would continue, in support of country-specific national transition action plans that were being developed in partnership with

Member States. There was a need both to retain health workers to sustain eradication, and to refocus them to promote other health services. For the first time, financial resources for the transition of polio-funded essential public health functions had been included in WHO's base programme budget. Their distribution would be agreed during the operational planning phase, with priority given to fragile and vulnerable countries, where continued support would be necessary in the mid-long term. WHO would continue to assist in the mobilization of domestic resources and resources from its partners.

To avoid the duplication of efforts, eradication and transition had been included in the same output in the Proposed programme budget 2020–2021, and staff working in those fields would work in close cooperation. The excellent example set by several Member States would benefit other States and regions, and each country's specific circumstances would be taken into account when developing national plans.

**The Committee noted the report.**

**Access to medicines and vaccines:** Item 11.7 of the agenda (document A72/17)

The CHAIRMAN drew attention to the draft resolution on improving the transparency of markets for medicines, vaccines, and other health products, which read:

The Seventy-second World Health Assembly,

**PP1** Having considered the Report by the Director-General on Access to medicines and vaccines (document A72/17) and its annex "Draft Road Map for access to medicines, vaccines, and other health products" and the Report by the Director-General on Medicines vaccines and health products, Cancer medicines (document EB144/18), pursuant to resolution WHA70.12;

**PP2** Recognizing that improving access to health-related products and other technologies is a multi-dimensional challenge that requires action at, and adequate knowledge of, their entire value chain and life cycle, from research and development to quality assurance, regulatory capacity, supply chain management and use;

**PP3** Recognizing the critical role played by health products and services innovation in bringing new treatments and value to patients and health care systems around the world;

**PP4** Concerned about the high prices for some medicines, vaccines, cell and gene therapies, diagnostic tests and other health-related products and services, and the inequitable access within and among Member States as well as the financial hardships associated with high prices which can impede progress toward Universal Health Coverage;

**PP5** Recognizing that publicly available data on prices and costs are scarce and that the availability of price and cost information is important for facilitating Member States' efforts towards the introduction of and affordable access to new medicines, vaccines, cell and gene therapies, diagnostic tests and other health-related products and services;

**PP6** Seeking to enhance the publicly available information on the actual prices applied in different sectors, in different countries, recognizing differences in health systems and differential pricing systems;

**PP7** Commending the productive discussions at the last Fair Pricing Forum in South Africa regarding the promotion of greater transparency around prices of medicines, vaccines, cell and gene therapies, diagnostic tests and other health technologies, especially through sharing of information in order to stimulate the development of healthy and competitive global markets;

**PP8** Noting the importance of both public and private sector funding for research and development of medicines, vaccines, cell and gene therapies, diagnostic tests, and other health technologies, and seeking to improve the level of information about them, in accordance with national legislations, concerning the allocation of investments and the costs for research and development, including costs incurred for conducting the clinical trials involving human subjects in order to obtain marketing approval, reimbursement or coverage for products or services;

**PP9** Seeking to progressively enhance the publicly available information on the costs throughout the value chain of medicines, vaccines, cell and gene therapies and diagnostic tests

and other health products and services and the patent landscape of medical technologies, while welcoming recent initiatives to achieve this goal;

**PP10** Noting the latest Declaration of Helsinki, which promotes making publicly available the results of clinical trials, including negative and inconclusive as well as positive results, and noting that public access to complete and comprehensive data on clinical trials is important for promoting the advancement in science and successful treatment of patients, provided the need for protection of personal patient information;

**PP11** Agreeing that policies that influence the pricing of health products and services or the appropriate rewards for successful research outcomes should consider and can be better evaluated when there is reliable, transparent and sufficiently detailed data on the costs of R&D inputs (including information on the role of public funding and subsidies), and the medical benefits and added therapeutic value of products;

**PP12** Seeking to have better evidence of the units sold and reaching patients in different markets in order to evaluate the efficacy of health systems and the impact of the variety of barriers to access health related products and services,

**OP1** URGES Member States, within the context of their own legal system and practice, to:

**1.1.** Undertake measures to publicly share information on prices and reimbursement cost of medicines, vaccines, cell and gene-based therapies and other health technologies;

**1.2.** Require the dissemination of results and costs from human subject clinical trials regardless of outcome or whether the results will support an application for marketing approval, while also taking appropriate steps to promote patient confidentiality;

**1.3.** Require the following information be made public for medicines, vaccines cell and gene-based therapies and other relevant technologies:

- (a) annual Reports on sales revenues, prices and units sold;
- (b) annual Reports on marketing costs incurred for each registered product or procedure;
- (c) the costs directly associated with each clinical trial used to support the marketing authorization of a product or procedure, separately; and
- (d) all grants, tax credits or any other public sector subsidies and incentives relating to the initial regulatory approval and annually on the subsequent development of a product or service.

**1.4.** Improve the transparency of the patent landscape of medical technologies, including but not limited to biologic drugs, vaccines and cell and gene therapies and diagnostic tests;

**1.5.** Report to the WHA 73 on the use of generic and/or biosimilar products and health services, and the policies and information that governments have used to enable early market entry, substitution and uptake of such products and services, including in particular those recommended by WHO in its guidelines;

**1.6.** Collaborate on the production of and open dissemination of research and know-how regarding the developing, manufacturing and supply of medicines, vaccines, cell and gene therapies and diagnostic tests, and help build national capacities of especially the LMIC countries and for diseases that primarily affect them, supported by WHO;

**OP2** REQUESTS the WHO Director-General to:

**2.1.** Support Member States by providing tools and, upon their request, guidance, in collecting and analysing information on prices, costs and clinical trials outcome data for relevant policy development and implementation towards Universal Health Coverage (UHC);

**2.2.** Support Member States, especially the LMIC countries, in partnership with relevant stakeholders, to promote access to research and the know-how to manufacture and otherwise provide generic medicines, medicines, vaccines, cell and gene therapies, diagnostic tests and other products and services;

- 2.3.** Collect and analyse clinical trial data with regard to medicines and the procurement prices of medicines and vaccines from national and international agencies;
- 2.4.** Propose a model/concept for the possible creation of a web-based tool for national governments to share information, where appropriate, on medicines prices, revenues, units sold, patent landscapes, R&D costs, the public sector investments and subsidies for R&D, marketing costs, and other related information, on a voluntary basis;
- 2.5.** Create a forum for relevant experts and stakeholders, consistent with FENSA, to develop, suitable options for alternative incentive frameworks to patent or regulatory monopolies for new medicines and vaccines that could better serve the need of Member States to attain Universal Health Coverage and the need to adequately reward innovation, utilizing information from expanded transparency of markets health-related innovations;
- 2.6.** Create a biennial forum on the transparency of markets for medicines, vaccines and diagnostics, to evaluate progress toward the progressive expansion of transparency;
- 2.7.** Continue its efforts to periodically convene a Fair Pricing Forum with all relevant stakeholders to discuss affordability and transparency of prices and costs relating to health-related products and services;
- 2.8.** Formalize the biennial Fair Pricing Forum which creates a critical opportunity to discuss transparency of markets for medicines, vaccines, cell and gene therapies and diagnostics, and to evaluate progress toward the progressive expansion of transparency;
- 2.9.** Provide a report to the 146th session of the Executive Board on the measures that are needed for the WHO Global Observatory on Health R&D to enhance the reporting on pre-clinical investments in R&D by both the public and the private sectors;
- 2.10.** Submit a report to the EB146 and EB147 on progress in implementing this resolution.

The financial and administrative implications for the Secretariat of the adoption of the draft resolution were:

<b>Resolution:</b> Access to medicines and vaccines	
<b>A. Link to the approved Programme budget 2018–2019</b>	
<b>1. Output(s) in the approved Programme budget 2018–2019 to which this draft resolution would contribute if adopted:</b>	4.3.1. Access to and use of essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools
<b>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2018–2019:</b>	Not applicable.
<b>3. Any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the approved Programme budget 2018–2019:</b>	Not applicable.
<b>4. Estimated implementation time frame (in years or months) to achieve the resolution:</b>	4.5 years, aligned with the Thirteenth General Programme of Work, 2019–2023.
<b>B. Resource implications for the Secretariat for implementation of the resolution</b>	
<b>1. Total resource requirements to implement the resolution, in US\$ millions:</b>	US\$ 3 million.

<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2018–2019, in US\$ millions:</b>	US\$ 0.5 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2018–2019, in US\$ millions:</b>	Not applicable.
<b>3. Estimated resource requirements in the Proposed programme budget 2020–2021, in US\$ millions:</b>	US\$ 1.5 million.
<b>4. Estimated resource requirements in future programme budgets, in US\$ millions:</b>	US\$ 1 million.
<b>5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions</b>	
– <b>Resources available to fund the resolution in the current biennium:</b>	US\$ 0.25 million.
– <b>Remaining financing gap in the current biennium:</b>	US\$ 0.25 million.
– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b>	Not applicable.

**Table. Breakdown of estimated resource requirements (in US\$ millions)**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2018–2019</b> resources already planned	Staff	–	–	–	–	–	–	0.5	0.5
	Activities	–	–	–	–	–	–	0.0	0.0
	Total	–	–	–	–	–	–	0.5	0.5
<b>2018–2019</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2020–2021</b> resources to be planned	Staff	–	–	–	–	–	–	1.0	1.0
	Activities	–	–	–	–	–	–	0.5	0.5
	Total	–	–	–	–	–	–	1.5	1.5
<b>Future bienniums</b> resources to be planned	Staff	–	–	–	–	–	–	0.7	0.7
	Activities	–	–	–	–	–	–	0.3	0.3
	Total	–	–	–	–	–	–	1.0	1.0

The representative of ITALY requested that a drafting group be established to discuss the draft resolution.

**It was so agreed.**

(For continuation of the discussion, see the summary records of the eleventh meeting, section 3).

**Health, environment and climate change:** Item 11.6 of the agenda (documents A72/15 and A72/16)

The representative of BANGLADESH, speaking on behalf of the Member States of the South-East Asia Region, said that his Region was particularly vulnerable to the health impacts of modifiable environmental factors. Effective preventive and preparedness measures were achieving excellent results, and Member States had begun to adapt to the impact of climate change on health. The draft WHO global strategy on health, environment and climate change must balance adaptation against mitigation, prioritize the environmental determinants of health and primary prevention, and pay greater attention to the mainstreaming of health sector inputs in national climate change processes. He welcomed the additional focus on small island developing States and least developed countries, as well as the draft plan of action on climate change and health in small island developing States.

The health sector should lead the coordination of environmental protection, applying a Health in All Policies approach. Resilient health systems were a crucial part of effective responses to environmental challenges in emergency and crisis situations. WHO's work on international climate funding mechanisms was welcome, and he requested that the Director-General accelerate their accreditation process and urged the Director-General and other partners to support the mobilization and deployment of resources at the country level. The Governments of his Region supported the adoption of the draft global strategy and draft plan of action.

The representative of BAHRAIN said that the Secretariat should provide adequate support to Member States to develop the necessary strategies, plans and partnerships on climate change and health, and produce a progress report on their implementation. WHO should also continue to support capacity-building and the exchange of experience and best practices, and encourage studies on the matter.

The representative of ARGENTINA supported the draft global strategy, particularly its view of health as the result of both environmental and social determinants. The knowledge gaps indicated in the report continued to hinder the implementation of health protection strategies, and evidence relating to certain health risks was incomplete or, in many cases, absent, particularly in relation to climate change. Programmes must reach the community level, and primary health care must be strengthened, with a focus on prevention and community work. She supported the draft decisions.

The representative of BARBADOS outlined his Government's concerns in the areas of new and re-emerging infectious diseases, access to potable water and the need to strengthen the national health care infrastructure. He welcomed the Secretariat's continued investment in the health, environment and climate change agenda and supported the WHO Special Initiative for Climate Change and Health in Small Island Developing States.

The representative of the BAHAMAS said that a comprehensive and transformational approach to the management of upstream determinants of disease was required to mitigate their negative consequences for health. Small island States were disproportionately affected by climate change.

The representative of MALAYSIA said that WHO's strong leadership on health issues relating to climate change and the environment would provide useful guidance to Member States, and it should provide assistance in implementing the draft global strategy. She endorsed the request to submit a progress report on its implementation to the World Health Assembly.

The representative of SAUDI ARABIA said that failure to manage environmental risks and prevent environment-related diseases would increase the burden on health services. It was essential to examine the links between health, the environment and climate change to successfully implement the 2030 Agenda for Sustainable Development and the Thirteenth General Programme of Work, 2019–2023. He supported efforts to drive the Health in All Policies approach and integrate multisectoral strategies. WHO and its partners should also expand the Urban Health Initiative and the BreatheLife

campaign to include other regions and undertake related studies. He supported the draft decision contained in document A72/15.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, called on WHO to promote transformative approaches to mitigating environmental effects on health and assist in the implementation of sustainable financial resource mobilization mechanisms in order to achieve the objectives set out in the draft strategy and draft plan of action. He welcomed the conclusions of the third Interministerial Conference on Health and Environment, which had seen the adoption of a regional strategic action plan to increase efforts related to health and the environment. Intersectoral cooperation, which was required at the country level, had been strengthened through the International Network for Climate and Health for Africa and several Governments had reviewed their national plans for the adaptation to climate change. Technical and institutional difficulties continued to arise in African countries, which were related to poor awareness of the impact of climate change on health, the lack of adequate strategies and technical and scientific capacity, and insufficient funding. There was therefore a need to establish early alert and response systems for climate-sensitive diseases, as well as innovative national and international funding mechanisms. He urged the Secretariat and all stakeholders to assist in capacity-building in African countries and in building health system resilience in small island developing States. His Region supported the draft strategy and draft plan of action.

The representative of PERU welcomed WHO's leadership in designing strategies to address climate change and health and supported the draft decisions. She urged Member States to support the Climate Action Summit, to be hosted by the United Nations Secretary-General in September 2019, in particular by engaging with commitments relating to clean air.

The representative of the RUSSIAN FEDERATION supported the priority areas of activity outlined in the draft global strategy and the draft plan of action. Given that countries may be affected not only by climate change, but also by the impacts of the measures taken in response to it, he reiterated that all activities under the draft global strategy that were aimed at mitigating the negative impact of climate change on health must only be based on objective scientific evidence.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement and welcomed the draft global strategy and the draft plan of action. The draft global strategy must be fully embedded in the 2030 Agenda for Sustainable Development, which required cross-agenda, intersectoral action. WHO must therefore take a more integrated, One United Nations approach at the global, regional and national levels. The draft global strategy must also make explicit reference to actions that complemented the work of other United Nations organizations. New approaches must consider the consequences of their actions in their entirety, which may also include positive steps towards wider health improvement.

A recent evaluation of the European Union's climate change adaptation strategy had emphasized the importance of cross-sectoral cooperation and awareness-raising and capacity-building for health systems. She requested a report on progress and follow-up since the first WHO Global Conference on Air Pollution and Health and commended the Secretariat on its work on environmental noise guidelines for the European Union and on the WHO Chemicals Road Map. Member States must set aside adequate resources for chemical safety, which would promote a healthier environment. WHO should place health high on the agenda of the forthcoming Climate Action Summit.

The representative of ANGOLA said that Member States must participate in decision-making on the risks and challenges related to environmental health. She requested the Secretariat's assistance in implementing the draft global strategy, which her Government supported, with particular regard to the mobilization of resources.



The representative of AUSTRALIA expressed support for the draft global strategy and the draft plan of action, particularly the focus on vulnerable populations in the Indo-Pacific region. She informed the Committee that her Government was planning to invest over 1 billion Australian dollars to support climate change response in developing countries. She noted the disproportionate impact of climate change on women and children, and she recommended that the implementation of the draft plan of action should address the gendered impact of climate change on health and support efforts to ensure women's participation in governance and decision-making.

**Dr Assai Ardakani took the Chair.**

The representative of VIET NAM said that WHO should facilitate access to the Green Climate Fund to assist her Government in implementing its national action plan for responding to climate change in the health sector. She hoped that successful implementation of national action plans would contribute to the implementation of the draft global strategy and called on the Secretariat to provide technical and financial support in that regard.

The representative of ZAMBIA said that climate change risked negatively affecting the attainment of the Sustainable Development Goals, reversing health gains and exacerbating migration. His Government requested support in implementing climate resilience programmes.

**The meeting rose at 13:00.**

## **SEVENTH MEETING**

**Thursday, 23 May 2019, at 14:40**

**Chairman:** Dr M. ASSAI ARDAKANI (Islamic Republic of Iran)

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

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

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

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

**Health, environment and climate change:** Item 11.6 of the agenda (documents A72/15 and A72/16) (continued)

The representative of SPAIN said that socioeconomic and environmental conditions, particularly air pollution, had a major effect on health. The health costs resulting from pollution could be reduced through coordinated intersectoral measures aimed at an equitable and green energy transition. She supported the draft WHO global strategy on health, environment and climate change and related initiatives on human health and biodiversity.

The representative of SRI LANKA welcomed the comprehensive draft global strategy on health, environment and climate change, particularly the inclusion of occupational risks, which disproportionately affected the health of vulnerable groups. Comprehensive national health programmes should be developed for health care workers and those working in the informal economy, especially agriculture, who were exposed to a multitude of environmental, occupational and climate-related risks. She requested the Secretariat to develop an operational framework for implementing the draft global strategy in the workplace.

The representative of ETHIOPIA outlined the steps her Government had taken to address the impact of the environment and climate change on health and expressed support for the draft decision on the draft global strategy.

The representative of BELGIUM welcomed the draft global strategy and the draft plan of action on climate change and health in small island developing States. Future action in that area should follow a One Health approach. For example, the draft global strategy focused on mitigating environmental risks to human health, but should also promote human health in a way that was beneficial both for the environment and for preservation of the climate, such as healthy diets that supported the development of sustainable food systems. She expressed support for the draft decision on the draft global strategy.

The representative of the DOMINICAN REPUBLIC endorsed the recommendations contained in the draft global strategy and suggested adding detention facilities and other types of residential settings to the list of key settings as sites for interventions. In view of the challenges caused by increasingly extreme weather events, subregional strategies on health, environment and climate change should be devised to promote sustainable and resilient joint intersectoral and interinstitutional action with an emphasis on protecting natural resources.

The representative of NEW ZEALAND said that her Government supported all efforts to prioritize environmental protection, which was essential in achieving health equity through sustainable health and climate systems. She highlighted the urgency of that challenge for the Pacific island States and other small island developing States, particularly in relation to health and the wider impacts of climate change.

The representative of TUVALU, speaking on behalf of Pacific island countries and territories and also on behalf of the members of the Pacific Islands Forum represented at the Health Assembly, supported the draft global strategy and draft plan of action and described the negative impact of climate change on health in Pacific island countries and territories. In the course of developing national health and climate change country profiles, the Pacific island countries and territories had identified key recommendations to address the effects of climate change on health and well-being, which would require continuous support from the Secretariat over the next five years, including: strengthening the implementation of policy and plans; assessing health vulnerability, impacts and adaptive capacity to climate change; strengthening integrated risk surveillance and early warning systems; addressing the barriers to accessing climate change finance to support health adaptation; and including the health co-benefits of adaptation and mitigation actions in the national climate change policy of each country. Collective efforts were essential in that regard, including to reduce inequitable access to quality health care and strengthen preparedness and responsiveness to the effects of climate change on health.

The representative of CANADA, expressing strong support for the draft plan of action, said that his Government stood ready to contribute to the related goals through its ongoing work, information-sharing mechanisms and current collaborations with the Secretariat. He welcomed the draft global strategy and its inclusion of the Arctic as a vulnerable region, and supported the related draft decision. WHO could continue to provide strong leadership and coordination of intersectoral efforts to tackle environmental health risks, including by maximizing the health co-benefits of environmental and climate change interventions. He would welcome further details on the monitoring and implementation of the draft global strategy and stressed the need for the prioritization of resources to ensure its sustained implementation.

The representative of MEXICO said that current approaches to managing the impact of the environment on health and well-being had been insufficient to reduce the related risks and should therefore be revised. The cross-cutting nature of the 2030 Agenda for Sustainable Development had laid the foundations for promoting development and well-being in harmony with environmental protection. Coordination of health-related actions and efforts, under the leadership of WHO, was nevertheless essential. She therefore welcomed the draft global strategy and its comprehensive approach and called on Member States to renew their commitment to tackling the issue.

The representative of the NETHERLANDS expressed deep concern about the health effects of air pollution and climate change. She applauded the draft global strategy and encouraged the health sector to strive for a Health in All Policies approach. In recent months, 1.4 million young people worldwide had taken part in climate change strikes to demand political commitment on tackling climate change. The health sector had a responsibility to raise awareness of the implications of climate change and put health at the centre of the conversation. It was essential to build the capacity of future health professionals and create opportunities for meaningful youth participation. Young people were ready to take up the challenge and ensure a healthier future but could not do so fully unless those with the ability to change the climate crisis recognized their responsibility to do so.

The representative of JAPAN supported the draft decision on the draft global strategy and expressed appreciation for the Secretariat's work on the draft plan of action. Prevention and emergency preparedness and response, appropriate and prompt information sharing, adequate national financial resources, and capacity-building of human resources were vital to successfully tackle the challenges

posed by climate change. The Secretariat should continue to seek scientific evidence on the health effects of climate change and take effective measures to encourage cooperation among Member States.

**Dr Lutucuta took the Chair.**

The representative of BURKINA FASO, welcoming the draft global strategy, outlined the various steps her Government had taken to address environmental health and climate change. She encouraged collaboration in order to enhance technical and financial support for countries with limited resources to enable them to successfully implement their national plans.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, thanked the Secretariat for the timely draft global strategy. Environmental hazards had resulted in hundreds of thousands of deaths in the countries of the Region, 72 per cent of which were from noncommunicable diseases, with the majority among children and vulnerable groups, particularly in countries experiencing crisis situations. Climate change was hampering disease prevention work in the most vulnerable communities and in conflict situations. Efforts must therefore be stepped up. Comprehensive, multisectoral interventions were needed to overcome health challenges, with strong governance mechanisms, communication, coordination, promotion of a Health in All Policies and universal health coverage approach and strengthened disease prevention. He looked forward to the interim progress report on the implementation of the draft global strategy to be presented to the Seventy-fourth World Health Assembly.

The representative of the ISLAMIC REPUBLIC OF IRAN said that WHO must prioritize both environmental health, which was the most important social determinant of health, and climate change, which was the biggest risk factor for noncommunicable diseases. Adverse environmental and climate change impacts on health had led to the migration of some communities in her country. Neighbouring countries must therefore work together to ensure an effective response. In that regard, the Secretariat should strengthen the capacity of country offices to coordinate and harmonize joint interventions and should provide technical support to Member States.

The representative of MONACO expressed support for the draft global strategy and welcomed the fact that WHO was pursuing the process of becoming an accredited agency of the Green Climate Fund. WHO should work in a cross-cutting way with other relevant organizations of the United Nations system to develop common strategies and avoid the duplication of work. She called on the Secretariat to provide support for data collection, in view of the challenges faced by small countries, such as Monaco, with that task.

The representative of the PHILIPPINES expressed support for the draft global strategy and the related draft decision and looked forward to receiving the progress report on the implementation of the draft global strategy at the Seventy-fourth World Health Assembly.

The representative of the REPUBLIC OF KOREA said that her Government had developed a 10-year comprehensive plan on environmental health. With a view to sharing its experience and contributing to sustainable development, her Government was hosting the new WHO Asia-Pacific Centre for Environment and Health in Seoul.

The representative of AUSTRIA welcomed both the draft global strategy and the draft plan of action as important steps forward. The joint WHO/United Nations Economic Commission for Europe Fifth High-level Meeting on Transport, Health and Environment, to be held in Vienna from 22 to 24 October 2019, would provide a forum for sharing concerns and discussing goals on clean, safe and healthy mobility and transport at the European level.

The representative of SOUTH AFRICA expressed support for the draft global strategy and welcomed the emphasis on providing adequate environmental health services as a means of making progress towards achieving universal health coverage. Policy cohesion within government departments and between organizations of the United Nations system and other stakeholders at the global level must be strengthened. She welcomed the opportunity to improve monitoring and evaluation, and called for the inclusion of infrastructure indicators.

The representative of CHINA welcomed the draft global strategy's proposals to enhance primary prevention through multisectoral action, strengthen leadership and coordination in the health sector, and establish adequate governance mechanisms. He outlined the range of measures taken by his Government, including the development of action plans to address water, air and soil pollution. His Government supported WHO's leading role in the area of health, environment and climate change and would continue to play an active part in global efforts to ensure a healthy environment and adequate climate change response.

The representative of the UNITED STATES OF AMERICA welcomed the draft global strategy and draft plan of action and supported the Secretariat's efforts in the area of human health, environment and climate insofar as such action was consistent with the Organization's core mandate. Although the draft global strategy and draft plan of action provided an improved focus on areas where WHO could add most value, namely technical support and capacity-building for national health systems, the Secretariat must avoid the duplication of efforts already under way under other relevant multilateral bodies. Efforts to address cross-sectoral environmental health risk factors and air pollution were welcome, as was the recognition of the need to bolster health security and emergency response. He encouraged the Secretariat to continue supporting Member States in developing their health systems and promoting international and intersectoral partnerships.

The representative of NORWAY said that substantial and urgent global efforts under strong leadership from WHO and the health sector were needed to combat the environmental health crisis. She therefore strongly supported the draft global strategy and draft plan of action and requested the Director-General to secure the necessary resources for their implementation, as well as for the follow-up to the First WHO Global Conference on Air Pollution and Health. Action across all sectors and a Health in All Policies approach were crucial.

The representative of the UNITED REPUBLIC OF TANZANIA strongly supported the draft action plan and draft global strategy and called on the Secretariat and all actors and donors to ensure sufficient funding for their implementation. She requested the Secretariat to support health ministries in developing multisectoral plans and in strengthening the capacity of health governance structures at the national and subnational levels.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the draft global strategy and its focus on prevention. However, greater emphasis should be placed on how to understand, model and adapt to the expected impacts of climate change, for example on water-borne, vector-borne and other diseases such as malaria, and on food systems and food security. His Government welcomed the references to the need for more sustainable diets and resilient food systems.

The representative of THAILAND said that collective, cross-border measures would be required to address air pollution. Adequate monitoring and surveillance of the health impacts of air pollution would guide effective mitigation measures at the community and individual levels. In addition, primary prevention of air pollution would require strong intersectoral collaboration, in particular among the transport, industry and agriculture sectors.

The representative of MOZAMBIQUE said that, as a country affected by natural disasters, including the recent Cyclones Idai and Kenneth, her Government welcomed the efforts of WHO and its partners to provide a strategic direction and emphasized the importance of an intersectoral approach. The implementation of a contingency and emergency response plan was decisive for a rapid response and the timely re-establishment of services. She requested the Secretariat to provide support for the continued building of resilient health systems and for strengthening the capacity of rapid response teams at all levels of care.

The representative of INDIA expressed support for the draft plan of action, which should take into account country-specific contexts. Support should be provided to strengthen health systems against the impacts of climate change by: advocating for a Health in All Policies approach; providing support and hands-on training to establish a coordination mechanism with other programmes and sectors; building the capacity of health care professionals; and facilitating climate-resilient health infrastructure, the development of green health care and a platform for the integration of health surveillance data with other environmental risk factors. Guidelines and a framework for research-related actions would be welcome.

The representative of INDONESIA described the measures taken by her Government to reduce the impacts of climate change and highlighted the importance of multisectoral cooperation and an integrated approach to tackling environmental risks. She welcomed the request for a report on implementation of the draft global strategy to be presented to the Seventy-fourth World Health Assembly.

The representative of BRAZIL welcomed the intersessional consultations on the draft global strategy and the draft plan of action. However, some of the proposed actions in the draft global strategy were not consistent with the consensus-based language that had been adopted. In addition, some of the terminology used required further attention; for example, references to environmental issues as a cause or as a driver of conflict, as well as language with no multilaterally agreed definition, such as “circular economy” and “global goods”, should be avoided. She strongly recommended that the Secretariat should concentrate its scarce financial and human resources on actions to which it could clearly add value, and for which it had a mandate and an advantage compared to other organizations.

The representative of GERMANY expressed support for the draft global strategy but said that consideration of the extent of accountability at the national level was needed. A One United Nations approach and strong cross-sectoral cooperation between the health and environmental sectors and other relevant authorities was required. She called on Member States to support the Secretariat’s outstanding work on health impacts of chemicals to allow the Organization to continue to play a leading role on that issue. In strategic objective 6 of the draft global strategy on monitoring, the use of existing data should be strongly recommended. Indicators for monitoring progress towards the 2030 Agenda for Sustainable Development should include Sustainable Development Goal target 3.9.3 on the mortality rate attributed to unintentional chemical poisoning. Greater emphasis should be placed on the impact of environmental pollution on human health. She urged the Secretariat to mobilize adequate resources for: 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; the next meeting of the WHO Global Chemicals and Health Network; and health sector participation in the forthcoming meetings during the intersessional period on the sound management of chemicals beyond 2020.

The representative of MALTA said that intersectoral action would be required to respond to environmental health risks and challenges. She appreciated the move towards paperless governing bodies meetings and requested the Secretariat to only distribute badge holders and lanyards for returning delegates upon request so as to encourage their reuse. She commended the Secretariat for its work on the draft plan of action, which her Government supported.

The representative of SEYCHELLES, welcoming the draft global strategy and draft plan of action, said that the additional costs that climate change placed on ensuring universal health coverage were particularly great for small island developing States. It was therefore essential to cost the necessary investments for implementation of the draft plan of action and identify the additional financing required. Resources should be mobilized from partners such as the Green Climate Fund in addition to national resources so as to address the increasing pressures associated with vector control, build resilient health systems and respond to staffing needs.

The representative of SURINAME emphasized the importance of including climate change as a social determinant of health in cross-sectoral action. As a country facing similar issues as small island developing States, the draft plan of action was welcome and would not only spur her Government to take specific actions to develop the necessary legislation and systems required to adapt to the effects of climate change but would also ensure that the necessary funds were made available.

The representative of PANAMA expressed support for the draft global strategy and draft plan of action and their emphasis on the need for strengthened governance mechanisms and intersectoral measures. She fully endorsed the draft plan of action's vision that all health systems in small island developing States would be resilient to climate variability and change. Mitigation measures were needed to minimize the impact of climate change on global health, which would require political, technical and scientific support.

The representative of NIGERIA supported the Organization's approach to addressing current and projected risks from climate change. More research would be required to clarify exposure-response relationships and identify efficient methods to improve them. She emphasized the importance of early warning systems, public health systems strengthening, retrofitting and greening the health sector, energy demands, emergency preparedness, rapid monitoring, and addressing stresses such as poverty. Intersectoral collaboration would be key to successful implementation of the draft global strategy and draft plan of action, in addition to adequate funding. The Secretariat should therefore continue to empower and support national health authorities to deal with the necessary transformation and provide technical and financial support to developing countries in accordance with national circumstances and needs.

The representative of BOTSWANA welcomed the alignment of the draft global strategy with the strategic priorities of the Thirteenth General Programme of Work, 2019–2023 and its emphasis on stronger engagement of the health sector. She endorsed the request for the Director-General to report back on progress in the implementation of the draft global strategy to the Seventy-fourth World Health Assembly.

The representative of NAMIBIA, endorsing the draft decision on the draft global strategy, requested support for health systems strengthening in order to build resilience towards the effects of extreme weather conditions and climate change. Support should also be provided for implementation of the draft global strategy in view of the need to address upstream environmental determinants of diseases while incorporating an intersectoral approach.

The representative of BAHRAIN said that financial resources were necessary to implement the draft plan of action. Efforts should focus on capacity-building and strengthening national institutions to ensure a coordinated approach, and on providing the necessary tools for decision-makers. Awareness-raising and information-sharing activities would also be required to ensure effective implementation of the draft plan of action.

The representative of UNEP, speaking on behalf of the Secretariat of the Convention on Biological Diversity, emphasized the important nexus between health and biodiversity and highlighted the adoption by the fourteenth Conference of the Parties to the Convention on Biological Diversity of a

decision on health and biodiversity. The related measures included biodiversity-inclusive One Health guidance and the joint development with WHO of a global plan of action on biodiversity and health, building on discussions at the Seventy-first World Health Assembly. He welcomed the draft global strategy and draft plan of action.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN, said that it was important to recognize the links between climate change and other WHO priorities, including obesity and undernutrition, in policies and actions in order to ensure cost-effectiveness and effectively address health and environmental issues. She encouraged Member States to provide health sector inputs into processes related to the United Nations Framework Convention on Climate Change.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, welcomed the draft global strategy, particularly its emphasis on a Health in All Policies approach. Health impact assessments should be performed for all trade agreements in order to prioritize public health over commercial interests. WHO should act as a role model by adopting climate change performance indicators for its own activities and should continue to play a convening role at the 2019 Climate Action Summit.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, stressed the importance of climate change action and the health co-benefits of mitigation and adaptation strategies, as well as the need to build climate-resilient health systems. He called on Member States to integrate health into climate change policies and disaster risk reduction frameworks, and to incorporate climate change into public health planning. Measures must be taken to meet an emissions trajectory limiting global temperature rise to 1.5 °C. All relevant stakeholders should lead by example by establishing and following an organizational sustainability policy and divesting themselves of the fossil fuel industry.

The representative of the INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE, speaking at the invitation of the CHAIRMAN and also on behalf of the International Spinal Cord Society and the International Association of Logopedics and Phoniatrics, expressed strong support for the draft global strategy. She urged WHO to: explicitly acknowledge the need to include people with disabilities as a vulnerable group; examine how to integrate their needs into planning for emergency and disaster response and sustainability; and advocate for research on sustainable techniques to care for that group.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, commended the draft global strategy and the leadership role taken by WHO. However, she expressed grave concern regarding the removal of the reference to "undue influence and vested interests going against public interests". Recalling the fact that air pollution was a major risk factor for cardiovascular diseases, she called on health, transport, environment and finance ministries to work with WHO to implement the draft global strategy.

The representative of the ALLIANCE FOR HEALTH PROMOTION, speaking at the invitation of the CHAIRMAN, urged WHO and non-State actors to take the challenges of air pollution, global warming and climate change seriously. The draft global strategy would provide a good basis for actions to reverse adverse environmental and climate change effects, in tandem with additional steps to educate the public, policy-makers and professionals on the related disease and economic burden, increase green areas, encourage traditional food habits, and manage population growth and urbanization.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, expressed support for the draft global strategy. She called for an integrated, comprehensive approach to environmental health and universal health coverage; an emphasis on the



needs of young people; the prioritization of challenges by region, with reliable monitoring; adequate funding for the reduction of environmental pollution; investment in research, surveillance, reporting and tracking of climate-associated health events; and the need to draw on lessons learned.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, urged WHO to promote action on tackling the health effects of air pollution and climate change, taking into consideration the role played by pharmacists in prevention and emergency response. She called for efforts to strengthen the monitoring of air pollution, implement targeted policies, raise awareness and protect vulnerable groups. Acknowledging that climate change could be directly attributed to human activity, she called for collaboration and combined advocacy efforts targeting the public.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, highlighted the environmental advantages of breastfeeding, which should be considered as a public health intervention for climate change prevention and mitigation. She urged governments to implement the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions, and expressed regret that goal 12 of the draft global strategy on governance did not require governments to safeguard against conflicts of interest and commercial influence when facilitating cross-sectoral cooperation.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN and also on behalf of the Union for International Cancer Control, urged Member States to promote health in processes under the United Nations Framework Convention on Climate Change. Member States should also develop sustainable food and consumption systems and protect public and planetary health from undue influences; it was deeply concerning that the reference to "undue influence and vested interests going against public interests" had been removed from the draft global strategy.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the draft global strategy. However, it should further underline the urgency of the climate crisis and the interconnectedness of human and planetary health in order to develop more realistic targets and boost international commitment to reducing carbon emissions. Political will – which was the responsibility of Member States – was an essential requirement for action. He supported the call for adequate funding allocation, which should take into account disparities in wealth across regions.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIRMAN, said that the global response to climate change was inadequate. Member States should use the terms "breakdown" or "crisis" rather than "change" when describing the environment and climate and treat the notion of climate breakdown separately, rather than grouping it with the goal of promoting health throughout the life course. Steps should be taken to ensure adequate funding for action to tackle climate breakdown, and WHO should show leadership and mobilize political will by declaring climate breakdown a public health emergency of international concern.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the draft global strategy and draft plan of action. She expressed particular support for the recognition of the critical importance of water and sanitation, and the emphasis on joint leadership by multiple ministries. However, current progress, especially regarding WASH, was too slow; Member States should take a long-term approach to financing and planning in that area. The rights of communities must be placed at the heart of water resource management and WASH services.

The ASSISTANT DIRECTOR-GENERAL (Healthier Populations) acknowledged the many comments underscoring the urgency of health, environment and climate change issues. Many Member States had emphasized the importance of health sector leadership, a multisectoral approach and

coordination between the organizations of the United Nations system. The need for implementation, monitoring and evaluation, and investment, including for capacity-building, had also been highlighted. The Secretariat would continue to provide support, including through regional and country offices, and would listen to the voice of young people. There would be a briefing for Member States on the 2019 Climate Action Summit.

The CHAIRMAN took it that the Committee wished to approve the draft decisions contained in documents A72/15 and A72/16.

**The draft decisions were approved.<sup>1</sup>**

**Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues:** Item 11.8 of the agenda

- **Antimicrobial resistance** (documents A72/18 and EB144/2019/REC/1, resolution EB144.R11)

The CHAIRMAN invited the Committee to consider the draft resolution contained in resolution EB144.R11.

The representative of UGANDA, speaking on behalf of the Member States of the African Region, acknowledged the progress made in implementing the global action plan on antimicrobial resistance and expressed support for the draft resolution. Highlighting the implications of inaction against antimicrobial resistance, which included increased mortality and poverty, and reduced global health security, he called for tailored, multisectoral action on antimicrobial resistance. Member States should carry out self-assessment of antimicrobial resistance, introduce the Global Antimicrobial Resistance Surveillance System, raise awareness among the population, mobilize additional resources to implement the global action plan, and promote the rational use of medicines. The Secretariat and WHO's partners should provide technical support to Member States for the finalization of their national action plans, and expand the WHO Competency Framework for Health Workers' Education and Training on Antimicrobial Resistance to cover animal health, the food industry and the environment. In addition, the global community should prioritize research, development and funding for innovative antimicrobials and vaccines for diseases that were highly prevalent in low- and middle-income countries, and should reduce the cost of new antibiotics.

The representative of BANGLADESH, speaking on behalf of the Member States of the South-East Asia Region, highlighted the need to strengthen and integrate antimicrobial resistance surveillance systems – which should encompass the human, animal, food safety and environment sectors – and encouraged the Secretariat in cooperation with FAO, OIE and UNEP to provide support for the collection of data on antimicrobial resistance in those sectors. Although a range of national measures had been taken to combat antimicrobial resistance, Member States in the Region faced various challenges along the supply chain. He therefore called on the Secretariat to accelerate the implementation of the global action plan and finalize a global development and stewardship framework. Urgent research and development on alternatives to antibiotics was also needed, in addition to effective post-marketing surveillance and regulatory action to eliminate substandard and falsified antimicrobials. The Member States of the Region would continue to accord a high level of political commitment to tackling the threat of antimicrobial resistance and therefore supported the draft resolution.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as decisions WHA72(9) and WHA72(10).

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, North Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement. She welcomed the arrival of WHO's new senior leadership team, including Dr Hanan Balkhy as Assistant Director-General for Antimicrobial Resistance, and looked forward to seeing the impact of this change and of the decision to make antimicrobial resistance a cross-cutting platform across the Organization. She called for improved antimicrobial resistance indicators in the WHO Impact Framework element of the budget, with specific targets, baselines and delivery milestones. Welcoming the report, she reiterated the importance of the One Health Approach and called on Member States to accelerate implementation of the global action plan. Antimicrobial resistance must be addressed within the context of universal health coverage. It was essential to maintain country-level political commitment on antimicrobial resistance, and the Secretariat in cooperation with FAO, OIE and UNEP should ensure that all Member States were given the opportunity to consider the forthcoming report of the United Nations Secretary-General to the United Nations General Assembly on the implementation of the commitments made in the political declaration of the High-level Meeting of the United Nations General Assembly on Antimicrobial Resistance.

She called for the establishment of a One Health global leadership group on antimicrobial resistance supported by a joint secretariat managed by FAO, OIE and WHO, as recommended by the Interagency Coordination Group on Antimicrobial Resistance. Pending the publication of the FAO/OIE/WHO tripartite workplan on antimicrobial resistance for 2019–2020, she reiterated the request that it should include further details on the rationale for costings, timings and the division of labour between the three organizations, and a clear demonstration of efficiency savings. Lastly, she asked how the tripartite organizations would incorporate recommendations made by the Interagency Coordination Group, and requested details regarding the next steps in finalizing the proposed global framework for development and stewardship.

The representative of ARGENTINA expressed support for the creation of a global framework for development and stewardship based on the five strategic objectives of the global action plan, in line with a One Health approach. In order to strengthen the link between action plans on antimicrobial resistance and those on universal health coverage, health security and multisectoral action, specific training should be given to health workers to ensure the right dose of the right drug was given at the right time. Family and community health teams should also be encouraged to facilitate multisectoral community education on animal health, food production and the environment. In addition, surveillance and georeferencing of antimicrobial resistance should be promoted by ensuring the interoperability of information systems. Her Government supported the draft resolution.

The representative of AZERBAIJAN welcomed the draft resolution and outlined several national measures to combat antimicrobial resistance, including the creation of a multisectoral working group.

The representative of SINGAPORE expressed her Government's commitment to supporting the global action plan and provided details of national and regional measures to promote long-term intersectoral engagement and political commitment in the area of antimicrobial resistance.

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, described the efforts made by the countries in the Region to combat antimicrobial resistance as part of efforts towards the 2030 Agenda for Sustainable Development, and acknowledged the need to implement national plans under the One Health approach. He supported the tripartite work undertaken and encouraged the organizations concerned to ensure coordination in the implementation of joint action plans and to work in accordance with their respective mandates. Regional and national partners should support countries in the Region to mobilize sufficient sustainable human and financial resources, which in turn would support the design and implementation of national

multisectoral action plans, consistent with the five strategic objectives of the global action plan. Greater attention should be focused on countries experiencing humanitarian crisis or conflict.

The representative of CHINA highlighted the importance of developing and implementing national plans to combat antimicrobial resistance and called on the Secretariat to provide the necessary technical support, particularly for developing countries, including a surveillance system to monitor key resistant microbes and additional training to enhance human resource capacity. She proposed that paragraph 4(3) of the draft resolution should be amended to read: “to support Member States, in particular developing countries, to develop and enhance their integrated surveillance systems, including by emphasizing the need for the national action plans to include the collection, reporting, and analysis of data on sales and use of antimicrobial medicines and data on key resistant microbes as a deliverable that would be integrated into reporting on the WHO indicators”. Furthermore, she proposed the insertion of additional text in paragraph 4 on the need to direct and organize staff training with Member States, in order to increase the knowledge and understanding of medical professionals, health managers and the public on antimicrobial resistance.

The representative of ETHIOPIA welcomed the prioritization of the issue and expressed support for the draft resolution. The recommendations of the Interagency Coordination Group should be fully implemented without delay. She encouraged the Secretariat in cooperation with FAO and OIE to work closely with countries, providing support for the implementation of national action plans to combat antimicrobial resistance. Technical support was required for issues related to antimicrobial stewardship, surveillance laboratory capacity and effective communication and partnerships. Her Government was committed to combating antimicrobial resistance but faced challenges in implementing the national action plan, mainly owing to a lack of resources.

The representative of the PHILIPPINES, expressing her full support for the draft resolution, welcomed the new tripartite agreement, which would facilitate the One Health approach towards controlling antimicrobial resistance. She looked forward to the Secretariat’s continued support to Member States, especially in addressing gaps related to the implementation of national action plans, and called on the Secretariat to continue working closely with all stakeholders in order to help countries to develop and implement their national action plans.

The representative of MALAYSIA welcomed global efforts to control antimicrobial resistance and noted the progress made at the country level. Decisive action must be taken through the One Health approach. Integrated surveillance programmes were a crucial component of efforts to minimize the emergence of antimicrobial resistance. Her Government remained committed to tackling antimicrobial resistance, in spite of the associated challenges. She expressed support for the draft resolution.

The representative of LEBANON expressed support for the draft resolution, which provided clear objectives for Member States. The Secretariat in cooperation with FAO and OIE should engage more actively in efforts to ensure a multisectoral One Health approach among Member States. Her Government strongly supported the recommendations of the Strategic Advisory Group of Experts on antimicrobial resistance and the implementation of the next steps outlined in the report. She emphasized the need to address the dangerous practice of self-medication and over-the-counter dispensing of antimicrobials, which was widespread in many developing countries.

The representative of THAILAND expressed grave concern that certain countries had not yet been able to develop national action plans and ensure an appropriate response. She therefore emphasized the need to accelerate progress at the country level and implement the One Health approach. Adequate financial support with transparent management was critical to advance the global response, particularly with respect to the development of innovative approaches. She encouraged full engagement from the environmental sector at the country and global levels and expressed support for the draft resolution.

The representative of ALGERIA said that a concerted effort was needed to address antimicrobial resistance. He welcomed the tripartite collaboration between FAO, OIE and WHO and called on those organizations to strengthen prevention and management efforts. The Secretariat must prioritize the provision of sustainable support for the effective development, implementation, follow-up and evaluation of national action plans, and strengthen interagency cooperation. International funding should be increased to that end.

The representative of ZAMBIA said that countries with the largest share of the disease burden faced the greatest threat from antimicrobial resistance. Despite her Government's efforts, a number of activities in the national action plan were yet to be implemented due to a lack of resources. She expressed support for the draft resolution and called for concerted efforts in addressing the issue, as well as support for implementation of her country's national action plan.

The representative of VIET NAM outlined the measures taken by her Government to tackle antimicrobial resistance, including its work to improve multisectoral collaboration and raise community awareness. She looked forward to receiving further financial and technical support from WHO to combat antimicrobial resistance.

The representative of CANADA expressed support for the draft resolution, which his Government had sponsored. He thanked the Secretariat, in cooperation with FAO and OIE, for the progress made in implementing the global action plan, and looked forward to the finalized global monitoring and evaluation framework and tripartite workplan. He welcomed the recognition of the need for additional consultations on the development of a global framework for development and stewardship, and thanked the Interagency Coordination Group for its work. His Government looked forward to continuing the discussions on how Member States could best contribute to the forthcoming report of the United Nations Secretary-General. The fight against antimicrobial resistance was complex and required a One Health approach.

The representative of FRANCE stressed the importance of considering antimicrobial resistance priorities in funding and programmatic decisions, including innovative ways to mainstream antimicrobial resistance-relevant activities into existing international development financing. He supported the proposal to establish an international tripartite advisory group. There was an urgent need for new mechanisms to encourage investment in research and development, while maintaining the production capacity of relevant older antibiotics. Infection prevention measures should be implemented and the prudent use of antimicrobials promoted. In addition, adequate, predictable and sustained financing for human resources was essential.

The representative of SWITZERLAND stressed the need for full and sustainable implementation of the global action plan and for solutions to promote the sustainability and development of new antibiotics. The prudent use of antibiotics, together with infection prevention and control of infections, was crucial. She welcomed UNEP's collaboration with the FAO/OIE/WHO tripartite partnership, which she hoped would result in greater integration at the international and national levels of environmental aspects that contributed to the emergence and spread of resistant pathogens. She endorsed the recommendations of the Interagency Coordination Group and the strengthened role of the tripartite partnership. Her Government supported the draft resolution, which it had sponsored.

The representative of ESWATINI said that her Government was working to strengthen the national One Health governance structure and the national antimicrobial resistance and antimicrobial use surveillance system, and to increase awareness and understanding of the issue. Emphasizing that antimicrobial resistance must be adequately addressed in order to achieve universal health coverage, she expressed support for the draft resolution.

The representative of the UNITED STATES OF AMERICA expressed support for the draft resolution, which his Government had sponsored. He applauded the global progress made in addressing antimicrobial resistance both through the work of the tripartite partnership and through the development and implementation of multisectoral national action plans. He commended the appointment of Dr Hanan Balkhy as Assistant Director-General on antimicrobial resistance and encouraged WHO to ensure non-duplicative and coordinated action under her leadership. The Secretariat should continue to regularly consult Member States and work closely with other international organizations on the issue. He welcomed the strengthened collaboration, coordination and leadership of the tripartite partnership and the development of a joint workplan. His Government looked forward to working with the Secretariat and the tripartite partnership to identify a multisectoral process for Member States to consider the recommendations of the Interagency Coordination Group, maintain the tripartite's critical leadership and define a path forward through the forthcoming report of the United Nations Secretary-General.

The representative of JAMAICA said that her Government had developed and started implementing aspects of the national action plan for combating antimicrobial resistance. She urged the Secretariat to support the creation of a global framework for development and stewardship; encourage Member States to strengthen linkages at the country level between plans for combating antimicrobial resistance and plans for universal health coverage, health security and multisectoral action; and advocate for guidance on the integrated surveillance of antimicrobial resistance in health, along with food chain and laboratory capacity-building. She supported the draft resolution.

The representative of INDIA described her Government's efforts to control antimicrobial resistance, guided by the country's national action plan. The Secretariat should facilitate coordinated efforts at the country level with FAO and OIE, along with UNEP and other partner organizations, to address the key challenge of ensuring multisectoral implementation of national action plans following the One Health approach.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the One Health approach to combating antimicrobial resistance and its integration in national action plans. She called for sustainable and adequate funding, strategic guidance and technical support to enable countries to fully implement their national action plans. The Secretariat should investigate the use of catalytic funding which could support countries in the early phases of implementing their national action plans. Her Government supported the draft resolution.

The representative of TOGO outlined the range of measures taken by his Government to tackle antimicrobial resistance, including implementation of the national multisectoral action plan. He welcomed WHO's actions to control the determinants of antimicrobial resistance and called on all Member States to adopt the draft resolution.

The representative of the RUSSIAN FEDERATION highlighted the need to introduce surveillance and monitoring systems, particularly with respect to the environment, and welcomed the tripartite collaboration with UNEP. A multisectoral, multifaceted approach must be taken involving many different organizations of the United Nations system, which would enable further progress, in particular concerning WASH. He supported the strengthening of monitoring and epidemiological control with respect to foods of animal origin, which should be set out in the Codex Alimentarius. His Government had developed a national action plan and had cooperated with Eastern European and Central Asian countries to combat the spread of antimicrobial resistance. He expressed support for the draft resolution, which his Government had sponsored.

The representative of GERMANY expressed appreciation for the progress made, including the development of new antimicrobials by the Global Antibiotic Research and Development Partnership, and welcomed the tripartite efforts to promote integrated surveillance. The use of diagnostics and the implementation of stewardship programmes should be an integral part of primary health care. Moreover,

regular training of physicians with regard to the prudent use of antibiotics, hygiene management and communication strategies was also key. She requested the Secretariat, in collaboration with other relevant global partners, to provide support, including technical support, to countries for the development and timely implementation of national action plans. She welcomed the appointment of Dr Hanan Balkhy as Assistant Director-General on antimicrobial resistance and expressed support for the draft resolution, which her Government had sponsored.

The representative of DENMARK, expressing support for the draft resolution, highlighted the need to generate evidence on antimicrobial resistance and translate it into policy and effective interventions. To fill that gap, her Government was working to establish the independent International Centre for Antimicrobial Resistance Solutions in collaboration with the World Bank. She called for synergies between that initiative and the activities of well-established bodies to be ensured, not only through financial support but also through expertise and technical support, and invited interested delegations to participate in those efforts.

The representative of the ISLAMIC REPUBLIC OF IRAN said that a One Health approach should be applied and the roles of each stakeholder defined at the international level. The proper use of antibiotics in agriculture should be determined and controlled. In addition, effective surveillance and the integration of WASH should be discussed in detail. The Secretariat should facilitate experience sharing on the ranking of critically important antimicrobials and work with pharmaceutical companies on making new medicines available throughout the world. The tripartite memorandum of understanding and collaboration with UNEP held great promise, and she looked forward to receiving and using the related workplan.

The representative of PAKISTAN said that his Government was committed to implementing the global action plan and attaining its overarching objectives. He outlined the strategic priorities within Pakistan's national strategic framework and national action plan and the steps being taken to implement them.

The representative of JAPAN expressed support for the draft resolution. Although progress had been made by Member States and the tripartite partnership, further efforts were needed in terms of surveillance, the prudent use of antimicrobials and research and development. The Secretariat should therefore provide guidance to Member States and incorporate measures to combat antimicrobial resistance into each of WHO's disease-specific programmes. Member States and international organizations must actively implement the recommendations of the Interagency Coordination Group. However, she opposed the creation of global governance instruments, calling instead for a careful examination of existing work.

The representative of MEXICO encouraged the Secretariat in cooperation with FAO and OIE to continue collaborating and promoting a One Health approach. Although support from international organizations was needed to fill the gaps in implementation of the global action plan, it was also important to create synergies with other multilateral forums to ensure that efforts were complementary. All work on combating antimicrobial resistance should be aligned with the five objectives of the global action plan. Priority should be given to generating and systematizing data, when it was within countries' capacities to do so, to better monitor progress.

The representative of NEW ZEALAND welcomed the prioritization of carbapenem-resistant gram-negative bacteria as a key emerging threat, which had been associated with significant costs to the health system in New Zealand. Acknowledging the challenges faced by Member States in implementing their national action plans, she supported the draft resolution, particularly its call for effective collaboration on making the economic case for sustainable investments to combat antimicrobial resistance.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND praised the inclusion of antimicrobial resistance among the key programmatic pillars of WHO, as well as the appointment of Dr Hanan Balkhy as Assistant Director-General on antimicrobial resistance and the creation of a coordination team. The Secretariat should engage closely with Member States to maintain the momentum generated by the work of the Interagency Coordination Group. In addition, Member States should use the occasion of the high-level meeting of the United Nations General Assembly on universal health coverage to note the forthcoming report of the United Nations Secretary-General and agree on a road map for implementing the recommendations of the Interagency Coordination Group. While WHO's cross-agency work was positive, the Organization should remain focused on its core mandate of providing normative guidance. Lastly, sufficient funding for all activities must be allocated from the approved programme budget.

The representative of NORWAY expressed support for an international ban on the use of antibiotics as growth enhancers and on all other non-therapeutic preventive uses, as well as a ban on animal health workers being able to profit financially from the sale of antibiotics. She welcomed the report of the Interagency Coordination Group but expressed doubt about the creation of a One Health global leadership group and independent panel on evidence for action against antimicrobial resistance. Instead, there should be strengthened coordination between the members of the tripartite partnership and other entities of the United Nations system. She supported a more active role for WHO and called for antimicrobial resistance to be given priority and visibility.

The representative of ISRAEL encouraged the Secretariat to promote the establishment of a global framework for development and stewardship to combat antimicrobial resistance. A multisectoral approach was required to effectively fight antimicrobial resistance. It was therefore crucial to advocate for the responsible use of antibiotics in both humans and animals, using a One Health approach. Investment in infrastructure, including sewage systems, was also needed. Her Government therefore welcomed the Organization's work on the Global Sewage Surveillance Project and would support further WHO engagement on the issue. She expressed support for the draft resolution, which her Government had sponsored.

The representative of INDONESIA described the steps being taken in his country to combat antimicrobial resistance and the progress made in implementing the national action plan. WHO's collaboration with UNEP and other entities of the United Nations system was welcome.

The representative of the NETHERLANDS said that antimicrobial resistance was not a future problem but a current one. She therefore urged Member States to accelerate implementation of multisectoral national action plans in line with a One Health approach. Political commitment and sufficient funding were essential. She supported strengthening the tripartite partnership and encouraged implementation of the joint workplan. Her Government would be holding a ministerial conference in June 2019 to support the progress of Member States through discussion of national action plans and an expansion of twinning programmes.

The representative of PARAGUAY said that the use of antibiotics in agriculture in his country had a far greater impact on microbiological diversity than their use in hospitals, causing a level of harm as yet unknown. He therefore supported the draft resolution. A strong message must be sent about the importance of the problem for international public health, and Member States must be encouraged to invest additional resources in controlling antimicrobial resistance. The global food industry should also be more involved to create synergies for a faster and more effective response.

**Dr Suzuki took the Chair.**



The representative of PANAMA reiterated his Government's commitment to achieving the objectives set at the High-level Meeting of the United Nations General Assembly on Antimicrobial Resistance. The One Health approach would require intersectoral collaboration at all levels, including through the promotion of community-based health care. Education was a key tool for guaranteeing healthy lifestyles and environments. Furthermore, action should be oriented towards achieving sustainable human and social development. Health workers had a vital role to play in terms of proper use of antimicrobials and effective surveillance. In a globalized world, combating antimicrobial resistant-bacteria and other pathogens required an international response. However, urgent action must be taken at the country level, beyond discussions in international summits. He supported the draft resolution.

The representative of AUSTRALIA, expressing full support for the draft resolution, which her Government had been pleased to sponsor, commended the tripartite partnership and UNEP for the critical work achieved so far. Momentum must be maintained if the commitments of the 2016 political declaration were to be fulfilled. She welcomed the recommendations of the Interagency Coordination Group and looked forward to considering the forthcoming report of the United Nations Secretary-General on implementation of the political declaration. Her Government had made progress on combating antimicrobial resistance and would continue to support other countries in the Western Pacific Region through targeted initiatives.

The representative of BAHRAIN supported the recommended actions set out in the draft resolution. Member States should strengthen their national strategies and implement their national action plans in line with the global action plan. Multicountry monitoring groups should also be formed to provide Member States with support and on-the-ground training.

The representative of NIGER said that antimicrobial resistance was a growing public health problem and a global challenge to sustainable development. Future strategic action should focus on establishing governance mechanisms and increasing sectoral and multisectoral coordination using a One Health approach in order to better guide surveillance, research, outreach programmes and infection prevention and control measures.

The representative of BRAZIL welcomed the draft resolution, which would help the Secretariat move forward in supporting Member States' efforts to tackle antimicrobial resistance. Such efforts cut across health systems strengthening, universal health coverage and work on the social determinants of health, among other areas. However, international action to address the issue must not duplicate efforts or distract attention from other health objectives, such as attaining Sustainable Development Goal 3.

The representative of SPAIN, outlining her country's national action plan and the steps taken to implement it, said that finding solutions to antimicrobial resistance would require collaboration in bodies such as the Health Assembly. The rise and spread of resistant bacteria knew no borders, and experts from all fields and authorities at the highest level must be involved in combating it. She agreed with the findings of the report and supported the proposed actions.

The representative of the REPUBLIC OF KOREA, outlining the steps taken by her Government to attain the strategic objectives of the global action plan, expressed support for the tripartite agreement and the recommendation that multisectoral collaboration should be strengthened using a One Health approach. She supported the draft resolution.

The representative of TUNISIA said that, in the light of the public health threat posed by antimicrobial resistance and the near total lack of new antibiotics, her Government was fully committed to complying with WHO's recommendations and initiatives on the issue. With the support of the Secretariat in cooperation with FAO and OIE, her Government had implemented a national action plan.

The fight against antimicrobial resistance would be a long one and would require sustained efforts at the political, technical and community levels.

**Dr Lutucuta resumed the Chair.**

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that dentists were key stakeholders in the fight against antimicrobial resistance. She urged governments to reach out to their national dental associations when developing and implementing their national action plans. The issue of funding mechanisms for national action plans should be considered at the United Nations General Assembly in September 2019, in order to ensure sustained, effective global action to address the issue. Her organization was committed to supporting the global action plan. The upcoming World Dental Congress would include a session on antimicrobial resistance and produce a white paper on antibiotic stewardship in dentistry.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN and also on behalf of the International Federation of Medical Students' Associations, stressed the need for a One Health approach and a focus on changing behaviour and educating health professionals. Though the establishment of a joint secretariat for the tripartite partnership might hold value, he urged Member States to continue financing the WHO Antimicrobial Resistance Secretariat and empowering WHO to continue its leadership role in implementing the global action plan.

The representative of the UNITED STATES PHARMACOPEIAL CONVENTION, speaking at the invitation of the CHAIRMAN, said that substandard and falsified medicines drove pathogen resistance, undermining stewardship efforts and endangering patients. He praised the draft resolution and drew attention to the Interagency Coordination Group's recommendations to, among other things, strengthen post-market surveillance of antimicrobials and work towards regulatory systems strengthening and dissemination of best practices. Ensuring the quality of antimicrobials was critical to achieving the stewardship goals set forth in the draft resolution. Concerted and coordinated efforts would require ongoing leadership from WHO.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that WASH did not receive sufficient attention in discussions on antimicrobial resistance. The world could not combat antimicrobial resistance so long as people lacked access to clean drinking water and decent toilets. He urged Member States to adopt the draft resolution on water, sanitation and hygiene in health care facilities recommended by the Board in resolution EB144.R5, focus on prevention efforts in their national action plans, and follow WHO guidelines on sanitation, water quality and health.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIRMAN, welcomed the Interagency Coordination Group's recommendation for all actors to increase investment and innovation in new health tools. A bench-to-bedside approach was needed to ensure that new and existing antibiotics were affordable, available and used wisely. She urged Member States to approve the draft resolution and move discussions about access and stewardship from principles to practice. Continued political commitment at the highest level was essential. The Global Antibiotic Research and Development Partnership would be redoubling its efforts to achieve the goals of the global action plan, including through an ambitious new strategy with expanded priorities.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, encouraged Member States to utilize the strong community presence of pharmacists in national action plans on antimicrobial resistance in strengthening surveillance systems and assessing antibiotic use. Recognizing the need for collaborative

and sustained action, he called for young people to be better incorporated in the fight against antimicrobial resistance.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, commended WHO's work in providing evidence to support the strengthening of the Codex Alimentarius trading standards and texts to minimize and contain antimicrobial resistance throughout the food chain. Strong health care systems, cross-agency action, surveillance and regulation of all industries involved was essential. However, extra care should be taken to ensure that public-private collaborations did not hinder efforts. Lastly, she supported efforts to promote WASH components within national action plans so as to reduce infection and protect breastfeeding.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, applauded the recognition of the need for new antimicrobials, diagnostics and vaccines, as well as stewardship, surveillance, infection prevention and control, and access to safe water, sanitation and hygiene to combat antimicrobial resistance. Innovation must be at the heart of efforts to tackle the issue. Furthermore, increased use of the Global Antimicrobial Resistance Surveillance System was needed. She welcomed the support provided by the Secretariat and Member States for the implementation of stewardship measures, but highlighted the need for additional resources for widespread uptake, in addition to further investment to prevent infections and the concomitant need for antibiotics.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the Interagency Coordination Group's call for governments to establish production facilities or contract manufacturers to ensure sustainable production and supply of antibiotics. Research and development must be driven by patient needs, adapted for use in resource-limited settings and be both accessible and affordable. A paradigm shift was needed in the way that antibiotics were financed, regulated and developed; ideas such as public-purpose ownership should be embraced. Further work was needed to evaluate the clinical value of diagnostics and provide countries with guidance on which tests to prioritize. Lastly, with regard to the Global Antimicrobial Resistance Surveillance System, non-State actors should be permitted to supply data directly from countries facing challenges in data collection and reporting.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIRMAN, emphasized that many functions would not be put in place unless there were binding requirements from conventions, treaties or regulations. An independent process free from private interests was essential in that regard. Furthermore, the challenges faced by low- and middle-income countries must be acknowledged and addressed through increased funding for the implementation of national action plans. To that end, a deadline for finalization of the global framework for development and stewardship should be established to ensure the timely mobilization of resources.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, said that the response to antimicrobial resistance must include a stronger focus on the treatment and prevention of tuberculosis. She welcomed the inclusion of tuberculosis in the planned update of WHO's list of priority pathogens, which would support investment in research and development to discover antibacterial agents for drug-resistant tuberculosis. In countries with a high burden of tuberculosis, national action plans to tackle antimicrobial resistance should include robust support for addressing drug-resistant tuberculosis, including research and development and universal access to diagnosis, treatment and holistic care.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, urged Member States to commit resources to the envisaged multipartner trust fund in order to enable effective implementation of the tripartite workplan on antimicrobial resistance. He welcomed the development of the Competency Framework for Health Workers' Education and Training on Antimicrobial Resistance and its interprofessional approach, and encouraged social dialogue and the involvement of workers' unions to ensure a collective sense of ownership. It was essential to improve the quality of health services and adopt a health systems approach to ameliorate the management of infection and infectious diseases. The draft resolution should include the need for regulation of the pharmaceutical industry.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, emphasized that the contribution of civil society was fundamental in implementing national action plans. She supported the calls for a One Health global leadership group and the establishment of an independent panel on evidence for action against antimicrobial resistance. Welcoming the establishment of the Global Antibiotic Research and Development Partnership, she called for similar work to be replicated by other non-profit organizations working on delinkage innovation models that were not incentivized by patent monopolies. Society should not be expected to fund the financial incentives necessary to overcome the ongoing shortfall in innovation. Rational use and sound prescription remained the best strategy to combating antimicrobial resistance.

The ASSISTANT DIRECTOR-GENERAL (Antimicrobial Resistance), thanking Member States for their comments and their strong commitment towards tackling the issue, said that antimicrobial resistance was a global crisis that posed a challenge to achieving universal health coverage and threatened the progress made towards achieving the Sustainable Development Goals. The Secretariat was pleased to note that in the early implementation phase of the global action plan, 129 Member States had developed a comprehensive national action plan based on the One Health approach. Furthermore, 77 Member States had enrolled in the Global Antimicrobial Resistance Surveillance System, and were providing data annually. Nonetheless, continued support from Member States was urgently needed to scale up ongoing national, regional and global strategies, and to ensure effective multisectoral coordination at all levels. Increased engagement with civil society and the private sector was also essential.

The tripartite partnership had developed a report on the way forward that incorporated the recommendations of the Interagency Coordination Group, which emphasized the urgent need for a sustained One Health approach. The report would be submitted to Member States in due course.

The Secretariat, in cooperation with FAO, OIE, other organizations of the United Nations system, the World Bank and other partners, remained fully committed to accelerating the response to the threat of antimicrobial resistance, in accordance with the global action plan and the recommendations of the Interagency Coordination Group.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in resolution EB144.R11.

**The draft resolution was approved.<sup>1</sup>**

**The meeting rose at 18:30.**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA72.5.

## **EIGHTH MEETING**

**Friday, 24 May 2019, at 10:45**

**Chairman:** Dr Y. SUZUKI (Japan)

### **1. THIRD REPORT OF COMMITTEE A (document A72/74)**

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

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

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

**Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues:** Item 11.8 of the agenda (continued from the seventh meeting)

- **Prevention and control of noncommunicable diseases** (documents A72/19 and EB144/2019/REC/1, decision EB144(1))

The CHAIRMAN drew attention to the Director-General's report on the sub-item contained in document A72/19 and invited the Committee to consider draft decision EB144(1) contained in document EB144/2019/REC/1.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, welcomed the fact that, under the 2018 Political Declaration adopted by the third high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases, the scope of the commitments made by Heads of State and Government had been broadened to include, under what was known as the "5 x 5 NCD agenda", the reduction of air pollution and promotion of mental health and well-being, which were issues of great relevance in the Region. The Region had declared noncommunicable disease "best buy" interventions a priority, but was lagging behind others in that respect, particularly in terms of tax increases on alcohol and tobacco and bans on advertising. She asked WHO to provide more support for the integration of noncommunicable diseases into primary health care approaches and for the introduction of innovative fiscal policies for health.

No WHO Region was on track to meet the target, set out in the Noncommunicable Diseases Global Monitoring Framework, to reduce the harmful use of alcohol by 10% by 2025. In view of the evidence confirming that alcohol was not safe to consume in any quantity, the Secretariat should convene a Member State working group, pursuant to paragraph 3(d) of the draft resolution, to review whether the WHO Global Strategy to reduce the harmful use of alcohol was fit for purpose. Given the need for more targeted interventions to address aggressive alcohol marketing and promotion, she proposed that paragraph 3(d) be amended to read as follows:

"to convene a technical working group comprising of two Member States from each of the six WHO Regions to review progress and challenges in the implementation of WHO's Global

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<sup>1</sup> See page 305.

Strategy to reduce the harmful use of alcohol during the first decade since its endorsement, and the way forward and report to the Health Assembly in 2020 through the Executive Board”.

Speaking in her national capacity, she said that the Secretariat was sending the wrong signal by allowing alcohol – a Group 1 carcinogen and the top risk factor for traffic injuries and violence – to be sold and served at headquarters and at WHO-organized events. Indeed, the declaration adopted by the Thirteenth World Conference on Injury Prevention and Safety Promotion in 2018 had asked WHO to stop that practice.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, endorsed the proposed amendment to paragraph 3(d) of the draft decision. Noncommunicable diseases were a major threat to economic and social development in his Region, which was in urgent need of guidance in areas such as implementation of the 5 x 5 NCD agenda, economic assessments of interventions in respect of noncommunicable diseases, and the introduction of relevant tax measures. The Secretariat should present a plan for increasing technical support within the framework of the Thirteenth General Programme of Work, 2019–2023.

The representative of MAURITIUS, speaking on behalf of the Member States of the African Region, welcomed the adoption of the 2018 Political Declaration and fully subscribed to the new commitments it included under the 5 x 5 NCD agenda. The Region’s countries had made progress towards implementing a multisectoral approach to noncommunicable disease prevention and control and the WHO Framework Convention on Tobacco Control. They also faced challenges, however, notably in translating the political commitments made by Heads of State and Government into action and finding sufficient funding to scale up services; in most countries, national capacities for the prevention and control of noncommunicable diseases were insufficient, and data were often lacking, incomplete or of low quality. Market conditions and commercial factors had a negative impact. All countries in the Region were committed to tracking progress at local and regional level and welcomed the development of a scorecard for each Member State for that purpose.

The representative of TONGA, speaking on behalf of the Pacific island countries and territories, outlined the significant progress they had made in terms of taxation measures and the development of national multisectoral strategies since the endorsement of the World Bank’s Non-communicable Diseases Roadmap for the Pacific in 2014. She commended WHO’s emphasis on tackling childhood obesity and outlined measures being undertaken to that end by Pacific islands, including via the Pacific Ending Childhood Obesity (ECHO) Network. Despite some progress, including the finalization of the first Pacific Monitoring Alliance for Noncommunicable Disease Action and the development of a targeted legislative framework, more work was required. Regarding mental health issues, she, too, supported the new commitments under the 5 x 5 NCD agenda. The Region benefitted from strong funding and technical support from many development partners; that support should be maintained.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova, as well as Georgia aligned themselves with her statement. Progress on preventing and controlling noncommunicable diseases must be accelerated if the targets set for 2030 were to be met, and she therefore called for action to focus on four main risk factors: harmful use of alcohol, tobacco use, unhealthy diets and physical inactivity. She also called on WHO to step up global and regional efforts to address mental health issues and air pollution. The Secretariat had to reassure Member States that structural change at the Organization would not result in less attention being paid to noncommunicable diseases and that there would be a coordinated approach to risk factors and diseases. The resources allocated to the noncommunicable diseases programme needed to be commensurate with the challenges Member States faced in the epidemiological transition. She expressed support for the draft decision but not for the proposed amendment to paragraph 3(d).

The representative of URUGUAY asked the Secretariat to ensure that it had sufficient human and financial resources to help Member States implement the 2018 Political Declaration. WHO should continue to spearhead efforts at national and international level, particularly when it came to setting standards and working with other stakeholders, such as civil society and the private sector.

The representative of the DOMINICAN REPUBLIC welcomed the progress made towards achieving the WHO best buys. While it agreed with the indicators listed in Annex 6 of the Director-General's report, his Government was unlikely to have met, by 2024, the tobacco-related indicators listed against the commitment to reduce risk factors, since it had not signed the WHO Framework Convention on Tobacco Control.

The representative of AUSTRALIA agreed with the proposal to extend the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 and the comprehensive mental health action plan 2013–2020 to 2030. The Secretariat should provide Member States with more technical support, so that they could meet the commitments set out in the 2018 Political Declaration. Her Government was committed to a community-wide, multisectoral and regional approach to noncommunicable diseases. She expressed support for the draft decision but objected to the amended version of paragraph 3(d).

The representative of TUNISIA said that her Government had participated in many initiatives on noncommunicable diseases and developed a national strategy, the aims of which included reducing risk factors and providing care.

The representative of the BAHAMAS commended the addition in the 2018 Political Declaration of a commitment in respect of mental health issues. Noting that effective policies depended on reliable and timely data, he urged the Secretariat to address the disparities in Member State health information systems, which were compounded by the high costs of population-based surveys. The Secretariat should also develop tools for measuring health among children under 12 and adolescents aged 15 to 18, two groups that were not covered by existing WHO/PAHO tools.

The representative of INDIA said that his Government had introduced many policies to combat noncommunicable diseases. Global efforts to that end must be driven by strong and strategic leadership, cost-effective interventions and a multisectoral approach.

The representative of MOROCCO said that, to prevent noncommunicable diseases, it was important to engage in multilateral and multisectoral cooperation, to strengthen South–South and triangular cooperation, and to raise funds for developing countries. Governments should work with the Secretariat to identify cost-effective ways to combat noncommunicable diseases and their risk factors.

The representative of TRINIDAD AND TOBAGO outlined the national strategic framework and action plan for noncommunicable diseases developed by his Government using a whole-of-government and whole-of-society approach.

The representative of the UNITED STATES OF AMERICA welcomed the integration of new commitments to promote mental health and reduce air pollution into the global conversation on noncommunicable diseases and supported the Secretariat's plans to prioritize noncommunicable diseases through flagship efforts on various issues. The Director-General's report was correct to highlight the need for research, primary care, health workforce strengthening and surveillance capacity. In addition, health surveillance and monitoring were essential for the use of data in health policy and programme decisions, and WHO should continue to focus on building national capacities in that regard. He welcomed plans to hold periodic dialogues with a spectrum of international business association representatives but questioned why different sectors met more or less frequently. He supported the

Secretariat's plans to develop technical tools for multisectoral and multistakeholder action, but asked it to clarify the rationale, timeline and approach for developing the mechanism to assess progress towards food composition targets. He also supported the draft decision.

The representative of ARGENTINA agreed with the actions set out in Annex 5 to the Director-General's report but suggested that WHO must also strengthen implementation of evidence-based policies that reduced risk factors for noncommunicable diseases and promoted healthy eating, including to prevent obesity, and that it should involve civil society in discussions so as to ensure transparency and better manage conflicts of interests. Annex 3 should highlight the need to guarantee the participation of civil society, academic institutions and philanthropic entities in efforts to achieve Sustainable Development Goal target 3.4, and to establish transparent protocols of action; paragraph 4 should include observations made by civil society and institutions that were free of conflicts of interest, in particular on industry initiatives, which tended to yield insufficient results. Her Government agreed with the strategic priorities outlined in Annex 5. She expressed support for the draft decision.

The representative of the REPUBLIC OF KOREA said that her Government strongly supported the 2018 Political Declaration and the relevant WHO action plans. She emphasized the importance of taking action. Health policies could be improved in the light of each Member State's needs and on the basis of evidence-based practices, strengthened cooperation among stakeholders and voluntary participation. She supported WHO efforts to create cost-effective policies to reduce the use of tobacco, alcohol and sugar, as demonstrated in Annex 2 to the Director-General's report. The Secretariat should help Member States learn from each other by sharing experiences in which they had reduced sugar consumption.

The representative of SAUDI ARABIA said that his Government had put in place a national strategy on noncommunicable diseases which dealt with issues such as nutrition. In combating noncommunicable diseases, it was important for Member States to evaluate risk factors, collect scientific data and engage in multisectoral collaboration, including with the financial and agricultural sectors.

The representative of CHINA outlined his Government's efforts to combat noncommunicable diseases, which had emphasized early detection and the promotion of healthy lifestyles. WHO should continue to play a leading role, step up coordination with other international organizations and engage in efficient and practical action.

The representative of ESTONIA, speaking on behalf of Latvia, Lithuania and Slovenia, said that the only way to tackle noncommunicable diseases was to target risk factors in an integrated manner. It was important to have clear, well-focused and evidence-based strategies for tobacco and alcohol use, given the potential for conflicts of interests. He agreed that the Director-General should be asked to report to the World Health Assembly in 2020 on the implementation of the WHO global strategy to reduce the harmful use of alcohol. It was vital for alcohol policy to appear under a separate agenda item at the sessions of WHO governing bodies.

The representative of SRI LANKA supported the expanded scope of the 5 x 5 NCD agenda. As substantial investment would be needed to improve mental health infrastructure, the Secretariat should help countries assess their mental health service delivery capacities. It should also provide more technical support and policy guidelines on reducing the harmful use of alcohol, which was jeopardizing the achievement of several Sustainable Development Goals. All countries should actively seek to reduce alcohol use to improve health and well-being.

The representative of MEXICO outlined the steps being taken by her Government to prevent and control noncommunicable diseases, which it considered one of the greatest challenges facing the health sector.



The representative of TOGO, after outlining the challenges to his country's efforts to reduce the noncommunicable disease burden, expressed support for the draft decision, in particular the proposal to extend the WHO global action plan and the comprehensive mental health action plan to 2030.

The representative of the RUSSIAN FEDERATION expressed support for the unamended version of the draft decision and said that his Government intended to contribute US\$ 40.6 million between 2019 and 2023 towards WHO's work to prevent and control noncommunicable diseases, with the aim of supporting countries in the European Region facing a high noncommunicable disease burden. He expressed concern that noncommunicable diseases had been downgraded as a priority following the recent restructuring at WHO headquarters and that coordination with United Nations and civil society organizations was growing weaker, since those factors would hamper member State efforts to prevent and control noncommunicable diseases.

The representative of ANGOLA, expressing support for the draft decision, observed that the diagnosis and treatment of noncommunicable diseases was a financial burden that countries and families could ill afford; additional funding, with innovative financing mechanisms for low- and middle-income countries, was therefore needed. Governments should engage the private sector in dialogue with a view to reducing the cost of medicines and diagnostic tools.

The representative of MALAYSIA said that the Secretariat should continue to provide Member States with guidance and technical support; advocate for progress on the noncommunicable disease agenda within the United Nations system; and allocate sufficient resources and funds to ensure that its initiatives were implemented as efficiently and effectively as possible. She supported the draft decision and the proposed amendment to paragraph 3(d).

The representative of PANAMA said that her Government viewed noncommunicable diseases as socially transmitted diseases. Activities to promote healthy lifestyles and protect the population from harmful tobacco, alcohol and junk food advertising should be harmonized through effective legislation that prevented conflicts of interests from industry. She supported the broader scope of the 5 x 5 NCD agenda, implementation of which should be backed by scientific evidence and government-led, with the Secretariat and health ministers playing a key role. The Framework of Engagement with Non-State Actors should continue to be implemented so that potential risks could be assessed and managed. The Secretariat should take heed of the guidance of the Healthy Latin America Coalition to reduce noncommunicable diseases in the Region of the Americas. She supported the draft decision and the proposed amendment to paragraph 3(d).

The representative of GHANA expressed support for the draft decision and commended the Secretariat for its leadership on the issue of noncommunicable diseases and for providing a forum for countries to share progress in that respect.

The representative of ZAMBIA, noting the insufficient progress made to date towards achievement of Sustainable Development Goal target 3.4, said that his Government was committed to implementing measures at all levels to reduce the risk of premature death and disability from noncommunicable diseases. Achievement of the Sustainable Development Goals was contingent on scaled-up multistakeholder and multisectoral activities aimed at preventing and controlling noncommunicable diseases, which had high economic costs that stretched beyond health care expenses. He applauded the expanded scope of the 5 x 5 NCD agenda and urged the Secretariat to provide technical support to Member States to help them accelerate their fulfilment of the commitments to reduce air pollution and promote mental health and well-being over the coming five years. He supported the draft decision.

The representative of the UNITED REPUBLIC OF TANZANIA, endorsing the outcomes of the third High-level Meeting, said that investment in the fight against noncommunicable diseases would reduce the risk of premature death and disability and improve health and well-being, thereby favouring economic growth. She expressed support for the Secretariat's proposal to develop a delivery plan to help Member States fulfil their commitments under the 2018 Political Declaration and its plan to assess the achievement of indicators using scorecards.

The representative of GERMANY said that the Global action plan on physical activity 2018–2030 provided a useful framework for the promotion of physical activity – an important risk factor for the development of noncommunicable diseases – prevention of such diseases and achievement of the Sustainable Development Goals. Her Government would work to raise awareness of the importance of physical activity and would seek the support of the WHO Collaborating Centre on Physical Activity and Public Health at Friedrich-Alexander University Erlangen-Nuremberg to that end. She thanked the Secretariat for coordinating the “Walk the Talk” event held on Sunday, 19 May 2019.

The representative of SLOVAKIA said that the Secretariat had provided his country with technical support to strengthen whole-of-society actions, cost-effective decision-making and health promotion measures such as health literacy through the creation of a national coalition of partners.

The representative of ETHIOPIA, observing the slow speed of progress towards the achievement of most of the voluntary global targets for 2025 for the prevention and control of noncommunicable diseases, with the exception of obesity and diabetes, expressed appreciation for the Secretariat's efforts to provide technical support to countries to accelerate their response, including the development of a technical package for the establishment of multistakeholder dialogue mechanisms, and commended the implementation of the four special initiatives to fast-track specific health outcomes in selected countries. She expressed support for the draft decision.

The representative of SINGAPORE welcomed calls to action at international platforms such as the eighth session of the Conference of the Parties on the WHO Framework Convention on Tobacco Control, and the commitment of the third high-level meeting to invite the private sector to contribute more towards the prevention of noncommunicable diseases. Her Government recognized the need for international collaboration and novel methods, and looked forward to receiving innovative ideas from other Member States for noncommunicable disease prevention.

The representative of PARAGUAY reaffirmed his Government's commitment to the 2018 Political Declaration. After outlining the situation in respect of noncommunicable diseases in his country, he said that his Government would pursue its efforts to meet the relevant objectives, notably by initiating the process for ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products by 2024, when the Director-General was to submit a progress report to the United Nations General Assembly.

The representative of BELGIUM, while welcoming the commitment to promote mental health and well-being as part of the 5 x 5 NCD agenda, said that it was only the first step towards the development of a global policy on mental health, which should be included in draft programmes on universal health coverage. Prevention and early detection initiatives should be promoted and carried out for all target populations. Psychosocial rehabilitation models should be promoted and considered the baseline for new practices, irrespective of the target group.

The representative of NORWAY said that it was crucial to accelerate implementation of the WHO-recommended cost-effective interventions listed in Appendix 3 to the global action plan. Her Government was currently drafting a strategy to integrate noncommunicable diseases into development aid, so as to assist low-income countries in that respect. Noting that the recent report of the Bloomberg

task force on fiscal policy for health added to evidence that taxation of tobacco, alcohol and sugary drinks was a cost-effective means of reducing consumption, she urged the Secretariat to continue updating Member States on scientific developments, a key function of the Organization's normative role. She expressed support for the draft decision as initially presented and underlined that Annex 3 to the global action plan should be updated only on the basis of WHO's normative mandate.

The representative of CANADA said that Member States should build on the momentum from the third High-level Meeting to support efforts to achieve Sustainable Development Goal target 3.4. She welcomed further dialogue on implementation of the commitments for action towards that target and expressed support for the promotion of mental health and environmental risk factors of noncommunicable diseases within the broader framework for noncommunicable diseases. She also endorsed the plan to extend the global action plan and the comprehensive mental health action plan to 2030. Her Government would continue to share best practices and lessons learned with other stakeholders and looked forward to hearing about their experiences. She expressed support for the draft decision as initially presented.

The representative of BRAZIL said that policy recommendations should be the outcome of proper consultations with Member States and other relevant stakeholders, and based on the Secretariat's reviews of research and scientific evidence. She encouraged the Secretariat to engage in consultations with Member States to ensure their full participation in the fight against noncommunicable diseases, and expressed support for the draft decision as initially presented.

The representative of NAMIBIA asked the Secretariat to confirm that 9 per cent of deaths in the African Region in 2016 had resulted from noncommunicable diseases, as indicated in Table 2 of the Director-General's report, as that seemed to be an underestimate, especially given that only 41% of countries in the Region had noncommunicable disease surveillance and monitoring systems in place. Assistance should be provided as a priority for the development and implementation of such systems at country level, in order to enhance the reliability and accuracy of data. The universal health coverage index of essential service coverage should be taken into account in the global monitoring framework for prevention and control of noncommunicable diseases, to prevent duplicate reporting.

The representative of BAHRAIN applauded the broader scope of commitments under the 5 x 5 NCD agenda and reaffirmed her Government's support for monitoring progress towards the global action plan targets; the achievement of the Sustainable Development Goals; the strengthening of national capacities and health systems; universal health coverage; and taxation of tobacco, alcoholic beverages and sugar-sweetened beverages. Member States should be assisted to meet their commitments and step up interventions to enhance control of noncommunicable diseases and risk factors.

The representative of SPAIN said that it was essential to work towards universal health coverage and overcome the challenge of noncommunicable diseases by establishing a quality health system that integrated all departments and was predicated on primary health care. To respond to the challenge posed by noncommunicable diseases, policies should be established that took patients' expectations and conditions into account, and emphasized promotion, prevention and adequate provision of rehabilitation. Civil society involvement and resource mobilization were essential to that end.

The representative of PERU said that it was indispensable to reduce the risk factors associated with noncommunicable diseases using an integrated and multisectoral approach that involved civil society and the private sector. He expressed support for the draft decision as approved by the 144th session of the Executive Board, notably the request that the Director-General should develop policy options to promote mental health and well-being and reduce the number of premature deaths from noncommunicable diseases attributed to air pollution.

The representative of ALGERIA noted that noncommunicable diseases constituted not only a health problem but also an economic challenge, compromising progress towards the Sustainable Development Goals. It was vital to identify obstacles and opportunities when addressing noncommunicable diseases within the framework of universal health coverage. A multisectoral approach was called for, given that essential preventive measures did not necessarily fall under the ambit of the health authorities. The 2018 Political Declaration was an important tool in that regard.

The representative of VIET NAM, welcoming the commitments to reduce air pollution and promote mental health and well-being, asked WHO to provide guidance on the prioritization and adaptation of the list of best buys and “accelerators”, tailored to the country context. She expressed support for the proposed amendment to paragraph 3(d) of the draft decision.

The representative of SURINAME, sharing the concern expressed earlier about the sale of alcohol in the WHO canteen, observed that certain interpretations of studies on alcohol use had led some health professionals to advocate alcohol consumption, while others warned people of the negative effects. Although the damaging effects on health of tobacco use had been acknowledged, the same stance had not been adopted in relation to alcohol. She proposed that the availability of alcohol should be regulated in national health organizations and offices. Alcohol use was often not recognized as harmful until it had become an addiction.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND agreed with the Director-General’s report that multisectoral collaboration was needed to meet Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Obesity was a serious and growing issue on every continent, and obesity rates would only be reduced if all effective tools were used, including fiscal policies. He welcomed the greater prominence given to mental health and the mounting political will to drive the issue up the international health agenda. He backed the draft decision as initially presented.

The representative of the ISLAMIC REPUBLIC OF IRAN agreed with previous speakers on the need for an integrated multisectoral approach and community engagement. After reviewing the steps taken by her country to prevent noncommunicable diseases, she recommended that the Secretariat should provide assistance enabling Member States to strengthen resource mobilization at national and regional levels, establish a special fund for the prevention and control of noncommunicable diseases, and furnish technical support for the integration of noncommunicable diseases into primary health care. She expressed support for the draft decision and for the proposed amendment to paragraph 3(d), which should be further amended to specify that the two delegates from each region should be selected by the relevant regional director.

The representative of the PHILIPPINES said that broader action was required to meet Sustainable Development Goal target 3.4. The Secretariat and Member States should lend their support in a range of areas, including the management of cases of noncommunicable diseases at the primary care level. His Government strongly supported the proposed amendment to paragraph 3(d) of the draft decision.

The representative of PAKISTAN said that prevention and control of noncommunicable diseases required broad changes to public health operations, and that a concerted effort must be made at all levels to reduce their impact on health systems and economic development. His Government welcomed the expanded scope of commitments under the 5 x 5 NCD agenda and the Secretariat’s support for reducing morbidity and mortality associated with noncommunicable diseases.

The representative of CHILE summarized her Government’s efforts to prevent and control noncommunicable diseases.

The representative of ITALY said that her Government attached great importance to intersectoral noncommunicable disease prevention strategies. It supported the draft decision, but not the proposed amendment thereto.

The representative of INDONESIA said that, in order to prevent and control noncommunicable diseases, the Secretariat should urge other United Nations agencies to incorporate health in all policies, while continuing to provide technical support to Member States and working closely with partners. His Government supported the draft decision with the amendment proposed to paragraph 3(d).

The representative of BOTSWANA, noting that noncommunicable diseases undermined social and economic development, asked for the Secretariat's technical support with regard to target-setting and noncommunicable disease surveillance systems. He endorsed the recommendations contained in the Director-General's report.

The representative of EGYPT, after reviewing his country's efforts to combat noncommunicable diseases, said that Member States should exchange experiences so as to consolidate noncommunicable disease prevention efforts and advance towards achievement of Sustainable Development Goal 3.

The representative of SOUTH AFRICA noted the need for more aggressive global action that addressed the commercial determinants of health. The cost of diagnostic tests, vaccines and medicines for noncommunicable diseases should be reduced, and greater policy cohesion introduced at all levels. Health must be included in all policies as a matter of urgency. Her Government welcomed the 5 x 5 NCD agenda and the Secretariat's initiatives to accelerate progress by Member States.

The representative of BARBADOS urged the Director-General to address childhood obesity specifically and to create strong links between the universal health coverage and noncommunicable disease agendas; both areas were vital to achievement of the Sustainable Development Goals. His Government wished to highlight the influence of global trade policies on fragile economies and the need for enhanced data collection and reporting on indicators and targets.

The representative of KAZAKHSTAN said that her Government supported the WHO global action plan and the initiative to introduce noncommunicable disease accelerators and innovative fiscal policies for health. Strong primary health care would help Member States manage noncommunicable diseases.

The representative of BANGLADESH expressed support for the draft decision and the proposed amendment to paragraph 3(d). His Government appreciated the leadership role played by WHO in obtaining further commitments at the third high-level meeting, the outcome of which would guide countries on the prevention and control of noncommunicable diseases.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that pharmacists should be empowered to reduce the noncommunicable disease burden through a wide range of services, including interdisciplinary collaborative practices. She urged policymakers to ensure that new noncommunicable disease technologies and services were accessible and appropriately remunerated.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIRMAN, said that while his Federation welcomed the 2018 Political Declaration, it was concerned at the emphasis on prevention. A significant number of noncommunicable diseases were not preventable, making diagnosis and treatment critical.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN, welcomed the 2018 Political Declaration and WHO's commitment to taxes on sugar-sweetened beverages, which must extend to fruit juices and flavoured milks. Member States that had taken the lead on that issue should evaluate their policies so that others could follow suit.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that a strong and balanced health workforce had a pivotal role to play in achievement of Sustainable Development Goal 3. Health systems should therefore be strengthened by tackling the shortage of health professionals and fostering safe working conditions. She called on the Secretariat and Member States to take into account that many countries needed funding to carry out that work.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN and on behalf of the International Association for Dental Research, expressed support for the Director-General's recommendation that Member States levy taxes on all sugar-sweetened beverages. Member States should go beyond the scorecard indicators set out in Annex 6 of the Director-General's report by developing national policies to reduce sugar consumption. They should implement the WHO guidelines on sugar intake for adults and children, consult her Federation's guidance on sugar and dental caries, and integrate oral health into national noncommunicable disease action plans with time-bound targets.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, called on Member States to levy taxes on tobacco, alcohol and sugar-sweetened beverages. All stakeholders were urged to facilitate access to health care, healthy food and sustainable city planning, adopt a life course approach to healthy lifestyles and strengthen primary health care systems. She urged the international community to include young health professionals at all levels of decision-making.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, called on Member States to recognize the relationship between chronic disease and mental health and ensure adequate funding for interventions in that regard; to enable nurses to work to their full scope of practice and to support the development of specialized roles; and to include nurses at all levels of noncommunicable disease policy- and decision-making, and recognize the key role nurses played in the prevention and control of such diseases.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN and noting that nutrition had been consistently under-financed, said that the next Global Nutrition Summit, to be hosted by the Japanese Government alongside the Olympics in 2020, presented an important opportunity to make progress on the Sustainable Development Goals and end malnutrition in all its forms.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, observed that the promotion of pharmacy services could help to address gaps in health care, especially in low-resource settings. She therefore called for noncommunicable disease action plans and policies to integrate pharmacists as key health care providers in order to promote better outcomes.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN and noting that health-harmful industries presented a major obstacle to implementation of the "best buys", expressed concern about the annual dialogue with the alcohol industry. If the alcohol industry failed to implement the recommendations of the 2018 Political Declaration, those dialogues should be terminated. She called on the Secretariat to better respond to Member States' requests for technical

support and to include alcohol harm as a standalone item on the agendas of the WHO governing bodies in 2020.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, requested Member States to acknowledge additional chronic conditions such as psoriasis, arthritis, sickle cell disease and trauma in the 5 x 5 NCD agenda and to implement the WHO “best buys” interventions. In that regard, governments should enhance international, regional and national cooperation; improve financial risk protections; expand social protection schemes; and explore multisectoral solutions and public-private partnerships.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that the international community must tackle the power of corporations, support small farmers, provide biodiverse and culturally appropriate foods, and prevent soil depletion, deforestation and land grabbing. WHO should examine internal conflicts of interest. Its work on misleading baby food marketing and conflicts of interest in that area set a good example.

The representative of the INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION, speaking at the invitation of the CHAIRMAN and observing that the challenges related to noncommunicable diseases required a systemic response to strengthen health promotion and primary prevention efforts, recommended developing, delivering and implementing robust plans and actions through political commitment; implementing sustainable financing and strong leadership; and ensuring dedicated health promotion institutions, a competent health promotion workforce and effective mechanisms for cross-sector collaboration.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, asked the Secretariat to publicize how it had exercised particular caution when engaging with the private sector, as required under the Framework of Engagement with Non-State Actors, and to implement WHA67.21 (2014) requesting the Director-General to convene WHO’s Expert Committee on Biological Standardization to update the 2009 guidelines on evaluation of similar biotherapeutic products.

The representative of CORPORATE ACCOUNTABILITY, speaking at the invitation of the CHAIRMAN and noting that private sector entities were undermining efforts to eradicate noncommunicable diseases, said that governments must protect public health policies from corporate influence. He therefore recommended that they implement Article 5.3 of the WHO Framework Convention on Tobacco Control and extend its application to the food and alcohol industries; implement Article 19 of the Convention to recoup the health care costs associated with the tobacco epidemic; and eliminate abusive industry practices. Given the inherent conflicting interests with public health, he urged WHO to cease engagement with the food and alcohol industries.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN and on behalf of the Union for International Cancer Control and World Cancer Research Fund International, called on Member States to adopt the draft decision; secure and increase sustainable financing for WHO and national noncommunicable disease responses; end subsidies that were harmful to health; ensure the meaningful involvement of people living with noncommunicable diseases and marginalized populations; implement cost-effective interventions for noncommunicable diseases; exercise caution when engaging with the private sector; and pay greater attention to potential conflicts of interest. She called on WHO to ensure managerial accountability for the delivery of the global action plan; address data gaps; allocate human and financial resources at the country level to meet demand for technical assistance and support the roll-out of technical packages; and identify a more comprehensive package of evidence-based interventions to progress towards Sustainable Development Goal target 3.4.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN and on behalf of the International Society of Nephrology and Alzheimer's Disease International, urged the Secretariat and Member States to address noncommunicable diseases that were not in the five main disease groups, which were not included in current plans; deliver people-centred and integrated care for all noncommunicable diseases; secure sustainable human and financial resources to ensure a comprehensive response; and ensure that all noncommunicable diseases were covered at the upcoming high-level meeting of the United Nations General Assembly on universal health coverage.

The representative of the SECRETARIAT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL noted that more and more countries had an operational policy, strategy or action plan to reduce the burden of tobacco use in line with the WHO Framework Convention on Tobacco Control. The Convention required Parties to implement a comprehensive series of tobacco control measures at all levels of government using a multisectoral approach. He was pleased to note that five of those measures had been included in the outline of the report to the United Nations General Assembly in 2024. The Convention Secretariat had been working closely with WHO on the global noncommunicable disease agenda, and hoped that due attention would be given in that regard to strengthening the governance of global noncommunicable disease actions and safeguarding the relevant global financing mechanisms from tobacco industry interference. The Convention Secretariat was committed to its role within the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases and would continue to encourage greater coordination within the thematic group on tobacco control. He called on all Member States that had not yet done so to ratify the Convention and the Protocol to Eliminate Illicit Trade in Tobacco Products.

**The meeting rose at 13:20.**



## **NINTH MEETING**

**Friday, 24 May 2019, at 14:50**

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

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

**Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues:** Item 11.8 of the agenda (continued)

- **Prevention and control of noncommunicable diseases** (documents A72/19 and EB144/2019/REC/1, decision EB144(1)) (continued)

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) appreciated the comments and guidance from Member States and partners. She noted that progress and investment in noncommunicable disease prevention and control were still insufficient.

In response to questions by Member States, she clarified that the sale of alcohol in WHO cafeterias was under continuous review. Concerning the development of a mechanism to assess industry progress towards food composition targets, she said that the Secretariat would analyse countries' experiences on the reformulation of packaged food data and proposed benchmarks, before discussing the issue with those in the food industry and requesting voluntary pledges in support of that work.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that the success stories shared by Member States would inspire others to address noncommunicable diseases and mental health. He reiterated that the special initiatives on mental health, noncommunicable diseases cervical cancer and childhood cancer mentioned in the report would lead to synergy and foster multisectoral partnerships among the public and private sectors. The Secretariat was preparing to initiate the WHO Global Survey on Alcohol and Health and would be convening the 2019 WHO Forum on alcohol, drugs and addictive behaviours in June. The outcomes of that Forum would serve as inputs when the WHO global strategy to reduce the harmful use of alcohol was reviewed.

Technical assistance in the area of noncommunicable diseases for Member States would be scaled up under the Programme budget 2020–2021 and the Secretariat would accelerate its normative work to produce new world reports on noncommunicable disease risk factors and to finalize the “best buys” for mental health and air pollution to be considered by the governing bodies in 2020. Furthermore, the Secretariat would strengthen data collection to address gaps highlighted by Member States. As part of the Organization-wide transformation process, the Secretariat had established a horizontal mechanism to improve the strategic internal coordination of technical support to Member States combat noncommunicable diseases under the leadership of the Deputy Director-General. Underlining that noncommunicable diseases were the largest and least-funded area of activity at the country and global

levels, he said that the Secretariat would appreciate continued funding and support from Member States and partners in the future.

The DIRECTOR-GENERAL agreed with Member States regarding the epidemic nature of noncommunicable diseases and said that more commitment was needed to combat them. He expressed the hope that the WHO Independent High-level Commission on Noncommunicable Diseases would achieve the political commitments required following the third high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases. Air pollution had been added to the list of noncommunicable disease risk factors; which should all be addressed in accordance with country contexts. Then, successful national and regional activities could be scaled up into global movements.

With regard to the amendment to the draft decision proposed by the representative of Thailand, he proposed that the text of the decision should be left as it was, as there was no agreement between Member States on the amendment. He stated that the report to the Health Assembly in 2020 through the Executive Board would be elaborated in full consultation and engagement with Member States on the implementation of WHO's global strategy to reduce the harmful use of alcohol during the first decade since its endorsement, and the way forward. That would ensure that the Secretariat would report to the Executive Board in 2020, and committed the Secretariat to conducting regular and full consultations with Member States.

The representative of THAILAND asked the Assistant Director-General for universal health coverage/healthier populations to clarify exactly when the policies regarding the sale of alcohol in the cafeteria and at conferences sponsored by WHO would be reviewed.

Concerning the amendment he had proposed, he reiterated that the harmful use of alcohol was a common concern, and that all Member States should be involved in finding common solutions. It was important to ensure that the draft decision, whether amended or not, was a positive step forward, and he asked the representatives of Romania, speaking on behalf of the Member States of European Union, and Uruguay to clarify their position on the amendment.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) said that the review of the sale of alcohol in the cafeteria would be addressed in the coming months as part of the ongoing transformation process.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, recognizing the importance of the matter under discussion, said that she supported the way forward proposed by the Director-General.

The representative of URUGUAY said that extensive consultations had been conducted regarding the draft decision, which had resulted in a very balanced text that called for action from the Secretariat. The amendment had aimed to facilitate that action. The Secretariat should increase its support for Member States' activities to address the harmful use of alcohol. She supported the solution proposed by the Director-General, as it encompassed the need for consultations and collection of data and reflected the Director-General's commitment to fully engage with Member States.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, sought clarification as to exactly how the consultations referred to in the way forward proposed by the Director-General would be conducted.

The DIRECTOR-GENERAL said that the consultations would comprise a combination of face-to-face and public web-based consultations, so as to reach a wide audience.

The CHAIRMAN invited the Committee to approve the draft decision, in the light of the clear statement by the Director-General.

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

- **Ending tuberculosis** (document A72/20)

The representative of NIGERIA, speaking on behalf of the Member States of the African Region, said that the global tuberculosis epidemic required a more urgent response in light of the increasing burden of multidrug resistance in his Region. He took note of the Regional Office for Africa's recommendations to Member States on: updating national strategic plans and policies and realigning targets to the commitments resulting from the high-level meeting of the United Nations General Assembly on the fight against tuberculosis in 2018; implementing new WHO guidelines for tuberculosis prevention, diagnosis and management; operationalizing a scorecard to track progress under the global strategy and targets for tuberculosis prevention, care and control after 2015, known as the End TB Strategy; and developing and implementing country-level accountability frameworks.

Noting the various initiatives under way to end tuberculosis, he said that seven Member States in his Region would find it difficult to achieve the End TB Strategy targets by 2020 as a result of incomplete data on the disease burden, low health services coverage and lack of resources. Member States should therefore address resource gaps and increase domestic financing for core tuberculosis control services to ensure universal access to all tuberculosis services, with the support of the Secretariat.

**Dr Lutucuta took the Chair.**

The representative of MEXICO said that tuberculosis was a global problem that required a collective and comprehensive response. Incorporating the fight against tuberculosis into activities to implement the 2030 Agenda for Sustainable Development and the Thirteenth General Programme of Work, 2019–2023, would facilitate the establishment of synergies to prevent, treat and control the disease.

The representative of SAUDI ARABIA said that initiatives should focus on data collection, protocols for diagnosis and treatment of tuberculosis, and training for health care professionals. He recommended strengthening cooperation between public and private sectors for the implementation of national strategies. Moreover, Member States should cooperate to combat the cross-border transmission of tuberculosis.

The representative of ARGENTINA said that it was a concern that progress towards ending tuberculosis had slowed, and she reiterated her Government's commitment to implementing the Moscow Declaration to End Tuberculosis. While tuberculosis epidemics in different countries varied in nature, common socioeconomic barriers had been identified and must be addressed. Studies should therefore include the causes of mortality due to tuberculosis, in order to guide future actions. A comprehensive response was possible if Member States built on shared successes with the support of the Secretariat.

The representative of BAHRAIN supported WHO's vision of a world without tuberculosis and highlighted some of the steps taken in her country in that regard. She reiterated her Government's political commitment to international efforts.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the Stabilization

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as decision WHA72(11).

and Association Process and potential candidate Bosnia and Herzegovina, as well as Ukraine and Georgia aligned themselves with her statement.

As tuberculosis was a disease that was closely linked to poverty, communities and individuals affected by tuberculosis must be engaged, empowered and supported to become service deliverers and advocates and thus reduce the burden of the disease and stigmatization. Multisectoral actions to address the social and economic determinants of the disease were crucial to ending tuberculosis. Strong health systems were essential, including at the community level, and tuberculosis services should be more fully integrated into health systems to ensure all sufferers were diagnosed and treated, with particular regard to drug-resistant tuberculosis. Further research would be needed to adapt the short-course regimen to improve multidrug-resistant tuberculosis treatment outcomes. WHO should support the development and implementation of safer and more effective vaccines and medication, and facilitate the scaling-up of diagnostic facilities and efforts to prevent drug resistance. She called on the Secretariat to provide an update to the high-level meeting of the United Nations General Assembly on universal health coverage in 2019 regarding progress towards achieving the targets and commitments made at the high-level meeting of the United Nations General Assembly on the fight against tuberculosis in 2018, as work to end tuberculosis depended on the achievement of universal health coverage.

Noting the crucial financing role of the Global Fund to Fight AIDS, Tuberculosis and Malaria, she called on donors to pledge their support at the Global Fund's Sixth Replenishment Conference, which would lead to a reduction in mortality and stronger health systems, especially in low-income countries. Particular attention should also be given to countries moving away from external donor support. She encouraged the Secretariat to support Member States to implement the multisectoral accountability framework to accelerate progress towards ending tuberculosis, pursuant to the Moscow Declaration. She supported the ongoing development of a global strategy for tuberculosis research and innovation, noting the importance of avoiding stigmatizing language when talking about research.

The representative of the UNITED STATES OF AMERICA said that multisectoral and multistakeholder action was required to meet treatment targets and mobilize resources for programmes and research. She welcomed the multisectoral accountability framework, but emphasized the need for a review mechanism that was capable of providing an external, objective and independent assessment of progress. Country-level accountability was important, but so was independent oversight. That would ensure the transparency and accountability of all global efforts particularly those involving numerous stakeholders and sectors. She emphasized the need for continued innovation and research. The diagnosis and treatment of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis, the diagnosis of latent tuberculosis infection, and preventive treatment would be essential components of the fight against tuberculosis.

The representative of the DOMINICAN REPUBLIC said that the Political Declaration of the high-level meeting of the United Nations General Assembly on the fight against tuberculosis in 2018 had established ambitious targets to be attained by 2022. Achieving those targets would be a challenge, and in that regard, she urged the Secretariat to finalize the multisectoral accountability framework.

The representative of BURKINA FASO said that, despite the progress achieved in fighting tuberculosis, further multistakeholder action should be implemented at all levels. She therefore requested additional resources and support from technical and financial partners.

The representative of GUATEMALA said that his Government has made progress in ending tuberculosis in line with the End TB Strategy. Tuberculosis was a public health challenge that would need to be addressed by multiple stakeholders.

The representative of the PHILIPPINES said that his Government looked forward to the Secretariat's continued support of national activities to address the burden of tuberculosis through the

implementation of a national strategic plan, including scaled-up diagnostic services and the mandatory notification of cases.

The representative of PARAGUAY said that the recommendations of recent relevant high-level meetings of the United Nations General Assembly would guide Member States towards the achieving the proposed targets by 2030. Noting that the call for action went beyond measures taken within national health systems or tuberculosis programmes, he highlighted a range of steps taken in his country, which still faced challenges in ending tuberculosis.

The representative of ETHIOPIA said that her Government was implementing the End TB Strategy and endorsed the multisectoral accountability framework. Multisectoral efforts should be strengthened to address public health challenges. She welcomed the Secretariat's support to Member States in ending tuberculosis.

The representative of MOROCCO reiterated his Government's commitment to working with the international community to end the tuberculosis epidemic by 2030, in line with the Political Declaration; that goal was achievable if medical interventions were combined with a social and legal approach. He outlined national measures introduced to that end.

The representative of LESOTHO highlighted the challenges her Government faced in overcoming the dual epidemic of HIV and tuberculosis, which was having a sustained impact on social and economic development in Lesotho. WHO and national targets, in particular relating to treatment coverage, had not yet been achieved, but her Government was committed to collaborating with WHO and other partners in accordance with the End TB Strategy and the Political Declaration.

The representative of ANGOLA said that further work was needed to overcome the high cost of treatment, particularly in the case of multidrug-resistant tuberculosis, notably through additional financing mechanisms for low- and middle-income countries and dialogue between public and private stakeholders to reduce the cost of medicines and diagnostic tools.

The representative of JAPAN welcomed the Political Declaration, but noted that action needed to be accelerated to succeed in ending the epidemic by 2030. He expressed concern that the budget allocation for fighting tuberculosis had been reduced in the Programme budget 2020–2021 as the high-level meeting should have enhanced, not limited, the Organization's work. It was essential to strengthen health systems to achieve universal health coverage, especially in countries with a high tuberculosis burden, and his Government would work to promote the necessary political commitment to do so.

The representative of ALGERIA said efforts to end tuberculosis needed to continue as part of a holistic, multisectoral approach to tackling communicable diseases, with the provision of additional resources and research in response to multidrug-resistant tuberculosis. The development of contagious smear-positive tuberculosis in developing countries was a particular concern, while special strategies were needed to fight extrapulmonary tuberculosis and HIV coinfection. He called on the Secretariat to support Member States in operationalizing the commitments made at the high-level meeting.

The representative of ZAMBIA welcomed the impetus generated by the high-level meeting, which would help accelerate progress in the fight against tuberculosis, and expressed support for the Political Declaration. Although his Government had made significant advances, tuberculosis remained a leading cause of morbidity and mortality. He therefore called upon the Secretariat and relevant stakeholders to increase their support, notably in relation to drug-resistant tuberculosis, the treatment of children, and access to new, improved medication.

The representative of SOUTH AFRICA welcomed the efforts made to ensure that many Heads of State could attend the high-level meeting, especially from low- and middle-income countries. Her own Government had taken the opportunity to reaffirm its commitment to end the tuberculosis epidemic by 2030. However, tuberculosis and HIV remained a challenge in many countries. The high cost of newer diagnostic tools and medicines was of particular concern, as was the shortage of the bacille Calmette–Guérin vaccine. Every effort should therefore be made to urgently implement the outcomes of the high-level meeting, notably regarding research and development and the identification of people with undetected tuberculosis.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the commitments made at the high-level meeting, notably the new numerical targets and the proposals to monitor and report on progress. The Thirteenth General Programme of Work, 2019–2023, was also linked to the actions contained in the Political Declaration. The implementation of strategies to control and end tuberculosis would require support to strengthen national health systems and ensure access to safe, effective and affordable treatments. He called on the Secretariat to support Member States to implement the proposed multisectoral accountability framework.

The representative of SINGAPORE expressed support for global efforts to end tuberculosis. As the incidence of tuberculosis in Singapore was comparatively high for a high-income country, the national tuberculosis control programme was being strengthened.

The representative of KIRIBATI, speaking on behalf of the Pacific island countries, highlighted recent advances made in tackling tuberculosis with support from WHO and other development partners. Tuberculosis presented a particular challenge in the Pacific island countries due to their remote locations, the impact of climate change and emerging drug-resistant strains of the disease. However, progress had been made through the introduction of improved diagnostic tools, active screening programmes, strict prevention and control measures, and the targeting of high-risk populations. She therefore urged the Secretariat to continue its support to ensure that no one was left behind.

The representative of MALAYSIA expressed support for the WHO flagship initiative FIND.TREAT.ALL#ENDTB. Her Government was committed to providing sufficient and sustainable financing for the prevention, diagnosis and treatment of tuberculosis, and would collaborate with relevant stakeholders with a view to ending the tuberculosis epidemic by 2035.

The representative of CANADA welcomed the Political Declaration and said that a strong collective effort to strengthen prevention, diagnosis, treatment and care was critical to end the tuberculosis epidemic by 2030, including work to address socioeconomic factors. Particular attention should be paid to women and girls, who were affected differently by tuberculosis, and she said that her Government would work to place gender equality at the heart of global action. Recognizing the importance of an effective multisectoral accountability framework to ensure evidence-based action by Member States, she encouraged WHO to take a leading role in that regard, as well as in the development of an actionable global strategy for tuberculosis research and innovation. She commended the Secretariat for its work to support Member States to expand prevention and treatment services through universal health coverage.

The representative of SURINAME expressed support for the End TB Strategy, which her Government had used to formulate its national strategic plan. She welcomed the details provided regarding access to treatment for drug-resistant tuberculosis, and the proposal to support Member States to scale up access to high-quality diagnosis and treatment, which was especially important given the global decline in donor funding. It was crucial to ensure that countries with limited resources could access new diagnostic tools and treatment, particularly second-line drugs, as a failure to provide adequate treatment could spread the disease further.

The representative of MALDIVES, speaking on behalf of the Member States of the South East Asia Region, drew attention to the high burden of tuberculosis in the Region, where challenges included the number of unreported cases and increased cases of drug-resistant tuberculosis requiring costly treatment. Despite a certain amount of progress, it would be difficult for Member States to achieve the End TB Strategy targets. Although the high-level meeting had renewed momentum, a multisectoral effort was required to translate those commitments into reality, notably through rigorous monitoring measures, intensified case-finding efforts, research and capacity-building. Particular focus should be given to vulnerable groups and cross-border collaboration, while work should also be done to make existing medicines and diagnostic tools more affordable by using the flexibilities provided by the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and increasing the domestic production of tuberculosis medication. Lastly, he expressed support for the multisectoral accountability framework.

The representative of the REPUBLIC OF KOREA commended the End TB Strategy and the high-level meeting, which had informed his Government's national plan to reduce the incidence of tuberculosis. His Government would continue to work towards ending the tuberculosis epidemic alongside WHO, Unitaaid and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The representative of THAILAND said that universal access to affordable health services was crucial to ending tuberculosis, and that vulnerable and marginalized groups, such as migrants, should be prioritized. The decline in progress, including the low treatment success rate and increase in multidrug-resistant and extensively drug-resistant tuberculosis, represented a barrier to achieving targets; efforts should therefore focus on diagnostic tools, drug susceptibility testing, screening and treatment adherence. The Secretariat needed to mobilize sufficient and sustainable funding for research, while Member States should also invest in research through capacity-building and multisectoral partnerships.

The representative of the ISLAMIC REPUBLIC OF IRAN expressed support for the Political Declaration and the Moscow Declaration. Although the introduction of all-oral regimens for multidrug-resistant tuberculosis was a major achievement, WHO and its partners needed to commit to their implementation if new treatments and diagnostic tools were to be made available. To that end, a global and regional pooled procurement mechanism should be set up to support Member States facing emergencies and other complex national situations. She also urged the Secretariat to emphasize the issue of drug-resistant tuberculosis within its antimicrobial resistance programme.

The representative of GHANA said that his Government had revised its strategies to tackle tuberculosis with a view to attaining the targets agreed at the high-level meeting. Based on that renewed commitment, measures had been introduced to remove financial barriers to care, ensure access to quality diagnosis, build strong partnerships with the private sector and improve delivery of medication to remote areas, including by drone.

The representative of the RUSSIAN FEDERATION highlighted the importance of the Political Declaration and the commitments contained therein. His Government was supporting other Member States with a high tuberculosis burden. He commended the Organization's leading coordination role in efforts to combat tuberculosis, notably regarding the multisectoral accountability framework. He expressed support for the proposed development of a global strategy for tuberculosis research and innovation, he recalled the decision of the Secretariat of the BRICS (Brazil, Russia, India, China and South Africa) TB Research Network to support that work.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND stressed her Government's commitment to helping achieve the ambitious targets contained in the End TB Strategy and ensuring no one was left behind. She welcomed the focus on vulnerable

populations and the social inclusion of people living with tuberculosis, and the next steps outlined to implement the Political Declaration. Accountability for delivering on the commitments made would be crucial to the success of its implementation, and should build on the existing global architecture and recognize country-led efforts. She expressed strong support for the emphasis on tackling multidrug-resistant tuberculosis, which presented a major challenge for global tuberculosis control.

The representative of INDIA highlighted the high burden of tuberculosis in her country and provided details regarding the national strategic plan for tuberculosis elimination, which had already seen great success. As a signatory to the Political Declaration, her Government aimed to end tuberculosis by 2025 through a multisectoral approach.

The representative of INDONESIA said that tuberculosis could not be eliminated by the health sector alone. Measures to address the challenges facing countries in the South-East Asia Region should include: reducing the price of existing medication and diagnostic tools through the flexibility provided in the TRIPS Agreement; completing the global strategy for tuberculosis research and innovation; and increasing political support and funding from partners.

The representative of PERU recognized the importance of a multisectoral approach to end tuberculosis and noted the multisectoral accountability framework. He said that the global fight against tuberculosis should: address the social determinants of health; provide social services to people living with tuberculosis; strengthen interventions to tackle drug-sensitive and drug-resistant tuberculosis; develop new diagnostic tools, medication and targeted treatment; mobilize sustainable financing; strengthen human resources; better equip health care facilities; and create scientific research networks.

The representative of BHUTAN commended WHO's flagship initiative FIND.TREAT.ALL#ENDTB. She welcomed the support and guidance provided to Member States through that and other joint initiatives in scaling-up access to high-quality diagnosis and treatment. To contain the epidemic, cross-border collaboration should be strengthened. She urged Member States to intensify their actions to implement the Moscow Declaration and the outcomes of the South-East Asia Region End TB Summit, the Delhi Call to Action on tuberculosis by 2030.

The representative of GERMANY said that progress towards ending tuberculosis would require strong resilient health systems, better integration of services for tuberculosis and common coinfections and multisectoral efforts. The elimination of tuberculosis was threatened by increasing rates of multidrug resistant tuberculosis, a lack of diagnostics in primary health care services, stigmatization, and a lack of access to affordable treatment. More should be done to promote research and development of innovative diagnostic and treatment options. WHO should support Member States with a high tuberculosis burden in efforts to end stigmatization and increase domestic financing for health services. While the Organization played an important strategic role in supporting tuberculosis research and development, it must respect Member States' sovereign right to prioritize areas of research and allocate funding. Furthermore, she urged countries to support the End TB Strategy and the work of the Global Antimicrobial Resistance Research and Development Hub.

The representative of HONDURAS noted the Organization's commitment to end tuberculosis by 2030 in the context of the Sustainable Development Goals. She welcomed the multisectoral accountability framework and commitment to ensure effective synergy of actions in implementing commitments from previous meetings.

The representative of PANAMA thanked partners for their efforts to support Member States to end tuberculosis following the high-level meeting. The only way to achieve universal health coverage and address the social and economic determinants of tuberculosis was through a comprehensive multisectoral response. A global strategy was required to reduce the high cost of diagnostic tools and



medication, which limited access to comprehensive, timely and effective care, especially in view of growing drug resistance.

The representative of BOTSWANA expressed his Government's full commitment to achieving the 2022 targets resulting from the high-level meeting.

The representative of BRAZIL reaffirmed her Government's commitment to end tuberculosis. Collaboration between WHO, Unitaids, and Stop TB Partnership should be reinforced to further develop a comprehensive and integrated response to tuberculosis. Her Government would continue to strengthen its collaboration with WHO in the context of the BRICS TB Research Network.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA fully supported the Political Declaration. He requested that WHO and its partners advocate against the politicization of life-saving assistance.

The representative of SLOVAKIA acknowledged ongoing global and multisectoral partnerships and activities to address the social and economic determinants of tuberculosis. Ending tuberculosis was a priority for the Governments of the Czech Republic, Hungary Poland and Slovakia, with a focus on effective prevention, early diagnosis and the integration of coinfections, and she highlighted the work of the WHO Collaborating Centre in Slovakia. She reiterated the need to avoid stigmatizing language when developing the global strategy for tuberculosis research and innovation.

The representative of CHINA said that despite rigorous global tuberculosis control efforts, there were serious hurdles to eradicating the disease by 2035. The Secretariat should continue encouraging Member States to honour their commitments and increase investments to accelerate implementation of the End TB Strategy. He supported research and development of new vaccines, medicines and diagnostic tools and the promotion of technical innovation. His Government would continue to work with other Member States to achieve the Sustainable Development Goals and strategic targets on tuberculosis control.

The representative of BANGLADESH expressed his Government's commitment to achieving the targets set at the high-level meeting and developing the multisectoral accountability framework. He welcomed the high-level missions to support capacity building in Member States referred to in the report, which the Secretariat should support. WHO should also ensure effective synergy of actions in follow-up to the high-level meeting.

The representative of SRI LANKA expressed appreciation for the Political Declaration and the multisectoral accountability framework and recognized the role played by development partners. He urged WHO to focus on the main issues in controlling tuberculosis, including to ensure a smooth supply of medicines.

The representative of AUSTRALIA acknowledged the important role of WHO and its partners in maintaining momentum towards implementing the Political Declaration and achieving its targets. He reaffirmed his Government's commitment to end tuberculosis by 2030, through global and regional activities, and highlighted donations it had made to partners in the fight against tuberculosis. He welcomed the development of a global strategy for tuberculosis research and innovation, with particular regard to multidrug-resistant tuberculosis. He supported the multisectoral accountability framework, which should be adopted by all Member States.

The representative of GUYANA took note of the implementation of the End TB Strategy. She outlined the measures being implemented to that end in her country in the prevention, detection and treatment of tuberculosis.

The representative of SENEGAL recalled that the overarching commitment made during the high-level meeting was to ensure sustainable financing by expanding access to diagnosis and treatment within the multisectoral accountability framework. He was optimistic that aligning national efforts to end tuberculosis with the Political Declaration would lead to success.

The representative of COSTA RICA took note of the actions being taken by the Director-General that were outlined in paragraph 12 of the report. He informed the Committee that his Government would be hosting a regional meeting on tuberculosis in June 2019.

The representative of UNITED NATIONS OFFICE FOR PROJECT SERVICES (UNOPS), speaking on behalf of the Stop TB Partnership, asked Member States to consider: using the country targets developed by the Stop TB Partnership to ensure that the global targets resulting from the high-level meeting were achieved by 2022; integrating the commitments and targets under the Political Declaration into national mechanisms and plans; holding national high-level multistakeholder dialogues to adopt the Political Declaration's outcomes and targets; and implementing multisectoral accountability measures at the national level.

The representative of INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN and on behalf of The World Medical Association, Inc. and the International Pharmaceutical Students' Federation, stressed the importance of implementing the multisectoral accountability framework and called for an independent, high-level review of global progress towards ending tuberculosis. Member States and donors should fill the funding gap for new therapeutic options, prevention, surveillance and diagnostic tools; and Member States should develop stewardship mechanisms for the appropriate use of medications. Students and health care professionals should be trained on the diagnosis and management of multidrug-resistant and extensively drug-resistant tuberculosis, and ensure they have access to personal protective equipment.

The representative of the GLOBAL HEALTH COUNCIL, INC, speaking at the invitation of the CHAIRMAN, urged WHO and funding partners to help Governments roll out new treatment and prevention regimens, improved diagnostic tools, and child-focused strategies for undetected cases. Member States should invest in new medicines and technologies to treat multidrug-resistant tuberculosis, which should be quickly accessible to all. The multisectoral accountability framework should be fully implemented, alongside a global high-level review of progress. He urged Governments to replenish the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that all Member States should rapidly update national guidelines to ensure that all patients were receiving the optimum all-oral Bedaquiline-containing multidrug-resistant tuberculosis treatment by March 2020. Member States should also support research and development policies and strategies that ensured that innovations were accessible and affordable, with transparent pricing structures.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, drew attention to the high cost of drug-resistant tuberculosis. The high cost of new medicines, namely Delamanid and Bedaquiline, compromised the ability of Member States to provide treatment to patients. To that end, she called upon Member States to make use of the flexibilities offered by the TRIPS Agreement, such as a compulsory licensing or government use, to ensure affordable access to tuberculosis medicine. She also expressed concern that the representative of the Stop TB Partnership at the current Health Assembly was also a representative of a pharmaceutical company that manufactured Bedaquiline.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, supported the national targets that had been developed by the Stop TB Partnership following the high-level meeting. She said that all countries had a role to play in filling the funding gap for tuberculosis research and development and ensuring products developed were affordable and available. Member States should implement a human rights-based approach to fighting tuberculosis, ending stigma, intensifying prevention efforts, and the neglect of tuberculosis among children and adolescents. Tuberculosis survivors should be supported and included in initiatives to develop person-centred care.

The representative of the SECRETARIAT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL drew attention to the brief on implementing the WHO Framework Convention on Tobacco Control to address co-morbidities and integrating tobacco control into tuberculosis and HIV responses, published in November 2018 in partnership with UNDP, which provided examples of the integration of tobacco control into efforts to control tuberculosis, which would facilitate attainment of targets 3.3 and 3.a of the Sustainable Development Goals on ending tuberculosis and the implementation of the Convention, respectively. However, despite clear linkages, references to the Convention were still not included in policy documents on tuberculosis. The Convention Secretariat would continue to promote the use of the Convention in the fight against tuberculosis, particularly at country level, and in collaboration with the rest of the WHO Secretariat, United Nations entities and other partners.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that intensive work was being done at all three levels of WHO to support governments in updating and implementing their national strategic plans with ambitious targets or forming new multisectoral collaboration initiatives following the high-level meeting. Engagement with civil society, including the private sector, was a high priority. The Secretariat was therefore collaborating with WHO's Civil Society Task Force on Tuberculosis and other non-State actors.

He agreed that there must be a robust review process under the multisectoral accountability framework, which would include independent experts. Recognizing the need to support countries in transitioning to domestic financing for tuberculosis control, the Secretariat was working with the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Drug Facility for tuberculosis and other partners to mobilize resources and ensure that the supply of quality treatments was not interrupted. The Secretariat was exploring a possible mechanism for the Director-General to provide a report on progress towards achieving targets to end tuberculosis during the high-level meeting of the United Nations General Assembly on universal health coverage in 2019, which had been requested. Moreover, it would continue to prepare the planned report to the United Nations General Assembly in 2020 report.

As recommended at the previous Health Assembly, the Secretariat was continuing to develop a global strategy for tuberculosis research and innovation; a draft global strategy would be discussed in the regional committees in 2019 before being submitted to the Executive Board in 2020. An independent report on global tuberculosis research funding indicated that although funding had increased in 2017, it still fell far short of the annual target of US\$ 2 billion. WHO would therefore collaborate with the BRICS TB Research Network and other networks and development partners, including those supported by Unitaïd. To support the rapid adoption and use at scale of innovative medicines and diagnostic tools, a strict timeline was in place for the evidence-based review of global guidelines involving all stakeholders, including civil society. The Secretariat remained available to support countries going forward.

**The Committee noted the report.**

## **2. OTHER TECHNICAL MATTERS:** Item 12 of the agenda

### **Member State mechanism on substandard and falsified medical products:** Item 12.2 of the agenda (document A72/22)

The CHAIRMAN drew the Committee's attention to the reports of the sixth and seventh meetings of the Member State mechanism on substandard and falsified medical products contained in the annexes to document A72/22, highlighting the draft list of prioritized activities to implement the mechanism's workplan for 2018–2019 contained in Appendix 1 to Annex 1 of that document.

The representative of BRAZIL drew attention to the relationship between high medicine prices and the production and sale of substandard and falsified medical products. Her country's health regulatory agency was leading work on the development and promotion of training materials and guidelines for national regulatory authorities (Activity A) within the Member State mechanism on substandard and falsified medical products. The mechanism had had a positive effect and had produced concrete results.

The representative of ANGOLA said that the use of substandard and falsified medical products, and their harmful consequences, was a particularly serious problem in Africa. Access to pharmaceutical products was dependent on strong national drug policies that took into account the quality, safety and efficacy of medicines. The national policy in her country was being reviewed with technical support from the Southern African Development Community's African Medicines Regulatory Harmonization Initiative. She endorsed the approach set forth in the report.

The representative of ALGERIA said that national and international authorities must be restructured and specific strategies developed to address the factors that allowed substandard and falsified medical products to circulate. Member States must work together through a proactive mechanism, and supply chains must be regulated by legislation that punished those responsible. It was crucial to improve the quality and safety of medicines by strengthening regulatory systems and making use of the prequalification process. National capacity-building should also be supported through the application of WHO technical directives, standards and guidance on quality assurance, quality control and medical product safety. National regulatory authorities also required support in terms of systems strengthening and data collection. The Secretariat should support Member States in those activities.

The representative of MALAYSIA said that she agreed with the proposed strategies and workplan contained in the report. Her Government was willing to share its experience in establishing awareness-raising campaigns and in developing training plans for health authorities engaged in detecting substandard and falsified medical products sold through the Internet, which would promote regulatory enforcement.

The representative of BELGIUM said that substandard and falsified medical products were a major, yet often underestimated, threat to health systems, public health and individual patients. The Secretariat had a mandate to provide guidance on pharmaceutical quality assurance and to support regulatory capacity-building at the national and regional levels. However, Member States and financial partners also had a vital role to play in contributing to capacity-building and fully assuring medical product quality by developing and implementing adequate procurement policies and practices.

The representative of INDONESIA expressed support for the Member State mechanism's scope of activities and its focus on capacity-building and information sharing among countries. She also supported efforts to improve reporting methods and address the supply of substandard and falsified

medical products through the Internet. She called on Member States to increase their participation in mechanism.

The representative of MEXICO emphasized the importance of implementing the approaches proposed by the Member State mechanism to prevent the sale and consumption of substandard and falsified medical products. Systems should allow the detection of substandard and falsified medical products already in the supply chain, and ensure an effective and rapid response from authorities. Her Government was committed to the workplan and welcomed its alignment with the Thirteenth General Programme of Work, 2019–2023.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that maintaining sufficient control over the medicines supply chain was a particular challenge in his Region owing to the limited availability of field detection technologies. The Secretariat should continue to strengthen the global surveillance system and share information on incidents involving substandard and falsified medical products. The Secretariat should also support Member States in building their capacity to prevent, detect and respond to the use of such products, including through regulatory mechanisms. It would be useful to establish a better system for regional communication and information sharing between countries and the Member State mechanism.

The representative of SPAIN thanked Member States and the Secretariat for their support during her country's presidency of the Member State mechanism, which continued to build on past achievements. She said that the *Guidance for registers of manufacturers, importers, distributors and medical products authorized by Member States* was a useful tool for detecting illegal and falsified products and verifying the legal status of various entities. She supported the ongoing and important work of the mechanism, such as to improve the global supply chain and tracing systems.

The representative of the UNITED STATES OF AMERICA welcomed the significant increase in international dialogue and in reporting to the WHO Global Surveillance and Monitoring System, which had led to increased funding to combat substandard and falsified medical products in several countries. He looked forward to providing feedback on the pilot implementation in a chosen country of a risk-based post-market surveillance programme. He strongly encouraged all Member States to request training materials from the Secretariat and actively engage in the Member State mechanism's working groups.

The representative of KIRIBATI, speaking on behalf of the Pacific island countries, said that access to safe, effective medical products would contribute to achieving universal health coverage and the Healthy Islands vision for the Pacific. However, substandard and falsified medical products continued to be a serious problem in Pacific island countries due to insufficient resources and weak regulatory systems. Ensuring access to quality medicines was particularly important in light of the increasing burden of noncommunicable diseases.

Regional initiatives included the roll-out of a regional information-sharing website for information on suppliers and manufacturers that did not comply with regulations to assist in procurement decisions, and the proposed creation of a sub-regional regulatory platform. The proposed platform would enable Pacific island countries to work together to coordinate information sharing and regulate medical products while strengthening their own regulatory systems.

The representative of the UNITED REPUBLIC OF TANZANIA noted the achievements of the Member State mechanism. She said that her Government was awaiting technical guidance from the Secretariat before it could roll out a smartphone application for the detection of substandard and falsified medical products. However, a custom smartphone-based solution was currently being used to report quality and safety-related concerns.

The representative of the RUSSIAN FEDERATION said that the Member State mechanism was an important platform for information exchange and helped to build a consensus approach to addressing substandard and falsified medical products. He called on Member States to regularly update the list of focal points to facilitate such exchange. He welcomed the translation of the Handbook on existing training resources and reference documentation for the prevention, detection and response to substandard and falsified medical products into the Organization's official languages. In order to harmonize approaches to cross-border movement of legal medical products, he supported WHO's efforts to develop mechanisms to ensure their traceability along the supply chain.

The representative of the REPUBLIC OF KOREA said that substandard and falsified medical products posed a global challenge that could only be addressed through close coordination and information-sharing. WHO and the Member State mechanism should therefore collaborate with other international entities such as Interpol and the World Customs Organization to improve the global response.

The representative of ZAMBIA said that the incidence of substandard and falsified medical products was as high as 10% in developing countries. He commended WHO's ongoing efforts to strengthen regulatory systems, but stressed that even when regulatory authorities were present in a country, challenges remained in the form of unregulated sales through the Internet, porous borders and limited laboratory capacity. In a globalized world, no single country had the necessary resources and capacity to regulate the entire supply chain, and all stakeholders should therefore work together.

The representative of INDIA, speaking on behalf of the Member States of the South-East Asia Region, expressed support for the workplan and prioritized activities of the Member State mechanism. Her Region was committed to furthering implementation of the efforts to prevent, detect and respond to the threat posed by substandard and falsified medical products, which would crucially require Governments to strengthen national regulatory authorities. However, the Region opposed any barriers to the international movement or availability of authorized, quality, efficacious and affordable generic medicines that might be created through the misinterpretation of what was meant by "substandard and falsified" products. She also underscored the importance of strengthening existing surveillance systems for false marketing.

Speaking in her national capacity, she informed the Committee that India would be chairing the Member State mechanism for the period 2019–2020. She said that the Member State mechanism did valuable work towards preventing substandard and falsified medical products from entering national and international markets. Her Government provided support to the South-East Asia Regulatory Network so as to guarantee access to good-quality medical products in the Region. The Member State mechanism was especially important for improving patient safety.

The representative of PAKISTAN said that improving access to quality-assured, safe and efficacious medicines and vaccines was a strategic priority for his Government and described the steps being taken to do so, in line with WHO guidelines and the WHO Global Surveillance and Monitoring System.

The representative of COSTA RICA, referring to the actions set out in the draft list of prioritized activities for 2018–2019 contained in the appendix to annex 1 of document A72/22, said that in order to fulfil actions A.2 and A.3 on identifying existing expertise and training material and the training needs of regulatory authorities, it was important to specify how Member States could gain access to that assistance. The nomination of focal points referred to under action B.1 was particularly important in his Region to facilitate collaboration. Action E.2 called for countries to produce sample communication materials, but he asked the Secretariat to develop model materials that could be replicated in countries like Costa Rica, which lacked the resources to produce such materials.

The representative of GERMANY said that it was important to strengthen regulatory authorities and develop close international cooperation with the competent authorities worldwide. A holistic approach was needed to educate consumers about the severe consequences of using substandard or falsified medical products and improve patient safety.

The representative of THAILAND urged Member States to step up their efforts and devote sufficient resources to monitoring and managing online sales of unregistered and potentially substandard or falsified medical products. Member States must also share their data with the WHO Global Surveillance and Monitoring System so that it could produce reliable impact assessments. All countries must work together to ensure the integrity of the global supply chain and prevent, detect and respond to the threat posed by substandard and falsified medical products, including veterinary products, which contributed to antimicrobial resistance.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, said that while significant progress had been made under the WHO Global Surveillance and Monitoring System and since establishment of the African Medicines Agency, substandard and falsified medical products continued to pose a challenge to Member States in her Region, owing to a lack of regulatory oversight and legislation, inefficient criminal justice systems, porous borders and an increased use of technology. Moreover, uncoordinated humanitarian assistance in areas of civil unrest resulted in the use of substandard and falsified medical products. She urged WHO to strengthen regulatory systems and enforcement mechanisms to ensure access to a quality, safe and effective supply of medical products, with particular regard to registration of health products, and product regulation in emergency and crisis situations. Capacity-building was required to review field detection devices and track and trace technologies, and she requested the Secretariat to facilitate technology transfer in that regard.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, drew attention to the fact that primary health care professionals were at the forefront of the fight against substandard and falsified medical products, but reported the fewest number of cases. Therefore, her organization was collaborating with WHO to produce training modules on substandard and falsified medical products. Robust regulatory oversight was crucial, and she urged Member States to implement regulatory frameworks, including the regulation of online sales, to effectively prevent substandard and falsified medical products from reaching patients.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, encouraged governments to enact legislation that would criminalize and penalize the falsification of medical products. Member States should involve nurses in developing national action plans to prevent, detect and respond to substandard and falsified medical products, and should assure patients' access to affordable, quality medical products.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that WHO continued to conflate substandard and falsified medical products, which led to scaremongering concerning product quality, and she called for data to be disaggregated. Furthermore, no progress had been made since 2014 to conclude the requested study on the link between access to quality, safe, efficacious and affordable medical products and the emergence of substandard and falsified medical products. Lastly, she said that medicines in transit should not be intercepted without a request from the regulatory authorities of the exporting or importing country, in order not to compromise access to safe generic medicines.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, said by acknowledging the difference

between substandard and falsified medical products, a targeted but coordinated response could be deployed to tackle their use. Regulatory authorities must work together to ensure the security of the entire supply chain. Member States should strengthen national regulatory frameworks to minimize the entry of falsified medical products into the market. Additionally, effective, online mechanisms were required to monitor the sale, distribution and supply of substandard and falsified medical products.

The ASSISTANT DIRECTOR-GENERAL (Prequalification and Technology Assessment) thanked Member States for participating in the voluntary Member State mechanism, under the leadership of the representative of Spain, and welcomed the representative of India to the chair of that mechanism. She noted that significant progress made since substandard and falsified medical products had first been discussed by the Health Assembly. The Member State mechanism was a positive example of collaborative work between Member States, non-State actors and the Secretariat to deliver technical documents and tools towards the implementation of coherent and sustainable prevention, detection and response strategies. However, there was no room for complacency; technological developments highlighted the cross-border nature of the problem and six global alerts had been issued in the first five months of 2019. Achievement of the Sustainable Development Goals and the “triple billion” goals heavily depended on access to safe, quality and affordable medical products, which was undermined by the use of substandard and falsified medical products. She recognized that there were many causes for the use of such products, some of which would be addressed through the draft road map for access to medicines, vaccines and other health priorities, 2019–2023, which was to be discussed by the current Health Assembly. Tangible action was needed, and the Secretariat would continue to work with regional and country offices to provide any technical support requested by Member States.

The CHAIRMAN took it that the Committee wished to conclude its discussion of this item.

**It was so agreed.**

**Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits:** Item 12.1 of the agenda (documents A72/21, A72/21 Add.1 and EB144/2019/REC/1, decision EB144(6))

The CHAIRMAN drew the attention of the Committee to document A72/21 Add.1, which contained a revised version of the bracketed draft decision contained in decision EB144(6). That revised draft decision was the outcome of informal consultations, facilitated by the representatives of Australia and South Africa, that had taken place since the 144th session of the Executive Board.

The representative of AUSTRALIA, speaking in her capacity as one of the facilitators of the informal consultations, said that an *ad referendum* agreement had been reached on the revised draft decision during the period of informal consultations. However, one Member State had maintained its reservation on the annex to the revised draft decision, which contained proposed amendments to footnote 1 of annex 2 of the Pandemic Influenza Preparedness (PIP) Framework to address a loophole that had been previously identified by the PIP Advisory Group. Since the publication of document A72/21 Add.1, further consultations had led to an agreement being reached on revised proposed amendments to footnote 1 of annex 2 of the PIP Framework, which would read:

“Recipients are receivers of ‘PIP Biological Materials’ from the WHO global influenza surveillance and response system (GISRS), such as manufacturers of influenza vaccines, diagnostics, pharmaceuticals and other products relevant to pandemic preparedness and response, as well as biotechnology firms, research institutions and academic institutions. Recipients shall select from among the commitments identified in SMTA2 Article 4.1.1(a) to (c) based on their nature and capacities; those that are not manufacturers shall only have to consider contributing to the measures set out in SMTA2 Article 4.1.1(c).



Any manufacturer that enters into any contracts or formal agreements with recipients or GISRS laboratories for the purpose of using PIP Biological Materials on the manufacturer's behalf for commercialization, public use or regulatory approval of that manufacturer's vaccines, diagnostics, or pharmaceuticals shall also enter into an SMTA2 and select from among the commitments identified in Article 4.1.1(a) to (c) based on their nature and capacities."

Speaking in her national capacity, she reiterated her Government's commitment to the continued success of the PIP Framework and ongoing efforts to strengthen pandemic preparedness as a matter of critical importance for global public health.

The representative of PANAMA said that that her Government supported the proposed amendment and remained committed to the surveillance of respiratory illness, including influenza, in accordance with WHO guidelines.

The representative of SAUDI ARABIA described the action that his Government had taken to address pandemic influenza, particularly in relation to the hajj pilgrimage season. He called on Member States to ensure that all residents, particularly children and those with chronic illnesses, were vaccinated against influenza before travelling to his country.

**Dr Suzuki resumed the Chair.**

The representative of ZAMBIA said that his Government participated actively in global initiatives to address pandemic and seasonal influenza by contributing data and viruses for global influenza control efforts. It also supported various national initiatives to enhance pandemic preparedness. He supported the draft decision contained in decision EB144(6).

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

She recognized the importance of the Global Influenza Surveillance and Response System and the PIP Framework in pandemic influenza preparedness by guaranteeing access to vaccines, medicines and diagnostics at a global level. However, the changing international legal environment had created potential challenges in the sharing of influenza viruses. She supported the revised draft decision, and the amendment to footnote 1 proposed by the representative of Australia.

**Dr Lutucuta resumed the Chair.**

The representative of the UNITED STATES OF AMERICA said that the rapid and systematic sharing of seasonal influenza viruses and novel influenza viruses with pandemic potential was critical for health security. Disruptions in virus sharing could jeopardize the timely and effective production of seasonal influenza vaccines and the maintenance of pandemic influenza capabilities. Supporting the draft decision, he urged the Director-General to collaborate with Member States, the Global Influenza Surveillance and Response System and other relevant partners to understand and address interruptions in the sharing of seasonal influenza viruses. He endorsed the request for the Director-General to produce a report on the treatment of influenza virus sharing in existing domestic access and benefit-sharing measures, including those implementing 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. He further supported the proposed narrow amendment to footnote 1 of annex 2. However, that amendment should not be misunderstood as expanding the scope of the Framework's Standard Material Transfer Agreements to include benefit-sharing based on the use of influenza genetic sequence data. He urged Member States to continue prioritizing influenza pandemic preparedness and align efforts with the WHO Global Influenza Strategy for 2019–2030.

The representative of INDONESIA stressed the importance of continued support to strengthen pandemic influenza preparedness through the Global Influenza Surveillance and Response System. He would support an amendment of the definition of biological materials under the PIP Framework to include genetic sequence data. The sharing of seasonal influenza viruses should be regulated in the interest of continuous tracking and fairness, transparency, equity, efficiency and effectiveness, which may require the development of a new regulatory system; but the seasonal viruses should not be included in the Framework. He endorsed the revised draft decision as amended by the representative of Australia.

The representative of NAMIBIA, speaking on behalf of the Member States of the African Region, supported the high-level outcomes of the consultation on seasonal influenza and genetic sequence data. She commended the Secretariat's commitment to the global health security, which was demonstrated by its constant support for pandemic influenza preparedness activities and regional and global capacity-building in preparedness and response, including the 2018 influenza pandemic simulation exercise held in the Congo. She strongly advocated for influenza virus sharing and access to vaccines and other benefits, in line with the PIP Framework. The findings of the external audit of partnership contributions funds were encouraging, and the successful implementation of five recommendations was a noteworthy achievement.

The representative of the ISLAMIC REPUBLIC OF IRAN said that the issue of widening the PIP Framework to include the sharing of seasonal influenza viruses and genetic sequence data was sensitive and required further deliberation, as rash decisions could have negative repercussions on the functionality of the Framework and its value in strengthening global influenza preparedness and response. Noting that capacity-building activities had previously focused on laboratories and surveillance, she called for equal attention to be given to all six work areas in the high-level Partnership Contribution Implementation Plan 2018–2023, to ensure a comprehensive response to a severe pandemic.

The representative of MALAYSIA noted that Malaysia had become a Party to the Nagoya Protocol in February 2019. Although the Nagoya Protocol could encourage pathogen sharing, uncertainty surrounding its scope and implementation may also slow or limit sharing. Unless addressed, that could have a negative impact on the comprehensiveness and speed of risk assessment, research and the timely development of vaccines, diagnostics and public health responses, especially during pandemics. He strongly supported the recognition of the PIP Framework as an international instrument, to avoid duplication of international and national laws.

The representative of the RUSSIAN FEDERATION agreed that: the scope of the PIP Framework should not negatively affect the work of the Global Influenza Surveillance and Response System; the PIP Framework should not be expanded to cover seasonal influenza viruses; discussions within the Nagoya Protocol on the criteria and process for recognizing specialized international access and benefit-sharing instruments were unlikely to be resolved quickly and required further study. She endorsed the amendment to footnote 1 of annex 2 of the PIP Framework and the recommendations contained in the report.

The representative of SRI LANKA said that pandemic influenza preparedness was a national health priority. He outlined the measures his Government had taken to strengthen national pandemic preparedness, including strengthening surveillance, international collaboration, and laboratory diagnostic capacity.

The representative of PAKISTAN stressed the significant problem that influenza posed to public health worldwide. Infections of animals and humans by influenza A(H5N1) in various countries had highlighted the increasing need to establish and implement countrywide surveillance and response systems for ensure the early detection of future outbreaks and a timely and coordinated response. His

Government had made considerable progress in PIP preparedness and response measures, and would continue to share data and viruses with the Global Influenza Surveillance and Response System. It was vital to evaluate the burden and impact of infection in high-risk populations and develop informed national vaccine policies.

The representative of ALGERIA noted the progress made against the milestones and indicators established in the high-level Partnership Contribution Implementation Plan 2018–2023. Through its global leadership role, WHO should: support, through continuing training, the uploading of influenza data to the FluMart platform; bolster regional virus sequencing capacities; certify and establish mandates for regional reference laboratories; facilitate laboratory networks in case of a pandemic; and support countries to establish emergency operations centres to coordinate pandemic preparedness activities.

The representative of SWITZERLAND fully supported the implementation of the PIP Framework; it strengthened global health security and international solidarity during an influenza pandemic and demonstrated the growing importance of public-private sector partnerships in solving health issues. The informal consultations on the draft decision had highlighted the complexity of the PIP Framework, and any decision on its application should be carefully considered to ensure a transparent and legally clear scope of application. Regarding the exchange of pandemic influenza biological materials for indirect use, she said that her Government had reservations about the legal interpretation of footnote 1 to annex 2 of the PIP Framework, as presented in document A72/21 Add.1, but was certain that a compromise could be reached. She thanked the Secretariat and Member States for their constructive collaboration in that regard.

The representative of BRAZIL expressed her satisfaction with progress made to strengthen critical pandemic preparedness under the high-level Partnership Contribution Implementation Plan 2018–2023, and conclude additional Standard Material Transfer Agreements. While the level of collection of partnership contributions was satisfactory, she asked the Secretariat to share more information on actions to collect outstanding contributions in future reports. It was important to preserve the functioning of the PIP Framework and consider solutions for the inclusion of seasonal influenza and genetic sequence data. Genetic sequencing was increasingly important, and new technologies risked rendering the Framework outdated. Comprehensive and collaborative approaches, that took into account the mandates and strengths of stakeholders, would facilitate the sharing of seasonal influenza viruses and the implementation of the Nagoya Protocol. She supported the draft decision.

The representative of NORWAY said that the draft decision would close a loophole and thus maintain the relevance of the PIP Framework. Any decisions on seasonal influenza virus sharing must not jeopardize the Framework. She welcomed the collaboration with the Secretariat of the Convention on Biological Diversity, which enabled WHO to better to understand how national implementation of the Protocol affected the Framework. She urged Member States to implement the Nagoya Protocol with due consideration to public health objectives and the need for timely virus sharing. She supported the draft decision.

The representative of MEXICO said that WHO must prioritize the maintenance and improvement of the PIP Framework, to bolster minimum national pandemic capacities. With support from the Secretariat, Member States must continue to: update national regulatory measures; develop pandemic preparedness; ensure the availability of strategic reserves of antivirals and other inputs; and train dedicated laboratory and emergency staff. The Secretariat must improve communication with the Secretariat of the Convention on Biological Diversity to guide the governing bodies on the health implications of the Nagoya Protocol. She looked forward to future discussions on the possible expansion of the Framework and consultations on genetic sequence data.

The representative of THAILAND supported the revised draft decision, as amended by the representative of Australia. Closing the loophole regarding the use of genetic sequence data would help to sustain the financing of the PIP Framework. The inclusion of seasonal influenza viruses in the Framework may contribute to global health security, and should therefore be discussed at the next PIP Advisory Group meeting. He urged all Member States to support the Framework by sharing influenza viruses in a timely manner and strengthening planning for pandemic product deployment and influenza pandemic preparedness.

The representative of GERMANY highlighted the importance of timely sharing of viral material and sequence data for effective protection and crisis response; research using that material; Standard Material Transfer Agreements 2, which supported access and benefit sharing and should cover the fair and comprehensive exchange of biological materials.

The representative of EGYPT outlined measures being implemented by his Government to strengthen pandemic influenza preparedness, including strengthening of national surveillance mechanisms to include genetic sequence data, which would require financial and technical support. He noted the importance of including seasonal influenza in the PIP Framework and implementing the Nagoya Protocol.

The representative of INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that efforts to ensure that the Global Influenza Surveillance and Response System was effective and functional must be strengthened, given the burden of seasonal influenza. The proposed amendment to footnote 1 of annex 2 was essential for equitable data and information sharing; all Member States should accept the amendment and implement it as soon as possible. She urged Member States to ratify and implement the Nagoya Protocol, in the light of new technologies such as genetic sequencing.

The representative of GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, encouraged innovative technologies and approaches to accelerate universal influenza vaccine research and development. Progress had been slow, and combatting the significant threat of pandemic influenza and shortening the timeline for a vaccine would require significant prioritization, collaboration and investment in new approaches by WHO and its partners.

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 decision went beyond the scope of the PIP Framework, as it extended to seasonal influenza viruses. In addition, the understanding of PIP biological material in the draft decision did not include genetic sequence data, despite the recommendation of the 2016 PIP Framework Review Group. That ultimately undermined equal access to pandemic preparedness and response, and he urged the Director-General to take immediate steps in response. Lastly, there was no explicit reference in the draft decision to data access and use agreements, despite being considered the ideal option for monitoring the receipt and use of genetic sequence data.

The representative of INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that the sharing of seasonal influenza viruses was being interrupted by the implementation of the Nagoya Protocol in some countries as a result of conflicts between national and international legislation. The PIP Framework relied on the Global Influenza Surveillance and Response System to ensure the fair, transparent, equitable, efficient, and effective sharing of influenza viruses with pandemic potential, on an equal footing. Any delays in virus sharing would seriously impact the ability of the PIP Framework to achieve that objective.

The DIRECTOR (Infectious Hazard Management/WHO Health Emergencies Programme) said that the PIP Framework was a model for how WHO could leverage partnerships to improve public health. In its eight years of implementation, the Framework had achieved significant milestones for both virus and benefit sharing, enhancing global pandemic preparedness and response capacity. The sharing of influenza viruses with pandemic potential with the Global Influenza Surveillance and Response System had resumed and work was continuing to ensure that national rules and regulations were in place to facilitate sharing. She thanked partners for their tireless work to ensure optimal influenza vaccines. She noted that approximately US\$ 180 million had been collected from partnership contributions to support national preparedness and response. Activities included expanding the Global Influenza Surveillance and Response System network, improving national regulatory and reporting capacities and preparedness planning, and support for the shipment of influenza virus samples. In 2018, sample sharing doubled in comparison with 2014. She was deeply grateful to all contributors for their support. When the next pandemic struck, WHO would have access to significantly more vaccines and antivirals than it had during the 2009 pandemic. The conclusion of additional Standard Material Transfer Agreements 2 ensured legally binding commitments to approximately 10% of future pandemic vaccine production in real time, as well as antivirals, syringes and rapid diagnostic tests.

The PIP Framework must remain agile and adaptable, and the draft decision would help to ensure that it continued to function fairly, equitably and sustainably in the future. She recognized the challenge of reaching a decision, and thanked the representatives of Australia and South Africa for facilitating the informal consultations, and commended the flexibility of Member States and other stakeholders. She expressed the hope that the draft decision would help the Framework to adapt to new developments, while safeguarding its success. She recognized that the discussion on the PIP Framework was ongoing, and said that the Secretariat would continue to work with Member States and partners.

At the invitation of the CHAIRMAN, the SECRETARY recalled that the draft decision under consideration was as contained in document A72/21 Add.1 with the exception of the annex to that draft decision, which contained proposed amendments to footnote 1 of annex 2 of the PIP Framework, to which further amendments had been proposed the representative of Australia. He read out those proposed amendments.

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

**The meeting rose at 19:10.**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as decision WHA72(12).

## **COMMITTEE A**

### **TENTH MEETING**

**Saturday, 25 May 2019, at 09:20**

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

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

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

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

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

**Patient safety:** Item 12.5 of the agenda

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

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

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

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

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

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<sup>1</sup> See page 306.

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

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

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

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

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

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

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

The representative of AUSTRIA said that competent leadership was required to establish patient safety at all levels of the health care system. It was also necessary to create an environment that supported health workers in raising and responding to concerns about patient safety. International exchange of knowledge and good practices, in addition to WHO's guidance and expertise, was of utmost importance. Welcoming the draft resolution, she expressed support for the establishment of a World Patient Safety Day.

The representative of ZAMBIA recognized the importance of access to quality health services as part of the universal health coverage agenda. Some of the strategies employed by his Government included establishing a national health insurance scheme for all Zambians without discrimination and offering services across the continuum of care. He supported the adoption of the draft resolution and looked forward to the continued support of the Secretariat in providing quality health care at the national level.

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

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

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

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

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

The representative of BURKINA FASO said that her Government had introduced a national strategy for patient safety, including measures to ensure the rational use of medications and use of a patient safety checklist. Collaboration was necessary to enhance the provision of technical and financial support to countries with limited resources.



The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that patient harm in health care was a major cause of death and disability, with the financial costs of medical errors equally as alarming. There could not be universal health coverage without patient safety and quality of care. Ongoing collaboration to improve the safety of health care for all patients was therefore essential. The draft resolution would bring greater global visibility and leadership to the issue of patient safety, including through an official World Patient Safety Day and the Global Patient Safety Collaborative. Expressing strong support for the draft resolution, he thanked Member States for their constructive contributions to its development.

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

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

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

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

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

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

The representative of VIET NAM said that strengthening WASH in health care facilities would be key to ensuring basic medical services and patient safety. In that respect, WHO and UNICEF should take a leading role in related global initiatives. She called for more guidance, especially on minimum quality standards and accreditation of local hospital services, in addition to increased technical support for developing countries to enable them to conduct research on patient safety and develop related guidelines and training curricula.

The representative of the RUSSIAN FEDERATION supported the draft resolution, in particular the recommendation to establish World Patient Safety Day. Given the complexity of health facilities, quality management should be regarded as a crucial part of patient safety. He urged the Secretariat to develop standardized recommendations on patient safety for events that could lead to disability or death, such as venous thromboembolism, anaphylactic shock and blood-borne infections.

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

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

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

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

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

The representative of SRI LANKA supported the draft resolution and the amendment proposed by the representative of Thailand. He encouraged the sharing of effective patient safety strategies to help low- and middle-income countries with limited resources and called for the establishment of a high-level body to improve patient safety in health facilities. Under the leadership of WHO, a network of regional and national centres should be established to collect data, coordinate efforts, provide support, and disseminate resources and information. Patient safety training should become an integral part of health professionals' training.

The representative of SWITZERLAND supported the draft resolution, which would provide a basis for discussions at the Fifth Global Ministerial Summit on Patient Safety to be held in Switzerland in 2020. Her Government would work closely with global partners, in particular those from low- and middle-income countries, and would welcome expressions of interest from Member States willing to host the Summit in 2021. Geographical diversity was necessary to ensure the universal nature of the Summit.

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

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

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

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

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

The representative of the PHILIPPINES said that the guidance contained in the report would help to maintain the current momentum of national and regional patient safety activities. Her Government had developed national legislation on universal health care that addressed patient safety at all levels of the health care system. She would welcome support from and collaboration with Member States and other relevant stakeholders to promote and prioritize patient safety at the national and international levels, in particular by establishing a global coordination mechanism for accountability and cooperation. She supported the draft resolution.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, supported the draft resolution. WHO should establish normative guidance on minimum patient safety standards, with a focus on low- and middle-income countries. In view of the

numerous crises playing out in eight countries in the Region, he requested the preparation of an action framework for ensuring patient safety and quality in times of adversity. Patient safety must be mainstreamed to achieve universal health coverage, as articulated powerfully in the Declaration of Astana on primary health care.

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

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

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

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

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

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, urged governments to develop national legislation and invest in nursing staff as a cost-effective measure for preventing medication errors and health care-associated infections. Her organization advocated a culture of safety that supported staff in openly reporting risks and incidents, and encouraged the development of patient safety learning systems. Policies should be developed to promote functional multidisciplinary teams and investment in interprofessional learning, as well as governance and funding models that supported team-based care.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, urged WHO to reduce human error in health care by adopting systematic and standardized approaches. Pharmacists had an important role to play in designing and applying treatment plans by providing clinical examples of ways to reduce medication errors. She applauded the revision of the WHO Multi-professional Patient Safety Curriculum

Guide and called for such training to be integrated into internships and accreditation programmes for health care professionals.

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

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

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

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

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

The EXECUTIVE DIRECTOR (Universal Health Coverage/Life Course) thanked Member States for their support for the draft resolution, including the establishment of World Patient Safety Day. He also thanked Member States, in particular the Governments of the United Kingdom of Great Britain and Northern Ireland, Germany, Saudi Arabia, Japan and Switzerland, for their strategic leadership and for hosting the Global Ministerial Summits on Patient Safety. Patient safety and quality of care were integral to universal health coverage and primary health care, and to retaining trust in health workers and the overall health system. An emphasis should be placed on improved global coordination, development of an implementation research agenda and the establishment of a global learning platform. At the country level, the focus should be on clear national policies, better data systems, a learning and blame-free culture, skilled personnel and stronger engagement of patients themselves, with a particular emphasis on lower- and lower-middle-income countries, which accounted for the majority of the disease burden. Recognizing the links between patient safety and infection prevention and control, the Secretariat had recently issued a new comprehensive implementation package on infection prevention and control and

was reinforcing its work in that area in partnership with colleagues working on the issue of antimicrobial resistance. The Secretariat had also issued new guidelines on the prevention of surgical site infection, and was currently undertaking a global survey on infection prevention and control and hand hygiene. He encouraged all Member States to work in a spirit of continuous patient safety improvement. There were also clear links between patient safety and broader issues concerning quality of care and basic infrastructure, which related to the second part of the current agenda item on WASH in health care facilities.

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

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

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

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

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

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

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that urgent action must be taken to develop and implement a road map to ensure that all health facilities had safe, reliable water supplies and sufficient, accessible toilets for patients, caregivers and staff. Minimum WASH standards must be applied in all health care settings. Additional evidence was needed on the availability and effectiveness of WASH services and health care waste management in the Region. Particular attention should be accorded to estimating the disease burden associated with poor WASH, especially during emergencies and outbreaks, so as to avoid further spread of infections and ensure patient safety. He encouraged the adoption of the draft resolution.

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

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA72.6.

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

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

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

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

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

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

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

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

The representative of SRI LANKA said that WASH in health care facilities was of increasing importance in the context of climate change and in addressing emerging and re-emerging diseases and changing patterns of infectious respiratory diseases. The management of health care waste and the

improvement of WASH services was fundamental to the provision of quality, people-centred health care. Support from donors was needed to improve wastewater management in health care settings. Her Government strongly supported the draft resolution.

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

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

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

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

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

The representative of TOGO, describing his Government's efforts in the area of WASH, said that, with technical support from the Secretariat and UNICEF, the WASH FIT programme was being implemented in his country. He supported the adoption of the draft resolution.

The representative of INDONESIA said that the technical support from and collaborative work with organizations of the United Nations system, including WHO, and other development partners, as well as the sharing of experiences, helped to strengthen efforts to improve WASH in health care facilities. Her Government supported the draft resolution.

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



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

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

**Dr Suzuki took the Chair.**

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

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

The representative of BHUTAN, speaking on behalf of the Member States of the South-East Asia Region, expressed appreciation for WHO's continued efforts to improve access to WASH facilities at the global, regional and national levels. It was deeply concerning that high numbers of health facilities in low- and middle-income countries lacked access to water and hygiene materials. Poor sanitation in health facilities led to hospital-acquired infections and antimicrobial resistance, which was a growing threat to global public health. The Member States of the Region called on the international community to implement the global workplan and architecture on WASH in health care facilities, developed by WHO and UNICEF, and to expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes in line with target 6.A of Sustainable Development Goal 6. The Member States of the Region supported the adoption of the draft resolution.

Speaking in her capacity as the national representative of Bhutan, she said that, despite challenges associated with seasonal and localized water scarcity, her country had made progress in improving access to WASH in health care facilities. She welcomed the support of WHO, UNICEF and other development partners in that regard.

**Dr Lutucuta resumed the Chair.**

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

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

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

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

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

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

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

The representative of the PLURINATIONAL STATE OF BOLIVIA said that all health facilities in her country had full access to water and sanitation. She supported the draft resolution and welcomed its reference to the human right to water and sanitation.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, expressed support for the draft resolution and urged governments to allocate resources to developing, implementing and monitoring WASH standards and to offer continued training for health professionals. Training curricula should incorporate the My 5 Moments of Hand Hygiene approach and provide information on how to ensure WASH during and after disasters or emergencies.

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

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

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

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

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

The representative of the INTERNATIONAL WOMEN'S HEALTH COALITION INC., speaking at the invitation of the CHAIRMAN, said that ensuring access to WASH in health care facilities was crucial to ensuring maternal, newborn and child health, and sexual and reproductive health and rights. The commitment of the international community to improving access to WASH was crucial to ensuring health for all.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) expressed appreciation for Member States' continued support with regard to WASH in health care facilities. WHO, including through strong cross-departmental collaboration and cooperation with external partners, would continue working to improve access to WASH in health care facilities.

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

**The draft resolution was approved.<sup>1</sup>**

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

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

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

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA72.7.

Convention on Biological Diversity secretariat, relevant international organizations and stakeholders,

- (1) to provide information on current pathogen-sharing practices and arrangements, the implementation of access and benefit-sharing measures, as well as the potential public health outcomes and other implications, including associated economic impact; and
- (2) to provide a report to the Seventy-fourth World Health Assembly through the 14th meeting of the Executive Board, as well as an interim report to the 146th meeting of the Executive Board.

The financial and administrative implications for the Secretariat were:

<b>Decision:</b> The public health implications of implementation of the Nagoya Protocol	
<b>A. Link to the approved Programme budget 2018–2019</b>	
<b>1. Output(s) in the approved Programme budget 2018–2019 to which this draft decision would contribute if adopted:</b>	<p>E.1.1. Control strategies, plans and capacities developed for diseases such as cholera, viral haemorrhagic fever, meningitis and influenza and those due to vector-borne, emerging and re-emerging pathogens</p> <p>E.1.2. Global expert networks and innovative mechanisms developed to manage new and evolving high-threat infectious hazards (such as for clinical management, laboratories, social science, and data modelling)</p>
<b>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2018–2019:</b>	Not applicable.
<b>3. Any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the approved Programme budget 2018–2019:</b>	Not applicable.
<b>4. Estimated implementation time frame (in years or months) to achieve the decision:</b>	30 months.
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b>	US\$ 1.02 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2018–2019, in US\$ millions:</b>	US\$ 0.10 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2018–2019, in US\$ millions:</b>	Zero.
<b>3. Estimated resource requirements in the Proposed programme budget 2020–2021, in US\$ millions:</b>	US\$ 0.92 million.
<b>4. Estimated resource requirements in future programme budgets, in US\$ millions:</b>	Zero.

<b>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b>
– <b>Resources available to fund the decision in the current biennium:</b> Zero.
– <b>Remaining financing gap in the current biennium:</b> US\$ 0.10 million.
– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b> US\$ 0.10 million.

**Table. Breakdown of estimated resource requirements (in US\$ millions)**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2018–2019</b> resources already planned	Staff	–	–	–	–	–	–	0.03	0.03
	Activities	–	–	–	–	–	–	0.07	0.07
	Total	–	–	–	–	–	–	0.10	0.10
<b>2018–2019</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2020–2021</b> resources to be planned	Staff	–	–	–	–	–	–	0.10	0.10
	Activities	–	–	–	–	–	–	0.82	0.82
	Total	–	–	–	–	–	–	0.92	0.92
<b>Future bienniums</b> resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The representative of NORWAY said that it was important for public health authorities to be involved in national implementation of the Nagoya Protocol. All Member States must contribute to the sharing of pathogens, and her Government, which was in the process of implementing the Nagoya Protocol, would ensure that it contributed as well. Expressing support for the revised draft decision, she said that it was important for the Secretariat to step up its engagement with the secretariat of the Convention on Biological Diversity.

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

The representative of AUSTRALIA stressed the importance of giving due consideration to both the opportunities and risks of the implementation of the Nagoya Protocol and guaranteeing the timely sharing of pathogens, especially in the case of imminent public health emergencies. She supported the

revised draft decision, which was an important first step to ensuring that the implementation of the Protocol strengthened, rather than adversely affected, global public health. The Secretariat must engage further with the secretariat of the Convention on Biological Diversity, relevant international organizations and other stakeholders in order to provide WHO governing bodies with more information.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that pathogen sharing often lacked fairness and equity. Research and development results were not being shared with countries providing biological materials, and patenting was leading to prohibitively high costs of treatment. The principles of access and benefit sharing under the Nagoya



Protocol must be recognized and safeguarded to ensure fairness and equity and prevent the misappropriation of genetic resources.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that the sharing of seasonal influenza virus was being negatively impacted by the implementation of the Nagoya Protocol in some countries. Attaching benefits to eradicable or eliminable pathogens could be contrary to public health objectives and may generate inappropriate incentives that could hinder progress in tackling infectious diseases. She encouraged WHO to continue consultations with the secretariat of the Convention on Biological Diversity, OIE, FAO and industry to ensure that implementation of the Nagoya Protocol did not impact timely and predictable sharing, which was essential for the prompt supply of vaccines and global public health.

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

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

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

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

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

- (1) to provide information on current pathogen-sharing practices and arrangements, and the implementation of access and benefit-sharing measures, as well as the potential public health outcomes and other implications, to the Seventy-fourth World Health Assembly

through the 148th meeting of the Executive Board, as well as a report on progress to the 146th meeting of the Executive Board.

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

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

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

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

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

**It was so agreed.**

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

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

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

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

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

The representative of CANADA welcomed the emphasis placed on cooperation between WHO, ILO, IOM, UNHCR and civil society organizations in the draft global action plan. Strong partnerships and collaboration would be critical for its success. It was important to recognize the physical and mental health needs of vulnerable or marginalized populations, particularly women and girls, in humanitarian and displacement contexts. In particular, more attention must be paid to sexual and reproductive health and rights, which often remained neglected. He encouraged the systematic implementation of the

minimum initial service package for reproductive health in crisis situations as well as efforts to address the gaps in sexual and reproductive health services such as comprehensive abortion care, long-acting and emergency contraception and prevention of sexual violence. As the global action plan moved into its implementation phase, his Government looked forward to receiving details on how WHO intended to carry out its work, including which areas required new workstreams. Lastly, he expressed concern at WHO's capacity to deliver on all the actions outlined in the plan, given budget realities.

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

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

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

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

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

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

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

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

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

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

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

The representative of the PLURINATIONAL STATE OF BOLIVIA said that she welcomed the priorities outlined in the draft global action plan, in line with the Global Compact for Safe, Orderly and Regular Migration, endorsed by the United Nations General Assembly. She supported the amendments to the revised draft decision proposed by the representative of Mexico.

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

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

Regular Migration, endorsed by the United Nations General Assembly. She supported the amendments to the revised draft decision proposed by the representative of Mexico.

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

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

**The meeting rose at 14:05.**

## **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 306.

- (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.

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

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

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).

## **TWELFTH MEETING**

**Monday, 27 May 2019, at 14:40**

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

**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 eleventh meeting, section 3)

The CHAIRMAN said that the drafting group established to discuss the draft resolution on improving the transparency of markets for medicines, vaccines, and other health products (document A72/A/CONF/2) was continuing its deliberations. She invited the Committee to resume its discussion of the Director-General's report in document A72/17 and of the draft road map for access to medicines, vaccines and other health priorities, 2019–2023, set out in the Annex thereto.

The representative of MEXICO drew attention to the importance of facilitating access to health products and outlined national measures taken to that end, which were aligned with the two strategic areas set out in the draft road map. The WHO approach covered priority measures for health system strengthening, but specific requirements for achieving the elements described in the deliverables should be defined under each strategic area and WHO expectations made clear. Clear targets and how to achieve them should also be established, to help Member States address each strategic area, including its deliverables. Lastly, focal points should be appointed to facilitate communication with the Secretariat during the draft road map's implementation.

The representative of SWITZERLAND commended the draft road map, notably the division of activities into two strategic areas and the inclusion of all health products, even those used for diagnosis. It was vital to promote transparent pricing of medicines; more transparent markets would improve States' negotiating power, while maintaining a price differentiation that benefited countries with fewer resources. Worldwide transparency was in the interest of public health, and her Government supported efforts to strengthen international cooperation in that regard.

The representative of SOUTH AFRICA said that pricing of medicines was a major public health issue, as had been highlighted by the calls for greater price transparency at the most recent Fair Pricing Forum. The fact that the production costs of most medicines on the WHO Essential Medicines List represented a fraction of the high price charged by companies had prompted her Government to sponsor the draft resolution. Observing that biosimilar medicines were more affordable than biological medicines but also involved more complex science, she asked WHO to issue guidelines on how to evaluate them.

The representative of AZERBAIJAN commended the draft road map and ongoing efforts to improve access to health products. She drew attention to various national policies in that area and to the negative effect of high pricing on the State budget, adding that her Government had been working with UNDP and UNICEF to reduce costs and improve access to medicines.

The representative of AUSTRALIA said that equitable and reliable access to safe, effective and affordable health products was fundamental to achievement of universal health coverage and the

Sustainable Development Goals. She welcomed the draft road map and the consultative approach used to develop it, and noted that the Secretariat would need adequate resources to ensure its successful implementation. Her Government would consider how the draft road map could be incorporated into both national and regional programmes.

The representative of COLOMBIA outlined several ways in which her Government was working to improve access to medicines and vaccines; the draft road map would give renewed impetus to those efforts. When it came to improving the quality, safety and efficacy of health products, prequalification and post-marketing surveillance would help ensure efficient health product registration processes.

The representative of the RUSSIAN FEDERATION highlighted the importance of developing unified regulations for health products, according to the risks associated with their use and based on international regulatory experience. She urged Member States to use data from the WHO Global Surveillance and Monitoring System to detect substandard and falsified health products at an early stage. The Organization's work on the prequalification programme should be supported, as it would enable Member States to build national regulatory capacity. Indeed, WHO efforts to support regulatory system strengthening, including regular assessments of national bodies according to WHO frameworks, were key. Vaccine hesitancy, another issue to consider including in the draft road map, could be tackled by providing information on vaccine safety and efficacy. Her Government supported the draft road map and the development of the draft resolution.

The representative of the ISLAMIC REPUBLIC OF IRAN welcomed the consultative approach used to draft the road map and the comprehensive outputs identified. In order to achieve those outputs collectively, Member States would have to align their strategies and share experiences, incorporate the outputs into country support plans, and report regularly to the Health Assembly. As affordable health products were vital to the achievement of universal health coverage, WHO should facilitate the transfer of technology from vaccine-producing to other countries. It should also address the unilateral coercive sanctions that were hamstringing his country's efforts to ensure universal access to medicines and health products, and thereby making it difficult to guarantee the population's right to health. Lastly, WHO should consider quality assurance measures for vaccine and medicine producers, which would make the market more competitive and therefore reduce prices.

The representative of INDONESIA expressed concern that no common understanding had been reached on terminology: document A72/17 referred to "fair" prices, while document A72/12 used the term "affordable", which could give rise to different interpretations. Clear definitions were crucial for implementation of the draft road map, as was clear guidance to allow context-appropriate use and avoid any unintended consequences. His Government believed that equitable access to essential health products could be optimized through global, cross-sectoral cooperation and a transparent, participatory mechanism; such cooperation should, however, respect Member States' respective laws and regulations. He therefore supported the ongoing consultation among Member States on the draft resolution.

The representative of NIGER welcomed the draft road map and observed that improving access to health products was a multidimensional challenge that required comprehensive policies and strategies at both national and international level. His Government had taken various initiatives, notably to improve national regulatory systems and develop a strategic plan for health product procurement.

The representative of JAPAN said that international cooperation was needed to address the issue of fair access to medicines and vaccines. Incentives such as investment and intellectual property protection should be offered to companies and research institutions in order to promote research and development, particularly in the case of neglected tropical diseases. It was also important to harmonize and build capacity among regulatory authorities, and he highlighted several examples of international collaboration in that area by his Government. Lastly, the draft road map should be implemented jointly with other stakeholders and organizations such as WIPO and WTO, to avoid duplication of work,

especially regarding trade agreements and intellectual property rights. The Secretariat should therefore continue to consult with Member States on the actions proposed for 2020 and beyond.

The representative of ECUADOR welcomed the draft road map and expressed the hope that Member States would be able to take immediate and concrete action to improve access to medicines. The current debate on transparency of markets for health products could be the starting point for a discussion on the cost, research and development of medicines. She urged Member States to include the entire value chain in their discussion of the draft resolution and to establish reporting mechanisms that would allow access to that information. She urged the Secretariat to intensify its efforts to promote equitable access to health products, strengthening the management of purchases through pooled procurement mechanisms similar to those used in the Americas; build national capacities to make use of Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities; work for greater transparency and information on scientific evidence, data, and fair and affordable pricing; and promote research and development of health products meeting public health needs.

The representative of ANGOLA said that, in order to achieve universal health coverage, inefficient and vulnerable supply chains must be fixed and financial constraints eased. Tax relief, customs exemptions and the use of generic medicines and vaccines would improve access to, and the affordability of, safe, effective and quality medicines. Member States should be empowered to establish sustainable procurement mechanisms for medicines and vaccines, particularly those that helped eliminate disease transmission. WHO support for research and development was paramount, as it facilitated local production. It was also important to support the development of commercial and intellectual property policies aimed at improving public health, innovation geared towards affordable and accessible health products, and normative and regulatory instruments aimed at combatting counterfeiting and low-quality pharmaceutical products.

The representative of THAILAND, expressing concern at the affordability of essential medicines, in particular new patented medicines and biologicals, said that the drafting group should bear in mind the need to separate research and development costs from manufacturing costs, so as to ensure fair pricing. Member States should represent the interests of the people, not of pharmaceutical companies. Given the high cost of medical diagnosis, cost-effective forms of laboratory testing should be developed. He asked the Director-General to take a leading role in addressing the matter, in close collaboration with relevant organizations.

The observer of PALESTINE, noting that greater access to affordable medicines and vaccines helped stop the spread of noncommunicable diseases and epidemics across borders, said that the draft road map would be key to achievement of the health-related Sustainable Development Goals. Millions of Palestinians remained unable to access the medicines, vaccines and health products they needed because of shortages and the long-standing blockade imposed on the Gaza Strip. He thanked the Government of India and UNICEF for ensuring access to high-quality medicines and vaccines, and WHO for bringing pressure to bear on the Government of Israel in that respect. It was to be hoped that the occupying power would definitively lift the ban on the import of medicines before the end of 2019.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIRMAN, said that in order for licensing – a key deliverable of the draft road map – to facilitate access to safe, effective and affordable medicines, it must be closely aligned with public health principles and integrated into a broader public health approach. She welcomed the deliverable whereby support would be provided for the expansion of the Medicines Patent Pool.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, called on Member States to work together to create minimum transparency standards and commit, along with the international academic community, to transparent research. WHO should use its technical expertise to help collect and share

clinical research data, and work more closely with academia to negotiate licensing agreements with the private sector on publicly funded technology. It should also enable the sharing of best practices on the use of TRIPS flexibilities and provide technical support where necessary.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, said that more had to be done to ensure universal access to essential palliative care medicines on the WHO Model List of Essential Medicines. Her Association and its partners stood ready to help Member States train health professionals to implement the draft road map and improve access to generic oral morphine.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that, although many Member States had enacted national plans to tackle rheumatic heart disease following the adoption of resolution WHA71.14 (2018), they needed to improve access to benzathine penicillin G for that purpose, particularly in low-resource settings.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIRMAN, encouraged Member States incorporating cancer medicines into universal health coverage packages to consider those on the WHO Model List of Essential Medicines or with high scores on her organization's Magnitude of Clinical Benefit Scale. The draft road map, which she welcomed, should include efforts to expand access from primary to secondary and tertiary health care, which would cover cancer treatment, and to increase the availability of oral morphine for palliative care.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed the draft road map and said that Member States should develop affordable and more readily available paediatric medicines and encourage research and development on conditions exclusively affecting children, adolescents and young people. Applications for additions or changes to the WHO Model List of Essential Medicines should also be evaluated for the Model List of Essential Medicines for Children. She commended WHO efforts to address regulatory barriers to access to medicines and to increase access to diagnostics in low-resource settings.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that WHO should work on research and development, manufacturing and distribution models that addressed public health priorities such as antimicrobial resistance, medicine shortages and equitable access, and support governments using TRIPS flexibilities to access essential medicines. Member States should strengthen their regulatory systems to heighten transparency in medicine pricing and ensure they had the funding needed to meet the milestones listed in the draft road map.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIRMAN, said that transparency was important to advance scientific knowledge and demonstrate value for money, and was a matter of public accountability for any institution claiming to support the Sustainable Development Goals. Discussions of costing must take into account different business models, portfolios and technologies.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, said that, as pharmacists played a key role at every link in the medical supply chain, a high standard of pharmaceutical education was needed to ensure that the future health workforce would be well equipped to tackle the lack of access to medicines. She called on WHO to include pharmacists in its work on equitable access to medicines and their appropriate use.



The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that transparency was required to put people over profit and align public health needs with economic and social development objectives. He supported the draft road map's emphasis on fair and affordable pricing, its consideration of public health implications when providing technical support to Member States, and the importance it accorded to the health workforce. The Secretariat should provide concrete support to Member States, whom he urged to support the draft road map and the draft resolution.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the draft resolution could help save lives by correcting the power imbalance between those who needed medicines and pharmaceutical companies focused on maximizing profits. Noting that governments were not legally required to sign confidentiality agreements with pharmaceutical companies, she called on Member States to require companies to be transparent about their pricing, production costs and the proportion of their research and development budgets underwritten by taxpayers and nongovernmental organizations, and to approve the draft resolution.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, urged Member States to make use of the WHO Model List of Essential Medicines; develop effective regulatory systems, procurement strategies and fair pricing policies; make use of TRIPS flexibilities; strengthen their health worker training and supply chain management capacity; support policy options in the WHO technical report on cancer medicines pricing; and call for increased access to clinical trial outcomes. She urged the Secretariat to update its 2009 guidelines on the evaluation of similar biotherapeutic products, as called for in resolution WHA67.21 (2014), as the 2018 questions and answers document was not sufficient.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIRMAN, said that Member States should support the draft road map, even though its use of the term “fair price” might legitimize high prices. The draft should also contain stronger support for TRIPS flexibilities. Governments and the Secretariat must work towards full transparency regarding price information, research and development costs and clinical trial outcomes. She echoed the call to update WHO's guidelines on the evaluation of similar biotherapeutic products.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, acknowledged concerns about affordability, but said that some proposals related to transparency and intellectual property expressed in the draft road map and at the Health Assembly would discourage holistic and sustainable solutions to improve access. WHO should support the private sector's efforts to address unmet medical needs.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that WHO acted as a steward of biomedical knowledge governance by providing technical support on the use of TRIPS flexibilities, promoting full disclosure of clinical trial data and supporting access to the true costs of research and development. Together with Member States, the Secretariat must remain at the forefront of efforts to reduce pervasive information asymmetries.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the final version of the draft resolution should address every topic raised in the original draft. Governments and the public needed reliable information about clinical trial costs. If pharmaceutical companies failed to account for their research and development costs, their arguments for high prices would be undermined for a number of products.

The ASSISTANT DIRECTOR-GENERAL (Prequalification and Technology Assessment) summed up the Member States' comments, which would be taken into account when implementing the draft road map, along with input received from them and the Executive Board over the past year. The draft road map would provide the Secretariat with a more systematic approach to supporting countries, and the Secretariat would report back on implementation, including cooperation with organizations such as WIPO and WTO. In response to concerns about budgeting, she assured Member States that the Secretariat would go through the normal operational processes to deliver on its commitments under the Programme budget 2020–2021 based on their recommendations.

**The Committee noted the draft road map.**

At the invitation of the CHAIRMAN, the SECRETARY read out a statement on behalf of the drafting group responsible for amending the draft resolution. The drafting group had made substantial progress since it had been convened on 23 May but required additional time to reach a consensus.

The CHAIRMAN suggested that the drafting group should be given additional time for discussion as requested, and that the Committee's discussion of the subitem should be suspended until the next morning.

**It was so agreed.**

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

**The meeting rose at 15:45.**

## **THIRTEENTH MEETING**

**Tuesday, 28 May 2019, at 09:55**

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

### **1. SIXTH REPORT OF COMMITTEE A (document A72/79)**

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

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

### **2. 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 twelfth meeting)

The CHAIRMAN recalled that a drafting group had been set up to discuss the draft resolution on improving the transparency of markets for medicines, vaccines, and other health products, the revised version of which was proposed by the delegations of Andorra, Brazil, Egypt, Eswatini, Greece, India, Italy, Kenya, Luxembourg, Malaysia, Malta, Portugal, the Russian Federation, Serbia, Slovenia, South Africa, Spain, Sri Lanka and Uganda, and read as follows:

The Seventy-second World Health Assembly,

PP1 Having considered the Report by the Director-General on Access to medicines and vaccines<sup>2</sup> and its annex “Draft Road Map for access to medicines, vaccines, and other health products” and the Report by the Director-General on Medicines, vaccines and health products, Cancer medicines (document EB144/18), pursuant to resolution WHA70.12;

PP2 Recognizing the critical role played by health products [FOOTNOTE:] and services innovation in bringing new treatments and value to patients and health care systems around the world;

FOOTNOTE: For the purposes of this resolution, health products include medicines, vaccines, medical devices, diagnostics, assistive products, cell- and gene-based therapies, and other health technologies.

PP3 Recognizing that improving access to health products is a multi-dimensional challenge that requires action at, and adequate knowledge of, the entire value chain and life cycle, from research and development to quality assurance, regulatory capacity, supply chain management and use;

PP4 Seriously concerned about the high prices for some health products, and the inequitable access within and among Member States as well as the financial hardships associated with high prices which impede progress towards achieving Universal Health Coverage;

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<sup>1</sup> See page 306.

<sup>2</sup> Document A72/17.

PP5 Recognizing that the types of information publicly available on data across the value chain of health products, including prices effectively paid by different actors and costs, vary among Member States and that the availability of comparable price information may facilitate efforts towards affordable and equitable access to health products;

PP6 Seeking to enhance the publicly available information on the prices applied in different sectors, in different countries, the access to and use of this information, while recognizing different national and regional legal frameworks and contexts and acknowledging the importance of differential pricing;

PP7 Taking note of the productive discussions at the last Fair Pricing Forum in South Africa regarding the promotion of greater transparency around prices of health products, especially through sharing of information in order to stimulate the development of functional and competitive global markets;

PP8 Noting the importance of both public and private sector funding for research and development of health products, and seeking to improve the transparency of such funding across the value chain;

PP9 Seeking to progressively enhance the publicly available information on inputs across the value chain of health products and the public reporting of the relevant patents, their status and the availability of information on the patents landscape covering a particular health product as well as its marketing approval status;

PP10 Noting the latest Declaration of Helsinki, which promotes making publicly available the results of clinical trials, including negative and inconclusive as well as positive results, and noting that public access to comprehensive data on clinical trials is important for promoting the advancement in science and successful treatment of patients, while protecting personal patient information;

PP11 Agreeing that policies that influence the pricing of health products and that reduce barriers to access can be better formulated and evaluated when there is reliable, comparable, transparent and sufficiently detailed data [FOOTNOTE] across the value chain;

[FOOTNOTE: including but not limited to the availability, especially in small markets, units sold and patients reached in different markets and the medical benefits and added therapeutic value of these products;]

OP1 URGES Member States in accordance with their national and regional legal frameworks and contexts to:

1.1 Take appropriate measures to publicly share information on the net prices [FOOTNOTE] of health products;

FOOTNOTE: For the purposes of this resolution, net price or effective price or net transaction price or manufacturer selling price is the amount received by manufacturers after subtraction of all rebates, discounts, and other incentives.

1.2 Take the necessary steps, as appropriate, to support dissemination of and enhanced availability of and access to aggregated results data and, if already publicly-available or voluntarily-provided, costs from human subject clinical trials regardless of outcomes or whether the results will support an application for marketing approval, while ensuring patient confidentiality;

1.3 Work collaboratively to improve the reporting of information by suppliers on registered health products, such as reports on sales revenues, prices, units sold, marketing costs, and subsidies and incentives;

1.4 Facilitate improved public reporting of patent status information and marketing approval status of health products;

1.5 Improve national capacities, including through international cooperation, open and collaborative research for development and production of health products, especially in developing countries and low- and middle-income countries (LMICs), including for diseases that primarily affect them, as well as for product selection and cost-effective procurement, quality assurance, and supply chain management;

OP2 REQUESTS the WHO Director-General to:

2.1 Continue to support Member States, upon their request, in collecting and analysing information on economic data across the value chain for health products and data for relevant policy development and implementation towards achieving Universal Health Coverage (UHC);

2.2 Continue supporting Member States, especially LMICs, in developing and implementing their national policies relevant to the transparency of markets for health products, including national capacities for local production, rapid and timely adoption of generic and biosimilar products, cost-effective procurement, product selection, quality assurance and supply-chain management of health products;

2.3 Support research on and monitor the impact of price transparency on affordability and availability of health products, including the effect on differential pricing, especially in LMICs and small markets, and provide analysis and support to Member States in this regard as appropriate;

2.4 Analyse the availability of data on inputs throughout the value chain, including on clinical trial data and price information, with a view to assessing the feasibility and potential value of establishing a web-based tool to share information relevant to the transparency of markets for health products, including investments, incentives, and subsidies;

2.5 Continue WHO's efforts to biennially convene the Fair Pricing Forum with Member States and all relevant stakeholders to discuss affordability and transparency of prices and costs relating to health products;

2.6 Continue supporting the existing efforts for determining patent status of health products and promoting publicly available user-friendly patent status information databases for public health actors, in line with the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, and to work with other relevant international organizations and stakeholders to improve international cooperation, avoid duplication of work, and promote relevant initiatives;

2.7 Report to the Seventh-fourth World Health Assembly (through EB148) on progress made in implementing this resolution.

The representative of ITALY, speaking in his capacity as the Chairman of the drafting group, thanked all delegations that had contributed to the development of the draft resolution. Informal consultations had evolved into a formal drafting group that had forged a rich consensus. Divergent opinions had been expressed in an atmosphere of collaboration and trust, and a growing number of Member States had elected to sponsor the revised draft. The issue of access to medicines had stirred great interest, not only among policy-makers, policy regulators and government officials, but also among physicians, health professionals and experts from across the globe. Even patients and civil society groups had expressed a keen desire to participate in the dialogue.

The CHAIRMAN took it that the Committee wished to approve the revised draft resolution.

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

The representative of GERMANY said that her country, which had a proven record of engaging honestly in constructive multilateralism, was a committed member of the governing bodies and a strong supporter of WHO politically, financially and technically. It had established transparent procedures for drug assessment and made the prices of new drugs fully available to the public, in the knowledge that improving access to medicines was key to attaining the health-related Sustainable Development Goals, and that full, unbiased clinical evidence and balanced approaches to drug pricing were needed to deliver powerful and innovative treatments. That being said, the process that had culminated in the resolution's approval posed serious concerns. Despite the fact that market transparency was a highly complex issue that called for proper assessment of the potential implications for health care systems, the resolution had bypassed the Executive Board, in breach of established procedure. The process had not allowed for the necessary consultations or the involvement of all relevant experts. Moreover, the negotiations had been severely inhibited by the leaking of perceived positions with a view to intimidating some delegations. Given those severe and unprecedented governance concerns and the need to re-establish a spirit of trustful, respectful and good faith negotiations, her country dissociated itself from the resolution.

The representative of THAILAND, observing that her country always defended global rather than national interests, pointed out that under the Universal Declaration of Human Rights, all human beings were born free and equal in dignity and rights; it followed that everyone had the right to access affordable medicines. The Health Assembly had been mandated by resolution WHA62.16 (2009) to delink research and development costs from the price of medicines. The voluntary nature of paragraph 1.2 of the resolution would keep the cost of clinical trials undisclosed rather than transparent. Therefore, while her Government joined the consensus on the rest of the resolution, it dissociated itself from paragraph 1.2 and reserved the right to implement policies related to mandatory cost declaration in Thailand.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that his country was strongly committed to improving access to medicines in order to achieve the best health outcomes for people globally, the Sustainable Development Goals and universal health coverage. The issues around improving access to medicines were complex and multi-dimensional. His delegation had been keen to ensure that new approaches to transparency posed no threat in lower-income countries in which preferential and differential pricing was working well and had participated in the negotiations in good faith. However, given the complexities and the need to adopt an evidence-based approach, Member States should have had more time to consider the potentially far-reaching implications of the resolution and consult stakeholders appropriately. The decision to bring the draft resolution straight to the current Health Assembly without giving the Executive Board the opportunity to review it, in addition to the manner in which the negotiations had been conducted, did not reflect the spirit of collaboration and consensus-building expected of the Organization. His Government therefore had no option but to dissociate itself from the resolution.

The representative of the UNITED STATES OF AMERICA enthusiastically welcomed the resolution's focus on improving price transparency for health technologies and encouraged governments around the world to promote competition by publishing the prices of medicines and other health products. He was fully in favour of transparency of patent information and clinical trial results, and of timely reporting, bearing in mind the need to protect confidentiality. He was pleased to join the consensus in support of the resolution.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's seventh report and adopted as resolution WHA72.17.

The representative of HUNGARY expressed disappointment at the direction the discussions had taken. Her Government was committed to greater price transparency, but its concerns at measures urged by the resolution had not been allayed by the assertion that they should be in accordance with national and regional legal frameworks and contexts. It also shared the governance concerns voiced by previous speakers and had therefore ultimately decided to dissociate itself from the resolution.

The representative of BRAZIL fully agreed that no delegate should ever be intimidated into adopting a position that differed from his or her national position. However, the open-ended, transparent, inclusive and exhaustive process followed had given all Member States the opportunity to make their views clear to everyone, including civil society representatives. Moreover, there had been at least two rounds of informal consultations before the start of the Health Assembly.

The adoption of a resolution by the Health Assembly without prior review was not without precedent. During the current session, the Health Assembly had adopted a consensus-based decision on the public health implications of implementation of the Nagoya Protocol, even though no draft decision on that item had been presented to the Executive Board and the decision would also have wide-ranging implications and had required extensive consultations with civil society and other stakeholders.

The resolution just approved was a meaningful, balanced and comprehensive response by WHO to a pressing global problem. As well as doing justice to the Committee's deliberations, it inspired faith that WHO remained able to fulfil its promise to help Member States achieve universal health coverage by 2030.

The representative of JAPAN said that, while her Government valued price transparency and therefore considered that the resolution was in line with Japan's health system, improving transparency was a complex issue and the draft's submission directly to the Health Assembly had left no time for discussion at the Executive Board. Moreover, the negotiations had been conducted in a manner that constituted a continuous breach of trust. It was to be hoped that better management of such negotiations, which should be conducted in compliance with the relevant rules, would be ensured at future Executive Board sessions and Health Assemblies.

Member States had different methods of ensuring transparency, some of which might fall outside the narrow definition of "net price" provided in the resolution. She emphasized that all action arising from the resolution would be executed in accordance with national and regional legal frameworks and contexts, and no Member State would be forced to provide unavailable data or agree to an action.

The representative of COSTA RICA, noting that high out-of-pocket health spending could push many people below the poverty line, thereby deepening inequality, acknowledged that research, development and innovation in medicines, vaccines and other health products played an invaluable part in improving the health of populations. However, those advances should be placed within the reach of all societies, not only those with the economic means to access them. His Government supported the resolution, which would allow governments to have a greater say on the price of medicines and health products.

The representative of AUSTRALIA, echoing the concerns of earlier speakers, said that Member States should have had the opportunity to discuss the resolution well ahead of the Health Assembly, at the Executive Board. That being said, she appreciated the comprehensive approach it embodied, in line with the direction set by the road map for access to medicines, vaccines and other health products, 2019–2023, and the constructive spirit of the discussions among Member States. She endorsed the resolution, in particular the request that the Director-General should support research on and monitor the impact of price transparency on the affordability and availability of health products, and looked forward to further efforts being made to improve transparency collectively and individually, in line with different national contexts.

The representative of CANADA said that his Government had joined the consensus on the resolution, it being important to improve the transparency of markets for health products in order to enhance access to medicines and vaccines, but that a process involving greater engagement from all Member States, with ample time for discussion and analysis, might have led to an enhanced outcome on such an important and multidimensional topic.

The representative of INDONESIA noted the reservations expressed by some delegates, but said that the resolution was nonetheless timely and constituted a benchmark in global efforts to ensure equitable access to medicines and health products. It also sent an important message: that WHO would act responsibly in ensuring such access, which could be optimized through global and cross-sectoral cooperation and an effective, transparent and participatory mechanism that respected domestic legislation and regulations. His Government wished to be added to the list of sponsors of the resolution.

The representative of SWEDEN said that, although his Government had joined the consensus on the resolution, it nevertheless felt that a better outcome would have been obtained had there been more time to consider what was an important, complex and multisectoral issue. He fully endorsed the remarks of previous speakers on the process and governance of the negotiations.

The representative of NORWAY welcomed the resolution, which was the result of hard work and many compromises, and would, it was hoped, lead to lower prices for medicines. In that sense, it represented a milestone and a first step towards improving access.

The representative of SPAIN agreed with the points made by the representative of Brazil and objected to the statement of the delegation whose concerns had been fully reflected in the final version of the resolution but which had in the end dissociated itself from it. Although the resolution contained too many exceptions and would have benefitted from greater clarity regarding costs, particularly of research, development and clinical trials, it constituted a reasonable step towards addressing a problem that affected everyone. It was not in the public interest to abandon the endeavour for greater transparency, and the pharmaceutical industry had to understand that there was no turning back. The issue of access to medicines and health products could only be addressed through regional and international action.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, pointed out that the informal consultations on the resolution had been open to all Member States and had seen active participation on their part. The consultation process had involved lengthy negotiations, and Member States' willingness to compromise in order to achieve the balanced text required for consensus was borne out by the fact that the African Region and the European Union had delivered a joint statement. The African Region fully supported the resolution, which was key for realizing universal health coverage and the broader Sustainable Development Goals.

The representative of BURUNDI endorsed the resolution on the grounds that the public interest should outweigh the interests of the pharmaceutical industry. He also endorsed the statement of the representative of Brazil, adding that the sovereign right of decision lay with the Health Assembly.

The representative of SWITZERLAND welcomed the resolution as an important step towards price transparency for medicines worldwide, but regretted that it had been approved after problematic and lengthy negotiations rather than unanimously.



The representative of ALGERIA welcomed the resolution's approval, which reflected the consensus reached on the sensitive issues it addressed and was in line with his Government's policy on price transparency.

The representative of NEW ZEALAND endorsed the resolution, noting that improved access to medicines, vaccines and other health products was crucial to the achievement by all countries of universal health coverage. The discussions of the issue had recognized the realities of different national contexts and health systems, but had been compressed to a point that should not set a precedent for the Organization: complicated issues had to be considered sufficiently in advance of the Health Assembly.

The representative of MALTA agreed that equitable access to quality and affordable medicines, vaccines and technologies was central to universal health coverage. The initiatives proposed in the resolution would ultimately improve such access and promote the sustainability of national health systems. While those initiatives were particularly relevant for small markets, like that of Malta, they could also be relevant in other countries. Sharing transparent information to support decision-making was a basic requirement.

The representative of ANGOLA endorsed the resolution, which aimed to increase transparency with a view to providing access to medicines and vaccines for all, an essential step towards achieving the right to health and Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Affordable and accessible medicines, and the right to produce health products locally, were also integral to universal health coverage.

The representative of KENYA also said that access to medicines was a key component of universal health coverage and crucial to achievement of the Sustainable Development Goals. While she appreciated the efforts that went into making medical products and technologies available, access to medicines must prevail over other interests. She therefore endorsed the resolution, implementation of which would ensure the transparency needed to foster the affordability and availability of essential medical products and technologies.

The representative of SOUTH AFRICA, stressing that her Government attached great importance to access to medicines and to transparent pricing, welcomed the resolution's approval and trusted that Member States would commit to its implementation.

The representative of PORTUGAL fully subscribed to the remarks of the representatives of Spain and Brazil. The resolution could lead to genuine change in accessing medicines, and while stronger language would have been preferable on cost transparency, including regarding research and development, it represented a step towards the achievement of universal health coverage and realization of the right to health. In that regard, the WHO had a critical role to play and its leadership would be required to implement the resolution.

The representative of FRANCE endorsed the resolution, which reflected his Government's longstanding efforts to promote transparent and fair pricing of medical products, but expressed regret at the less than optimal circumstances in which the text had been discussed. The process had complicated the search for consensus and might undermine the resolution's implementation; that lesson should be borne in mind for the future. The resolution marked the first step towards a transparent pricing system for medicines, vaccines and other health products, and his Government remained open to further discussions of the matter.

The representative of BELGIUM also endorsed the resolution and agreed with previous speakers that transparency was an important element of access to and pricing of health products. Nonetheless, he expressed concern that the process leading to the resolution's approval had left little time to consult with specialists and other stakeholders, including WIPO and WTO.

The representative of ZIMBABWE endorsed the resolution.

The representative of the UNITED REPUBLIC OF TANZANIA expressed support for the process that had culminated in the resolution's approval, which he considered had been transparent and participative. The resolution itself represented a step towards access to affordable health products and would, it was hoped, deliver transparency on price. His Government therefore endorsed it.

The representative of ECUADOR said that a transparent market for medical products and other health technologies was vital to global public health and equitable and timely access to medical products, especially in developing and least developed countries. His Government supported the resolution, which should serve to catalyse additional action prompting the pharmaceutical industry to be more transparent about manufacturing and research and development costs, about the criteria used to set prices, and about how it determined which medicines should receive investment. It should also lead to broader discussion of transparency in clinical trials, price differentiation, regular reporting mechanisms and cancer medicine price-setting.

The representative of COLOMBIA expressed appreciation for the flexibility shown by other Member States in reaching a consensus on the resolution, which her Government fully endorsed, with a view to improving transparency of markets and thereby promoting equitable access to medicines, vaccines and other health products.

The representative of PERU, observing that full access to efficient, affordable and quality medicines, vaccines and medical technology was fundamental to the achievement of universal health coverage, expressed support for the resolution.

The representative of MEXICO said that the resolution, which was the outcome of a negotiating process conducted in keeping with the Organization's procedures, represented a big step in collaborative efforts to achieve Sustainable Development Goal 3 and universal health coverage.

The representative of the ISLAMIC REPUBLIC OF IRAN, observing that it was of the utmost importance to improve the transparency of markets for medicines, vaccines and other health products in order to achieve universal health coverage, endorsed the resolution, which was timely but would require international cooperation to implement. Its benefits should be extended to people everywhere, particularly those living in low- and middle-income countries.

### **3. SEVENTH REPORT OF COMMITTEE A (document A72/80)**

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

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

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<sup>1</sup> See page 307.

**4. CLOSURE OF THE MEETING**

After the customary exchange of courtesies, the CHAIRMAN declared the work of Committee A completed.

**The meeting rose at 11:10.**

## **COMMITTEE B**

### **FIRST MEETING**

**Wednesday, 22 May 2019, at 14:40**

**Chairman:** Mr H. BARNARD (Netherlands)

#### **1. OPENING OF THE COMMITTEE:** Item 13 of the agenda

The CHAIRMAN welcomed participants.

#### **Election of Vice-Chairmen and Rapporteur**

The CHAIRMAN informed the Committee that Dr K. Campbell (Guyana) and Mr A. Ameen (Maldives) had been nominated as Vice-Chairmen and Dr A. Naeem (Afghanistan) as Rapporteur.

**Decision:** Committee B elected Dr K. Campbell (Guyana) and Mr A. Ameen (Maldives) as Vice-Chairmen, and Dr A. Naeem (Afghanistan) as Rapporteur.<sup>1</sup>

#### **Organization of work**

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, recalled that, following an exchange of letters in 2000 between WHO and the European Commission, the European Union had participated in the Health Assembly as an observer. She requested that it should again be invited by the Committee to participate, without vote, in the deliberations of the meetings of subcommittees, drafting groups and other subdivisions dealing with matters falling within the competence of the European Union.

**It was so agreed.**

#### **2. HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM, AND IN THE OCCUPIED SYRIAN GOLAN:** Item 14 of the agenda (document A72/33)

The CHAIRMAN drew attention to a draft decision proposed by Algeria, Azerbaijan, Bahrain, the Plurinational State of Bolivia, Comoros, Cuba, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Malaysia, Maldives, Mauritania, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, the Syrian Arab Republic, Tunisia, Turkey, the United Arab Emirates, the Bolivarian Republic of Venezuela and Yemen, which read:

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<sup>1</sup> Decision WHA72(3).

The Seventy-second World Health Assembly, taking note of the report by the Director-General requested in decision WHA71(10) 2018, decided to request the Director-General:

- (1) to report on progress in the implementation of the recommendations contained in the report by the Director-General, based on field monitoring, to the Seventy-third World Health Assembly;
- (2) to provide support to the Palestinian health services, including through capacity-building programmes and the development of strategic plans for investments in specific treatment and diagnostic capacities locally;
- (3) to ensure sustainable procurement of WHO prequalified vaccines and medicine and medical equipment to the occupied Palestinian territory in compliance with the international humanitarian law and the WHO norms and standards;
- (4) to provide health-related technical assistance to the Syrian population in the occupied Syrian Golan;
- (5) to continue providing the necessary technical assistance in order to meet the health needs of the Palestinian people, including prisoners and detainees, in cooperation with the efforts of the International Committee of the Red Cross, as well as the health needs of handicapped and injured people;
- (6) to support the development of the health system in the occupied Palestinian territory, including east Jerusalem, by focusing on the development of human resources, in order to localize health services, decreasing referrals, reducing cost, strengthening mental health services provision and maintaining strong primary health care with integrated complete appropriate health services; and
- (7) to ensure the allocation of human and financial resources in order to achieve these objectives.

The financial and administrative implications for the Secretariat of the adoption of the draft decision were:

<b>Decision:</b>	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
<b>A.</b>	<b>Link to the approved Programme budget 2018–2019</b>
<b>1.</b>	<b>Output(s) in the approved Programme budget 2018–2019 to which this draft decision would contribute if adopted:</b> <ul style="list-style-type: none"> <li>6.1.1. Effective WHO leadership and management and improved capacities of the WHO Secretariat and Member States to promote, align, coordinate and operationalize efforts to achieve the Sustainable Development Goals</li> <li>6.1.2. Effective engagement with other United Nations agencies and non-State actors in building a common health agenda that responds to Member States' priorities</li> <li>6.4.1. Sound financial practices managed through an adequate control framework</li> <li>6.4.2. Effective and efficient human resources management and coordination in place</li> <li>6.4.3. Efficient and effective computing infrastructure, corporate and health-related systems and applications</li> <li>6.4.4. Provision of operational and logistics support, procurement, infrastructure maintenance and asset management, and of a secure environment for WHO staff and property</li> <li>Outbreak and crisis response</li> </ul>

<b>2.</b>	<b>Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2018–2019:</b> Not applicable.
<b>3.</b>	<b>Any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the approved Programme budget 2018–2019:</b> Not applicable.
<b>4.</b>	<b>Estimated implementation time frame (in years or months) to achieve the decision:</b> One year: June 2019–May 2020.
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1.</b>	<b>Total resource requirements to implement the decision, in US\$ millions:</b> US\$ 35.5 million.
<b>2.a.</b>	<b>Estimated resource requirements already planned for in the approved Programme budget 2018–2019, in US\$ millions:</b> US\$ 17.8 million.
<b>2.b.</b>	<b>Estimated resource requirements in addition to those already planned for in the approved Programme budget 2018–2019, in US\$ millions:</b> Not applicable.
<b>3.</b>	<b>Estimated resource requirements in the Proposed programme budget 2020–2021, in US\$ millions:</b> US\$ 17.7 million.
<b>4.</b>	<b>Estimated resource requirements in future programme budgets, in US\$ millions:</b> Not applicable.
<b>5.</b>	<b>Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b> <ul style="list-style-type: none"> <li>– <b>Resources available to fund the decision in the current biennium:</b> US\$ 17.8 million.</li> <li>– <b>Remaining financing gap in the current biennium:</b> Not applicable.</li> <li>– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b> Not applicable.</li> </ul>

**Table. Breakdown of estimated resource requirements (in US\$ millions)**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2018–2019</b> resources already planned	Staff	–	–	–	–	3.8	–	–	3.8
	Activities	–	–	–	–	14.0	–	–	14.0
	Total	–	–	–	–	17.8	–	–	17.8
<b>2018–2019</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2020–2021</b> resources to be planned	Staff	–	–	–	–	3.7	–	–	3.7
	Activities	–	–	–	–	14.0	–	–	14.0
	Total	–	–	–	–	17.7	–	–	17.7
<b>Future bienniums</b> resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The representative of SUDAN, speaking on behalf of the Arab Group, expressed disappointment that, for the second year running, the report on the health situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan failed to fully cover health conditions in the occupied Syrian Golan. The continuing occupation denied the citizens of the occupied territory their fundamental right to health. WHO must lead further efforts to address the shortage of vaccines and medical supplies and build capacities. In addition, technical and financial support was required to improve the health situation of detainees. He called on Member States to support the draft decision.

The representative of TURKEY, condemning the violence witnessed since the “Great March of Return” protests that had begun in March 2018, said that his country provided considerable humanitarian assistance to Gaza. The ongoing blockade of the Gaza Strip was having a severe impact on health care capacity, including causing power outages and shortages of essential medical supplies. He commended the efforts of WHO and other United Nations organizations working to alleviate the suffering of the Palestinian people and called on the international community to shoulder its responsibility in efforts to end the humanitarian crisis. He invited Member States to support the draft decision.

The representative of MAURITANIA, speaking on behalf of the Member States of the African Region, expressed concern over health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, which were worsening as the socioeconomic situation deteriorated under the ongoing occupation. He called for the removal of restrictions on freedom of movement and access to health care, the protection of civilians and health facilities and personnel, and full adherence to international and regional resolutions and decisions related to the occupied Palestinian territory, including those adopted by the African Union. The grave situation with regard to the health needs of Palestinian detainees, women and children in particular constituted a violation of international human rights laws and standards, specifically conventions on the rights of children and women. It was of the utmost urgency to meet the health needs of the population by strengthening support for health services, increasing emergency humanitarian aid and demanding the implementation of WHO recommendations.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the restrictions on the movement of Palestinians in the West Bank and Gaza Strip, including east Jerusalem, was impeding access to health care. There was a need for strategic investment in the Palestinian Ministry of Health, reinforced by humanitarian and development agency interventions and technical support. Vaccination campaigns in the occupied territory had enjoyed success despite the obstacles; a sustained supply of vaccines must be guaranteed in the future, not only

for the occupied territory and neighbouring countries, but for the whole region. She condemned the recent violent attacks on health facilities and health workers and those working alongside them in the occupied Palestinian territory.

The representative of SOUTH AFRICA said that the deteriorating socioeconomic situation and health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan were deeply concerning. The lack of access to the occupied Palestinian territory and the restrictions on movement inhibited the effectiveness of health care facilities. She called on the Government of Israel to allow the people of Palestine to purchase effective and affordable vaccines. Her Government again called for the immediate and full implementation of resolution WHA65.9 (2012). Recalling that health was a fundamental right, and that one of the underlying principles of the 2030 Agenda for Sustainable Development was to leave no one behind, she supported the draft decision.

The representative of BANGLADESH strongly condemned the Israeli Government's continuing aggression in the occupied Palestinian territory, which was having a negative impact on the mental health of citizens and restricting the access of thousands of Palestinians to health care services. Amid such challenges, it was heartening to see that WHO was contributing to strengthening the Palestinian health system. WHO's role in the delivery of essential medical supplies and medicines to address critical shortages, particularly in the Gaza Strip, was laudable. The Secretariat should continue its efforts to meet the growing health needs of the Palestinian people. However, the only way to ensure sustainable access to health care would be to put an end to the increasingly entrenched occupation.

The representative of EGYPT expressed deep concern that people in the occupied Palestinian territory faced huge challenges in accessing the most basic forms of health care. The occupying power had not complied with its obligations under relevant conventions and international humanitarian law, inhibiting the provision of universal health coverage and primary health care. In addition, restrictions on the movement of humanitarian and health workers between the West Bank and the Gaza Strip adversely affected emergency preparedness efforts. The Secretariat should continue to address the health conditions of the people in the occupied Palestinian territory and the occupied Syrian Golan and coordinate humanitarian action throughout the occupied Palestinian territory, particularly the Gaza Strip.

The representative of TUNISIA expressed deep concern about the situation in the occupied Palestinian territory and the suffering of the people who lived under occupation. WHO had a leading role to play in ensuring the right to health for all. She urged the Secretariat to intensify efforts to provide technical support and capacity-building in health care, including working with the International Committee of the Red Cross to provide health care to prisoners and detainees. She called for continued monitoring of the health conditions of Syrians in the occupied Syrian Golan and the provision of technical support to them as set out in WHO's mandate and resolutions. She encouraged Member States to support the draft decision.

The representative of INDONESIA said that improving health care access in the occupied Palestinian territory would be impossible while the current permit system remained in place. It was therefore imperative that the Israeli authorities established procedures to enable all Palestinians to access health care. Health conditions in the occupied territory were deteriorating due to the increasing violence and the psychological trauma inflicted since the beginning of the "Great March of Return" in 2018. The reduction in the funds available to UNRWA had also hindered the implementation of aid programmes. Both the Government and people of Indonesia would continue to provide support for health services for the Palestinian people. She urged the Secretariat, with the support of its Member States, to continue to contribute to the efforts to overcome the health crisis in the occupied Palestinian territory.



The representative of SAUDI ARABIA said that his Government strove to ensure that Palestinians had access to emergency care and medicines. The restrictions imposed on the importation of vaccines were completely unacceptable and should be lifted. He commended the efforts of WHO and other United Nations organizations to relieve the difficult health conditions endured by the Palestinians, and expected the international community to do its utmost to mitigate their suffering. His Government would continue to provide assistance to the Palestinian people. He encouraged Member States to support the draft decision.

The representative of LEBANON said that the ongoing occupation and blockade were responsible for the worrying decline in health indicators among the Palestinian people. Repeated attacks and violence in the Gaza Strip had exacerbated the situation. The restrictions on freedom of movement prevented Palestinians from accessing health services and the intense attacks on medical facilities made it very difficult for health workers to carry out their work. He expressed concern over the health conditions of prisoners and detainees in Israeli prisons. There appeared to be more recommendations for Palestine than for the Israeli Government, which was unfair given how restricted the Palestinian Authority was in exercising its function. He encouraged Member States to support the draft decision. The international community should increase funding for WHO programmes and put pressure on the Government of Israel to restore the full health rights of the Palestinian people.

The observer of PALESTINE said that he aspired to the attainment by all peoples of the highest possible level of health, which was the fundamental objective of the WHO Constitution. However, measures imposed by the occupying power were hindering those efforts in the occupied Palestinian territory. If the Israeli Government were to fulfil its obligations and uphold the fundamental principles of WHO, there would be no further need for a standing item on the Health Assembly agenda. The Palestinian health authorities would do everything in their power to ensure that their people's health needs were met. The Israeli blockade on the Gaza Strip had been a main obstacle to access to health services, as patients from that area could not reach the high-tech hospitals in east Jerusalem and the West Bank. Medical staff, voluntary workers and even wounded people had been targeted and killed and ambulances attacked. The Palestinian health authorities imported vaccines mainly from India through UNICEF, but also from other countries such as Belgium and Holland. The Israeli health minister had instructed the Palestinian health authorities to stop importing vaccines and to purchase them from other suppliers, which would dramatically increase costs. In view of the financial hardships imposed by the Israeli Government and its theft of Palestinian money, it would be difficult to provide children with the necessary vaccines. That would be a catastrophe for the occupied Palestinian territory, Israel and neighbouring countries; the Israeli Health Ministry must fulfil its obligations.

There was no justification for voting against the draft decision, and he urged Member States to vote in favour. The Israeli Government was obstructing the work of WHO and the Health Assembly, and pressure should be put on the Israeli Government to fulfil its obligations as a member of WHO. The occupied Palestinian territory had the right to become a full member of WHO, and blamed recent fears over the loss of WHO funding for its lack of membership, not least because of the shameless and irresponsible decision of the United States of America to cut its funding. He called on the Israeli Government to fulfil its obligations as a member of the international community and end the occupation.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that, as a co-sponsor of the draft decision, his Government backed the call to continue to provide the necessary technical support to meet the health care needs of the Palestinian people, with the support of the International Committee of the Red Cross, and to promote capacity-building and the development of targeted programmes to combat specific diseases. It firmly supported measures to resolve the serious problems arising from the gradual deterioration in health care services in the occupied Palestinian territory and the occupied Syrian Golan, which were exacerbated by food insecurity, difficulties in accessing basic services, the displacement of persons and the violence of Israeli settlers. The mental health of children and young people had been particularly affected. It reaffirmed its support for the

legitimate right of the Palestinian people and the people of the occupied Syrian Golan to health services and the provision of medicines and other supplies.

The representative of ALGERIA condemned the ongoing situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The people of the occupied Palestinian territory were suffering from restrictions placed on them by the occupying power, which prevented them from accessing medical facilities and the achievement of health for all. The situation was a serious violation of the right to health. The living conditions endured by Palestinian detainees and prisoners were a violation of international standards and laws. He reaffirmed the need to guarantee the Palestinian people's right to universal health coverage and to facilitate the entry of medical supplies and vaccines into the occupied Palestinian territory without restriction. It was paramount for the Secretariat, together with other stakeholders, to increase technical support for the residents of the occupied Palestinian territory, including east Jerusalem, and the occupied Syrian Golan. He called on Member States to support the draft decision.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA expressed grave concern over the deteriorating health situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. He reiterated his full support for the legitimate right of the Palestinian and Syrian people in the occupied territory to receive the necessary support in providing effective health systems, including to ensure the sustainable procurement of WHO prequalified vaccines and medicines. He supported the draft decision.

The representative of MOROCCO said that the Director-General's report was a condemnation of the flagrant violations of the Israeli occupying power in the occupied Palestinian territory and the occupied Syrian Golan. The staggering number of people killed and injured under Israeli fire and the bombing of Palestinian health infrastructure and ambulances were widely known. He denounced the obstacles facing Palestinian patients attempting to access medical facilities. The Health Assembly must take a firm stance on such unacceptable practices and adopt the draft decision.

The representative of MALDIVES expressed deep concern over the continuing conflicts in the Gaza Strip, the restrictions on the timely procurement of medical supplies and vaccines, and the systematic reports of continuing barriers to health care access. She commended the work undertaken by the Secretariat, Member States and international agencies and partners to support the development and maintenance of the health system in the occupied Palestinian territory, as well as efforts to achieve universal health coverage. Her Government stood ready to support collective efforts to secure a better and healthier future for those living in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. Health was a basic human right for all.

The representative of the SYRIAN ARAB REPUBLIC said that the occupying power was violating international conventions and had committed many crimes against the Syrian people in the occupied Syrian Golan, including depriving them of their most basic rights. Despite repeated requests by the Syrian Arab Republic at previous Health Assemblies for an assessment of the health situation to be carried out and steps to be taken to ensure that the Syrian people were guaranteed their right to health, as well as the adoption of resolutions on the matter every year, the Israeli Government continued to ignore its obligations under international humanitarian law and for 52 years had refused to implement resolutions.

He recalled the violations against Syrians and Palestinians in Israeli prisons, and called for the release of Sidqi al-Maqt, who had been held for over 30 years and whose health had suffered significantly as a result. In the light of the Israeli Government's illegal decision to impose sovereignty on the occupied Syrian Golan, the recent unilateral decision of the Government of the United States of America to recognize the annexation breached international law and United Nations Security Council resolutions such as resolution 497 (1981). WHO must fulfil its commitments with respect to the

Palestinians and the people of the occupied Syrian Golan and not leave the implementation of its decisions and resolutions to the whims of the Israeli Government. The Director-General's reports must reflect the actual suffering of the people in the occupied Syrian Golan and make clear recommendations on how to provide them with technical support. The Government of the Syrian Arab Republic would not compromise on its sovereign right to the Golan.

The representative of CHINA expressed appreciation for the Secretariat's efforts to provide assistance and technical support to improve the Palestinian health system and its capacity to deal with health emergencies, natural disasters and noncommunicable diseases, as well as to promote health rights in the occupied Palestinian territory and the occupied Syrian Golan. Since March 2018, the number of violent incidents had risen significantly, and it was of grave concern that many families in the Gaza Strip faced severe food insecurity and relied on humanitarian assistance for water. The continued deterioration of health conditions in the occupied territory should be of great concern to all. He therefore urged the international community to promote the peace process and find a comprehensive, fair and sustained solution as soon as possible.

The representative of NICARAGUA said that, as a co-sponsor of the draft decision, his Government was deeply concerned about the crisis in the region, which impeded the achievement of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and required a swift response from the international community. Poverty was a serious problem for the population of the occupied Palestinian territory, and the harm being caused to the mental and physical health of all Palestinians was unacceptable.

The representative of PAKISTAN expressed concern over the deteriorating health situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The prolonged occupation and brutal use of force by the occupying power had caused complex physical and psychological health issues, and the restriction on the movement of patients and health professionals had resulted in a fractured and depleted health system. He called for further enhancement of UNRWA's capacity to ensure the sustainable procurement of WHO prequalified vaccines, medicines and medical equipment to the occupied Palestinian territory, and affirmed his Government's continued commitment to contribute to UNRWA. He urged the Secretariat to provide health-related technical support to people in the occupied territory, including the Syrian population in the occupied Syrian Golan.

The representative of MAURITIUS said that the right to health of the Palestinian people should be inalienable and they should not be denied the right to health services. He called on WHO to fulfil its commitment to providing health-related technical support and to contributing to the development of the health system in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. His Government wished to be added to the list of sponsors of the draft decision and called on other Member States to support it.

The representative of LIBYA, calling on Member States to adopt the draft decision, said that it was the least the international community could do to relieve the real and ongoing suffering of the people in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The suffering would not end until the occupation was over.

The representative of NIGERIA reaffirmed her Government's support for the rights of the Palestinian people to freedom of movement and self-determination. In striving for universal health coverage, no one should be left behind, including those in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. Access to health resources was a fundamental human right. Her Government therefore encouraged the procurement of WHO prequalified vaccines for the occupied Palestinian territory, as well as medicines and medical equipment, in compliance with international humanitarian law and WHO standards. She supported the allocation of human and financial resources to achieve targeted objectives, and called for the strengthening of primary health care, with

the integration of mental health services. She urged donors to continue providing support to the occupied territory.

The representative of JORDAN said that the Health Assembly was no place for political discourse beyond the scope of health issues. Resolutions and decisions adopted should be technical, results-oriented and serve global public health, especially in areas most in need. His Government remained committed to ensuring the sustainable procurement of WHO prequalified vaccines and medicines. It was important to strengthen technical support in order to meet the health needs of the Palestinian people, including prisoners and detainees, and to provide technical support in the occupied Syrian Golan. He encouraged other Member States to support the draft decision.

The representative of the ISLAMIC REPUBLIC OF IRAN noted a number of alarming developments in 2018, including the unprecedented financial crisis at UNRWA following the decision of the Government of the United States of America to cut its contribution and steps taken by the Israeli Government to enforce the trade restrictions of the Paris Protocol on Economic Relations to limit the import of vaccines from certain countries. In addition, continuing restrictions on the movement of people, including the blockade of the Gaza Strip, the presence of checkpoints and barriers within the West Bank, and the travel permit system, were all contrary to WHO's objectives and principles. It was deeply concerning that WHO still had no proper access to the occupied Syrian Golan and thus could not report on health conditions there. The international community should act urgently to compel the Israeli Government to lift the restrictions to ensure that the basic health needs of the Palestinian people were met. His Government had reservations about the parts of the draft decision and the report that might be construed as recognizing the Israeli regime.

The representative of CUBA expressed concern that WHO's efforts in the field were being hindered by the illegal occupying forces, which were directly responsible for the humanitarian situation of the Palestinian people. He rejected the flagrant and systematic human rights violations committed by the Israeli Government in the occupied territory and called for the immediate recognition of the Palestinian people's right to life and health. The international community should send a clear message rejecting the crimes against humanity committed with the complicity of those who supplied weapons to the illegal occupying forces and with the protection of the United Nations Security Council through the illegitimate use of the veto power. He called for the respect of the inalienable right of the Palestinian people to self-determination.

The representative of IRAQ strongly rejected the actions of the occupying power to prevent the supply of vaccines and other medical supplies to Palestinian children and to hinder the right to universal health coverage for all Palestinians. He reiterated the call for the international community to defend the right to health of the Palestinian people and to prevent any actions that impeded fulfilment of that right.

The representative of ISRAEL said that she was troubled by the many false allegations and distorted statements made during the discussion, which had turned the Health Assembly into a platform for incitement against Israel and should be condemned. She drew attention to the suffering and health situation of millions of Syrians at the hands of their own regime, which had not received the same attention from the Health Assembly. She pointed out that an unpublished report of a visit by a WHO delegation to Golan in 2017 had found good access to an appropriate range of primary health care services. Hospitals had provided health services to Syrians injured during the Syrian conflict and many patients had undergone multiple surgical procedures and received extensive post-operative care. The dedication of hospital staff and the quality of care provided had been reported to be impressive.

Her Government did not object to any professional discussion of ways to improve the health conditions of Palestinians; however, the Palestinian Authority was also responsible for its people. The Israeli Government consistently supported any technical cooperation and contribution from different countries and organizations. With regard to Gaza, to say that Israel was responsible was to ignore the

reality on the ground that it was in fact controlled by Hamas; Israel had unilaterally withdrawn in mid-2005. The Palestinian Authority itself was in conflict with Hamas, which prevented the entry of medicines and the referral of patients from the Gaza Strip to hospitals in Israel.

She strongly condemned the misleading information that had been given about a lack of vaccines for the Palestinian people. The Israeli Government had not prevented the delivery of any shipment of medicines or vaccines. There was a full stock of vaccines until the end of 2019 and her Government was already exploring ways to guarantee the supply for 2020, as it did every year.

The only way to discuss how to improve health conditions was to have a sincere dialogue. She objected to the draft decision and called for a roll-call vote.

The representative of the UNITED STATES OF AMERICA said that the draft decision failed to meet the shared objective of a Health Assembly focused purely on public health. There should not be a standing item on the agenda of the Health Assembly that singled out one country on political grounds for criticism year after year. In any case, if passed, the draft decision would fall short in its attempt to improve the health of Palestinians. He opposed its adoption and supported the request by the representative of Israel for a roll-call vote.

The representative of UNRWA, speaking at the invitation of the CHAIRMAN, was pleased to report that UNRWA had been able to continue providing support in 2018 to Palestinian refugees in Gaza, Jordan, Lebanon, Syrian Arab Republic and the West Bank, including east Jerusalem, despite a financial shortfall of US\$ 500 million. On behalf of the 5.5 million Palestinian refugees, he expressed appreciation to the international community for its support and to the 40 countries that had increased donations, which had ensured that health centres had not closed and that health services could be maintained and expanded. However, those achievements and the health and well-being of Palestinian refugees remained at risk due to the continuing financial crisis in 2019.

The CHAIRMAN said that, at the request of the representatives of Israel and the United States of America, the Committee would proceed to a recorded vote on the draft decision.

At the invitation of the CHAIRMAN, the LEGAL COUNSEL explained that the recorded vote would be taken by roll-call, in accordance with Rule 72 of the Rules of Procedure of the World Health Assembly. The names of the Member States would be called in the English alphabetical order, starting with Qatar, the letter Q having been determined by lot. The Member States whose right to vote had been suspended by virtue of Article 7 of the Constitution, or which were not represented at the Health Assembly, and would therefore not participate in the vote, were: Central African Republic, Comoros, Dominica, Gambia, Guinea-Bissau, Niue, Papua New Guinea, South Sudan, Ukraine and Venezuela (Bolivarian Republic of).

**The result of the vote was:**

**In favour:** Afghanistan, Algeria, Andorra, Angola, Argentina, Azerbaijan, Bahamas, Bahrain, Bangladesh, Belarus, Belgium, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brunei Darussalam, Chad, Chile, China, Costa Rica, Cuba, Cyprus, Democratic People's Republic of Korea, Djibouti, Ecuador, Egypt, El Salvador, Finland, France, Greece, Guinea, Guyana, Iceland, India, Indonesia, Iran (Islamic Republic of), Iraq, Ireland, Jamaica, Japan, Jordan, Kazakhstan, Kuwait, Kyrgyzstan, Lebanon, Libya, Luxembourg, Malaysia, Maldives, Mali, Malta, Mauritania, Mauritius, Mexico, Monaco, Morocco, Mozambique, Namibia, New Zealand, Nicaragua, Niger, Nigeria, Norway, Oman, Pakistan, Panama, Paraguay, Peru, Poland, Portugal, Qatar, Republic of Korea, Russian Federation, Saudi Arabia, Senegal, Serbia, Singapore, Slovenia, Somalia, South Africa, Spain, Sri Lanka, Sudan, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, Thailand, Tunisia, Turkey, United Arab Emirates, Uruguay, Uzbekistan, Viet Nam, Yemen, Zimbabwe.

**Against:** Australia, Brazil, Canada, Czech Republic, Germany, Guatemala, Honduras, Hungary, Israel, United Kingdom of Great Britain and Northern Ireland, United States of America.

**Abstaining:** Armenia, Austria, Benin, Bulgaria, Colombia, Croatia, Denmark, Dominican Republic, Estonia, Gabon, Italy, Kiribati, Latvia, Lithuania, Madagascar, Montenegro, Netherlands, Philippines, Romania, Sao Tome and Principe, Slovakia.

**Absent:** Albania, Antigua and Barbuda, Barbados, Belize, Burkina Faso, Burundi, Cabo Verde, Cambodia, Cameroon, Congo, Cook Islands, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Fiji, Georgia, Ghana, Grenada, Haiti, Kenya, Lao People's Democratic Republic, Lesotho, Liberia, Malawi, Marshall Islands, Micronesia (Federated States of), Mongolia, Myanmar, Nauru, Nepal, North Macedonia, Palau, Republic of Moldova, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, San Marino, Seychelles, Sierra Leone, Solomon Islands, Suriname, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Turkmenistan, Tuvalu, Uganda, United Republic of Tanzania, Vanuatu, Zambia.

**The draft decision was therefore approved by 96 votes to 11, with 21 abstentions.<sup>1</sup>**

**The Committee noted the report.**

The representative of GERMANY, speaking in explanation of vote, said that Health Assembly decisions should be technical, results-oriented and focused on health issues. Reiterating his Government's position that United Nations organizations or bodies dealing with technical matters should not be politicized, he said that focusing on one country-specific situation and not addressing the health conditions in other parts of the region or the world contributed to politicizing the agenda. His Government regretted that the agenda item had not been moved to a relevant technical agenda item and would continue to support the proposal for such a shift, which was why it had been unable to support the draft decision. It was regrettable that a compromise had not been found, despite the efforts of the European Union.

The health situation of the population in the occupied territory, especially in the Gaza Strip, remained extremely difficult, and he fully supported the Secretariat in providing support and technical assistance to the people of the occupied Palestinian territory, including east Jerusalem. The Director-General's report would provide valuable guidance on helping to improve health conditions. His Government called on Israelis and Palestinians to work constructively with each other and with the Secretariat to reach a consensus in future Health Assembly decisions on the item.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in explanation of vote, said that his Government had voted against the draft decision because it was the only country-specific decision at the Health Assembly and politicized the Organization. Conflict and the absence of peace affected the health and well-being of millions of people; it was therefore troubling that the Health Assembly only saw fit to consider the health situation in the occupied Palestinian territory, given the conflicts, civil wars and political impasses around the world. WHO must not be politicized; to do so was to fail in the Organization's duty to serve people around the world who were facing vitally important health needs.

The representative of CANADA, speaking in explanation of vote, expressed concern at the continued inclusion of a stand-alone political item on the agenda of the Health Assembly, which was a technical body that should avoid politicization and focus on global health outcomes. Her Government advocated a fair-minded approach and rejected one-sided solutions and any politicization of the issue;

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA72(8).

it therefore remained supportive of efforts to obtain a comprehensive, just and lasting peace negotiated directly between the parties. It backed WHO support for health system strengthening and medical support to the Palestinian people, especially children and women, who were disproportionately affected by inadequate health care services and access to medicines. The draft decision did not advance prospects for peace between Israelis and Palestinians, and her Government had therefore been unable to support it.

The representative of BRAZIL said that WHO's Constitution conferred on the Organization a comprehensive mandate to monitor the health situation in any region of the world, focusing on technical issues and taking into account the objective reality on the ground. In accordance with that mandate, WHO must give priority to health-related issues. Her Government had therefore been unable to support the draft decision.

The representative of NORWAY, speaking in explanation of vote, said that the Health Assembly was no place for politics; its resolutions and decisions should be technical, results-oriented and serve global public health. It was regrettable that it had not been possible to adopt the draft decision by consensus. His Government called on Israelis and Palestinians to work constructively with each other and with the Secretariat to reach a consensus in the future. It had voted in favour of the draft decision to ensure that joint efforts to support the development of the health system in Palestine would continue.

The observer of PALESTINE, thanking Member States that had voted in favour of the draft decision, and those that had abstained, said that the reasons given by some Member States for voting against the draft decision were illogical, as they had voted differently in 2017. He could not accept the justifications given by those Member States that his country was politicizing the matter, as the topic under discussion related to the report of the Director-General. He requested support to provide unhindered health care to Palestinians.

The representative of JAPAN, speaking in explanation of vote, said that her Government would continue to support efforts to improve the health situation in the occupied Palestinian territory. She urged all parties concerned to continue efforts to ensure that the discussions on the item were purely technical and appropriate for the Health Assembly.

The representative of the SYRIAN ARAB REPUBLIC, exercising his right to reply, said that the digression from the agenda item had been to divert attention from the illegal practices of the occupying power in Palestine, east Jerusalem and the occupied Syrian Golan. It was deceitful to cite a report with no legal value and which a previous WHO Director-General had deemed invalid. The occupying power knew full well that the imposition of restrictions on the work of WHO's field assessment team prevented the production of an objective report of the health conditions in the occupied Syrian Golan. Under the guise of humanitarianism, the Israeli Government was attempting to misrepresent its direct support to terrorist organizations fighting against the Syrian Government, in violation of international law and the relevant United Nations Security Council resolutions. The agenda item remained under discussion because of the continued occupation by the occupying power and its failure to fulfil its obligations under international humanitarian law.

**The meeting rose at 17:20.**

## **SECOND MEETING**

**Thursday, 23 May 2019, at 09:15**

**Chairman:** Mr H. BARNARD (Netherlands)

### **1. FIRST REPORT OF COMMITTEE B (document A72/71)**

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

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

### **2. AUDIT AND OVERSIGHT MATTERS: Item 16 of the agenda**

**Report of the External Auditor:** Item 16.1 of the agenda (documents A72/39 and A72/67)

The CHAIRMAN noted that document A72/67, the report of the Programme, Budget and Administration Committee of the Executive Board on its deliberations of the item the previous week, contained a draft decision recommended for adoption by the Health Assembly.

The representative of ZAMBIA, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, presented the report on the Committee's deliberations of the item. On the basis of external and internal audit findings, the Committee had urged the Secretariat to refocus its efforts and comprehensively address the root causes of areas of weakness. Although efforts had been made, more work was needed in that regard. The Secretariat should closely monitor its work in the most difficult and challenging operating environments. The Committee had stressed to the Secretariat the urgent need to ensure that effective implementation was accompanied by enhanced transparency and accountability.

The representative of the EXTERNAL AUDITOR introduced the report of the External Auditor (contained in document A72/39). The 2018 audit had covered headquarters, the Global Service Centre, one regional office, four country offices and the five entities hosted by the Organization. It had resulted in the issuance of an unmodified audit opinion indicating that the Organization's financial statements for the financial year ended 2018 were fairly presented in all material respects and had concluded that accounting policies were applied on a consistent basis. It had found that the transactions that had come to its notice complied with the Financial Regulations and legislative authority of WHO in all significant respects. He welcomed the transformation plan, to which the audit had been aligned, and noted the establishment of a finance and management council for coordination of the Organization's financial matters. He commended the significant reduction in the delay of direct financial reports, initiatives to improve travel management and measures to strengthen reporting and accounting of fixed assets. The audit had also brought to light opportunities for improvement related to financial reporting, travel management, Global Service Centre processes, resource mobilization, emergency operations, financial management and the overall management of controls in partnerships, hosted entities and regional and

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<sup>1</sup> See page 307.



country offices. The External Auditor had accordingly made a series of recommendations to the Secretariat.

The representative of THAILAND welcomed the report and the draft decision, but remained concerned about poor management of donor, direct implementation and direct financial cooperation reports, as well as travel management. Solving those recurring challenges would require leadership and an intensified management control system across all levels of the Organization. She urged the Secretariat to strengthen internal audit mechanisms.

The representative of CHINA expressed the hope that the External Auditor's recommendations would be applied across the three levels of the Organization. In particular, the resource mobilization strategy should include task allocation. Over half of audited travel requests had been erroneously submitted as emergency travel requests; he hoped that enhanced control in that area would bring improvements.

The representative of PANAMA said that WHO should implement the External Auditor's recommendations across all levels of the Organization. She highlighted the need to act on several recommendations in particular. First, WHO should undertake the necessary action to further enhance the efficiency and effectiveness of management controls in the services delivered by the Global Service Centre and improve compliance with existing policies across the Organization. Secondly, a detailed implementation plan to operationalize the resource mobilization strategy, in line with the operating model under the WHO transformation plan, should be developed. Lastly, all recommendations related to emergency matters should be implemented urgently. She requested that WHO finalize the hosting agreement between the Secretariat of the WHO Framework Convention on Tobacco Control and WHO.

The representative of the NETHERLANDS, referring to the reports of the External Auditor and Internal Auditor (contained in documents A72/39 and A72/40, respectively), welcomed the work on travel policy standardization and the extensive outline of the improved policy on direct finance controls. She expressed concern regarding the audit results of some country offices, many of which were in a region that faced particular challenges. In the past few years, enabling functions had been underfunded, which weakened risk management and controls. Further, in the light of the recent focus on sexual exploitation, harassment and abuse of power in the development sector, the Organization's results in funding investigation functions should be followed closely. An increase of funding in that area also seemed necessary. The Secretariat should provide further details in future reports on plans to operationalize the resource mobilization strategy, in line with the WHO transformation plan. She underlined the importance of the recommendation made by the United Nations Joint Inspection Unit to strengthen the functions of auditors and hoped that the Secretariat would swiftly pursue that and other recommendations.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) said that the reports of the External Auditor and Internal Auditor were valuable contributions to improving the Organization's internal control framework and programme delivery. There had been a significant reduction in the number of donor, direct financial cooperation and direct implementation reports. Systems were being put in place to better manage reports, which would lead to less repeated audit recommendations. Implementation of the recommendations would be carried out across the Organization's three levels, and decisions at headquarters would be made in consultation with regions. Although progress had been made, for example in the internal control environment at the country level, more work remained to be done. In terms of the enabling functions, the Secretariat had increased funding and was considering efficiencies that would cover some of the related costs, including for the investigation functions and internal controls at the country level. With regard to the issuance of emergency travel requests, a meeting would be held with administrative services officers across the Organization to discuss implementation of the travel audit recommendations.

The CHEF DE CABINET said that major progress had been made on the hosting agreement between the Secretariat of the WHO Framework Convention on Tobacco Control and WHO, and it was expected that arrangements would be finalized in the coming weeks.

The EXECUTIVE DIRECTOR (External Relations and Governance) welcomed the External Auditor's recommendations, including on resource mobilization. The Secretariat would continue to act on those recommendations, and would submit a high-level strategic information note on resource mobilization to the Executive Board for consideration at its 146th session.

**The Committee noted the report contained in document A72/39.**

The CHAIRMAN took it that the Committee agreed to approve the draft decision contained in document A72/67.

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

**Report of the Internal Auditor:** Item 16.2 of the agenda (documents A72/40 and A72/67)

The CHAIR OF THE INDEPENDENT EXPERT OVERSIGHT ADVISORY COMMITTEE said that, following a request from the Director-General at the 144th session of the Executive Board, the Independent Expert Oversight Advisory Committee had reviewed the investigations being undertaken by the Office of Internal Oversight Services and was satisfied that, in that instance, the investigation process had been consistent with accepted standards for investigations. An in-depth review of the Office had been part of the Committee's workplan and had been carried out in the context of WHO transformation. Given the foreseeable increase in the number and complexity of cases to be handled by the Office, the Committee fully supported the development of a best-in-class, fit-for-purpose investigation function and had reviewed the terms of reference for external assistance as part of that endeavour. The Committee supported and regularly reviewed initiatives under way, such as the WHO Impact Framework for the Thirteenth General Programme of Work, 2019–2023, the transformation process and the polio transition process, the success of which relied on effective implementation, a culture of compliance and accountability, and an agile Organization.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, noted with satisfaction that the report of the Internal Auditor (contained in document A72/40) complied with the International Standards for the Professional Practice of Internal Auditing adopted for use throughout the United Nations system. The report was an indication of good management practice within WHO and should be encouraged as a means of improving accountability. He applauded the improvement in ratings of "satisfactory" or "partially satisfactory". The report highlighted good practices, including the development by Member States of legislation on gender, youth and immunization, and the effective coordination of emergency response operations across the three levels of WHO. However, it also identified high and moderate levels of residual risk at the country level, including poor or lack of resource mobilization strategies and poor management of donor grants. The report also highlighted inadequate controls and unsatisfactory processes for governance in the Regional Office for Africa and the Regional Office for South-East Asia. He expressed concern at the information and communication risks posed by a significant number of computers not being part of the WHO Synergy environment and called on the Secretariat to expedite relevant remedial actions. Investigations of cases of misconduct should continue unabated so that the related issues could be resolved conclusively.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA72(15).

The representative of THAILAND expressed concern that further wrongdoing could occur in the almost five years required to complete open complaint cases. Moreover, since the number of reported cases of fraud, failure to comply with professional standards, sexual harassment and abuse had increased significantly from the previous year, she urged the Secretariat to ensure sufficient staff and effective management for handling cases and to create an appropriate working culture. As many country offices were unable to respond to Member States' needs owing to limited resources and ineffective management, their capacity should be increased to enable them to support country operations.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND commended WHO on the progress made in reducing overdue direct financial cooperation reports and in stabilizing the overall operating effectiveness of internal controls in the Organization. However, she was concerned by the sharp decline in operating effectiveness of internal controls in country offices, particularly those in challenging operating environments, and welcomed the Internal Auditor's call for more focused efforts to strengthen internal controls at that level. She asked the Secretariat why the decline had occurred and how it planned to further strengthen operational support to countries, particularly in the context of emergency and fragile operations. She also asked why there had been a significant increase in fraud cases in 2018, over half of which were procurement-related, and what would be done to address them.

The representative of NORWAY, speaking on behalf of the Nordic and Baltic countries, noted the importance of internal and external oversight for WHO's accountability and credibility. The progress made in implementing audit recommendations had not yet led to significant, sustained and systematic improvements throughout the Organization; timely follow-up of control measures and implementation of the audit recommendations was required. He urged WHO to proactively address the challenges identified in order to strengthen processes across the Organization in a more targeted way. Member States should be updated on follow-up plans. He echoed the Internal Auditor's call for more focused efforts to enhance internal controls, especially for country offices in challenging operating environments. To ensure accountability, follow-up of internal and external audit recommendations should be linked to the key performance indicators in management performance assessments. It was critical to promote a strong compliance culture throughout the Organization.

The DIRECTOR (Office of Internal Oversight Services) said that 2018 had been the first year in a three-year period when there had been a decline in the overall operating effectiveness of internal controls in country offices, following a period of continuous improvement. The operations examined were those with the highest risk, which could explain the greater challenges in achieving operational compliance. There was, however, a need to address and improve those compliance areas across the board. In each case where unsatisfactory outcomes had been found, negotiations and discussions had been held on additional interim measures to address the issues in a timelier manner. The redesign of 13 business processes under the WHO transformation agenda offered an opportunity for a holistic re-examination of how internal controls could be strengthened across the three levels of the Organization, taking into account the recurring challenges.

Regarding the rise in reports of cases of suspected wrongdoing and misconduct received in 2018, there had also been a significant, systematic increase in the number of reports at other organizations of the United Nations system, which had resulted partly from focused attention from management on awareness and advocacy campaigns to promote appropriate conduct among staff. The mechanism for reporting misconduct, together with the increased trust among staff members that matters would be dealt with, had also contributed to the increase in the number of reports. Acknowledging the adverse impact that the number of reported cases had on the Office's capacity to handle them in a timely manner, he said that the Office had undertaken initiatives to strengthen its temporary capacity and examine where overall capacity needed to be improved. It had initiated a study, in coordination with the Independent Expert Oversight Advisory Committee and the Office of the Director-General, to establish a best-in-class investigation function. The Office's audit and investigation activities were being conducted

in accordance with recommended international standards, and the Office had been considering initiatives to ensure that its activities were consistent with best practices.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) said that mechanisms were in place to address cases of procurement fraud, including detection and whistle-blowing policies, which staff felt comfortable using and which were working well. Furthermore, programmatic and administrative staff were being trained in the area of procurement and how to detect fraud. Key performance indicators were being introduced across the Organization to serve as proxies for the Organization's financial and managerial health. They would be linked to staff performance management and serve as a basis for making staff accountable as part of WHO's compliance culture.

The CHEF DE CABINET said that, given the backlog and the increase in the number of reported cases of suspected misconduct, the Secretariat had, through a tendering process, invited consultants to provide a thorough, forward-looking view of how the investigation function could be structured to allow for timely action to be taken at the highest level.

**The Committee noted the report contained in document A72/40.**

**External and internal audit recommendations: progress on implementation:** Item 16.3 of the agenda (documents A72/41 and A72/67)

The representative of the UNITED STATES OF AMERICA noted with satisfaction the Secretariat's efforts to close outstanding audit recommendations. Changes in travel policy had resulted in increased rates of compliance and some cost savings, and her Government looked forward to further progress to ensure consistency with respect to operating procedures, training of administrative staff and emergency travel. She welcomed the value-for-money initiatives undertaken by the Secretariat and would welcome further information on how value for money would be measured or quantified. She appreciated the allocation of additional resources for the investigation function but was concerned about the growing backlog of cases. Information on the outcome of investigations should continue to be provided in future reports, in line with recommendation 9 of the report of the United Nations Joint Inspection Unit on the review of whistle-blower policies and practices in United Nations system organizations.

The representative of THAILAND called on the Secretariat to monitor closely the implementation of external and internal audit recommendations, noting that the number of cases of fraud had increased from 30 in 2017 to 55 in 2018, and that over half had been related to procurement.

The DIRECTOR (Planning, Resource Coordination and Performance Monitoring) said that value for money was one of the six dimensions of the new output measurement system. A series of questions that sought to identify how value for money was considered when delivering a particular output had been developed for different areas, including timeliness of operations, human resources actions and procurement. A value-for-money network had been established across the Organization and the questions were being reviewed to assess their applicability. Consideration was also being given to assessing value for money and output elements before approval of workplans. If the roll-out proceeded as anticipated, questions concerning value for money would be asked at the beginning of the planning phase to validate workplans and again at the reporting stage.

**The Committee noted the report contained in document A72/41.**

### 3. FINANCIAL MATTERS: Item 15 of the agenda

**Overview of financial situation: Programme budget 2018–2019:** Item 15.1 of the agenda (documents A72/34 and A72/62)

The CHAIRMAN drew attention to document A72/62, the report of the Programme, Budget and Administration Committee of the Executive Board on its deliberations on the item.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that, although the Programme budget 2018–2019 was comfortably funded, she was concerned about inconsistency of funding and pockets of poverty. She highlighted the importance of increasing flexibility of funding in order to address those issues, noting that her Government, which was one of the largest donors of core voluntary contributions, was taking steps in that regard. Her Government had been encouraged by the discussions on that topic at the 2019 WHO Partners' Forum and reiterated its call on the Secretariat to continue to work with Member States and donors to identify and address the barriers facing donors. Efforts were needed to ensure a more sustainable funding approach for certain programmes, such as the WHO Health Emergencies Programme. She welcomed the development of the Programme Budget Portal and looked forward to receiving further data in that regard as the results framework was finalized.

The representative of CHINA welcomed the Secretariat's efforts to improve the security and predictability of financing for the programme budget, noting that funding for base programmes under the Programme budget 2018–2019 was higher than for the previous biennium. However, financing remained uneven among different categories. Given that health systems strengthening and universal health coverage were priority areas in the Thirteenth General Programme of Work and that the burden of noncommunicable diseases was increasing, his Government encouraged more flexible funds to be channelled into those areas. His Government had recently increased the flexibility of its voluntary contributions to WHO and appealed to other governments to do likewise. He welcomed the new resource mobilization and partnership strategy for 2019–2023, and looked forward to further improvements in financing.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, said that although funding for noncommunicable diseases and the WHO Health Emergencies Programme for the biennium 2018–2019 was higher than at the same stage in the previous biennium, it was concerning that those categories would remain the least funded even when all projections had materialized. He noted with satisfaction the increase in implementation levels for the poliomyelitis and special programmes budget segments and encouraged WHO to take steps to strengthen the implementation of the Programme budget 2018–2019 as a whole. He welcomed the resource mobilization and partnership strategy for 2019–2023 and the holding of the 2019 WHO Partners' Forum. WHO should promote a financing dialogue and take advantage of innovative funding mechanisms to avoid dependence on voluntary contributions and increase the flexibility and predictability of funding.

The representative of PANAMA reiterated her Government's concern regarding the low implementation rate and the inequalities that persisted in the allocation of resources by category, in particular with respect to noncommunicable diseases, which were a priority area for Member States. The budget was the lowest approved, yet expenditure was also low, and steps had to be taken to address the situation if the Sustainable Development Goals and universal health coverage were to be achieved. The resource mobilization efforts were welcome, and the Framework of Engagement with Non-State Actors should be observed at all stages. The inequalities in the resources allocated to the Region of the Americas could not be ignored. She expressed concern about the requests for budget increases for the biennium 2020–2021 in the absence of sustained improvements in the efficient allocation of resources. It was also worrying that, although multilingualism was supposed to be a priority for WHO, documents

were not available in the official languages of the Organization owing to insufficient resources for translation.

The representative of the UNITED STATES OF AMERICA said that her Government was pleased that WHO was prioritizing its new resource mobilization and partnership strategy and welcomed the focus on building and strengthening partnerships with new actors, noting the importance of new and sustained funding sources for the ambitious Thirteenth General Programme of Work. Recalling the importance of food safety in global health, she called on the Secretariat and Member States to promote sustainable funding for scientific advice to support standard setting under the Codex Alimentarius.

The representative of ZAMBIA sought clarification from the Secretariat as to why the implementation rate for the base programme segment of the Programme budget 2018–2019 had been lower than expected at the present stage in the biennium. Member States should be informed of the measures being discussed by senior management to tackle that issue so that they could provide appropriate support to country offices. Noting that noncommunicable diseases and the WHO Health Emergencies Programme would remain the least funded categories even after all projections had materialized, she said that the situation should be addressed in the base programme budget for 2020–2021 and its financing. There was a need for greater flexibility in the use of voluntary contributions. She concluded by welcoming the new resource mobilization and partnership strategy, which would help to mobilize the funds required to finance the Thirteenth General Programme of Work.

The representative of GERMANY expressed concern regarding the low implementation rate for the base programme segment and requested further information on the measures being discussed by senior management to address that issue. Future updates on the programme budget should provide information on the strategic use and availability of flexible resources and should describe lessons to be learned for the future.

The representative of MEXICO said that the increase in financing for noncommunicable diseases, although welcome, was insufficient to tackle the global challenges they presented. The polio segment of the budget, which also received financing from the Global Polio Eradication Initiative, was overfunded. A thorough analysis should be undertaken of the financing for corporate services/enabling functions that received more than twice as much funding as noncommunicable diseases. Efforts should be made to ensure that the budget for the Region of the Americas was funded. He welcomed the progress made in improving financing, including the creation of a strategic external relations approach.

The representative of INDONESIA welcomed WHO's continuing commitment to ensure financing for the Programme budget 2018–2019 and tackle remaining challenges in that connection, particularly at the WHO country office in Indonesia. She also welcomed the flexibilities shown by WHO in programme budget implementation, particularly for emergency health issues. Her Government, which noted the low implementation rate for the base programme segment, continued to require support for a variety of national priority programmes.

The representative of THAILAND said that she would welcome measures to achieve a higher implementation rate for the base programme segment and encouraged the Secretariat and Member States to consistently implement the Programme budget 2018–2019 before the last quarter of the budget year. There should be no conflicts of interest among those involved in the WHO Partners' Forum and their work must not be harmful to human health.

The representative of CANADA expressed concern regarding the lower-than-expected implementation rate for the base programme segment and looked forward to receiving information on measures taken to address that issue. She called on the Director-General to fully fund regional WHO offices, including in the Region of the Americas, as per the agreed budget ceilings. Such action was

important for strategic planning, predictability of funding and continuity in programme delivery in all regions. The results framework should include a holistic, lessons-learned approach.

The DIRECTOR (Planning, Resource Coordination and Performance Monitoring) said that, to speed up implementation of the Programme budget 2018–2019, work had been carried out with the Comptroller to develop key performance indicators to measure the rate of implementation for each budget centre: those indicators were already being discussed in internal management meetings. Given the strong connection between levels of funding, predictability and implementation, the Secretariat was working to increase predictability by consistently gathering information about projected funding and using it in decision-making processes, and by informing budget centres of the flexible funds they could expect to receive in the course of the coming year to enable them to plan implementation. The reduced rate of implementation could be explained by various factors, including the large number of emergencies that had diverted resources from core programmes and the remaining pockets of poverty. Acknowledging the funding disparities between offices, he said that the Secretariat had been working to improve the funding of major offices across the three levels of the Organization and expected to see marked changes in the near future. Regarding funding disparities across categories and programme areas, he underlined that there were insufficient flexible funds to offset underfunding in specific programme areas. The Secretariat hoped to see improvements in the biennium 2020–2021 by moving away from a disease-specific approach in the programme budget. The Secretariat would include more detailed information on the financing for corporate services/enabling functions and on flexible funds in future reports, and would seek to include information on challenges and lessons learned.

**The Committee noted the report contained in document A72/34.**

**WHO programmatic and financial reports for 2018–2019, including audited financial statements for 2018:** Item 15.2 of the agenda (documents A72/35, A72/36, A72/62 and A72/INF./5)

The CHAIRMAN recalled that document A72/62, the report of the Programme, Budget and Administration Committee of the Executive Board on its deliberations on the item the previous week, contained a draft decision recommended for adoption by the Health Assembly.

The representative of NORWAY, speaking on behalf of the Nordic and Baltic countries, said that he would have appreciated a fuller deliberation of the results achieved thus far. The reporting of results should be more systematic and less anecdotal, and indicate the progress, challenges and risks involved in achieving the “triple billion” goals. He welcomed the increased level of financial contributions to WHO but noted that increased flexible contributions from a wider group of Member States would be crucial to implementing the Thirteenth General Programme of Work. He called for the strengthening of efforts to improve direct financial cooperation and encouraged a proactive and targeted approach to strengthen administrative capacities at the country level.

The representative of CÔTE D’IVOIRE, speaking on behalf of the Member States of the African Region, said that he was pleased with the maturity of WHO’s internal control system and commitment to ensuring transparency of operations. He also appreciated the alignment of operations conducted in 2018 with the Organization’s Financial Regulations. Although the increase in flexible voluntary contributions was welcome, further contributions were necessary to enable the Secretariat to allocate optimal funding to programmes. He expressed serious concern about the chronic underfunding of noncommunicable diseases programmes and requested the Secretariat to provide information on the measures being taken to remedy the issue. He encouraged the Secretariat to take the necessary steps to improve the implementation rate of the Programme budget 2018–2019.

The representative of THAILAND expressed concern at the underfunding of some key programmes, including noncommunicable diseases programmes and the WHO Health Emergencies Programme, as well as the uncertain resource mobilization from voluntary contributions and problems

related to earmarked funds. Such issues needed to be resolved to ensure the sustainable financial security of WHO. The Secretariat should not only highlight success stories but also analyse the challenges and possible solutions, including with regard to the funding gap. He expressed support for the draft decision.

The CHAIRMAN invited the Committee to note the report of the Programme, Budget and Administration Committee on the WHO programmatic and financial reports for 2018–2019, including audited financial statements for 2018, contained in document A72/62.

**The Committee noted the reports contained in documents A72/35 and A/72/36.**

The CHAIRMAN took it that the Committee agreed to approve the draft decision contained in document A72/62.

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

**Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution:** Item 15.3 of the agenda (documents A72/37 and A72/66)

The CHAIRMAN drew attention to document A72/66, the report of the Programme, Budget and Administration Committee of the Executive Board on its deliberations of the item the previous week, which contained an amended draft resolution in paragraph 7.

The COMPTROLLER said that, since the most recent meeting of the Programme, Budget and Administration Committee, payments had been received from North Macedonia and Sudan. The names of North Macedonia and Sudan would therefore be deleted from the draft resolution contained in paragraph 7 of document A72/66.

The representative of THAILAND welcomed the draft resolution, as amended, and the Secretariat's process for the collection of assessed contributions.

The representative of ALGERIA said that his Government had settled its arrears during the biennium 2018–2019, and requested the Secretariat to update its information.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in paragraph 7 of document A72/66, as recommended by the Programme, Budget and Administration Committee, with the names of North Macedonia and Sudan deleted.

**The draft resolution, as amended, was approved.<sup>2</sup>**

**Special arrangements for settlement of arrears:** Item 15.4 of the agenda (documents A72/60/Rev.1, A72/61 and A72/66)

The CHAIRMAN drew attention to the draft resolutions contained in documents A72/61 and A72/66 on requests for special arrangements for settlement of arrears by the Central African Republic.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA72(16).

<sup>2</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA72.9.



He took it that the Committee wished to approve the draft resolution contained in paragraph 6 of document A72/66, as recommended by the Programme, Budget and Administration Committee.

**The draft resolution was approved.<sup>1</sup>**

The CHAIRMAN drew attention to the draft resolution contained in document A72/60/Rev.1.

The COMPTROLLER said that the Secretariat had received a note verbale from the Government of the Bolivarian Republic of Venezuela stating that it undertook to make its first payment of outstanding arrears by 31 December 2019. Based on that undertaking, and with a view to aligning the language and content of the draft resolution contained in document A72/60/Rev.1 with the resolution contained in paragraph 6 of document A72/66, the Secretariat proposed that the schedule of payments should be amended to indicate that the first payment would be made in 2019.

The representative of the UNITED STATES OF AMERICA, supported by the representatives of BRAZIL, ARGENTINA, PERU and CANADA, requested the deferral of the discussion to allow Member States more time to consider the proposed amendment to the payment schedule, given the short notice provided.

The representatives of the BOLIVARIAN REPUBLIC OF VENEZUELA, the SYRIAN ARAB REPUBLIC, the PLURINATIONAL STATE OF BOLIVIA, NICARAGUA, CHINA, the RUSSIAN FEDERATION, TURKEY and ALGERIA said that the matter in question should be discussed at the current meeting.

The representative of CUBA, rising to a point of order, asked whether the representative of the United States of America had made her request as a point of order.

The representative of the UNITED STATES OF AMERICA said that she had requested the deferral of the discussion on the grounds that the proposal to amend the schedule of payments had been submitted late and was not accompanied by a recommendation from the Programme, Budget and Administration Committee.

The CHAIRMAN clarified that the request made by the representative of the United States of America had not been a point of order.

The representative of CHILE said that she supported deferral of the discussion to allow time to consider the amendment in writing. She asked whether the Legal Counsel could provide advice on how to proceed.

The representative of GUATEMALA said that she supported the proposal to defer the discussion since new documents had been made available at short notice. Under Rule 15 of the Rules of Procedure of the World Health Assembly, relevant documents should be made available to delegations 48 hours prior to the discussion in which they were to be considered. She supported the proposal made by the representative of Chile that the Legal Counsel should advise the Committee on how to proceed.

The representative of CUBA said that it was regrettable that time was being lost in the consideration of the matter at hand. He was prepared to proceed with the discussion at the current meeting. The Secretariat had proposed a simple oral amendment to the draft resolution which did not require lengthy discussion.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA72.10.

The LEGAL COUNSEL said that the request to suspend the discussion fell under Rule 50 of the Rules of Procedure, pertaining to the introduction and discussion of proposals and amendments, rather than Rule 15. As he understood it, the Secretariat had proposed a minor amendment to the draft resolution to take into account additional information received. According to Rule 50, while proposals and amendments should normally be circulated to all delegations at least two days in advance, the Chairman may permit the discussion and consideration of amendments, even though they had not been circulated or had only been circulated on the same day.

The CHAIRMAN, following the clarification provided by the Legal Counsel, suggested that the Committee should continue its discussion the following day to allow time for circulation of the proposal in writing.

(For continuation of the discussion and approval of the draft resolution, see the summary records of the fourth meeting, section 3.)

**The meeting rose at 12:00.**

### **THIRD MEETING**

**Thursday, 23 May 2019, at 14:35**

**Chairman:** Mr. H. BARNARD (Netherlands)

#### **1. AUDIT AND OVERSIGHT MATTERS:** Item 16 of the agenda (continued)

##### **Appointment of the External Auditor:** Item 16.4 of the agenda (document A72/42)

The CHAIRMAN said that the six countries that had nominated candidates to be considered for the position of External Auditor were, in alphabetical order, the Congo, France, Ghana, India, Tunisia and the United Kingdom of Great Britain and Northern Ireland. He invited the candidates to make their personal presentations to the Committee, which should be limited to a maximum of 10 minutes, following which a vote would be taken by secret ballot.

The representative of the MANAGING DIRECTOR OF EXCO CACOGES OF THE CONGO outlined the extensive professional training and experience of the Managing Director of the Brazzaville-based Exco Cacoges, an audit firm that he had founded. He highlighted the Managing Director's work auditing projects financed by international donors, his membership of numerous multilateral professional organizations, and his participation in various international audit-related meetings and conferences.

If appointed as External Auditor, the firm would conduct its work in accordance with best practices, adopting a risk-based approach to its audits of WHO headquarters, regional offices and programmes. There would be an initial planning stage, in which the firm would gain a thorough understanding of the Organization, identify its strategic and operational goals, assess risks and set up an audit plan. During the second stage, the firm would conduct internal controls and financial audits, together with performance audits, to assess the effectiveness and efficiency of WHO activities. During the third and final stage, it would draw up its audit reports, which would be submitted to and discussed with the Director-General.

To conclude, he outlined the candidate's financial proposal, which would be based on 48 auditor-months per year and an audit fee that would decrease progressively over the four-year period.

The representative of the CHAIR OF THE FRENCH COURT OF AUDIT said that the French Court of Audit, a fully independent and autonomous body, had the broadest range of responsibilities of any national audit office in the world. It also helped to drive reforms at both the national and international levels by ensuring that public spending was effective and transparent. Furthermore, as the Court of Audit was responsible for auditing the national health service and public health policies, it had developed extensive expertise in that area. In addition, it had a wealth of experience in conducting external audits for international organizations and participating in international audit and accounting standardization bodies. It had also won recognition for the quality of its audits.

If appointed as External Auditor, the Court of Audit would focus on ensuring that the principle of accountability was adhered to throughout the Organization, that effective fraud prevention and detection mechanisms were in place, and that International Public Sector Accounting Standards were properly applied. Audit topics would be selected in close collaboration with the Secretariat, the governing bodies and Member States, and in keeping with the Thirteenth General Programme of Work, 2019–2023 and WHO's priorities, goals and expected outcomes. It would also work closely with the Office of Internal

Oversight Services and the Independent Expert Oversight Advisory Committee and would call on auditors from other national audit offices, where necessary.

The Court of Audit was sensitive to the cost-management pressures faced by WHO, and its proposal represented good value for money. Lastly, it had not previously served as External Auditor and would therefore be able to bring a fresh, new vision to the Organization.

The representative of the AUDITOR-GENERAL OF GHANA said that the Ghana Audit Service was over 100 years old, had become an independent public office in 1992 and currently employed over 2000 people. Prior to his appointment as Auditor-General of Ghana, the Auditor-General had been a senior financial management specialist at the World Bank. He was currently a member of the United Nations Panel of External Auditors, and the service had been a member of the United Nations Board of Auditors for 24 years, during which time it had audited over 10 United Nations organizations. The service was also a member of several African auditing organizations.

If appointed as External Auditor, the service would provide separate audits for WHO's affiliated entities, and would be available to undertake any special audit request or review the Secretariat might require. Its focus would be on questions of financial policy and practice, with an emphasis on value for money. It would undertake a review of the regulatory framework and corporate governance, an analysis of current and previous budgets and financial statements, and a review of external and internal oversight audit reports. In addition, it would ensure that its reports conformed to WHO and international auditing standards. The service would provide assurances on the adequacy and effectiveness of existing WHO regulations, rules and procedures, on whether approved WHO programmes and activities had been carried out economically, efficiently and effectively to ensure value for money, and on the integrity, reliability and security of information systems.

Past audits carried out by the service had been designed not only to express audit observations, but also to create opportunities for cost savings and improvements in the management of resources. He believed that WHO would benefit immensely from the Ghana Audit Service's expertise and approach.

The representative of the COMPTROLLER AND AUDITOR GENERAL OF INDIA said that the Supreme Audit Institution of India was an independent body. The institution had 86 years of experience of international auditing and currently had over 36 000 staff. The Comptroller and Auditor General was a member of the United Nations Board of Auditors, which he had chaired in 2017 and 2018, and was the current Vice-Chairman of the United Nations Panel of External Auditors. The institution's experience of auditing India's health sector had given it a unique perspective of the developing world and was relevant to WHO's mandate and objectives. Moreover, as auditor to the United Nations, it had dealt with the Sustainable Development Goals, completing an audit of the United Nations Department of Economic and Social Affairs and, in 2017, producing a report on United Nations preparedness for the implementation of the Sustainable Development Goals.

If appointed as External Auditor, the institution's work would be based on 56 auditor-months per year, the highest of the competing proposals, while offering the lowest cost. A coordinator would be present in Geneva at no extra cost. Financial, compliance and performance audits would be undertaken, as would audits of the WHO management reforms. Senior independent officers would vet audit reports for quality assurance before submission. All regional offices, together with selected country offices, would be audited as part of a two-year cycle, and thereby audited twice in the four-year period. WHO affiliated entities would also be audited. Audits would be evidence-based and aimed at providing the highest level of assurance to Member States on the implementation of WHO policies and programmes and would make constructive recommendations to bring about systemic improvements.

The institution's experience would be useful in helping WHO to address its challenges, including management and organizational reforms, achieving the "triple billion" goals and universal health coverage, handling health emergencies and better promotion of health and well-being.

The representative of the TUNISIAN COURT OF AUDIT said that it would conduct its audits in accordance with internationally recognized audit standards. The Tunisian Court of Audit had the necessary skills, expertise and resources to be able to undertake the role of WHO External Auditor, with extensive experience in auditing, financial statements, and compliance and performance monitoring. In addition, it had been carrying out auditing and monitoring in various health-related fields for almost 30 years. It had 20 senior auditors with experience in auditing international organizations and 50 junior auditors who were chartered accountants and conducted audits within the private and public sectors. The Tunisian Parliament had recently passed a law giving the Court of Audit financial and administrative independence, bringing it into line with international standards.

The team would comprise a lead auditor who distributed tasks to two project leaders, one who would manage the audits of the main organization and another who would manage the audits of WHO's affiliated entities. The audit strategy would take a risk-based approach, including the following phases: gaining a thorough understanding of WHO and its environment; assessing the internal control system; performing appropriate audit procedures; and providing an overview of conclusions and producing an opinion. The team would coordinate its activities with the WHO Office of Internal Audit and Oversight. The audit work would require 45 auditor-months per year.

The representative of the COMPTROLLER AND AUDITOR GENERAL OF THE UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the United Kingdom National Audit Office, with its history of independence and working within the United Nations system, understood the responsibilities of being directly accountable to governing bodies and organizations under audit. The Comptroller and Auditor General would be able to draw on his wide-ranging experience of international audits throughout the United Nations system, including his past chairmanship of the United Nations Board of Auditors and his current chairmanship of the United Nations Panel of External Auditors. The team that would be involved was working on the external audit for PAHO and had considerable experience with other field-based organizations. Its members had significant strength in performance audit work and would also draw on the expertise of audit professionals working in relevant health care fields in the United Kingdom, as well as those specializing in information and communication technologies, data analytics and governance systems.

The National Audit Office was committed to delivering high standards of audit and accountability in the international arena and ensuring that good practices were embedded in its work. The Comptroller and Auditor General's team would provide a supportive audit, focusing on the key issues facing WHO and its related bodies, supporting the decision-making processes and providing useful value-added performance recommendations to help to improve the efficient and effective delivery of the Organization's objectives. All core audit team members would be chartered accountants, or training to be chartered accountants, assisted by a range of specialist teams.

A risk-based audit approach would be taken, developing a full understanding of how WHO was organized and governed and how it delivered programmes in the field, in order to appreciate the risks and priorities facing the Organization and tailor the audit accordingly. The team would coordinate with the Internal Auditor to avoid duplication of work and would work closely with the Secretariat to ensure that the audit process was effective and continually improved.

The CHAIRMAN, in accordance with Rule 78 of the Rules of Procedure of the World Health Assembly, invited the Committee to proceed to a secret ballot to appoint the External Auditor. He suggested that, in order to be elected, the candidate must receive a simple majority of the votes cast by members present and voting.

**It was so agreed.**

The LEGAL COUNSEL explained the procedure for the secret ballot. Ballot papers would be distributed only to delegations represented at the Health Assembly and entitled to vote. Those Member States not represented at the current Health Assembly were: Dominica, Niue and Papua New Guinea. Those whose voting rights had been suspended under Article 7 of the WHO Constitution were: Central African Republic, Comoros, Gambia, Guinea-Bissau, South Sudan, Ukraine and Bolivarian Republic of Venezuela.

**Mr Bharadwaj (Australia) and Ms Girón (Honduras) were appointed as tellers.**

The CHAIRMAN said that, in order to save time, the Secretariat should pass around the room with ballot boxes to collect the ballot papers.

**A vote was taken by secret ballot.**

The result of the secret ballot was as follows:

Members entitled to vote	184
Members absent	20
Abstentions	2
Papers null and void	0
Members present and voting	162
India	90
France	28
Tunisia	15
Ghana	14
United Kingdom of Great Britain and Northern Ireland	10
Congo	5
Number required for a simple majority	82

**Having obtained the required majority, India's candidate for the position of External Auditor was elected.**

**The draft resolution contained in paragraph 7 of document A72/42, completed in accordance with the result of the secret ballot, was approved.<sup>1</sup>**

The representative of INDIA thanked Member States and said that she was honoured by the confidence placed in her country's Comptroller and Auditor General. She assured Member States that the external audit would be performed in conformity with the highest professional standards.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA72.11.

At the invitation of the CHAIRMAN, the COMPTROLLER AND AUDITOR GENERAL OF INDIA thanked the Health Assembly and said that he accepted the position of External Auditor with the utmost humility. His team would discharge its duties with truthfulness, integrity and professionalism.

**2. FINANCIAL MATTERS:** Item 15 of the agenda (continued)

**Scale of assessments:** Item 15.5 of the agenda (documents A72/38 and EB144/2019/REC/1, resolution EB144.R6)

The CHAIRMAN drew attention to document A72/38 and invited the Committee to consider the draft resolution contained in resolution EB144.R6.

The representative of ZAMBIA, expressing support for the draft resolution, said that the latest available United Nations scale of assessment for assessed contributions of Member States was fair and equitable, as it took into account Member States' capacity to pay. He supported conducting a periodic review of the scale of assessment, as the socioeconomic conditions of Member States could change. He was optimistic that the Secretariat would be better able to deliver on the targets set in the Thirteenth General Programme of Work, 2019–2023 if Member States made the contributions expected of them.

The representative of CHINA said that her Government was committed to paying its assessed contributions in accordance with the draft resolution. It had also been contributing to the financing of WHO through voluntary contributions since 2017. She expressed her Government's commitment to supporting the implementation of the Thirteenth General Programme of Work.

The representative of THAILAND welcomed the scale of assessments for 2020–2021 and supported the draft resolution. She highlighted the importance of the work previously carried out by the Working Group on Strategic Budget Space Allocation to ensure the transparency, predictability and flexibility of available funding for the Organization.

**The draft resolution was approved.<sup>1</sup>**

**The meeting rose at 17:15.**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA72.12.

## **FOURTH MEETING**

**Friday, 24 May 2019, at 10:50**

**Chairman:** Mr H. BARNARD (Netherlands)

### **1. DRAFT SECOND REPORT OF COMMITTEE B (document A72/73)**

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

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

### **2. STAFFING MATTERS: Item 17 of the agenda**

**Human resources: annual report:** Item 17.1 of the agenda (documents A72/43 and A72/65)

The CHAIRMAN drew attention to the draft decision contained in document A72/43 and to the report on the previous week's discussion of the sub-item by the Programme, Budget and Administration Committee of the Executive Board, contained in document A72/65.

The representative of MOZAMBIQUE, speaking on behalf of the Member States of the African Region, commended the progress made in respect of the global internship programme, broad geographical diversity and gender equity, but expressed concern at the proportion of long-term appointments in the professional and higher categories at WHO headquarters as opposed to country offices, as it was the situation at country level that was most challenging. That being said, the targets set out in the Thirteenth General Programme of Work, 2019–2023, on gender balance, geographical diversity and the distribution of professional and higher categories would no doubt be met in due time, putting countries at the centre of the WHO operating model and making a wide range of technical expertise available at country level. She welcomed the performance management review and the “Pathways to Leadership for the Transformation of Health in Africa” leadership development programme. The results of the United Nations sexual harassment perception survey at WHO demonstrated that the establishment of a safe and respectful workplace in every WHO office was contingent on a policy of zero tolerance.

The representative of THAILAND, noting that the new merit-based selection system and modest financial support for interns opened opportunities for applicants from low- and middle-income countries, said that the financing mechanism for the global internship programme should be sustained. In view of the high prevalence of sexual harassment revealed by the United Nations survey, WHO had to maintain a zero-tolerance policy on all forms of harassment, focus more on primary prevention measures and respond promptly when cases were detected.

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<sup>1</sup> See page 307.



The representative of the RUSSIAN FEDERATION said that further efforts were needed to improve geographical representation and that staff should be selected in line with the fundamental principles set out in the WHO Constitution, particularly Article 35, and the Organization's Staff Regulations and Staff Rules, a consideration that should be emphasized in subsequent human resources reports. He welcomed the detailed data on geographical mobility and the information on the performance management review. With respect to the annual awards for WHO staff and teams, he assumed that the measures outlined were being applied in accordance with standards used throughout the United Nations system and the recommendations of the International Civil Service Commission.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, regretting the report's late publication, supported the calls for more in-depth discussion of the staff mobility policy and consideration of more flexible working arrangements within the Organization. The increase in the number of interns from low- and middle-income countries was a positive development. She asked what was being done to address the concerns of staff members who felt that their managers did not have a zero-tolerance approach to sexual harassment and whether WHO planned to examine the broader cultural issues leading to those concerns.

The representative of AUSTRALIA welcomed the Secretariat's ongoing efforts to strengthen human resources capabilities across all levels of the Organization, the focus on achieving gender balance, the improved representation of women in professional and leadership roles, the diversity target under the Thirteenth General Programme of Work, and the attention to unconscious bias awareness in recruitment processes; more needed to be done, however, to improve geographical representation across the Organization. She asked how the Secretariat planned to address the concern expressed by the Independent Expert Oversight Advisory Committee at the absence of a strategic human capital plan aligned with the Thirteenth General Programme of Work. In view of the results of the United Nations sexual harassment perception survey, particularly the high prevalence of sexual harassment reported by certain demographic groups, WHO must establish systems, policies and a culture to prevent and respond effectively to all forms of harassment.

The representative of HAITI, speaking on behalf of the Core Group on WHO Internship Programme Reform, noted the challenges faced by WHO in creating an internship programme that trained young professionals from across the world. While transformation took time, it was important for Member States to understand the path it would follow, particularly in terms of how the new selection process would work, how applications from qualified candidates would be reviewed and the criteria against which candidates would be judged. The process must be transparent for Member States and embedded in long-term WHO procedures. He welcomed the announcement of the monthly stipend, asked for further information on how intern eligibility for funding would be assessed, and noted that the Secretariat's report did not mention travel assistance. The Secretariat should set out its plan for securing funding from internal and external sources, and provide a detailed briefing to Member States in the autumn of 2019, ahead of the launch of stipends in January 2020, on its strategy for implementing and funding resolution WHA71.13 (2018), on reform of the global internship programme.

The representative of the UNITED STATES OF AMERICA appreciated the progress made towards creating a respectful workplace and fostering an ethical and diverse work environment. The Executive Board should be updated on the work of the task force established to develop guidance for WHO's geographical mobility policy and information should continue to be provided on the specific measures taken by the Secretariat to improve gender parity and geographical representation.

The representative of the NETHERLANDS, noting that senior management had expanded considerably over the previous two years, said that it was important for Member States to better understand the deliverables for those positions in WHO's new structure. She wished to receive more information on the new staff mobility policies and on the effectiveness and outcomes of mobility. She welcomed the Secretariat's action to address harassment, sexual harassment and abuse of authority; its

resolve to implement the reference model policy of the United Nations System Chief Executives Board for Coordination and to continue to look for ways to improve policies; and its plans for further dialogue with Member States with a view to creating a safe working environment.

The representative of GERMANY said that it was not clear that gender parity was being achieved at country level and that efforts to that end should be pursued. He encouraged the Secretariat to find mechanisms for recruiting more female WHO Representatives and suggested that future reports should contain updated sick leave statistics, as those were an important indicator of how staff felt. He strongly urged the Secretariat to start making use of mobile work possibilities and to adhere to United Nations best practices with regard to the establishment of higher professional grades, the overall size of senior management, and the exceptional use of direct appointments. He fully supported the Director-General's approach of engaging with all staff to communicate the implications of the transformation agenda, but noted that the WHO staff associations believed that there was room for improvement in that regard.

The representative of CANADA, also regretting the report's late publication, welcomed improvements in gender balance and the training provided on unconscious bias, but expressed serious concern about the lack of transparency in senior staff appointments, the inflation in the level of senior staff positions and the increase in the number of such positions over the previous two years, which was using up a significant amount of flexible, assessed contributions. The recent senior staff shuffle was the second time that positions had been filled in the absence of clear information on the posts available and ran contrary to best practices. The Secretariat should commit to reducing the number and level of senior staff in the future and engage in transparent and merit-based recruitment processes at all levels of staffing. She asked what action the Secretariat was taking to address the finding of the United Nations sexual harassment perception survey that only slightly over half of respondents had felt that senior leaders demonstrated zero tolerance for sexual harassment or that a sexual harassment complaint would be thoroughly investigated, and called on the Director-General and senior management to continue to ensure a safe and respectful workplace.

The representative of CHINA welcomed WHO's achievements with regard to gender balance and geographical representation, and noted the diversity target, set out in the Thirteenth General Programme of Work, for at least one third of directors at headquarters to be nationals of developing countries. He noted that the global internship programme was essential for developing future leaders in global public health and that an additional amount of US\$ 2 million was required to host the same number of interns in 2020, and called on WHO to mobilize additional resources to keep the programme on track. He endorsed the draft decision.

The representative of MEXICO noted the increase in the number of individuals hired on non-staff contracts over the previous year and the fact that, under the present administration, several appointments had been made at Director level without the membership being given the necessary information. Such action should be avoided and steps taken over the medium term to curtail growth in the workforce. He welcomed the efforts made to promote a culture of respect and encouraged the Secretariat to maintain a zero-tolerance approach to harassment, sexual harassment and abuse.

The representative of INDONESIA expressed the hope that implementation of resolution WHA71.13 (2018) would lead to major improvements in the global internship programme and give Member States, particularly developing countries, more opportunities to send their young professionals to WHO. Interns gained valuable experience in addressing multi-faceted global health issues, hence the need to ensure the programme's sustainability.

The DIRECTOR AD INTERIM (Human Resources) thanked participants for their supportive comments, including on geographical diversity and gender parity, in particular at the country level. The Secretariat would be pleased to provide information on the work of the task force reviewing the geographical mobility policy and to brief Member States, in the second half of 2019, on the global

internship programme, the implementation plan for the introduction of stipends in 2020 and the associated funding. It would include statistics reflecting staff health and well-being in future reports. The introduction of flexible working arrangements, in particular through the establishment of a strong team-oriented culture, was being considered in the context of the transformation agenda.

The DIRECTOR (Compliance, Risk Management and Ethics) thanked Member States for their pertinent comments on a respectful workplace. WHO had a zero-tolerance policy towards sexual harassment and all forms of abuse, and had adopted a very robust system to prevent such practices, including the whistleblower policy, the integrity hotline and the policy on the prevention of sexual harassment, which was under review. However, as the United Nations survey had shown, much remained to be achieved. The results attained by WHO were largely in line with those of other organizations in the United Nations common system. WHO played a very active role in the United Nations System Chief Executives Board Task Force on Addressing Sexual Harassment in the system's organizations, which was currently revising the questionnaire for the staff perception survey to increase the response rate. Having noted the settings in which WHO's operations took place and the differences in, and diversity of, its workforce, he said that the Secretariat would welcome a dialogue with Member States on integrity and diversity.

The CHEF DE CABINET reiterated the absolute commitment of senior management to a zero-tolerance policy towards any form of harassment. The function of the Office of Internal Services was being reviewed and the resulting recommendations would be implemented in 2019 with a view to dealing with the backlog of cases. The Organization's leadership was fully committed to implementing transparent, merit-based processes and United Nations guidelines for recruitment of staff at all grades. Any deviation from that procedure would indeed be exceptional.

The CHAIRMAN took it that the Committee was prepared to approve the draft decision in document A72/43.

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

**Report of the International Civil Service Commission:** Item 17.2 of the agenda (document A72/44)

The representative of CHAD, speaking on behalf of the Member States of the African Region, welcomed the Director-General's efforts to implement the Commission's recommendations. With regard to the review of pensionable remuneration, he welcomed the revision of the common scale of staff assessment that took into account the need to maintain the remuneration of staff in the professional and higher categories. He noted that the measures recommended in connection with the end-of-service grant were consistent with international labour legislation. He also welcomed the Commission's recommendation with regard to diversity and gender and called on the Director-General to continue his efforts to achieve gender balance and apply the new gender policy in recruitment. Efforts should also be pursued to promote diversity of staff, as Africans remained underrepresented in WHO's workforce. The promotion of diversity should not, however, overshadow merit or be seen as a means of favouring one group over another. In connection with the review of the level of the dependant's allowance, he called on WHO to take into account the specificities of each duty station, including with respect to conversion to the local currency using the official United Nations exchange rate. Regarding the Commission's proposal that the decision whether or not to install eligible dependants in hardship stations be left to the staff member, he suggested that particular emphasis should be given in that connection to stations in conflict or epidemic areas.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA72(17).

The representative of THAILAND expressed strong support for the steps taken to ensure equality in all areas of WHO. The Commission's review of salary survey methodologies for general service and other locally recruited staff, and the input of local stakeholders, would be useful for WHO working groups.

The representative of AUSTRALIA commended the constructive efforts being made to improve the post-adjustment system methodology used for salary adjustments. The methodology should be defensible, transparent and replicable across the United Nations system. Efforts to increase diversity and gender equality in the WHO workforce were welcome and should be encouraged.

In reply to a query from the representative of Indonesia, the DIRECTOR AD INTERIM (Human Resources Management) said that implementation of the Commission's recommendations was not expected to have any major impact on the programme budget, as the Secretariat used standard costs in budgeting exercises.

**The Committee noted the report.**

**Amendments to the Staff Regulations and Staff Rules:** Item 17.3 of the agenda (documents A72/45 and EB144/2019/REC/1, resolutions EB144.R7 and EB144.R8)

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in resolution EB144.R8.

**The draft resolution was approved.<sup>1</sup>**

**Appointment of representatives to the WHO Staff Pension Committee:** Item 17.4 of the agenda (document A72/46)

The representative of THAILAND welcomed the fact that geographical representation was taken into consideration when appointing representatives.

The CHAIRMAN drew attention to the proposal to nominate Dr Gerardo Lubin Burgos (Colombia) as a member of the WHO Staff Pension Committee until the closure of the Seventy-fifth World Health Assembly in May 2022.

**It was so decided.<sup>2</sup>**

The CHAIRMAN drew attention to the proposal to nominate Dr Arthur Williams (Sierra Leone) as an alternate member of the WHO Staff Pension Committee until the closure of the Seventy-fifth World Health Assembly in May 2022.

**It was so decided.<sup>2</sup>**

**Report of the United Nations Joint Staff Pension Board:** Item 17.5 of the agenda (document A72/47)

The representative of THAILAND said that she appreciated the transparency and accountability of the United Nations Joint Staff Pension Board.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA72.13.

<sup>2</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA72(18).

The representative of the UNITED STATES OF AMERICA expressed support for the implementation of measures pursuant to the recommendations of the United Nations Board of Auditors and the Office of Internal Oversight Services, particularly with regard to ensuring better oversight of the pension fund and its assets, and the administration of benefits.

**The Committee noted the report.**

**3. FINANCIAL MATTERS:** Item 15 of the agenda (continued)

**Special arrangements for settlement of arrears:** Item 15.4 (documents A72/60 Rev.1, A72/61 and A72/66) (continued from the second meeting, section 3)

The CHAIRMAN took it that the Committee agreed to approve the draft resolution contained in document A72/60 Rev.1.

**The draft resolution was approved.<sup>1</sup>**

The representative of BRAZIL, speaking on behalf of Argentina, Canada, Chile, Colombia, Costa Rica, Guatemala, Honduras, Paraguay and Peru, said that he did not recognize the regime in the Bolivarian Republic of Venezuela, which had asked to reschedule the payment of arrears, owing to the flawed electoral process that had brought it to power.

The representative of the UNITED STATES OF AMERICA endorsed that statement. His Government disassociated itself from the decision to approve the draft resolution, which should not have been considered during the present session as it had not been submitted in accordance with resolution WHA54.6 (2001) and had been amended at the last minute. The Venezuelan regime had destroyed public health infrastructure, leading to the mass emigration of Venezuelan nationals in search of basic health care. His Government supported the Venezuelan people as they strove to reclaim democracy and establish a functioning government. The people sitting behind the Venezuelan name plate in the present meeting did not represent the legitimate interim government of the Bolivarian Republic of Venezuela and the governing regime should not enter into financial agreements with WHO.

The representative of AUSTRALIA said that she rejected the legitimacy of the Venezuelan regime and supported the concerns of Lima Group countries, including regarding the restoration of voting rights to the Bolivarian Republic of Venezuela.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that, over the previous three years, his country had been subject to punitive criminal sanctions imposed by the Government of the United States of America, including an embargo on the oil exports that accounted for most of its income and the illegal freezing of its gold reserves by the Bank of England and its foreign bank accounts. As well as causing suffering among the Venezuelan people, the sanctions had significantly limited the country's income and complicated its international payments. Despite those difficulties, the Minister of Foreign Affairs had contacted the Director-General to arrange the settlement of arrears, with the first payment to be made by 31 December 2019. He was grateful to the countries that had supported the draft resolution.

The representative of ISRAEL endorsed the statements made by the representatives of Brazil and the United States of America.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA72.14.

The representative of CUBA welcomed the resolution's approval by consensus, despite the attempt of a small group of countries to politicize the discussion. The resolution would enable the only legitimate government elected by the Venezuelan people to meet its international commitments to promote health and access to health care.

The representative of NICARAGUA expressed support for the resolution and said that there should be no interference in the sovereign decisions of the Venezuelan Government, which had rescheduled the payment of its arrears in cooperation with WHO. The payment schedule showed the strong commitment of the Bolivarian Republic of Venezuela to WHO, and it was regrettable that Committee B, a primarily technical forum, had been politicized.

The representative of the PLURINATIONAL STATE OF BOLIVIA welcomed the arrangement enabling the Bolivarian Republic of Venezuela to settle its arrears and recover its voting rights. The matter was a purely technical issue relating to the contributions of a sovereign State to the WHO budget. She commended the commitment of the legitimate government of the Bolivarian Republic of Venezuela to meet its financial obligations.

The representative of BURUNDI said that the Venezuelan people had the right to health care; he therefore supported the resolution and the proposed payment schedule.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA welcomed the resolution's approval by consensus. He supported the legitimate right of the Government of the Bolivarian Republic of Venezuela to participate in the work of the Health Assembly and objected to the politicization of the Committee's work.

The representative of ALGERIA expressed regret that, once again, political considerations were interfering with the Committee's business. He called on colleagues to restrict their comments to technical matters and encouraged all Member States to meet their financial obligations, in order to ensure that the Organization had sufficient funds for its work. He expressed support for the request submitted by the Government of the Bolivarian Republic of Venezuela to that end.

The representative of the SYRIAN ARAB REPUBLIC, echoing earlier speakers, welcomed the resolution. She urged members to avoid politicizing the work of the Committee, to focus on the technical aspects of its work, and to support the resolution.

The representative of the ISLAMIC REPUBLIC OF IRAN expressed support for the resolution and said that he objected to the politicization of what ought to be technical issues. He welcomed the efforts of the legitimate Government of the Bolivarian Republic of Venezuela to meet its financial obligations.

The representative of THAILAND also expressed support for the resolution.

The representative of CHINA said that the situation in the Bolivarian Republic of Venezuela should be resolved through inclusive political dialogue at the national level, rather than external interference and the use of unilateral sanctions. Given that WHO was a specialized agency of the United Nations, its approach should be aligned with that of the United Nations General Assembly. She called for sanctions against the Bolivarian Republic of Venezuela to be lifted as soon as possible in order to facilitate its social and economic development, and to improve people's livelihoods.

The representative of the RUSSIAN FEDERATION welcomed the approval of the resolution, as it would provide WHO with additional financial resources. Furthermore, the restoration of its right to vote would allow the Bolivarian Republic of Venezuela to participate fully in the work of the Organization's governing bodies.

The representative of SUDAN, echoing the statements of other delegates, said that it was vital to avoid politicizing the work of the Committee and urged Member States to support the resolution, so that the people of the Bolivarian Republic of Venezuela could continue to receive health services.

**4. MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS:** Item 18 of the agenda (continued)

**Multilingualism:** Item 18.2 of the agenda (document A72/53)

The representative of the RUSSIAN FEDERATION welcomed the cooperation between his country and WHO on the translation of publications and asked for information on WHO's involvement in interagency coordination to share translation services. It would also be useful to have information on the average cost of one page of translation in each of the Organization's official languages and an annual report on multilingualism, to improve awareness of translation-related expenses. Vacancy announcements should be posted in all official languages, as a way of raising awareness of openings and improving geographical representation among WHO staff.

The representative of CHINA, while expressing appreciation for the Secretariat's efforts to promote multilingualism, said that much still remained to be done, including to ensure that conference documents were published sufficiently in advance in all official languages. He encouraged the Secretariat to continue to promote multilingualism, notably by cooperating with external translation service providers, recruiting volunteer translators and developing online language training courses.

The representative of BAHRAIN expressed support for the Secretariat's work to ensure that the six official languages were treated equally, to find creative ways to promote multilingualism and to translate more documents. However, the measures outlined in the Director-General's report for the translation of material on the WHO website were inadequate. The requirement to consider the number of speakers of a given language, and to translate content accordingly, did not comply with the provisions of resolution WHA71.15 (2018) on multilingualism.

In response to a request from the representative of Portugal, the CHAIRMAN suggested that the discussion on agenda item 18.2 should be suspended until the afternoon meeting.

**It was so agreed.**

(For the continuation of the discussion, see the summary record of the fifth meeting, section 1.)

**5. OTHER MATTERS REFERRED TO THE HEALTH ASSEMBLY BY THE EXECUTIVE BOARD:** Item 19 of the agenda (documents A72/54 Rev.1, A72/54 Rev.1 Add.1, A72/55 Rev.1 and A72/55 Rev.1 Add.1)

The CHAIRMAN invited the Committee to consider the draft decision contained in document A72/54 Rev.1, on the designation of 2020 as the International Year of the Nurse and the Midwife. The financial and administrative implications for the Secretariat were set out in document A72/54 Rev.1 Add.1.

The representative of THAILAND expressed support for the draft decision and encouraged Member States to make sustainable investments in bolstering nursing and midwifery capacity, which was also a focus of the Nursing Now campaign.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND endorsed the draft decision. Investment in nursing and midwifery promoted better health, quality care and gender equality, and would drive countries to achieve universal health coverage and the Sustainable Development Goals.

The representative of JAPAN also endorsed the draft decision. Work done by nurses enabled great progress towards attainment of the Sustainable Development Goals, notably in terms of gender equality, and his Government was willing to share its experience in that regard.

The representative of AUSTRALIA said that designating 2020 as the International Year of the Nurse and the Midwife would help to highlight the history and development of modern nursing, as 2020 also marked the 200th anniversary of the birth of Florence Nightingale. Universal health coverage could not be achieved without the essential contribution of nurses and midwives.

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

The CHAIRMAN invited the Committee to consider the draft decision contained in document A72/55 Rev.1, on the establishment of World Chagas Disease Day. The financial and administrative implications for the Secretariat were set out in document A72/55 Rev.1 Add.1.

The representative of COSTA RICA, observing that Chagas disease was endemic in 21 countries in the Americas, where it was the most common communicable tropical disease, expressed support for the draft decision.

The representative of THAILAND said that the establishment of World Chagas Disease Day would heighten awareness of the disease across sectors and result in multisectoral action. She also hoped that it would improve early detection and prevention.

The representative of BRAZIL proposed that the words “to be celebrated on 14 April” should be added to end of the draft decision, to mark the date on which the disease was first diagnosed, by Dr Chagas in Brazil.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee’s third report and adopted as decision WHA72(19).



The representative of the UNITED STATES OF AMERICA, while expressing support for the draft decision (and for the decision contained in document A72/54 Rev.1), asked the Secretariat to adopt a strategy and criteria for the adoption and evaluation of specialized health days and years, including their related costs, in order to maximize their effectiveness and impact.

The EXECUTIVE DIRECTOR (External Relations and Governance) said that an Executive Board report on world health days (document EB 144/39/Rev.1) discussed the criteria and costs related to the establishment of specialized health days. Further feedback on and discussion of the report was welcome.

At the invitation of the Chairman, the SECRETARY read out the draft decision as amended: “The Seventy-second World Health Assembly, having considered document A72/55 Rev.1, decided to establish World Chagas Disease Day, to be celebrated on 14 April.”

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

**The meeting rose at 12:40.**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee’s third report and adopted as decision WHA72(20).

## **FIFTH MEETING**

**Friday, 24 May 2019, at 14:40**

**Chairman:** Mr H. BARNARD (Netherlands)

### **1. MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS:** Item 18 of the agenda (continued)

**Multilingualism:** Item 18.2 of the agenda (document A72/53) (continued from the fourth meeting, section 4)

The representative of MONACO said that WHO should develop a multilingual and multicultural environment, in particular during its current stage of transformation. She regretted that some of the documents for the Seventy-second World Health Assembly had been made available in languages other than English only after a long delay, and that other documents had not been translated. To achieve universal health coverage, it was necessary to adapt to different contexts and languages and for the Secretariat to continue training and recruitment efforts in that regard.

The representative of CABO VERDE, speaking on behalf of 40 Member States from a range of language groups,<sup>1</sup> said that she would deliver her statement in four languages to highlight the importance of multilingualism to those Member States. It was regrettable that the Organization still failed to operate on a truly multilingual basis; most publications and guidelines only existed in English, and current efforts to improve the planning and prioritization of normative instruments at all three levels would not guarantee the linguistic diversity desired. Multilingualism should not be viewed as a restriction or cost, but rather as a key way to improve the effectiveness and transparency of activities – it contributed to the improvement of global health policies and ensured that everyone was able to access information and opportunities for scientific and technical cooperation.

All WHO guidelines should include, as a minimum, a summary of recommendations in all the official languages at the time of publication, and scientific documents should be produced in other languages in addition to the official six. It was problematic that most departments at WHO headquarters were unable to use documents in languages other than English and had to resort to a translation service; that stemmed from the policy of recruiting in English, a form of discrimination that favoured English-speaking candidates. Urgent steps should be taken to remedy that situation and promote applications in different languages, which would also help achieve the geographical diversity sought by the Organization.

Noting that multilingualism was enshrined in the founding texts of the United Nations, she called on the Secretariat to fully implement resolution WHA71.15 (2018) and seek ways to increase multilingualism using the resources available, including by sharing best practices with other organizations of the United Nations system.

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<sup>1</sup> Angola, Argentina, Belgium, Belarus, Bolivia (Plurinational State of), Brazil, Cabo Verde, Canada, Chile, China, Colombia, Costa Rica, Côte d'Ivoire, Djibouti, Dominican Republic, El Salvador, Equatorial Guinea, France, Guatemala, Guinea-Bissau, Haiti, Honduras, Ireland, Italy, Luxembourg, Mozambique, Niger, Panama, Paraguay, Peru, Portugal, Romania, Russian Federation, Sao Tome and Principe, Spain, Switzerland, Timor-Leste, Togo, Uruguay, Venezuela (Bolivarian Republic of).

The representative of CANADA said that she supported promotion of the official languages within WHO using the resources available. She appreciated WHO's efforts to take advantage of new technologies and use other resources within the United Nations system to make translation and interpreting services more efficient. She encouraged the Secretariat to appoint a coordinator for multilingualism in order to promote multilingualism in its daily work.

The representative of NICARAGUA called on WHO to fully implement resolution WHA71.15 (2018). He appealed to the Secretariat to step up its efforts at the highest levels of management to produce vacancy announcements, publicity and communications, final meeting reports and annual reports in various languages. Multilingualism was a foundational aspect of the United Nations and therefore a priority.

The COORDINATOR (WHO Press) expressed regret at the late translation of documents submitted to the Seventy-second World Health Assembly. There had been an unprecedented decision to make documents available as soon as they were ready, regardless of the language, but normal procedures would be followed for future meetings of WHO governing bodies. Standardization of vacancy notices, along with collaboration in the United Nations system with respect to machine translation, would make their translation easier and more cost-effective. She was aware that the WHO website did not reflect the six official languages on an equal footing and that more efforts were needed to ensure that scientific and technical information was available in all the languages needed. The translation capacity for the governing bodies was being coordinated with the United Nations and strengthened through the adaptation of United Nations computer-assisted translation tools.

The position of coordinator for multilingualism was being considered in the context of WHO transformation. The planning processes for technical documentation were being examined so that translations into the official languages could be provided when documents were at the drafting stage. She encouraged Member States to closely follow the global goods planning process and measure its progress. The geographical balance and multilingual capacities of Secretariat staff members had been measured and reported on, and the results indicated a variety of linguistic capabilities. One of the innovations proposed to counter the preponderance of English was the use of closed-caption machine interpretation for technical meetings, which would be trialled in 2019.

**The Committee noted the report.**

## **2. MATTERS FOR INFORMATION: Item 21 of the agenda**

**Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control: Item 21.1 of the agenda (document A72/57)**

The representative of the SECRETARIAT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL said that 2018 had been a momentous year for tobacco control efforts: the Protocol to Eliminate Illicit Trade in Tobacco Products had entered into force, and the eighth Conference of the Parties to the WHO Framework Convention on Tobacco Control and first Meeting of the Parties to the Protocol had been held. The Conference of the Parties had shone a spotlight on the environmental impact of tobacco and adopted the Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through Implementation of the WHO Framework Convention on Tobacco Control, 2019–2025. It had also adopted several measures to maximize transparency, in order to protect the integrity of governance of the Convention and Protocol against the intrusion of tobacco industry interests. The Parties to the Convention had sent a strong and clear message that they would act to protect their public health policies relating to tobacco control from tobacco industry interests in accordance with

national law. She encouraged Member States that had not yet become party to the Convention or Protocol to do so.

The representative of PANAMA said that the decision to maximize the transparency of delegations and observers and the adoption of a code of conduct for members of the Bureau of the Conference of the Parties and the Convention Secretariat were fundamental to the Convention's sustainability. The tobacco industry continued to undermine progress to protect people worldwide from addiction, illness, disability and death caused by its products. The Global Strategy would strengthen synergies between the Secretariats of the Conference of the Parties and WHO, boost resources to achieve the Sustainable Development Goals and help to save more lives. It was important for the two Secretariats to work together to prevent the tobacco industry from undermining the commitment of governments to protect public health and implement the Convention.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement. The Convention was an effective global tool for tobacco control and an important component of the 2030 Sustainable Development Agenda. She reaffirmed the European Union's strong commitment to Article 5.3 of the Convention, on the protection of public health policies from the tobacco industry. She urged the WHO and the Convention Secretariats to strengthen cooperation and reinforce partnerships across the United Nations system and with other international organizations. She encouraged WHO to help to enact the decisions of the Conference of the Parties. It was important to swiftly conclude the hosting agreement between the Convention and the WHO Secretariats, and for WHO to ensure that adequate resources were available for the work set out in the decisions of the Conference of the Parties, particularly with respect to novel and emerging tobacco products. She welcomed the entry into force of the Protocol, congratulated the Parties to the Convention who had recently joined it, and called upon those that had not done so to ratify, accept, approve, formally confirm or accede to the Protocol.

The representative of BAHRAIN said that it was essential for all the Parties to the Convention to implement the decisions adopted by the eighth Conference of the Parties. His Government would continue to support the WHO Secretariat and the Conference of the Parties to ensure that such decisions were effectively implemented and efforts deployed to reduce the impact of tobacco consumption on public health.

The representative of CHINA welcomed the decisions adopted by the eighth Conference of the Parties and the emphasis placed on the global agenda on noncommunicable diseases and South–South and triangular cooperation. He supported an information exchange mechanism between the Conference of the Parties and the Health Assembly, which would lead to enhanced cooperation and joint efforts to promote health.

The representative of AUSTRALIA said that she encouraged the strengthening of synergies between the Conference of the Parties and the Health Assembly as a means of heightening the Convention's visibility and profile. She was pleased that the Director-General had addressed the eighth Conference of the Parties and reaffirmed her Government's commitment to the continued implementation of the Convention.

The representative of BRAZIL said that the Protocol was a fundamental instrument to further promote global health. It would help all ratifying countries to deal with important social and economic issues.

The representative of INDIA said that it was essential to strive for better implementation of the Convention and Protocol. A road map should be developed to guide Parties to the Convention, the Convention Secretariat and other stakeholders in that regard. Tobacco was an environmental and sustainable development issue as well as a health matter. Tobacco control therefore required a holistic approach involving environment and sustainable development partners. He supported the strengthening of synergies between the Health Assembly and the Conference of the Parties.

The representative of the NETHERLANDS said that the Convention had been very effective in controlling tobacco and noncommunicable diseases. The eighth Conference of the Parties had delivered clear results in terms of its implementation; she encouraged the Convention Secretariat to follow up on that work in synergy with all relevant WHO departments.

The representative of THAILAND expressed concern at the tobacco industry's interference in "best buy" interventions by governments in tobacco control. Furthermore, it was worrying that novel tobacco products involving, for example, heated tobacco had been marketed even though claims that they had no negative health impact were based on unclear evidence. She called upon the Director-General to closely collaborate with different sectors, conduct research on novel tobacco products and their health impact, and monitor tobacco industry activities that hampered the Convention's implementation.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, called on the WHO Secretariat to support actions to reduce tobacco exposure and use among children, adolescents and young people, including: supporting the Global Strategy; expanding the focus of the Global Strategy to include children and adolescents; addressing the impact of novel tobacco products on the health and well-being of children, adolescents and young people; strengthening efforts to limit the tobacco industry's misleading marketing tactics; and encouraging Member States to implement and enforce tobacco control policies.

The CHEF DE CABINET said that the WHO Secretariat would provide support to facilitate the work between the Health Assembly and the Conference of the Parties, and was committed to supporting the work of the Convention Secretariat. Progress had been made regarding the hosting agreement, and technical work was being aligned to address challenges in the common agenda.

**The Committee noted the report.**

The CHAIRMAN suggested that the Committee should consider agenda items 18.1 and 20 together and start its deliberations by considering the report contained in document A72/48, on the WHO transformation agenda.

**It was so agreed.**

**3. MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS:** Item 18 of the agenda (resumed)

**WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform:** Item 18.1 of the agenda (documents A72/48, A72/49, A72/50, A72/51, A72/52, A72/INF./4, A72/64, EB143/2018/REC/1 and decision EB143(7), and EB144/2019/REC/1 and decisions EB144(3) and EB144(4))

**COLLABORATION WITHIN THE UNITED NATIONS SYSTEM AND WITH OTHER INTERGOVERNMENTAL ORGANIZATIONS:** Item 20 of the agenda

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

She welcomed the approach of the transformation agenda to harmonize activities across WHO, increase accountability and strengthen the production of global goods. More clarity was needed on how recent changes in the structure and management of the Organization, including its new operating model, would help to achieve the transformation agenda's goals. Turning to the four pillars supporting WHO's single, streamlined structure, she asked why, under the programmes pillar, communicable and noncommunicable diseases were covered by a single division, whereas antimicrobial resistance was covered by a separate division, and what topics would be covered by the healthier populations division. It was also unclear how topics such as maternal health, human rights and poliomyelitis transition would be addressed. More information was also needed on the four cross-cutting corporate divisions intended to support and enable WHO's programme and emergency work.

To strengthen its credibility, the Organization must ground its normative work in science and epidemiology. She was pleased that the Science Division would lead the work on WHO's digital strategy and innovation, but asked for more information on how such work would reinforce WHO's intended political messages and on the budgetary implications of the Division's creation.

The Secretariat should provide more information on the WHO Values Charter. Although the approach to strengthen partnerships, including with non-State actors, was welcome, it must be accompanied by an appropriate risk management policy. She requested an evaluation of the outcome of the WHO Partners Forum in 2019 and more details on the planned WHO foundation and its control mechanisms.

The representative of the RUSSIAN FEDERATION expressed support for the transformation agenda, which should be carried out swiftly and in full accordance with United Nations development system reform. She welcomed the project approach to implementation, including performance monitoring, and highlighted the importance of including Member States in the consideration of key decisions in a fully transparent manner. Providing comprehensive and timely progress reports on changes under the transformation would ease the psychological pressure on staff. She expected such changes to be agreed at all levels, most importantly at the country level. She wished to be informed on the consultation processes, time frames for submission of the relevant documents, procedures for staff recruitment under the new models, and the budgetary implications for the biennium 2020–2021. She hoped that all changes under the transformation would be concluded by the end of 2021.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, welcomed the broad consultations on the new operating model, which had led to agreement on four key principles aligned with United Nations development system reform and had contributed to managerial efficiency, enhanced programmatic output and better governance. He hoped that the Secretariat, with the support provided to it, would be better positioned to reduce the disease burden worldwide, particularly in Africa. Universal health coverage would not be achieved unless people were put at the centre of change, which was the overarching principle of the second phase of the transformation agenda. He supported the Secretariat's coordination approach, as it would increase transparency, efficiency and accountability. His Region was committed to the ongoing reforms and shared the goal of ensuring that the priorities, needs and expectations of countries were well coordinated with partners. He agreed that the action taken thus far had demonstrated a clear and genuine move towards implementation of the transformation agenda and achievement of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages).

The representative of AFGHANISTAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, thanked WHO for being a driving force in United Nations development system reform at the global, regional and country levels. WHO must maintain its lead role in all health-related matters, especially in United Nations country teams. He therefore recommended that it consolidate its country presence, which he hoped would be a key outcome of the ongoing functional reviews of WHO country offices in the Eastern Mediterranean Region. Heads of WHO country offices should be selected in a transparent and merit-based process to ensure that they had the competencies needed to work in the new partnership environment across the United Nations system.

The representative of CHINA commended the new operational model, but noted that regional and country offices had not officially begun restructuring, a matter that should be followed up as soon as possible. With regard to United Nations development system reform, the principle of Health in All Policies could not be achieved by WHO alone; United Nations Resident Coordinators would hopefully support the Organization's efforts to promote coherent multisectoral health policies and actions. As the guiding and coordinating authority on health, WHO should maintain its right to contact Member States and key partners directly on health issues. A coordination mechanism between WHO and Resident Coordinators should be established soon to prevent the Organization's efficiency from being affected at the country level.

The representative of CANADA welcomed the continued progress in WHO transformation and the details on the new operating model, but asked for further information on the accountability relationships between the different levels of the Organization and its governing bodies. Enhancing impact at country level implied strengthening country offices, including by ensuring that competent staff were in the right places. Although WHO's transformation efforts were appreciated, constant change could be destabilizing for staff. She called for a return to stability and predictability so that the Organization could conduct its work as effectively as possible.

The representative of THAILAND said that the transformation agenda would be successfully implemented only when all key players were willing to change. Both Secretariat staff and Member States should play an active role in, and be accountable for, health outcomes. A monitoring platform should be established to review progress, address challenges and find solutions. The functions and roles under the Organization's new structure should be continually discussed and clarified in order to facilitate the integration of cross-programmatic work and coordination across the three levels. His Government looked forward to a transformation in vision and regular updates on progress.

The representative of JAPAN expressed concern that major reform might affect WHO productivity. He asked the Secretariat to ensure that reform had no effect on WHO's day-to-day work and to provide information on the number of senior Secretariat positions, which was needed to assess its structure.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that it was important to have as much information as possible to ensure that the Organization was well positioned in its transformation process. It would be useful to have specific outlines of how the transformation agenda would be implemented; the Secretariat should provide a detailed update on which decisions had been made, which had not and the overall areas of focus, so as to ensure that everyone was working towards a clear and shared vision.

The representative of AUSTRALIA said that her Government supported the ambition of the transformation agenda and its focus on enhancing impact at the country level. She fully supported the emphasis on staffing diversity and gender parity, which would enhance performance at all levels of the Organization. However, it was important to have transparent, merit-based recruitment processes for all appointments, including those of Assistant Directors-General. Further information on the budget implications of the Secretariat's new structure, including the resourcing of additional senior positions, and on how the new model for working across the three levels would affect resourcing and accountability, would be appreciated. Since the country level was central to the transformation agenda, WHO should ensure that country offices had sufficient capacities to deliver on the agenda.

The representative of INDONESIA said that it was important to align all departments and major functions at WHO headquarters with the new operating model and Thirteenth General Programme of Work, 2019–2023. The Secretariat should also consider aligning its structure and processes at the regional and country levels. Her Government supported United Nations development system reform, including the “One United Nations” approach and improvement of activities at the country level. She hoped that Resident Coordinators could help to harmonize multisectoral coordination between entities of the United Nations system, avoid duplication and improve the effectiveness and efficiency of work at the country level. WHO should strengthen its work with other entities of the United Nations system to create impact in every country, while excelling in its normative and technical work to achieve the “triple billion” goals and health-related Sustainable Development Goals.

The representative of the UNITED STATES OF AMERICA said that the ambitious transformation agenda could make WHO a stronger and more integrated organization, focused on delivering effectively and achieving real impact at all levels. She looked forward to seeing results and the implementation of changes under the agenda. The way in which WHO implemented changes at the country level, in alignment with United Nations development system reform, would be important for the work of WHO and the United Nations system as a whole. Greater coherence and unity of action across the United Nations system would help to maximize WHO's capacity to deliver at the country level.

The representative of COLOMBIA said that the central strategies in working with organizations of the United Nations system were cooperation based on country needs; a focus on areas where organizations had a comparative advantage; an inter-agency approach; and the cost-effective use of resources and interventions. To achieve the health-related Sustainable Development Goals, WHO must prepare to face current issues and work well with different programmes to deliver measurable improvements to people's health. Her Government would continue working within the legal and transparency frameworks of the United Nations reform process.

The representative of PANAMA emphasized that a top-down approach, improvements to transparency, evaluation culture, meritocracy and accountability, and the full implementation of the Framework of Engagement with Non-State Actors were central to the transformation process. WHO should ensure that its reforms were sustainable and strengthened its leadership and normative role. Gender equality was more than employing the same number of men and women; it implied equal opportunities for senior positions in the Organization. She looked forward to seeing details on structural changes and their operational and financial implications. While the Secretariat's efforts with respect to



cost saving and resource allocation were commendable, more had to be done to achieve the targets set. In particular, it was vital to implement the audit recommendations presented to the Committee.

The representative of MEXICO said that it was essential to ensure transparency and accountability with respect to resources and results. The Resident Coordinator system was helping to harmonize guiding and normative work through an integrated, multisectoral, system-wide approach. It was important for WHO to identify the most pressing priorities to ensure human resources were properly allocated. Detailed information was needed on the new Special Purpose Trust Fund for financing the Resident Coordinator system, in order to evaluate the appropriateness of its creation.

The representative of the COOK ISLANDS was pleased that, under the transformation agenda, prevention and control of noncommunicable diseases had been linked for the first time with communicable diseases, in order to achieve universal health coverage. The move from fragmentation to convergence, and integration and coherence across programmes, were particularly important for small island developing States.

The SENIOR ADVISER TO THE DIRECTOR-GENERAL (Organizational Change) thanked representatives for their valuable perspectives and guidance. In regard to the broader transformation agenda, he recognized that there was a need for information on how the new operating model would facilitate the implementation of WHO's strategy across its three levels and ensure that its normative work had an impact; such information would be better communicated to Member States going forward. In terms of timelines, the Secretariat hoped that some of the major structural changes would be concluded by the end of 2019; others, however, would require a longer time frame. The Secretariat would be working on a long-term implementation road map and the establishment of milestones to guide its work and communication between departments and with Member States. The Organization was determined to be agile and embrace rapid change, but also allow for predictability and stability.

The ASSISTANT DIRECTOR-GENERAL (General Management) said that United Nations development system reform was an opportunity for WHO to amplify its work. The Secretariat would support Resident Coordinators but also safeguard the Organization's normative function and core responsibility for health. The health-related Sustainable Development Goals could not be achieved by WHO alone; engagement with entities of the United Nations system and Resident Coordinators was also needed. The Secretariat would accelerate the feedback loop on best practices and address problems to ensure that United Nations reform was successful.

The DIRECTOR-GENERAL said that more information and regular updates on the transformation agenda would be provided to Member States in a timely manner. The number of senior management positions had not changed significantly, and recent appointments had mostly resulted from internal reshuffles. The reshuffling process had been based on the skills and competencies of candidates and had involved open, face-to-face discussion of issues. The process had been working well, as shown by the increase in productivity.

Turning to the four pillars supporting WHO's single, streamlined structure, he said that the healthier populations division would have four main departments: climate and environment, social determinates, nutrition and food safety, and promotion of healthier populations. WHO's investment in that area had been lower than expected, and strengthened efforts were needed to address the root causes of health problems. Control of noncommunicable diseases had been weak; it was important that sufficient resources be allocated to control as well as prevention. WHO's new structure would help to ensure that it was not neglected.

To ensure accountability, the transformation plan must be outcome-based and measurable. Accountability was needed at both the organizational and the individual levels. A system for performance management that included 360-degree feedback would help to measure the productivity of individuals, and therefore of teams, departments and the Organization. At the same time, internal and external evaluations would measure performance department- or Organization-wide. In order to last,

changes must be well planned, well studied and properly introduced. The transformation agenda would change the Organization significantly because it encompassed major yet well-designed changes and would ensure accountability. For the transformation agenda to be implemented successfully, input and support from Secretariat staff and Member States was essential.

The CHAIRMAN drew attention to document A72/49, on reform of the United Nations development system and the implications for WHO.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement. She thanked the Secretariat for submitting a separate document on United Nations development system reform, pursuant to a request made at the 144th session of the Executive Board. United Nations development system reform was a crucial process with serious implications for WHO's presence in countries and role in global health. It provided WHO with an opportunity to reposition itself and focus on where it could provide the best added value. Heads of WHO country offices in countries, territories and areas, Resident Coordinators and United Nations country teams had to cooperate closely to achieve the Sustainable Development Goals, in particular Goal 3. WHO must retain its lead role in health-related activities and policy advice at the country level, ensuring that multisectoral challenges were addressed by all relevant stakeholders.

The Secretariat should engage in shaping and revising United Nations Development Assistance Frameworks, which should be aligned with the Thirteenth General Programme of Work and serve as reference points for country cooperation and national health strategies. WHO country offices must be adequately resourced, and further analyses conducted of where such support was needed most, what steps would ensure relevant strengthening and whether there was a need to retain country offices elsewhere. Information should be regularly provided on how country offices were financed. Noting that participation in the common cost-sharing system implied an increase in the Organization's financial obligations, she said that WHO should meet its commitments in a timely manner and that Member States should be informed of all the implications for resource mobilization. She encouraged the full implementation of United Nations development system reform and asked for regular progress updates to be provided to the WHO governing bodies.

The representative of SWITZERLAND said that, to improve efficiency, the operating model should be aligned at all three levels of the Organization. Responses to national needs would only be successful if WHO fully aligned itself with the objectives of the United Nations system. Optimal governance of WHO required aligning the Thirteenth General Programme of Work with the planning cycles of other United Nations organizations from 2026 onwards; integrating the budget cycle within the Thirteenth General Programme of Work; fully participating in the Resident Coordinator system; harmonizing country cooperation strategies and biennial collaborative agreements and aligning them with the United Nations Development Assistance Framework; and working in closer proximity with other organizations of the United Nations system in countries by sharing premises and administrative services.

The representative of CANADA said that she expected the Organization and its heads of WHO country offices in countries, territories and areas to participate fully in United Nations development system reform. The Organization should also align its presence and the composition of country teams with the needs of the new United Nations Sustainable Development Cooperation Frameworks and the United Nations development system targets for improved business operations. She welcomed WHO's commitment to doubling its contribution to the Resident Coordinator system using existing funds. It would be interesting to know how the Secretariat would work with PAHO to implement reform in the Region of the Americas. She welcomed WHO's leadership with respect to the global action plan for

healthy lives and well-being for all, which should identify ambitious, concrete and measurable joint actions that strengthened collaboration at the country level and had a greater impact in countries.

The representative of FINLAND, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said that she expected WHO to participate in shared premises and back-office functions, which would deliver efficiencies in the long term. The Director-General's commitment to improving health impact at the country level was welcome. However, she would appreciate more specific information on how, in concrete terms, WHO planned to strengthen its country offices in line with United Nations reform. More details on the local-level resource mobilization agenda for the financing of WHO country offices would also be welcome. Heads of WHO country offices should report directly to Resident Coordinators as well as to WHO governing bodies. The future working relationship between heads of WHO country offices and Resident Coordinators should be based on the United Nations Development Assistance Framework guidelines and the common Management and Accountability Framework. Good cross-sectoral collaboration among United Nations partners on the ground would be essential. Under the leadership of Resident Coordinators, there must be full information-sharing and discussions on the assistance to be provided to Member States for implementation of the 2030 Agenda for Sustainable Development.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, said that WHO reform would be critical to the successful delivery of WHO core objectives across the globe. He was fully supportive of the goal of ensuring that WHO worked to meet the needs and expectations of Member States in close cooperation with its partners. Resident Coordinators with well-defined roles would be key to ensuring the decentralized delivery of resources and the expeditious execution of decisions. He welcomed the Secretariat's reform efforts and considered that the alignment of the Organization's structure with its strategy was paying off. He was confident that the WHO Regional Office for Africa would successfully implement the necessary reforms. The Secretariat must ensure the implementation of a system for measuring reform methods that would highlight the impact and outcomes of change. Doing so would help to ensure that change was not blocked or resisted. On the same theme, he urged the Secretariat to implement a transparent change management process with a formalized structure. Lastly, he stressed that any delays on governance reform should be overcome through fast-track solutions.

The representative of JAPAN requested additional information on the 1% coordination levy on eligible contributions that was to be used to fund the Resident Coordinator system, including the exact amount requested and how and when it was to be paid.

The representative of FRANCE said that she expected WHO to implement United Nations development system reform fully and immediately, and welcomed the Secretariat's plan to incorporate the transformation agenda into that process. She fully supported the global action plan for healthy lives and well-being for all, which integrated the need for coherent cooperation between agencies, but asked about the implications for WHO of United Nations development system reform, particularly the effects on country and regional offices. The Secretariat should explain when the concrete effects of the reform would be felt at the country level and at all levels of the Organization.

The representative of PANAMA called for Organization-wide awareness-raising on United Nations reform, especially its implications for the programme and budget. Opportunities to leverage synergies through inter-agency coordination should in no way undermine the role of WHO at country level. Similarly, work with Resident Coordinators should not take away from WHO's specific technical role at various levels. The implementation of United Nations reform should be accompanied by an assessment and follow-up procedure so that certain areas could be fine-tuned at a later stage. She was concerned that the financial implications of various aspects of United Nations reform remained unclear.

The representative of THAILAND expressed support for the Resident Coordinator system but stressed that the role of heads of WHO country offices in countries, territories and areas should not be overlooked. WHO should use the opportunity provided by United Nations reform to strengthen the capacity of WHO country offices. It would be essential to ensure that WHO transformation was fully aligned with United Nations development system reform.

The representative of BRAZIL said that it was high time to change WHO working methods, as demonstrated by the heavy agenda of the Seventy-second World Health Assembly. The changes approved, while incremental in nature, were highly significant and would allow the WHO governing bodies to guide the Secretariat more effectively. The participation of non-State actors in official relations with WHO in governing body meetings enriched intergovernmental debates. He supported further discussion of the idea of convening a forum for meaningful interaction between Member States and non-State actors. He looked forward to discussions at the 145th session of the Executive Board on the role of non-State actors and on written statements. All changes to WHO working methods and governance processes should be made in full consultation with Member States.

The representative of the UNITED STATES OF AMERICA said that a successful Resident Coordinator system would work on behalf of the entire United Nations system to promote coherence and better coordination, while maintaining the flexibility of agencies to deliver on their mandates, including with respect to humanitarian issues. The Secretariat should clarify the reporting relationship of heads of WHO country offices to Resident Coordinators. Moreover, it should maintain the ultimate accountability of WHO country offices to WHO management and the governing bodies. She requested more information on the financial implications of WHO reform processes for the Secretariat and Member States (overall, her Government had high expectations for the efficiency and cost savings to be realized across organizations in the United Nations development system) and on the role of PAHO with respect to United Nations development system reform.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, welcomed the transformation reforms intended to streamline the work of WHO worldwide. However, those reforms should remain flexible and open to re-evaluation once they were finalized in the biennium 2020–2021, so that WHO's structure could be better aligned with other organizations of the United Nations system. The increased attention paid to WHO country offices was welcome. He encouraged Member States and WHO country offices to jointly develop time-bound country road maps for the engagement of civil society and youth. With respect to gender-sensitive language, he encouraged WHO to prefer the terms "they", "theirs" and "them" over "she or he", "hers or his" and "her or him", in recognition of the fact that gender was not binary.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that the increasing number of non-State actors participating in governing body meetings made it critical to ensure that engagement with community stakeholders was effective and efficient, while still allowing all voices to be heard. Meeting documentation should be provided well in advance of meetings, and non-State actors should be encouraged to share their statements beforehand. Open consultations for non-State actors prior to governing body meetings should supplement, and not be a substitute for, non-State actors' limited participation in the formal meetings. Clear guidelines regarding the size and composition of non-State actor delegations should be shared well in advance of meetings.

The ASSISTANT DIRECTOR-GENERAL (WHO Office at the United Nations) said that the comments made had reaffirmed the Secretariat's approach to United Nations reform. The 1% contribution levy was administered by the United Nations. Member States could pay it directly to the United Nations or elect to have WHO administer it. The Secretariat was sending further guidance on the levy to Ministries of Health and Permanent Missions in Geneva.

The ASSISTANT REGIONAL DIRECTOR FOR THE AMERICAS said that PAHO, established in 1902 as an independent organization to work with the countries of the Americas, had, since the establishment of WHO, also been responsible for the WHO Regional Office for the Americas. Discussions were under way with WHO and with United Nations headquarters on how the legal mandate and specificity of PAHO could be retained while it fully collaborated with United Nations reform.

**The Committee noted the reports contained in documents A72/48 and A72/49.**

The CHAIRMAN drew attention to the draft decisions contained in decisions EB143(7), EB144(3) and EB144(4), on proposed changes to the Rules of Procedure of the World Health Assembly.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement. Referring to the draft decision contained in decision EB144(4), she said that the European Union was supportive of the proposal to use gender-specific language in the Rules of Procedure of the World Health Assembly. Gender equality should be reflected in the legal documents that governed WHO wherever that was practically and linguistically feasible.

Referring to the draft decision contained in decision EB144(3), on the proposed amendment to the Rules of Procedure of the World Health Assembly on time limits for tabling draft resolutions and/or decisions, she welcomed the proposed amendment stating that formal proposals relating to items of the agenda should be introduced at least fifteen days before the opening of a regular session of the Health Assembly.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, endorsed the draft decision contained in decision EB144(4); the proposed changes to the Rules of Procedure it laid out were uncontroversial.

The CHAIRMAN took it that the Committee wished to approve the draft decision contained in decision EB144(4).

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

The CHAIRMAN asked whether the Committee was ready to approve the draft decision contained in decision EB144(3).

The representative of PANAMA asked why the proposed amendments relating to the alignment of the terminology used in the Rules of Procedure of the World Health Assembly with that used in the Framework of Engagement with Non-State Actors referred to only three categories of non-State actors, omitting private sector entities and academic institutions, which were also included in the Framework.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA72(21).

The LEGAL COUNSEL said that the only types of non-State actors that could be in official relations with WHO were nongovernmental organizations, international business associations and philanthropic foundations. For that reason, only those three categories of non-State actors were mentioned in the proposed amendments to the Rules of Procedure.

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

The CHAIRMAN took it that the Committee wished to approve the draft decision contained in decision EB143(7).

**The draft decision was approved.<sup>2</sup>**

#### **4. MATTERS FOR INFORMATION:** Item 21 of the agenda (resumed)

**Outcome of the Second International Conference on Nutrition:** Item 21.2 of the agenda (document A72/58)

The representative of the REPUBLIC OF KOREA, underscoring the importance of nutrition for children's health and well-being, outlined the initiatives taken by his Government to address nutrition-related challenges among children. His Government would continue to support international efforts to tackle all forms of malnutrition.

The representative of BAHRAIN welcomed the efforts of WHO and the entire United Nations system to tackle malnutrition and outlined the measures put in place by her Government to address issues relating to nutrition, particularly childhood obesity.

The representative of ERITREA, speaking on behalf of the Member States of the African Region, said that Member States needed to act urgently to address the scarcity of nutrition specialists in the Region and to speed up the process of implementing official specific, measurable, achievable, relevant and time-bound commitments. He noted that national progress in tackling malnutrition had been uneven and that action networks would play a key role in scaling up commitments and achieving concrete results. He welcomed the recent commitments made at international conferences, the contributions from WHO and other organizations within the United Nations system, the planned mid-term review of the status of implementation of commitments under the Rome Declaration on Nutrition, and the information on areas that would require intensified action going forward.

The representative of INDIA outlined the various initiatives that his Government had taken to tackle malnutrition. He urged Member States to focus on promoting both physical activity and healthy diets in order to achieve the global nutrition targets.

The representative of THAILAND said that it was important to prevent food waste by improving food management at all stages, from production to consumption. While progress had been made in terms of food labelling and creating a healthy food environment, it was essential to enhance people's awareness and understanding of basic health and nutrition information.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA72(22).

<sup>2</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA72(23).

The representative of AUSTRALIA welcomed the high-level action taken to address nutrition-related challenges and the continued focus on achieving the commitments set out in the Rome Declaration. Her Government would continue to work with the global action network aimed at accelerating and aligning efforts around nutrition labelling.

The representative of GERMANY, welcoming WHO's collaboration with United Nations agencies in the area of nutrition, said that her Government was providing financial support for the preparation of the voluntary guidelines on food systems and nutrition, which she hoped would be useable, applicable and drive the transition towards better nutrition. She emphasized the importance of providing long-term and stable funding for the FAO/WHO Scientific Advice Programme, which informed the standard-setting work of the Codex Alimentarius Commission.

The representative of INDONESIA, outlining the measures taken by her Government in response to nutrition-related challenges, called for more technical support from WHO in strengthening Member States' monitoring and regulatory capacities within the framework of the United Nations Decade of Action on Nutrition (2016–2025).

The representative of BURKINA FASO, welcoming the progress made in reducing childhood obesity, said that translating legislative measures into action remained a major challenge for her country and called on WHO to mobilize technical and financial resources to support the most fragile Member States.

The representative of GHANA commended international efforts to reduce childhood obesity and encouraged Member States to set up more regional action networks to promote healthy food environments. He called for nutrition measures in schools to be enhanced and strengthened, outlining some of the steps taken by his Government in that regard.

The representative of PANAMA outlined the progress made by her Government in addressing nutrition-related challenges.

The representative of the DOMINICAN REPUBLIC said that the Global Database on the Implementation of Nutrition Action needed to be updated to reflect new policies and programmes aimed at improving food security. While she agreed that intersectoral policies should be adapted to include all global nutrition targets and translate them into costed operational plans, such policies and plans should also take account of the specific health and nutrition situation of each Member State.

The representative of the RUSSIAN FEDERATION welcomed the progress made towards implementing the Global Database on the Implementation of Nutrition Action, improving food labelling and promoting food standards within schools. She encouraged the Commission on World Food Security to develop guidelines that took a comprehensive and systematic approach to food systems, and urged WHO, UNICEF, FAO, WFP and IFAD to work together to tackle nutrition-related challenges in a comprehensive manner. She called for the creation of thematic networks for sharing experiences, reaching agreements and coordinating action on nutrition-related issues. She supported the implementation of official specific, measurable, achievable, relevant and time-bound commitments in areas such as intersectoral policy, health and social protection, education, the production and agriculture sectors, trade and industry.

The representative of BANGLADESH welcomed the follow-up to the Second International Conference on Nutrition. He hoped WHO and other international partners would provide long-term technical support to help improve nutrition in his country and called on the Director-General to work more actively with Member States, United Nations agencies and non-State actors in order to harness momentum and ensure that all sectors remained committed to tackling malnutrition.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN and on behalf of the WORLD CANCER RESEARCH FOUNDATION INTERNATIONAL, WATERAID INTERNATIONAL and the UNION FOR INTERNATIONAL CANCER CONTROL, said that, to accelerate progress in the Decade of Action on Nutrition, stakeholders had to step up efforts to implement specific, measurable, achievable, relevant and time-bound commitments; take multisectoral action to strengthen food systems; champion prevention and health promotion as pathways to universal health coverage; encourage implementation of evidence-based nutrition policies in all settings; call on governments to engage with civil society on nutrition-related issues; ensure that policy-making was protected from conflicts of interest and industry interference; and strengthen nutrition-related commitments and funding in preparation for the 2020 Nutrition for Growth summit in Japan.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, urged Member States to step up their efforts to develop intersectoral nutrition-related policies; build capacities and increase funding for nutritional policies and programmes, particularly with regard to the health workforce; include information on nutrition status and physical activity in cancer registries in order to better inform nutrition policies and programmes; and engage with civil society in order to strengthen action networks and nutrition-related commitments, and monitor progress towards the global nutrition targets.

**The Committee noted the report.**

**The meeting rose at 17:55.**



## **SIXTH MEETING**

**Saturday, 25 May 2019, at 09:10**

**Chairman:** Dr K. CAMPBELL (Guyana)

**later:** Mr A. AMEEN (Maldives)

### **1. THIRD REPORT OF COMMITTEE B (document A72/75)**

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

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

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

**Eleventh revision of the International Classification of Diseases:** Item 12.7 of the agenda (documents A72/29 and A72/29 Add.1)

The CHAIRMAN drew attention to document A72/29 and invited the Committee to consider the draft resolution contained in document A72/29 Add.1.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Georgia, aligned themselves with her statement. She welcomed the extensive work undertaken by the Secretariat to revise the International Statistical Classification of Diseases and Related Health Problems (International Classification of Diseases) and adapt it to the current digital environment. A well-balanced strategy for implementation was required, particularly given the increasing complexities and interdependencies with respect to care and the multiple challenges facing governments. She called for the development and sharing of guidelines and best practices to facilitate implementation, including through improved data standardization and promotion of interoperability. The Secretariat should maintain a comprehensive and accessible support platform and assist Member States in the transition process. The transition period should run for at least five years, during which the Secretariat should help Member States report statistics under the tenth and eleventh revisions. Linkages with existing statistical systems and nomenclatures must be retained as the eleventh revision continued to be developed, to enhance interoperability, particularly for morbidity statistics.

The representative of MALAYSIA welcomed the eleventh revision of the International Classification of Diseases, in particular the coding tool and the expansion of clinical content. Although there would be implementation challenges, including management of legacy data and the need to modify

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<sup>1</sup> See page 308.

existing infrastructure to accommodate the necessary changes, she hoped that the support provided would be sufficient to enable countries to develop and enact transition plans.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, welcomed the eleventh revision, especially the supplementary chapter on traditional medicine conditions and the improved recording for maternal health which, together with the other updates, would make it easier to monitor progress towards the Sustainable Development Goals. He supported the formation of a dedicated classifications and statistics advisory committee to advise on implementation. Some Member States had faced challenges during implementation of the tenth revision, particularly regarding data quality, and the Secretariat should therefore provide support to Member States by way of a dedicated capacity-building programme, not simply on request. The eleventh revision should support delivery of primary health care through the development of appropriate tools. He endorsed the draft resolution.

The representative of MEXICO said that the inclusion of new chapters in the eleventh revision would help to improve mortality and morbidity data and monitoring of progress towards the Sustainable Development Goals. Her country had been involved in efforts to improve coding, particularly for maternal mortality, and in the translation of the Spanish-language version. It would continue to support optimum implementation and work with WHO to provide training and guidance to other countries in Latin America on the use of the new classification. She expressed support for the draft resolution and agreed that the eleventh revision should come into effect on 1 January 2022.

The representative of the UNITED STATES OF AMERICA encouraged the Secretariat to continue to provide stakeholders with information on processes for routinely updating the eleventh revision. WHO should develop careful messaging strategies regarding traditional medicine in order to avoid confusion in the absence of clinical evidence supporting recognition of traditional medicine diagnoses and disorders. Further research was required to determine whether gaming disorder was a distinct condition or symptomatic of other classified disorders.

The representative of CHINA said that all countries should tailor the eleventh revision to their own context and noted that the Chinese-language version of the International Classification of Diseases had recently been completed. As the supplementary chapter on traditional medicine conditions failed to meet needs identified in clinical settings in individual countries, China was currently developing code categories for traditional Chinese medicine compatible with the eleventh revision. It called on WHO to promote international exchanges in that connection and to put forward detailed and feasible training schemes to facilitate proper implementation.

The representative of the REPUBLIC OF KOREA said that, while he hoped that the inclusion of gaming disorder would foster a healthy gaming culture, a cautious approach should be taken in defining the criteria for gaming disorders requiring medical interventions. The addition of the supplementary chapter on traditional medicine conditions would facilitate the collection of statistics, which could be used as baseline data to standardize and universalize traditional medicine. In his view, WHO had provided sufficient resources for the eleventh revision and allowed sufficient transition time for implementation.

The representative of the RUSSIAN FEDERATION said that the eleventh revision should come into effect at the beginning of 2022, with the agreed categories and subcategories, and the tabulation lists for morbidity and mortality. Her country, which stood ready to assist in the translation of the Russian-language version, was planning to provide training for medical workers and statisticians during the transition period and incorporate the electronic version into Russian computer systems. Deadlines for the transition could be met only if sufficient resources were mobilized at the national and international levels. She expressed support for the draft resolution.

The representative of JAPAN said that the new coding would facilitate greater accuracy in reporting and hoped that the improved data quality would have a positive impact on health. The inclusion of gaming disorder was expected to enhance the development of related scientific evidence. The inclusion of a supplementary chapter on traditional medicine conditions would facilitate improved research and clinical practice based on standardized terms and definitions. She urged the Secretariat to provide technical support to Member States for translation and implementation.

The representative of DENMARK welcomed the inclusive process used to revise the International Classification of Diseases to meet requirements associated with the increased use of technology. She commended the inclusion in the eleventh revision of the new chapter on conditions relating to sexual health. The tenth revision had served as an invaluable tool for the collection of global health data for the benefit of all and Denmark had high hopes for the implementation of the eleventh revision.

The representative of AUSTRALIA commended the Secretariat's extensive efforts to develop the eleventh revision and the collaborative approach taken to that end. She welcomed the support provided for the transition and the arrangements enabling Member States to report through earlier versions, and expressed full support for the draft resolution.

The representative of THAILAND asked how data security would be ensured and operational disruption prevented, and whether WHO would establish a single global central server or if a country could establish its own server. She also asked whether a country could decide to design its own system to implement the eleventh revision, how the Secretariat would assist countries with implementation in the transition period, and whether a country would incur any additional costs for using the eleventh revision, in particular with regard to the Systematized Nomenclature of Medicine.

The representative of the NETHERLANDS emphasized that the addition of a supplementary chapter on traditional medicine conditions in no way constituted an acknowledgement of medical interventions for which there was no scientific proof or for interventions using products obtained illegally from endangered plants or animals.

The representative of TOGO welcomed the work around information modelling, mortality, morbidity, quality, safety and traditional medicine conditions undertaken as part of the revision process. Under the tenth revision, several diseases had been grouped for Togo to take account of the national context. The challenge for his country was to implement the eleventh revision, meeting the new requirements in terms of information and communication technology to strengthen the health system.

The representative of GHANA commended the process of consultation leading to the draft resolution and supported the inclusion of five additional chapters in the eleventh revision. He particularly welcomed the chapter on traditional medicine conditions, which should be comprehensive, and appreciated the possibility of reporting on antimicrobial resistance. The Secretariat should provide technical support to help Member States introduce the changes required to implement the eleventh revision.

The representative of PANAMA welcomed the inclusion in the eleventh revision of multiple-cause coding, which was relevant to countries with ageing populations and a growing chronic disease burden, and the other updates introduced. In the future, certain diagnostic categories, such as metabolic syndrome and prehypertension, should be described in greater detail. PAHO was working with countries in the Region of the Americas to ensure a smooth transition to the eleventh revision. She noted limitations to Internet access in countries of the region and the need to build technical capacity. She expressed support for the draft resolution.

The representative of INDIA welcomed the eleventh revision, which would add to the quality of data available for planning, accountability and research, and supported the inclusion of a chapter on traditional medicine conditions. The revision would facilitate coding, including under electronic health records. He requested the Secretariat to provide technical support to Member States to build capacities to facilitate implementation of the revised classification. An advisory committee of Member States could be established to identify challenges to implementation and promote integration with existing standards and interoperability with electronic health records.

The representative of IRAQ welcomed the efforts to translate the eleventh revision into Arabic and said that the focus should be on ensuring a smooth transition. A gradual introduction might be preferable for countries that had yet to implement the tenth revision. He called on the Secretariat to provide training for Member States to facilitate implementation.

The representative of BAHRAIN supported the draft resolution. The Secretariat must ensure sufficient funding was available to support the introduction of the eleventh revision and assist Member States with the transition. She also highlighted the importance of training and capacity-building.

The representative of BRAZIL said that technical support from the Secretariat would be essential for the implementation of the eleventh revision. His country had developed a timeline for implementation of the new classification, with a field-testing phase planned for 2021.

The representative of ZAMBIA welcomed the inclusion in the eleventh revision of five new chapters, particularly the supplementary chapter on traditional medicine conditions, the possibility of reporting on antimicrobial resistance and an updated classification of HIV. Although the inclusion of several broader categories for reporting health conditions and reasons for encounters with the health system in primary care settings was welcome, the Secretariat could learn from the experiences of Member States in developing and applying community-based methods to fill health information gaps and strengthen information systems. She supported the draft resolution.

The representative of GERMANY expressed support for the draft resolution. The eleventh revision would help to promote digitalization of the health sector, and the changes introduced were necessary to achieve the Sustainable Development Goals. The Secretariat should provide room for discussion before the end of the transition period so that issues associated with implementation could be resolved and the highest levels of international standardization achieved. It should also maintain a comprehensive and accessible support platform, including information material and training tools. As a reliable licence agreement for the eleventh revision had to be in place prior to implementation, she requested a flexible solution ensuring full use within all sectors of the health system, without additional costs for users and providers.

The representative of BELGIUM said that he supported a transition period of five years. The inclusion of a chapter on traditional medicine conditions could not imply an implicit or explicit endorsement of traditional medicine as evidence-based medicine.

The representative of INDONESIA welcomed the inclusion of a supplementary chapter on traditional medicine conditions, which he trusted would be comprehensive. Indonesia would make every effort to meet the timeline for implementation but might have to request an extension to take account of its geographical challenges.

The representative of the UNITED REPUBLIC OF TANZANIA said that her country had participated in the pilot process for the eleventh revision and had found the reporting of morbidity and mortality data to be straightforward. However, when implementing the eleventh revision, countries should ensure that their software systems were organized by their governments rather than private sector entities to keep costs as low as possible.

The representative of MALDIVES said that her country had made extensive use of the tenth revision for the statistical analysis of morbidity and mortality data, and for insurance purposes. Regarding the eleventh revision, the inclusion of new chapters on sexual health, traditional medicine conditions and developmental anomalies and symptoms was greatly appreciated. It was helpful that the eleventh revision was designed to enable Member States to integrate it into their existing health information systems, although capacity-building materials would be essential to ensure a smooth transition from the tenth revision.

The representative of TURKEY said that she had every confidence that the eleventh revision would meet the needs of health care systems. The new chapters on traditional medicine conditions, diseases of the immune system and sleep-wake disorders were appreciated.

The representative of COLOMBIA said that his country had actively participated in consultations and meetings on the eleventh revision, which had helped to facilitate its transition from the tenth version. He reaffirmed his Government's interest in hosting a new collaborating centre for the WHO Family of International Classifications.

The representative of KENYA commended efforts to ensure that the eleventh revision would meet the needs of diverse users and the demands of information technology, but said that there had to be clear mechanisms for raising issues and concerns during implementation, and technical support for in-country implementation. E-learning materials should be developed to bolster familiarization with the eleventh revision, including modules on post-coordination/cluster coding, chapter and code structure, chapter-specific changes and notes. Offline versions of the eleventh revision should also be made available to assist in the transition process. The Health Assembly should bear in mind resolution WHA43.24 (1990), on the establishment of an updating process within the ten-year revision cycle.

The representative of SRI LANKA said that there should be worldwide uniformity in the classification of traditional medicine conditions. It was also important to have a transition period for the introduction of the eleventh revision and support from the Secretariat in training and capacity-building.

The representative of SUDAN said that the Secretariat should provide support to Member States in capacity-building to prepare for implementation of the eleventh revision, particularly to ensure that appropriate infrastructure was put in place.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that her organization strongly supported the timely inclusion of gaming and online gambling disorder in the eleventh revision, as had been recommended by professional organizations working in the field of mental health conditions.

The ASSISTANT DIRECTOR-GENERAL (Data, Analytics and Delivery) said that the historic adoption of the eleventh revision of the International Classification of Diseases was the result of unprecedented international collaboration. Although the eleventh revision was the first fully electronic version, it would also be available offline and in print to allow all Member States to transition from the tenth revision. The eleventh revision would lead to increased efficiencies and quality while reducing costs, and Member States would continue to have full control of their data. The software required was open source and freely available, and the Secretariat remained committed to assisting Member States during the transition, including through a learning platform and technical support. All technical programmes and all WHO regional networks and country offices would be used to provide the real-time support that Member States needed.

The inclusion of the chapter on traditional medicine conditions should not be understood as an endorsement of any specific therapeutic approaches but rather as a means of filling an existing data gap. Going forward, the Secretariat would focus on responding to Member State needs, maintaining the eleventh revision, keeping up with scientific advances and developments, and translating

implementation into new practices to improve public health around the world. She encouraged Member States to become collaborating centres for the WHO Family of International Classifications.

The CHAIRMAN said that she took it that the Committee wished to approve the draft resolution contained in document A72/29 Add.1.

**The draft resolution was approved.<sup>1</sup>**

**Emergency and trauma care:** Item 12.9 of the agenda (document A72/31)

The CHAIRMAN drew attention to a draft resolution proposed by Argentina, Ecuador, Eswatini, Ethiopia, the European Union and its Member States, Israel and the United States of America, which read:

The Seventy-second World Health Assembly,

**PP1** Having considered the report on emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured;<sup>2</sup>

**PP2** Noting the importance of the organization of the health system as a whole, including by distinguishing between elective services and care, non-elective services and care, and emergency services and care in order to address the health needs of populations in a sustainable, effective and appropriate manner;

**PP3** Recognizing that many proven health interventions are time-dependent and that emergency care is an integrated platform for delivering accessible, quality time-sensitive health care services for acute illness and injury across the life course;

**PP4** Emphasizing that timeliness is an essential component of quality, and that millions of deaths and long-term disabilities from injuries, infections, mental disorders and other mental health conditions, acute exacerbations of noncommunicable diseases, acute complications of pregnancy, and other emergency conditions could be prevented each year if emergency care services exist and patients reach them in time;

**PP5** Noting that injury alone accounts for nearly 5 million deaths per year and that road traffic injury is the top killer of all those in the age group of 5–29 years;<sup>3</sup>

**PP6** Noting also that emergency care is an essential part of health service delivery in health systems, and that well-designed emergency services facilitate timely recognition, treatment management, and, when needed, continued treatment of the acutely ill at the appropriate level of the health system;

**PP7** Acknowledging Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), and recognizing that well-organized, safe and high-quality emergency care is a key mechanism for achieving a range of associated targets – including those on universal health coverage, road safety, maternal and child health, noncommunicable diseases, mental health, and infectious disease;

**PP8** Acknowledging further Sustainable Development Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable) and Goal 16 (Promote peaceful and inclusive societies for sustainable development, promote access to justice for all and build effective, accountable and inclusive institutions at all levels), and noting that a strong and well-prepared everyday emergency care system is vital for mitigating the impact of disasters and mass casualty events and for maintaining delivery of health services in fragile situations and conflict-affected areas;<sup>3</sup>

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA72.15.

<sup>2</sup> Document A72/31.

<sup>3</sup> Global Health Estimates 2016: deaths by cause, age, sex, by country and by region, 2000–2016. Geneva, World Health Organization; 2018.

**PP9** Recalling resolutions WHA56.24 (2003) on implementing the recommendations of the *World report on violence and health*, WHA57.10 (2004) on road safety and health (echoed by United Nations General Assembly resolution 72/271 (2018) on improving global road safety), WHA60.22 (2007) on health systems: emergency-care systems, WHA64.10 (2011) on strengthening national health emergency and disaster management capacities and resilience of health systems, WHA66.8 (2013) on the comprehensive global mental health action plan 2013–2020, WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage, and WHA69.1 (2016) on strengthening essential public health functions in support of the achievement of universal health coverage, in which the Health Assembly prioritized integrated service-delivery models and identified the lack of access to timely emergency care as a cause of extensive and serious public health problems;

**PP10** Recalling also the mandate of WHO's Thirteenth General Programme of Work, 2019–2023 to improve integrated service delivery and to serve in particular the most disadvantaged, marginalized and hard-to-reach populations, to ensure that no one is left behind;<sup>1</sup>

**PP11** Noting that providing non-discriminatory access to all people in need of timely care in well organized, safe and high-quality emergency care services can contribute to the reduction of health inequalities;

**PP12** Noting further that in many countries the emergency care system serves as the major health system safety net and the primary point of access to health services, in particular for marginalized populations, which is not an optimal use of health system resources;

**PP13** Recognizing that the lack of organized emergency care in many countries leads to wide global discrepancies in outcomes across the range of emergency conditions;

**PP14** Noting that many emergency care interventions are both effective and cost effective, and that integrated emergency care delivery can save lives and maximize impact across the health system;

**PP15** Concerned that the lack of investment in frontline emergency care is compromising effectiveness, limiting impact and increasing cost in other parts of the health system;

**PP16** Acknowledging that frontline health workers, nurses in particular, provide care for the acutely ill and injured, often without the benefit of dedicated training in the management of emergency conditions, and with limited possibilities for consultations;

**PP17** Noting that improving outcomes requires understanding the potential and actual utilization of emergency care, and that existing data do not provide adequate support for effective planning and resource allocation for emergency care;

**PP18** Considering that WHO has a range of guidance that allows policy-makers, planners and administrators to develop action plans that are best suited to their national contexts, along with resources for training, as well as standards for essential emergency care services and resources at each level of the health system;<sup>2</sup>

**OP1 CALLS FOR** near-term additional efforts globally to strengthen the provision of emergency care as part of universal health coverage so as to ensure the timely and effective delivery of life-saving health care services to those in need;

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<sup>1</sup> Thirteenth General Programme of Work, 2019–2023. Geneva: World Health Organization; 2018; as contained in document A71/4 ([http://apps.who.int/gb/ebwha/pdf\\_files/WHA71/A71\\_4-en.pdf?ua=1](http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf?ua=1) or, accessed 19 March 2019) and adopted in resolution WHA71.1 (2018).

<sup>2</sup> Emergency care. Geneva: World Health Organization, see <https://www.who.int/emergencycare/en/> (accessed 19 March 2019).

**OP2** URGES Member States:<sup>1</sup>

**OP2.1** to create policies for sustainable funding, effective governance and universal access to safe, high-quality, needs-based emergency care for all, without regard to sociocultural factors, without requirement for payment prior to care, and within a broader health system that provides quality essential care and services and financial risk protection as part of universal health coverage;

**OP2.2** as appropriate, to conduct voluntary assessments using the WHO emergency care system assessments tool to identify gaps and context-relevant action priorities;

**OP2.3** to work towards, or promote, at appropriate levels of governance, the inclusion of routine prehospital and hospital emergency unit care into health strategies, and in other relevant planning documents, such as emergency response plans and obstetric and surgical plans;

**OP2.4** to develop a governance mechanism, as appropriate to their national context, for the coordination of routine prehospital and hospital-based emergency care services, including linkage with other relevant actors for disaster and outbreak preparedness and response, including the capacity of personnel in other sectors;

**OP2.5** to promote more coherent and inclusive approaches to safeguard effective emergency care systems as a pillar of universal health coverage in fragile situations and conflict-affected areas, ensuring the continuum and provision of essential health services, and public health functions, in line with humanitarian principles;

**OP2.6** to promote as appropriate, according to the level of health care services, from first level and above, the establishment of a dedicated area or unit for emergency services and care with appropriate equipment and capacity for management and diagnosis;

**OP2.7** to promote access to timely prehospital care for all, by using informal or formal systems, as resources allow, including by establishing, where they do not exist, toll-free universal access numbers that meet international standards;

**OP2.8** to implement key processes and protocols as identified in WHO guidance on emergency care systems, such as triage and checklists,<sup>2</sup> as appropriate;

**OP2.9** to provide dedicated training in the management of emergency conditions for all relevant types of health providers, including developing post-graduate training programmes for doctors and nurses, training frontline providers in basic emergency care, and integrating dedicated emergency care training into undergraduate nursing and medical curricula, and establishing certification pathways for prehospital providers, as appropriate to their national context;

**OP2.10** to increase awareness and capacity in communities to deal with emergency situations, including through campaigns, and through training of standard practices across educational and occupational settings, adapted to their corresponding target populations, so they can identify, mitigate and refer potential emergencies;

**OP2.11** to implement mechanisms for standardized data collection to characterize the local acute disease burden and identify high-yield mechanisms for improving the coordination, safety and quality of emergency care;

**OP2.12** to support efforts to ensure, based on local risks, that prehospital and hospital emergency units have plans in place to protect providers, patients and infrastructure from violence, to protect providers and patients from discrimination, and to have in place clear protocols for the prevention and management of hazardous exposures;

**OP3** REQUESTS the Director-General:

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<sup>1</sup> And, where applicable, regional economic integration organizations.

<sup>2</sup> See Emergency and trauma care [website]. Geneva: World Health Organization; 2019 (<https://www.who.int/emergencycare/en/>, accessed 20 May 2019).



**OP3.1** to enhance WHO's capacity at all levels to provide necessary technical guidance and support for the efforts of Member States and other relevant actors to strengthen emergency care systems, including to ensure preparedness in all relevant contexts;

**OP3.2** to foster multisectoral networks, partnerships and action plans, and to facilitate collaboration among Member States, to support the effective dissemination and implementation of best practices in emergency care;

**OP3.3** to promote equitable and non-discriminatory access to safe, quality emergency care services for all people as part of universal health coverage;

**OP3.4** to renew efforts outlined in WHA60.22 to provide support to Member States, upon request, for needs assessments, facility inspection, quality- and safety-improvement programmes, review of legislation, and other aspects of strengthening the provision of emergency care;

**OP3.5** to support Member States to expand policy-making, administrative and clinical capacity in the area of emergency care, by the provision of policy options and technical guidance, supported by educational strategies and materials for providers and planners;

**OP3.6** to strengthen the evidence base for emergency care by encouraging research on the burden of acute disease and emergency care delivery, and by providing tools, protocols, indicators and other needed standards to support the collection and analysis of data, including on cost-effectiveness;

**OP3.7** to facilitate awareness and international and domestic resource mobilization, in line with the Addis Ababa Action Agenda of the Third International Conference on Financing for Development<sup>1</sup> by providing advocacy resources;

**OP3.8** to report to the Seventy-fourth World Health Assembly in 2021 on progress in the implementation of this resolution.

The financial and administrative implications for the Secretariat of the adoption of the draft resolution were:

<b>Resolution:</b> Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured	
<b>A. Link to the approved Programme budget 2018–2019</b>	
<b>1. Output(s) in the approved Programme budget 2018–2019 to which this draft resolution would contribute if adopted:</b>	<p>2.3.1. Development and implementation of multisectoral plans and programmes to prevent injuries, with a focus on achieving the targets set under the Decade of Action for Road Safety (2011–2020)</p> <p>2.3.4. Improved pre-hospital and facility-based emergency care systems to address injury</p> <p>4.2.1. Equitable integrated, people-centred service delivery systems in place in countries and public health approaches strengthened</p>
<b>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2018–2019:</b>	Not applicable.
<b>3. Any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the approved Programme budget 2018–2019:</b>	Not applicable.

<sup>1</sup> United Nations General Assembly resolution 69/313 (2015).

<b>4. Estimated implementation time frame (in years or months) to achieve the resolution:</b>
Five years.
<b>B. Resource implications for the Secretariat for implementation of the resolution</b>
<b>1. Total resource requirements to implement the resolution, in US\$ millions:</b>
US\$ 25.69 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2018–2019, in US\$ millions:</b>
US\$ 0.34 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2018–2019, in US\$ millions:</b>
Zero.
<b>3. Estimated resource requirements in the Proposed programme budget 2020–2021, in US\$ millions:</b>
US\$ 12.67 million.
<b>4. Estimated resource requirements in future programme budgets, in US\$ millions:</b>
US\$ 12.67 million.
<b>5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions</b>
– <b>Resources available to fund the resolution in the current biennium:</b>
US\$ 0.34 million.
– <b>Remaining financing gap in the current biennium:</b>
Zero.
– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b>
Not applicable.

**Table. Breakdown of estimated resource requirements (in US\$ millions)<sup>a</sup>**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>2018–2019</b> resources already planned	Staff	–	–	–	–	–	–	0.25	0.25
	Activities	–	–	–	–	–	–	0.09	0.09
	Total	–	–	–	–	–	–	0.34	0.34
<b>2018–2019</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2020–2021</b> resources to be planned	Staff	2.86	1.50	0.85	1.19	1.14	1.25	1.39	10.17
	Activities	0.36	0.36	0.36	0.36	0.36	0.36	0.36	2.50
	Total	3.21	1.86	1.21	1.55	1.50	1.61	1.74	12.67
<b>Future bienniums</b> resources to be planned	Staff	2.86	1.50	0.85	1.19	1.14	1.25	1.39	10.17
	Activities	0.36	0.36	0.36	0.36	0.36	0.36	0.36	2.50
	Total	3.21	1.86	1.21	1.55	1.50	1.61	1.74	12.67

<sup>a</sup> The row and column totals may not always add up, due to rounding.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, said that prehospital and emergency care could significantly reduce morbidity and mortality rates in low- and middle-income countries. However, Member States of the African Region that had conducted a WHO emergency care system assessment had reported critical gaps limiting progress towards attainment of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Addressing those gaps, along with legislative and policy gaps, was essential to achieve quality emergency care and ensure that no one was left behind. Developing an integrated platform for emergency care delivery could save lives and maximize the impact of investments across the health system. He therefore called on the Health Assembly to adopt the draft resolution.

The representative of PANAMA said that addressing the lack of emergency care in many low- and middle-income countries was a public health priority. Further efforts should be made to offer first aid training to the public and provide 24-hour emergency care, including specialized care, coordinated jointly by prehospital and hospital services. Moreover, in order to reduce the impact of public health problems, financial resources should be optimized, focusing on ensuring quality care and universal access to emergency care. Services should be monitored using established processes and protocols, and effective data collection mechanisms should be supported.

The representative of the DOMINICAN REPUBLIC said that the report's recommendations provided a road map for ensuring access to emergency care, step-by-step solutions to the common problems experienced by different countries (such as funding, staff training and implementation), and measures to improve the coverage of emergency services nationwide, so as to provide timely and free health care to the most vulnerable.

The representative of MALAYSIA said that her Government agreed that organized emergency care was key to achieving many of the targets of the Sustainable Development Goals. She outlined some of the measures it had taken to strengthen the emergency care system in Malaysia, adding that it would like to join the WHO International Registry for Trauma and Emergency Care.

The representative of MOZAMBIQUE said that, as Chair of the Committee on Victim Assistance under the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and Their Destruction, he was pleased to see WHO highlight emergency and trauma care, which was critical to the provision of victim assistance in mine-affected areas. He looked forward to the strengthening of synergies between the work of his Committee and WHO in support of States affected by anti-personnel mines, and would welcome an updated study on potential measures to reduce the mortality rate of people who suffered traumatic injuries.

The representative of THAILAND said that the WHO Emergency Care System Framework should include not only in-hospital emergency care and prehospital care, but also a referral system and preparedness in mass casualty incident and disaster situations. In South-East Asia, emergency care systems, including disaster preparedness and response, should be dispersed throughout each country to mitigate the impact of natural disasters. The involvement of private sector and non-governmental organizations in prehospital care could help extend the coverage of emergency medical services. Emergency services should be advertised to ensure that people knew how to access them quickly.

The representative of TOGO said that lack of timely access to emergency care was a serious public health problem. The lack of prehospital emergency care was a weak link in his country's health system, and he outlined some of the steps taken to improve the situation.

The representative of the UNITED STATES OF AMERICA said that, in the global effort to improve public health, recognizing that timely care was an essential component of an integrated health service delivery model would increase access to quality health care, save lives, and help achieve health-related global goals and targets.

The representative of ALGERIA said that emergency medical care required close coordination between health care facilities and other stakeholders in order to manage response times, as well as specialized training for health care professionals. He called on the Secretariat and WHO partners to help Member States train the human resources and obtain the equipment needed to provide emergency and trauma care.

The representative of BAHRAIN said that his country was making every effort to respect international standards on emergency and trauma care services, which were widely available. Various policies and strategies had been developed to mobilize the necessary resources.

The representative of INDIA said that many lives could be saved with timely intervention, which was critically linked to the availability of sufficient infrastructure and trained staff. Standard protocols and key performance indicators were essential for quality emergency and trauma care services. It was also crucial to train the public to administer basic first aid to accident or emergency victims.

The representative of ZAMBIA affirmed her Government's commitment to conducting a periodic WHO emergency care system assessment and to reviewing essential processes and clinical protocols as identified in the WHO Emergency Care Systems Framework. She requested the Secretariat to support the strengthening of standardized data collection mechanisms and to provide training and standards for essential emergency care services in the quest for quality improvement.

The representative of CHINA said that he supported the draft resolution but would welcome the inclusion of the following actions: to facilitate effective connections between prehospital and emergency care by creating an integrated prehospital and in-hospital fast-track system to improve the efficiency of treatment and care; to deploy more ambulances, particularly in rural areas; to encourage countries with the requisite capacity to deploy more automated external defibrillators in public places; and to provide more training programmes for the public in basic emergency awareness and skills.

The representative of CANADA said that her Government would be interested in learning from any new knowledge arising from recent initiatives launched by the WHO to support emergency care services. It supported the draft resolution.

The representative of the ISLAMIC REPUBLIC OF IRAN said that establishing a well-organized emergency care regulatory body to provide and oversee timely and quality care was important to achieving many of the targets of the Sustainable Development Goals. Emergency care should not be considered as a costly intervention but an essential step in avoiding costly interventions throughout the whole health system. Emergency preparedness and response in primary health care and health system resilience should be priorities in all at-risk countries. She requested WHO and other organizations in the United Nations system to take steps to ensure that all countries had access to essential drugs and medical equipment, including those subject to unilateral coercive measures. Her country was willing to help develop the regional road map for disasters and to serve as an educational hub for disasters and emergencies in the Eastern Mediterranean Region.

The representative of SOUTH SUDAN said that his country would appreciate support from the Secretariat and WHO partners to assist Member States in establishing and strengthening the systems and capacities required for an effective emergency care system.

The representative of AFGHANISTAN said that his country's high incidence of road-traffic injuries made the availability of emergency and trauma care essential. He requested the Secretariat to provide technical support to his Government in implementing the measures required under the draft resolution.

The representative of the UNITED REPUBLIC OF TANZANIA said that the recent launch of the WHO International Registry for Trauma and Emergency Care would provide countries with standard guidance on facilitating collaborative efforts to ensure that their priority programme needs were met. It was positive that the Secretariat had identified the challenges affecting low- and middle-income countries, including the lack of dedicated funding streams to sustain established targets. She supported the draft resolution.

The representative of MALDIVES said that the priority for countries worldwide must be to establish efficient emergency and trauma care services so as to reduce deaths and disabilities and have a positive impact on peoples' lives. Stakeholder engagement and public-private partnerships were vital to guaranteeing sustainability and establishing viable funding mechanisms for emergency care. She supported the draft resolution.

The representative of KIRIBATI said that the main challenge in providing timely emergency and trauma care in her country was the geographical dispersal of its islands. The Secretariat was helping the Government revise its emergency preparedness plan.

The representative of NAMIBIA, emphasizing that emergency and trauma care formed an essential part of universal health coverage, outlined the measures taken by her Government to address the country's lack of emergency units and trained health professionals and thereby reduce avoidable deaths and disabilities, particularly as road-traffic crashes caused a significant proportion of trauma-related deaths and injuries in Namibia.

The representative of GHANA, expressing support for the draft resolution, said that, in recognition of the importance of emergency care, his Government had added timeliness as an important component of universal health coverage, emphasizing that timely access to services should be guaranteed for all people in the country regardless of their ability to pay.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that it was vital to adopt a systematic approach to emergency care and to strengthen health sector leadership, incorporating a leading role for emergency care physicians. He urged Member States to guarantee the personal safety of physicians, other responders and patients. A well-trained workforce was needed to meet patient needs. To that end, emergency care training should be included in training curricula for future doctors.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, urged Member States to adopt and fund the draft resolution and the Secretariat to work with Member States to train care providers and strengthen emergency care programmes, evaluate disease patterns and emergency implementation strategies, and prioritize access to emergency care regardless of ability to pay.

The representative of the INTERNATIONAL FEDERATION OF SURGICAL COLLEGES, speaking at the invitation of the CHAIRMAN, said that Member States needed to ensure that emergency preparedness measures guaranteed the capability to deliver essential surgical, obstetric, trauma and anaesthesia services as an integral part of prepared, coordinated and resilient health systems. Given that surgery was an indispensable part of health care, universal health coverage could never be achieved without access to safe, timely and affordable surgical care.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage, Communicable and Noncommunicable diseases) said that global disparities in access to emergency care created disparities in outcomes. That situation was unacceptable, given that simple, low-cost interventions were available, particularly in primary care settings. More lives could be saved by implementing key processes that enhanced the quality of care delivery. Emergency care was currently underfunded and insufficiently

emphasized in health strategies. Ensuring timely delivery of such care would help achieve universal health coverage, improve maternal and child health, and ease the impact of disasters and violence. Many Member States had identified priority actions relating to their national emergency care systems. In response, WHO had launched a global emergency and trauma care initiative and developed tools and technical guidance to help Member States strengthen their care systems, including support for training front-line health workers, standardized documentation and data collection, and measures to guarantee sustainable funding and effective governance, in order to ensure access to emergency care for all. No one should die from lack of access to emergency care, which was an essential aspect of universal health coverage. The Secretariat would continue to work with partners to support countries and populations in need.

The CHAIRMAN took it that the Committee wished to approve the draft resolution.

**The draft resolution was approved.<sup>1</sup>**

**Global Strategy for Women's, Children's and Adolescents' Health (2016–2030):** Item 12.8 of the agenda (document A72/30)

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, said that, despite a significant decrease in maternal mortality, women continued to die from preventable conditions such as cervical cancer, because of poor access to contraception, and from gender-based violence, genital mutilation and sexually transmitted infections. Member States must continue to improve the health of women, children and adolescents, in line with the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). The Secretariat should continue to provide support to ensure access to contraception, guarantee the competencies of service providers in family planning and control of sexually transmitted infections, and promote the expansion of cervical cancer prevention and treatment coverage. The Secretariat should also support the African Region in strengthening human papillomavirus (HPV) vaccination coverage and prenatal and neonatal health services. The African Region strongly advocated for enhanced multisectoral action to address the social and other determinants of health, especially with regard to women, children, adolescents and marginalized groups. It welcomed efforts by the Secretariat to standardize monitoring tools and harmonize methodologies to ensure the consistent monitoring of progress on the implementation of the Global Strategy.

The representative of the UNITED STATES OF AMERICA, speaking on behalf of Brazil, Egypt, Ghana, Haiti, Indonesia, Iraq, Nigeria and Saudi Arabia, said that health in women, children and adolescents led to health in communities and families, the family being the foundational institution of society. She welcomed the prioritization of equal access to tools that were predictive of health and well-being throughout the life course, and of measures to expand access to health care. Member States were urged to expand health services and opportunities for women, children and adolescents, especially those in situations of risk and/or vulnerability. Efforts should focus on topics that united rather than divided Member States. In that regard, she did not support references to ambiguous terms such as the "right to sexual and reproductive health" in the context of WHO's work because they did not take into account the key role of the family. She strongly supported the highest attainable health outcomes for women, children and adolescents, including, but not exclusively related to, reproductive concerns. In that context, a more holistic approach would be beneficial. Stressing the importance of international solidarity in building consensus, she said that efforts should focus on concrete issues and challenges.

The representative of HONDURAS said that her Government supported the implementation of the Global Strategy. She outlined the steps taken and progress made in her country to improve women's, children's and adolescents' health, including legislative measures on health service provision and

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA72.16.

initiatives to address the social and other determinants of health relating to women, children, adolescents and marginalized groups. She welcomed the platforms and tools provided by WHO/PAHO to facilitate access to data.

The representative of FRANCE, speaking on behalf of Australia, Belgium, Canada, Estonia, Finland, Guyana, Iceland, Latvia, Luxembourg, Mexico, Mozambique, the Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, Tunisia, the United Kingdom of Great Britain and Northern Ireland and Uruguay, said that women, children and adolescents were being left behind in terms of access to quality health services and were particularly vulnerable to abuse and violence. Inequality, including with respect to access to safe abortion services, was a major potential setback to ending preventable maternal and child mortality and undermined adolescent health. It was essential to ensure universal access to high quality, affordable health services, and to information and education relating to sexual and reproductive health, including comprehensive sexuality education. Political leadership was needed to meet the needs and protect the dignity and rights of women, children and adolescents and to eliminate all social, gender-based, structural and cultural barriers. The Secretariat, Member States and partners must take bold action to improve the health and human rights of women, children and adolescents.

The representative of LEBANON said that his Government was working to incorporate measures and targets relating to women's, children's and adolescents' health into its national health strategy, adopting a life course approach. He drew attention to the importance of community engagement and of incorporating emergency response into national plans. More time should be given to States in crisis, including those hosting migrants, owing to the additional burden on their health systems.

The representative of ALGERIA pointed out that maternal, neonatal, child and adolescent mortality was high in countries where access to cost-effective interventions was unequal or inadequate. It would be difficult to achieve the Sustainable Development Goals, notably universal health coverage, without the necessary human and financial resources. It was therefore important to implement country-specific mechanisms to expand coverage and improve the quality of care, in line with the political commitment to strengthen the Global Strategy.

The representative of SWEDEN said that sexual and reproductive health and rights, including provision of comprehensive sexuality education and access to contraceptives and to safe, legal abortion services, were key to reducing maternal mortality and protecting the right of all to the highest attainable standard of health. He strongly supported strengthening access to maternal care provided by well-trained staff, and stressed that universal health coverage should include an integrated package of interventions on sexual and reproductive health and rights that safeguarded women's and girls' rights to their own bodies and lives. Creating equitable conditions for all and leaving no one behind were essential to achieving the Sustainable Development Goals. Strengthening sexual and reproductive health and rights, reducing sexual and gender-based violence and improving early childhood development were all important aspects of that approach.

The representative of SAUDI ARABIA, outlining measures taken by his Government at the national level, stressed the importance of cooperation and encouraged Member States to establish a legislative framework to improve systems for women's, children's and adolescents' health and the requisite specific performance indicators.

The representative of BAHRAIN said that primary health care and universal health coverage should have key roles in national health strategies, in line with the Global Strategy and the Sustainable Development Goals. His Government supported implementation of the Global Strategy as an effective way to improve health care for women, children and adolescents.

The representative of CANADA said that the Sustainable Development Goals would not be achieved and poverty ended by 2030 if sufficient attention was not paid to the health, rights and well-being of women, children and adolescents. She welcomed WHO efforts to improve quality of care, strengthen monitoring and enhance accountability, including through global data standardization, and to encourage increased investment in adolescent health, including measures to improve the collection of disaggregated data and to develop normative tools. Cooperation with a wide range of stakeholders, including women's and youth-led organizations and civil society, was vital to foster coordination and collaboration and to enable women's and girls' voices to be heard within and outside the health and nutrition sectors. Her Government strongly supported a multisectoral and integrated approach to meeting health needs throughout the life cycle. She appreciated the greater emphasis on sexual and reproductive health and rights and addressing social and other determinants of health.

The representative of TOGO said that, in order to address challenges in women's, children's and adolescents' health at the national level, in particular high maternal, neonatal and infant mortality rates, his Government's actions had been aligned with the Sustainable Development Goals and the recommendations of the Global Strategy.

The representative of THAILAND outlined some of the measures taken by her Government to improve the health of women, children and adolescents, including in the areas of nutrition and vaccination. It had introduced universal vaccination against HPV for all fifth-grade female students, but had struggled to obtain a sufficient vaccine supply to complete the 2019 vaccination programme. She urged the Organization to take action to facilitate the production of HPV vaccine, so as to ensure adequate global supplies.

The representative of DENMARK said that giving young people a voice in sexual and reproductive health and rights was a priority for her Government. The focus should be on prevention rather than treatment, and comprehensive sexuality education was an effective measure that should be implemented globally.

The representative of NIGER described the steps taken by his Government to improve women's, children's and adolescents' health. Challenges remained, including in obstetric care, the use of contraception and meeting the needs of people living in humanitarian emergency situations. He urged the Secretariat to provide more financial support for Member States facing major challenges.

The representative of NAMIBIA said that it was critical to accelerate the implementation of programmes and initiatives tailored to the health needs of adolescents. He expressed appreciation that neonatal health had been closely linked to maternal health, and said that focusing on life-saving interventions would go a long way to reducing maternal and neonatal mortality rates.

The representative of the DOMINICAN REPUBLIC said that intersectoral action and transparency across all levels of the Organization should be strengthened to address the social determinants of women's, children's and adolescents' health. Efforts to improve data systems and harmonize indicators were vital for analysis and decision-making. She supported, and was involved in, the development of applications and digital initiatives on sexual and reproductive health.

The representative of BRAZIL, welcoming the Global Strategy, outlined some of the measures taken by her Government to guarantee sexual and reproductive health rights, including access to modern, safe and effective contraceptive methods, the promotion of breastfeeding and an HPV vaccination programme to prevent cervical cancer.

The representative of BURKINA FASO expressed support for the Global Strategy and encouraged collaboration to develop technical support for its implementation. Improving reproductive



and child health was a priority for her Government, which was using a number of WHO tools in its programmes in the field.

The representative of GHANA, observing that the unacceptably high maternal, neonatal and child mortality rates in Ghana remained a concern, outlined the initiatives taken by the Government to address the problem and other issues related to women's, children's and adolescents' health.

The representative of INDONESIA, providing an overview of steps taken by her Government to implement the Global Strategy, said that strengthening primary health care and referral health facilities was key to ensuring quality health services for all.

The representative of SRI LANKA welcomed the report's timely focus on identifying the gaps that were hindering the achievement of universal health coverage. Adolescent health services were a particular challenge for her country, and it would be useful for Member States to share best practices in that area.

The representative of INDIA said that, although he welcomed the development of a draft global strategy to accelerate cervical cancer elimination, it was equally important for the global community to work on market shaping to ensure that adequate supplies of the HPV vaccine were available at a reasonable price. Given the global shortage of the vaccine, governments would find it difficult to commit or adhere to cervical cancer elimination targets. Moreover, countries should have the flexibility to set their own targets based on their local, epidemiological and financial situations.

The representative of SOUTH AFRICA said that, despite Member State efforts to ensure access to health services, many challenges remained, including the exorbitant cost of vaccines and medicines, which perpetuated inequalities between high-, low- and middle-income countries. She asked for greater commitment from all stakeholders to make products affordable, including the pharmaceutical industry and GAVI, the Vaccine Alliance. Women should be able to seek care without fear of stigma or discrimination. It was also essential to consider the mental health needs of women.

The representative of MEXICO said that it was important to strengthen efforts to prevent maternal and neonatal deaths by ensuring access to antenatal care and trained health professionals. More progress needed to be made in addressing stunting and obesity, and coverage of key interventions, such as immunization, should be expanded. In terms of adolescent health, it was important to address the issues of road safety, suicide and interpersonal violence among young people, along with mental health disorders, teenage pregnancy, substance use and HIV prevention and care. It was essential to adapt WHO guidelines on sexual and reproductive health to humanitarian and emergency settings.

The representative of MALAYSIA described the action taken by her Government to improve women's, children's and adolescents' health, including primary HPV screening to accelerate cervical cancer elimination.

The representative of TUNISIA, describing some of the measures taken by his Government to improve the health of women, children and adolescents, requested the Secretariat to provide support, in particular for implementation of Tunisia's multisectoral strategy for children's development and the creation of a data system to track children's health.

The representative of the UNITED REPUBLIC OF TANZANIA said that her Government had put in place frameworks and action plans to strengthen women's, children's and adolescents' health services, in particular to address the country's slow progress in lowering the high maternal, neonatal and infant mortality rates, low contraceptive use and high adolescent pregnancy rate.

The representative of PANAMA said that her Government was committed to implementing the Global Strategy and described the measures it had taken to make progress in those areas, including a sexual and reproductive health programme for adolescents funded by a tobacco tax.

The representative of TIMOR-LESTE described the action taken to improve women's, children's and adolescents' health in her country, such as building maternity clinics closer to communities. Universal health coverage was key to addressing health as a fundamental human right.

The representative of ZAMBIA requested the Secretariat's support for providing quality health care throughout Zambia. The socio-cultural factors that influenced delivery of services in some countries should not be viewed as obstacles, but rather as ways to leverage locally acceptable methods, leading to improved health outcomes. The Secretariat should develop global targets in adolescent health so that progress could be charted. Lack of access to HIV and syphilis test kits remained a problem, and she appealed for an investigation of the issue.

The representative of the NETHERLANDS encouraged the Secretariat to use the monitoring framework adopted in 2018 at the International Conference on Population and Development to fill data gaps in the European Region. Although she was pleased to see the new sexual and reproductive health and rights guidelines for adolescents, the issue of sexual health needed to be included more consistently in future reports, particularly in sections on adolescents. Future reports should also reflect on the contribution of unsafe abortion to maternal mortality and morbidity. An indicator should be developed on the causes of maternal deaths, and the contextual indicator on different legal circumstances tracked. Everyone agreed that access to antenatal care, treatment of sexually transmitted infections, vaccinations, family planning and safe deliveries were key, yet it seemed that a political discussion of the right to safe abortion was jeopardizing what had been achieved. She trusted that WHO, as a technical organization, would continue to let evidence prevail. Universal access to sexual and reproductive health care and reproductive rights were Sustainable Development Goals and not a matter of belief: evidence showed that it was essential for attainment of the Goals.

The representative of CHINA said that, although progress had been made in women's, children's and adolescents' health, major discrepancies still existed between countries and regions. He encouraged WHO to continue to work with global partners and increase funding for high disease burden countries. He asked how WHO would achieve better health for women and children under the "triple billion" goals. He hoped that recently launched expert and advisory groups for women's, children's and adolescents' health would lead to timely norms and standards being developed.

The representative of COLOMBIA said that the global and regional picture provided of the status of key women's health issues, violence against children and adolescents, and other challenges faced in early childhood, childhood and adolescence would inform public policy development. The systematic approach to experiences in different regions could serve as a basis for generating local data. However, the recommendations should be broader and more in-depth, particularly with respect to the health status of migrant pregnant women and minors, pregnant women and minors in post-conflict settings, and evidence-based interventions to promote protective environments and mental health and help prevent consumption of psychoactive substances by women, children and adolescents.

The representative of SLOVAKIA appreciated the call for a child- and family-centred multisectoral approach to programming. She asked for the global platform mentioned in the report to include evidence on country measures and standardized approaches to support natural methods of fertility control, diagnostics and treatment. With respect to the adaptation of WHO's existing guidelines on sexual and reproductive health to humanitarian and emergency settings, she emphasized the role of ethical approaches in the standardization of health care solutions when addressing stigmatization, vulnerability and trauma.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND appreciated that the report reflected the centrality of women's, children's and adolescents' health and rights to the attainment of universal health coverage. As midwifery skills enabled one professional to cover a spectrum of health issues, there was a critical need to scale up access to quality pre-service training. She therefore welcomed the planned WHO special report on strengthening quality interprofessional midwifery education by 2030. A comprehensive package of sexual and reproductive health and rights was critical to achieving the Sustainable Development Goals.

The representative of SOUTH SUDAN said that efforts to reduce maternal mortality should be intensified in the African Region. His country's adoption of the Boma Health Initiative, which was aligned with the Sustainable Development Goals and addressed socio-cultural barriers to the health of women, would help reduce the burden of morbidity and mortality and enhance the achievement of universal health coverage. He asked the Secretariat and partners for support in implementing the Initiative.

The representative of NICARAGUA expressed his Government's support for the Global Strategy and outlined the progress it had made in reducing maternal, neonatal and infant mortality, deaths from cervical cancer and chronic undernutrition in children under 5 years of age, and in eliminating some vaccine-preventable diseases. It was committed to continued progress on universal health coverage as part of the right to health for all people.

The representative of the BAHAMAS requested the Secretariat to provide support, in concert with her country's Caribbean partners, to strengthen the standardization, collection and analysis of data at the country level and to develop digital health applications for family planning and reproductive, maternal, newborn, child and adolescent health. As achieving the goals set for 2030 required sustained but flexible approaches, she requested technical support for the development and testing of interventions and the preparation of investment cases to strengthen grant applications.

The representative of MOROCCO outlined the steps taken by his Government to implement the Global Strategy, including developing a national strategy to end preventable deaths of mothers and newborns and a national child health policy. He welcomed the upcoming coordination meeting of the H6 Partnership as an opportunity to mobilize and optimize the use of resources for better convergence and accelerated achievement of goals.

The representative of SAINT LUCIA called on the Health Assembly to focus on achievement of target 3.8 of the Sustainable Development Goals as its core mandate. She urged Member States to focus on the areas of universal health coverage that enjoyed broad consensus and affected all countries, and to avoid topics that divided rather than united. Terms such as "comprehensive sexuality education" and "sexual and reproductive health and rights" should be avoided in any document originating in WHO because they undermined the role of the family and promoted practices like abortion in circumstances that did not enjoy international consensus. The quest for universal health coverage would benefit from a more holistic approach that addressed health outcomes not exclusively related to reproductive concerns.

The representative of TURKEY supported the statement made by the United States of America on behalf of a group of countries and strongly encouraged WHO to avoid any ambiguity in the terminology pertaining to sexual and reproductive health.

The representative of BANGLADESH, expressing support for the Global Strategy and the crucial role of universal health coverage in women's, children's and adolescent's health, noted the strides made by his country in reducing maternal and child mortality through programmes and national policies and strategies addressing maternal, newborn and adolescent health. He fully agreed with the report on the importance of standardizing monitoring tools and harmonizing methodologies.

The representative of COSTA RICA provided details of the various measures, strategies, regulations and legislation his Government had put in place to offer comprehensive care to women, children and adolescents regardless of their ethnicity or insurance and immigration status, taking into account social determinants as well as biological conditions.

The representative of ESWATINI called on Member States to work together to address the gaps identified in the report. He was concerned about the continued poor access to some medicines and vaccines that had proven effective, such as the HPV vaccine, and stressed the need to act quickly to improve access, especially in developing countries.

The representative of AFGHANISTAN called for more collaborative efforts at national and global level to implement universal health coverage. Adequate technical and financial support were also required. He supported the recommendations, particularly with respect to poor and conflict-affected countries, but emphasized that they should be tailored to the country context.

The observer of the HOLY SEE noted the key role of access to high-quality antenatal care in preventing maternal and newborn deaths. With respect to the high number of children who died before their fifth birthday, WHO should help States take action on the social determinants of health, strengthen the capacity of families to nurture children and facilitate access to universal health coverage for all family members. He found it difficult to understand why, with regard to humanitarian contexts, the report focused exclusively on the vague concept of “sexual and reproductive health”.

The observer of PALESTINE requested the Secretariat to support Palestine’s efforts to implement its national strategy to reduce maternal, child and adolescent mortality, notably by helping to reinforce regional and international resources available to improve maternal, child and adolescent health conditions, especially during conflicts and crises such as the one being experienced in Palestine, particularly in east Jerusalem. He urged WHO to work with the Palestinian Ministry of Health, UNRWA and UNICEF to improve the health of women, children and adolescents.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, called on Member States to take women’s, children’s and adolescents’ health needs into consideration, ensure equitable distribution of health care services, minimize out-of-pocket expenditure for and promote knowledge of sexual and reproductive health and rights, and use digital technologies to enable the health workforce to provide holistic and evidence-based family planning and sexual and reproductive health services.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, called on WHO and its Member States to involve physicians, who played a key role in educating patients, in the prevention of female genital mutilation. She urged Member States to provide adequate funding and programmes for training physicians on HPV and associated diseases, HPV vaccination and routine cervical cancer screening. She encouraged Member States to provide accessible information on maternal and child health.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that women and girls experienced human rights violations in connection with access to sexual and reproductive health services, female genital mutilation and gender-based violence. Noting the work of health care professionals in raising people’s awareness of their rights, empowering them to demand that they be upheld, and improving access to health care services, she urged Member States to invest in and support the health workforce, which was made up largely of women.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION, speaking at the invitation of the CHAIRMAN, said that, given women’s, children’s and adolescents’ continued lack of access to essential primary health care services, policies and practices

should be reviewed to develop and expand community-centred health care services and optimize health outcomes. As pharmacists were easily accessible health care professionals and able to offer medication counselling and family planning services, they should be integrated into services at the community and individual levels.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed concern that the absence of alcohol-related topics indicated that there was little or no action on related health and development issues, such as the health and development threats to children in families with alcohol problems, gender-based violence fuelled by alcohol, fetal alcohol spectrum disorders, and the alcohol-stoked causes of adolescent deaths. She urged WHO and its Member States to institute stronger cross-sectoral mechanisms to identify and address alcohol as a risk factor.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, called for noncommunicable disease services, such as access to the HPV vaccine and cervical cancer screening, to be integrated into existing programmes for young girls, adolescents and women. Supporting the urgent appeal of the Independent Accountability Panel for Every Woman, Every Child, Every Adolescent, she urged Member States to push for increased investment in adolescent health in order to achieve universal health coverage and the Sustainable Development Goals.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIRMAN, expressed concern that some governments were pushing regressive and conservative steps in policies for women, children and adolescents. She was concerned about the removal of all references to sexual and reproductive health in a recent United Nations Security Council resolution on ending sexual violence in conflict. She urged Member States to promote evidence-based policies on sexual and reproductive health and rights.

The EXECUTIVE DIRECTOR (Universal Health Coverage/Life Course) said that, as the momentum for universal health coverage and primary health care continued to grow, it was clear that women and children must remain at the core of the agenda. WHO's universal health coverage index relied heavily on available data on reproductive, maternal, newborn, child and adolescent health indicators, and its tracking of equity relied solely on those indicators. Over the Millennium Development Goals period, collective progress in reducing both maternal and child mortality had been impressive. However, it was also clear that, in order to make progress, attention should centre on certain areas, which included the unfinished agenda on maternal and newborn mortality, with a focus on high-burden countries, as four countries accounted for 80% of global newborn mortality; reduction of the more than 2.5 million stillbirths occurring globally every year; the twin epidemics of stunting and obesity; the unmet need for family planning; the unmet needs for adolescent health, which included but were not limited to suicide prevention, prevention of violence and road-traffic crashes/injuries; and the prevention of violence against women generally, including the scourge of female genital mutilation.

National aggregate data no longer sufficed; subnational disparities needed to be addressed. There were major unmet needs in countries affected by conflict. Ten countries had an immunization rate lower than 50% nationally and those same countries accounted for more than half of maternal, under-five and newborn mortality. There was therefore a clear call for WHO to focus on those countries with new programmatic models. In addition, all parties should increasingly focus on the reduction and ultimate elimination of cervical cancer. WHO would be presenting an elimination strategy at the Seventy-third World Health Assembly and had begun scaling up the relevant efforts, incorporating its activities to that end into its work on universal health coverage and primary health care. Vaccine security for HPV and other vaccines during the life course were also issues. WHO pledged to continue to work with Gavi, the Vaccine Alliance, UNICEF and other partners to look at how the market could be shaped to be fairer for low- and middle-income countries. It had also begun to look at affordable diagnostics and screening technologies.

Addressing specific issues that had been raised, the Executive Director said that WHO was working on a global action plan for the measurement of adolescent health, and an advisory group had

been set up to harmonize the relevant indicators. It had agreed an accelerated action plan for adolescent health with the H6 Partnership. In terms of humanitarian emergencies, an audited assessment was being conducted of all available guidance to ensure its applicability. Gaps in the research were being reviewed so that they could be filled with appropriate guidance. Quality in women's and children's health was very much a part of WHO's focus on quality in universal health coverage and primary health care. WHO was addressing quality issues in relation to women's and children's health, including standards for midwifery and nursing, and patient safety. With respect to syphilis, WHO needed to scale up its work in partnership with colleagues working on HIV to eliminate mother-to-child transmission of syphilis and HIV. Only 11 countries had validated that elimination strategy. Finally, WHO would continue to prioritize evidence-based analysis, norms and standards, technical support and action for women's, children's and adolescents' health as a central pillar of universal health coverage, as part of the United Nations Secretary-General's Every Woman Every Child strategy, and under the Sustainable Development Goals framework, language, goals, targets and indicators.

**The Committee noted the report.**

**Mr Ameen took the Chair.**

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

**Progress reports:** Item 21.3 of the agenda (document A72/59)

The CHAIRMAN invited the Committee to consider the progress reports submitted under item 21.3 of the agenda by thematic group.

#### **Communicable diseases**

- A. Global technical strategy and targets for malaria 2016–2030 (resolution WHA68.2 (2015))**
- B. Addressing the burden of mycetoma (resolution WHA69.21 (2016))**
- C. Eradication of dracunculiasis (resolution WHA64.16 (2011))**

The representative of GUINEA, speaking on behalf of the Member States of the African Region on progress report C, said that educational and socioeconomic progress required lasting reductions in the risk of contracting dracunculiasis, particularly in disadvantaged communities, and that the community- and country-focused interventions of the global eradication campaign should therefore be maintained. Conflicts, security concerns and population movements continued to hamper programme implementation and limit access to regions where the disease was endemic. Despite those difficulties, it remained of the utmost importance to maintain eradication efforts.

The representative of the UNITED STATES OF AMERICA, referring to progress report A, saluted the proactive work done by WHO with Unitaaid and the Global Fund to Fight AIDS, Tuberculosis and Malaria to deploy new insecticide-treated nets quickly through the innovative New Nets Project. WHO should clarify the requirements for Prequalification Vector Control listing for new nets impregnated with pyrethroids plus another compound or compounds other than pyrethroids, it being critical to address insecticide resistance in the field as quickly as possible while weighing the importance of additional epidemiological data generation against the immediate need for new tools. He urged the global malaria community to work together across sectors to design and deploy innovative financing approaches that would increase private investments and domestic resource commitments.

The representative of SAUDI ARABIA emphasized the importance of strengthening the response to malaria cases and of moving towards eradication, inter alia through vaccines and stronger health systems. Greater investment was desperately needed at all levels, including in terms of prevention and surveillance. His Government hoped to work alongside other countries to provide medicines and improve data collection.

The representative of CHINA noted that there had been no notable decrease in the number of malaria cases between 2015 and 2017; in fact, in the African countries most affected it had even increased. His Government, which was closely monitoring the resistance of *P. falciparum* to artemisinin, was ready to work alongside other Member States to promote South-South cooperation on implementation of the global technical strategy for malaria 2016–2030. He recommended closer communication between WHO and Member States on the risks of imported transmission.

The representative of INDIA said that, in line with the global technical strategy, his country had launched a national framework for malaria elimination in 2016. As noted in the *World Malaria Report 2018*, India had been the only high-burden country to report a decline in malaria cases in 2017, a development attributed to renewed political commitment, strengthened technical leadership focused on prioritizing the right mix of vector control measures, and increased levels of domestic funding. India's approach could serve as an example, and WHO should therefore promote cross-learning between India and other high-burden countries.

The representative of MALAYSIA said that, Malaysia being one of the countries identified through the E-2020 initiative as having the potential to eliminate malaria by 2020, his Government was stepping up implementation of its national strategic plan and developing a strategic plan to prevent malaria re-establishment. His country had reported zero indigenous human malaria cases for the first time in 2018 and remained well positioned to achieve its elimination goal.

The representative of TOGO, referring to progress report C and recalling that his country had been certified as free of dracunculiasis transmission since December 2011, said that a 2017 study in districts that had previously reported cases of guinea-worm disease had found no cases of infection in dogs. Post-certification surveillance would continue until dracunculiasis had been eradicated worldwide.

The representative of TIMOR-LESTE, referring to progress report A, said that the number of confirmed malaria cases in her country had fallen significantly in recent years. Following a recommendation from the Malaria Elimination Oversight Committee at its meeting in February 2019, Timor-Leste was moving towards achieving certification of malaria elimination by 2021. She thanked WHO and other relevant international partners for their indispensable contributions to her country's national malaria programmes.

The representative of HONDURAS said that her country had made progress towards universal access to malaria prevention, diagnosis and treatment, a key step in ensuring that mild cases of malaria did not result in severe illness or death. Successful strategies included insecticide-treated mosquito nets, indoor residual spraying and proper use of antimalarial medicines. Her Government, alongside others in the region, would be implementing a new initiative that would improve results and thereby guarantee elimination by 2020.

The representative of SUDAN, referring to progress report B, said that his Government had been actively working to reduce the burden of mycetoma in the country's hardest hit provinces, opening treatment centres and running clinical trials to assess new medicines to treat the disease. It had also helped to organize a recent international conference on treating mycetoma with WHO. It remained committed to continue fighting the disease.

The representative of INDONESIA said that her country was continuing to work towards being declared malaria-free, with annual parasite incident rates having significantly decreased thanks to strong collaboration with relevant stakeholders. Her Government stood ready to further intensify comprehensive malaria elimination efforts, and supported extending malaria elimination activities and the applicable budget in order to achieve the 2030 malaria elimination target.

The representative of the UNITED REPUBLIC OF TANZANIA, referring to the socioeconomic burden that mycetoma placed on rural and underserved communities in her country, said that addressing the disease would improve the economy and reduce absenteeism owing to sickness. She commended the efforts of Member States in which mycetoma was endemic to conduct research and manage the disease accordingly, and expressed support for research and capacity-building for better diagnosis, treatment and prevention.

The ASSISTANT DIRECTOR-GENERAL (Communicable Diseases) said that the Secretariat would continue to work with Member States and partners to formulate new targets for malaria elimination in the coming years. It appreciated the strong commitments and support from Member States that were already on track to eliminate malaria by 2020 and was committed to ensuring timely certification. Regarding dracunculiasis, he said that the Secretariat fully understood the difficulties of last-mile eradication, when animal infections posed a problem. He commended the Government of Sudan for its mycetoma coverage centres and clinical trials for new medicines to treat the disease, and pledged the Secretariat's support to help Member States bring mycetoma under control.

#### **Noncommunicable diseases**

##### **D. Sustaining the elimination of iodine deficiency disorders (resolution WHA60.21 (2007))**

##### **E. Prevention of deafness and hearing loss (resolution WHA70.13 (2017))**

The representative of THAILAND, referring to progress report D, commended the progress made on sustaining the elimination of iodine deficiency disorders. While she agreed with the use of salt iodization for that purpose, monitoring would be required to limit excessive salt consumption. Regarding progress report E, it was essential to raise awareness about deafness and hearing loss among high-risk groups. Early detection in newborns remained a challenge, as did access to hearing aids and cochlear implants, especially in resource-poor settings. Efforts to promote access to such tools therefore had to be supplemented with work to develop innovative communication strategies and a supportive environment for people living with hearing loss.

The representative of the UNITED STATES OF AMERICA expressed support for WHO's efforts to raise awareness about hearing loss and noise exposure in occupational and recreational settings. The Organization should continue engaging on the subject, focusing on the early identification and management of deafness and hearing loss. In that regard, the importance attached by the Secretariat to partnerships with stakeholders, including organizations of people with hearing loss and family support groups, was commendable, and the technical work undertaken to implement resolution WHA70.13 (2017) encouraging.

The representative of SOUTH AFRICA, referring to progress report E, noted with appreciation the activities undertaken by the Secretariat to provide support to Member States, adding that her country had developed a public-sector programme to manage ototoxicity in cases of drug-resistant tuberculosis that it was considering expanding to cancer patients.

The representative of SLOVAKIA noted with appreciation that tool kits for ear and hearing care were being developed for release in 2019 and 2020. She welcomed WHO's leadership in establishing the World Hearing Forum and its activities to prevent deafness and hearing loss.



The representative of the RUSSIAN FEDERATION said that, thanks to WHO's work, governments were disseminating more information to their citizens about treatment and rehabilitative action for hearing loss and deafness. She was pleased with the progress made on developing new materials, reiterated her country's readiness to continue to engage in international, regional and national efforts to combat hearing loss and urged the Secretariat to pursue its work on the topic.

The representative of ZAMBIA outlined the steps taken by her Government to prevent deafness and hearing loss and called on the Secretariat to continue providing technical, financial and material support in that regard.

The representative of INDONESIA said that it was essential to include the prevention of deafness and hearing loss in priority programmes at the national and international levels, given the adverse effect that such impairments could have on quality of life. She described the range of measures taken by her Government in response to resolution WHA70.13 (2017).

The representative of INDIA, referring to progress report D, said that her Government was committed to sustaining the elimination of iodine deficiency disorders in the country and outlined the successful measures it had taken to that end.

The representative of MALAYSIA said that, as iodine deficiency disorders still existed among some segments of the population in Malaysia, her Government intended to begin implementing universal salt iodization in September 2020.

The representative of PANAMA, referring to progress report E, described the steps taken by her Government, at both the national and international levels, to prevent deafness and hearing loss, particularly in terms of awareness-raising and hearing tests.

(For the continuation of the discussion, see the summary record of the seventh meeting, section 3.)

**The meeting rose at 13:55.**

## **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.<sup>1</sup>**

### **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

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<sup>1</sup>See page 309.

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.**

## **EIGHTH MEETING**

**Monday, 27 May 2019, at 14:40**

**Chairman:** Mr H. BARNARD (Netherlands)

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

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

The representative of AUSTRALIA said that she supported the second review of the relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel. She welcomed the substantial work underway to further implement the Global Strategy on Human Resources for Health and supported the proposal for streamlined reporting on health workforce resolutions.

The representative of ARGENTINA noted that some activities did not fit neatly into the categories presented by the four objectives of the Global Strategy. For instance, the activities of the five-year action plan for health employment and inclusive economic growth (2017–2021) could encompass all four objectives. With regard to the evaluation of progress on increasing the workforce, countries should be encouraged to enter their data into the online platform. Support from WHO would be needed in many cases for the development of information systems, since only nationally standardized data would be reliable enough to be aggregated into national health workforce accounts.

The representative of SURINAME noted the difficulty in retaining health care workers in rural and underserved areas, and their poor working conditions. He encouraged accelerated implementation of the Global Strategy on Human Resources for Health, and continued technical support and capacity-building at the national, regional and global levels.

The representative of SRI LANKA requested support for institutional capacity-building for human resources for health in respect of internal review mechanisms and information systems. He welcomed the timeline for the proposed review of the relevance and effectiveness of the Global Code of Practice through an independent Member State-led process and appreciated consideration of the need for technical cooperation. He requested further technical support to strengthen policy interventions and facilitate discussions with receiving countries. It was important to review the criteria and the categories of health personnel adopted in countries with critical health workforce shortages, in view of the need to strengthen primary health care and achieve universal health coverage. His Government had been providing data on human resources through its national health workforce account since 2018.

The representative of SOLOMON ISLANDS, speaking on behalf of the Pacific island countries, said that, despite significant efforts to produce and retain health workers, persistent variations in their availability, capacity and performance resulted in uneven quality and coverage of health services in those countries. Indeed, health worker density was above the recommended benchmark in seven Pacific island countries, but below the benchmark in seven others. He supported ongoing efforts by WHO to further develop the health workforce at the country and regional levels and encouraged partner agencies to offer their support in that endeavour.



The representative of ALGERIA said that investment in human resources for health was central to the achievement of the Sustainable Development Goals. The training of health workers was key to their integration in a coherent health system and to the quality of care provided. Planning for the number of health workers needed and their distribution helped create favourable working conditions.

The representative of BURKINA FASO, describing the action taken in her country on human resources for health, encouraged collaboration to develop technical and financial support for countries with limited resources, with a view to improving the availability of quality data and the training, recruitment and retention of health workers.

The representative of ZAMBIA noted with concern the low level of reporting by Member States during the third round of reporting on the Global Code of Practice. Timely and accurate reporting must be ensured. He appreciated the Secretariat's support for the implementation and monitoring of the Code, including by providing technical support to Member States, but highlighted the need to make sure that the Code was used for its intended purpose. The focus on the five highlighted health professions should be expanded to include data on specialties across key disciplines with high mobility. The Secretariat should take into account the comments made at the meeting of the International Platform on Health Worker Mobility. It should also strengthen information sharing and help Member States use that information for human resources policy development. The assessment of the Code's relevance and effectiveness should be expedited through a representative Member State-led process.

The representative of BANGLADESH said that his Government had taken a number of measures to ensure a quality health workforce and looked forward to continuing to work closely with WHO to strengthen its health workforce. He requested continued support through evidence-informed policies to optimize the workforce and build institutional capacity.

The representative of ILO said that, despite progress, new investment in health workers was urgently needed to address existing and projected health workforce shortages. Decent conditions of work were required, including for community health workers, since decent work was a prerequisite to equality in access to health services and quality health care. Without a sustainable workforce, it would not be possible to achieve universal health coverage and Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Programmes to protect health workers from occupational hazards and risks were indispensable. Since the health sector was a major employer and contributed to job creation in other sectors, ILO was working with WHO and OECD under the five-year action plan for health employment and inclusive economic growth (2017–2021) to help countries unlock the sector's economic potential. It was also ready to work with the Secretariat and Member States on the upcoming review of the Global Code of Practice. She welcomed the designation of 2020 as the Year of the Nurse and the Midwife, which would coincide with the ILO General Survey on standards promoting decent work in the care economy.

The representative of IOM expressed his organization's commitment to participating in the International Platform on Health Worker Mobility and to supporting Member States in their implementation of the Global Code of Practice. He welcomed the third round of national reporting, noting the rise in international migration and growing complexity of health worker patterns of movement. The Global Compact for Safe, Orderly and Regular Migration promoted access for migrant workers – including the health workforce – to the same rights and protections extended to all workers in their respective sector. The well-managed migration of health workers played a key role in building the capacity of health systems in both receiving and sending countries, thereby contributing to achievement of the Sustainable Development Goals.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, encouraged all activities to strengthen collaboration among health

care teams in order to ensure an effective and efficient workforce. She reiterated her organization's call for the establishment of an action hub to reduce the shortfall in health workers.

The representative of the WORLD FEDERATION FOR MEDICAL EDUCATION, speaking at the invitation of the CHAIRMAN, noted that the quality of countries' medical education systems differed. She called on Member States to address divergences in medical education standards, in particular by using a programme like that run by her organization to recognize the agencies responsible for maintaining the quality of medical education and accrediting medical schools. Furthermore, Member States should invest in effective accreditation agencies, while health professionals should set standards for education in their respective fields.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that there was a need to regulate international recruitment processes and called on Member States to implement the Global Code of Practice to that end. Instead of implementing coercive measures to restrict the mobility of health personnel, they should provide appropriate training and attractive working conditions for underserved areas. Investment in the improvement of health care systems would help to retain health personnel and establish the multidisciplinary teams needed to deliver universal health coverage.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, welcomed the decision of the Health Assembly to designate 2020 as the International Year of the Nurse and the Midwife, which would raise the visibility of the nursing profession in policy dialogue. She encouraged all stakeholders to consider 2020 an opportunity to invest in and support the development of nurse leaders.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, welcomed the focus on the health workforce, but noted that there was room for improvement. She called on Member States to collect reliable data on human resources for health; participate in the exchange of information; provide timely national reports; and invest in the health workforce and the training of future health workers.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, urged Member States and educational stakeholders to invest in capacity-building and continued training for pharmaceutical students and young professionals. Strengthening the health workforce would boost socioeconomic development, productivity and economic growth. She called on Member States to ensure that health workers had decent jobs and working conditions early in their careers.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that her organization looked forward to its continued involvement in the International Platform on Health Worker Mobility. She called on Member States to report their national data on human resources for health, consolidate progress on the five-year action plan for health employment and inclusive economic growth (2017–2021), and commit adequate resources to improving employment and working conditions in health services.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, called on WHO to develop and promote training curricula to enable health professionals across disciplines and at all levels to provide services for noncommunicable diseases; provide guidelines to maximize the efficiencies of multidisciplinary, team-based approaches; and strengthen mechanisms for data collection.

The EXECUTIVE DIRECTOR (Universal Health Coverage/Life Course) thanked Member States for their comments and said that the Secretariat had heard their requests for greater support on the issue of the health workforce. With regard to data, he thanked Member States that had nominated a focal point for implementation of a national health workforce account. Taking note of the many requests for the Secretariat to provide additional support in that regard, he asked Member States to communicate their needs to the three levels of the Organization; the Secretariat stood ready to provide support. He requested that all Member States engage in data consolidation and reporting. Data provided through the online platform for national health workforce accounts would be used for dialogue and to inform the Secretariat's work on migration, the Global Strategy on Human Resources for Health, the five-year action plan for health employment and inclusive economic growth (2017–2021) and the global report on nursing due in 2020.

With regard to international mobility and migration, he thanked the Member States that had participated in the third round of reporting on the Global Code of Practice. There was room for improvement on reporting, however, and the Secretariat stood ready to receive further submissions. Deliberations on the topic of migration must be informed by the evidence pointing to the fact that migration was a complex phenomenon that affected all countries. The expert advisory group reviewing the Code's relevance and effectiveness would commence its work in June 2019 and report to the Seventy-third Health Assembly. He assured Member States that the expert advisory group – comprised of 12 Member States – was broadly representative and would review the complexity of migration and revisit the challenge of ethical recruitment from countries with a low density of health professionals. He welcomed the call for an action hub to address the health workforce shortage and would welcome discussions on how to implement that proposal. Additional technical cooperation on the Global Code of Practice and the Global Strategy would be guided by the Thirteenth General Programme of Work, 2019–2023 and the Programme budget 2020–2021.

The WHO Health Academy was an initiative under the transformation process that sought to maximize the impact of investment across the Organization in training, career development and lifelong learning. It was estimated that 10 million workers would require training on the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems. The Secretariat would consider how to respond to that need for training with the support of the WHO Health Academy. Given the clear need for additional investment at the national, regional and global levels to meet the number of requests for additional support, he called on all stakeholders to increase their investments in work on human resources for health.

The CHAIRMAN took it that the Committee wished to note the reports contained in documents A72/23 and A72/24, including the recommendations made in paragraph 28 of the latter document.

**The Committee noted the reports.**

## **2. CLOSURE OF THE MEETING**

After the customary exchange of courtesies, the CHAIRMAN declared the work of Committee B completed.

**The meeting rose at 15:20.**



## **PART II**

### **REPORTS OF COMMITTEES**



In the following sections, information has been drawn from the relevant Health Assembly report. That report is identified by its document number and publication date, which are provided in square brackets under each subheading. Square brackets have also been used in the reports of Committee A and Committee B to indicate where the text of resolutions and decisions recommended and subsequently adopted by the Health Assembly has been replaced by the respective resolution or decision number. The verbatim records of the plenary meetings at which these reports were approved are available on the WHO website, official records page (<http://apps.who.int/gb/or/>).

## COMMITTEE ON CREDENTIALS

### Report<sup>1</sup>

[A72/68 – 22 May 2019]

The Committee on Credentials met on 21 May 2019. Delegates of the following Member States were present: Bahrain; Cambodia; Dominican Republic; Eritrea; Indonesia; Montenegro; Poland; Seychelles; Slovakia; Suriname.<sup>2</sup>

The Committee elected the following officers: Mr Acep Somantri (Indonesia) – Chairman; and Mr Berhane Ghebretinsae (Eritrea) – Vice-Chairman. The Committee examined the credentials delivered to the Director-General in accordance with Rule 22 of the Rules of Procedure of the World Health Assembly. It noted that the Secretariat had found these credentials to be in conformity with the Rules of Procedure.

The credentials of the delegates of the Member States shown in the following paragraph were found to be in conformity with the Rules of Procedure as constituting formal credentials; the Committee therefore proposed that the Seventy-second World Health Assembly should recognize their validity.

**States whose credentials the Committee considered should be recognized as valid** (see the previous paragraph and decision WHA72(6)):

Afghanistan; Albania; Algeria; Andorra; Angola; Antigua and Barbuda; Argentina; Armenia; Australia; Austria; Azerbaijan; Bahamas; Bahrain; Bangladesh; Barbados; Belarus; Belgium; Belize; Benin; Bhutan; Bolivia (Plurinational State of); Bosnia and Herzegovina; Botswana; Brazil; Brunei Darussalam; Bulgaria; Burkina Faso; Burundi; Cabo Verde; Cambodia; Cameroon; Canada; Central African Republic; Chad; Chile; China; Colombia; Comoros; Congo; Cook Islands; Costa Rica; Côte d'Ivoire; Croatia; Cuba; Cyprus; Czechia; Democratic People's Republic of Korea; Democratic Republic of the Congo; Denmark; Djibouti; Dominican Republic; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Estonia; Eswatini; Ethiopia; Fiji; Finland; France; Gabon; Gambia; Georgia; Germany; Ghana; Greece; Grenada; Guatemala; Guinea; Guinea-Bissau; Guyana; Haiti; Honduras; Hungary; Iceland; India; Indonesia; Iran (Islamic Republic of); Iraq; Ireland; Israel; Italy; Jamaica; Japan; Jordan; Kazakhstan; Kenya; Kiribati; Kuwait; Kyrgyzstan; Lao People's Democratic Republic; Latvia; Lebanon; Lesotho; Liberia; Libya; Lithuania; Luxembourg; Madagascar; Malawi; Malaysia; Maldives; Mali; Malta; Marshall Islands; Mauritania; Mauritius; Mexico; Micronesia (Federated States of); Monaco; Mongolia; Montenegro; Morocco; Mozambique; Myanmar; Namibia; Nauru; Nepal;

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<sup>1</sup> Approved by the Health Assembly at its fifth plenary meeting.

<sup>2</sup> See decision WHA72(1).

Netherlands; New Zealand; Nicaragua; Niger; Nigeria; North Macedonia; Norway; Oman; Pakistan; Palau; Panama; Paraguay; Peru; Philippines; Poland; Portugal; Qatar; Republic of Korea; Republic of Moldova; Romania; Russian Federation; Rwanda; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Samoa; San Marino; Sao Tome and Principe; Saudi Arabia; Senegal; Serbia; Seychelles; Sierra Leone; Singapore; Slovakia; Slovenia; Solomon Islands; Somalia; South Africa; South Sudan; Spain; Sri Lanka; Sudan; Suriname; Sweden; Switzerland; Syrian Arab Republic; Tajikistan; Thailand; Timor-Leste; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Turkmenistan; Tuvalu; Uganda; Ukraine; United Arab Emirates; United Kingdom of Great Britain and Northern Ireland; United Republic of Tanzania; United States of America; Uruguay; Uzbekistan; Vanuatu; Venezuela (Bolivarian Republic of); Viet Nam; Yemen; Zambia; Zimbabwe.

## **GENERAL COMMITTEE<sup>1</sup>**

### **Report<sup>2</sup>**

[A72/72 – 23 May 2019]

#### **Election of Members entitled to designate a person to serve on the Executive Board**

At its meeting on 22 May 2019, the General Committee, in accordance with Rule 100 of the Rules of Procedure of the World Health Assembly, drew up the following list of 12 Members, in the English alphabetical order, to be transmitted to the Health Assembly for the purpose of the election of 12 Members to be entitled to designate a person to serve on the Executive Board: Argentina, Austria, Bangladesh, Burkina Faso, Grenada, Guyana, Kenya, Singapore, Tajikistan, Tonga, Tunisia, United Arab Emirates.

In the General Committee's opinion these 12 Members would provide, if elected,<sup>3</sup> a balanced distribution of the Board as a whole.

## **COMMITTEE A**

### **First report<sup>2</sup>**

[A72/69 – 22 May 2019]

Committee A held its first meeting on 20 May 2019 under the chairmanship of Dr Silvia Paula Valentim Lutucuta (Angola).

In accordance with Rule 34 of the Rules of Procedure of the World Health Assembly, the Committee elected Dr Mohammad Assai Ardakani (Islamic Republic of Iran) and Dr Yasuhiro Suzuki (Japan) Vice-Chairmen, and Ms Laura Bordón (Paraguay) Rapporteur.

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<sup>1</sup> See decision WHA72(4) for the establishment of the Committee.

<sup>2</sup> Approved by the Health Assembly at its sixth plenary meeting.

<sup>3</sup> The Health Assembly considered the list at its sixth plenary meeting and elected the 12 Members (see decision WHA72(7)).



Committee A held its second and third meetings on 21 May 2019 under the chairmanship of Dr Silvia Paula Valentim Lutucuta (Angola), Dr Yasuhiro Suzuki (Japan) and Dr Mohammad Assai Ardakani (Islamic Republic of Iran).

It was decided to recommend to the Seventy-second World Health Assembly the adoption of a resolution relating to the following agenda item:

- 11. Strategic priority matters
  - 11.1 Proposed programme budget 2020–2021 [WHA72.1]

### **Second report<sup>1</sup>**

[A72/70 – 23 May 2019]

Committee A held its fourth and fifth meetings on 22 May 2019 under the chairmanship of Dr Silvia Paula Valentim Lutucuta (Angola) and Dr Yasuhiro Suzuki (Japan).

It was decided to recommend to the Seventy-second World Health Assembly the adoption of three resolutions relating to the following agenda item:

- 11. Strategic priority matters
  - 11.5 Universal health coverage
    - Primary health care [WHA72.2]
    - Community health workers delivering primary health care: opportunities and challenges [WHA72.3]
    - Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage [WHA72.4]

### **Third report<sup>2</sup>**

[A72/74 – 24 May 2019]

Committee A held its sixth and seventh meetings on 23 May 2019 under the chairmanship of Dr Silvia Paula Valentim Lutucuta (Angola), Dr Mohammad Assai Ardakani (Islamic Republic of Iran) and Dr Yasuhiro Suzuki (Japan).

It was decided to recommend to the Seventy-second World Health Assembly the adoption of two decisions and one resolution relating to the following agenda items:

- 11. Strategic priority matters
  - 11.6 Health, environment and climate change
    - WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments [WHA72(9)]
    - Plan of action on climate change and health in small island developing States [WHA72(10)]

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<sup>1</sup> Approved by the Health Assembly at its sixth plenary meeting.

<sup>2</sup> Approved by the Health Assembly at its seventh plenary meeting.

- 11.8 Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues  
Antimicrobial resistance [WHA72.5]

#### **Fourth report<sup>1</sup>**

[A72/76 – 25 May 2019]

Committee A held its eighth and ninth meetings on 24 May 2019 under the chairmanship of Dr Yasuhiro Suzuki (Japan) and Dr Silvia Paula Valentim Lutucuta (Angola).

It was decided to recommend to the Seventy-second World Health Assembly the adoption of two decisions relating to the following agenda items:

11. Strategic priority matters  
11.8 Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues  
Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases [WHA72(11)]
12. Other technical matters  
12.1 Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits [WHA72(12)]

#### **Fifth report<sup>1</sup>**

[A72/78 – 27 May 2019]

Committee A held its tenth meeting on 25 May 2019 under the chairmanship of Dr Silvia Paula Valentim Lutucuta (Angola) and Dr Yasuhiro Suzuki (Japan).

It was decided to recommend to the Seventy-second World Health Assembly the adoption of two resolutions relating to the following agenda items:

12. Other technical matters  
12.5 Patient safety  
Global action on patient safety [WHA72.6]  
Water, sanitation and hygiene in health care facilities [WHA72.7]

#### **Sixth report<sup>1</sup>**

[A72/79 – 28 May 2019]

Committee A held its eleventh and twelfth meetings on 27 May 2019 under the chairmanship of Dr Silvia Paula Valentim Lutucuta (Angola) and Dr Yasuhiro Suzuki (Japan).

It was decided to recommend to the Seventy-second World Health Assembly the adoption of two decisions relating to the following agenda items:

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<sup>1</sup> Approved by the Health Assembly at its seventh plenary meeting.

12. Other technical matters
  - 12.10 The public health implications of implementation of the Nagoya Protocol [WHA72(13)]
  - 12.4 Promoting the health of refugees and migrants [WHA72(14)]

### **Seventh report<sup>1</sup>**

[A72/80 – 28 May 2019]

Committee A held its thirteenth meeting on 28 May 2019 under the chairmanship of Dr Silvia Paula Valentim Lutucuta (Angola) and Dr Yasuhiro Suzuki (Japan).

It was decided to recommend to the Seventy-second World Health Assembly the adoption of a resolution relating to the following agenda item:

11. Strategic priority matters
  - 11.7 Access to medicines and vaccines  
Improving the transparency of markets for medicines, vaccines, and other health products [WHA72.8]

## **COMMITTEE B**

### **First report<sup>2</sup>**

[A72/71 – 23 May 2019]

Committee B held its first meeting on 22 May 2019 under the chairmanship of Mr Herbert Barnard (Netherlands).

In accordance with Rule 34 of the Rules of Procedure of the World Health Assembly, the Committee elected Mr Abdulla Ameen (Maldives) and Dr Karen Gordon-Campbell (Guyana) Vice-Chairmen, and Dr Ahmad Jan Naeem (Afghanistan) Rapporteur.

It was decided to recommend to the Seventy-second World Health Assembly the adoption of one decision relating to the following agenda item:

14. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan [WHA72(8)]

### **Second report<sup>1</sup>**

[A72/73 – 24 May 2019]

Committee B held its second and third meetings on 24 May 2018 under the chairmanship of Mr Herbert Barnard (Netherlands).

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<sup>1</sup> Approved by the Health Assembly at its seventh plenary meeting.

<sup>2</sup> Approved by the Health Assembly at its sixth plenary meeting.

It was decided to recommend to the Seventy-second World Health Assembly the adoption of four resolutions and two decisions relating to the following agenda items:

- 16. Audit and oversight matters
  - 16.1 Report of the External Auditor [WHA72(15)]
- 15. Financial matters
  - 15.2 WHO programmatic and financial reports for 2018–2019, including audited financial statements for 2018 [WHA72(16)]
  - 15.3 Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution [WHA72.9]
  - 15.4 Special arrangements for the settlement of arrears
    - Special arrangements for settlement of arrears: Central African Republic [WHA72.10]
- 16. Audit and oversight matters
  - 16.4 Appointment of the external auditor [WHA72.11]
- 15. Financial matters
  - 15.5 Scale of assessments
    - Scale of assessments for 2020–2021 [WHA72.12]

### **Third report<sup>1</sup>**

[A72/75 – 25 May 2019]

Committee B held its fourth and fifth meetings on 24 May 2019 under the chairmanship of Mr Herbert Barnard (Netherlands).

It was decided to recommend to the Seventy-second World Health Assembly the adoption of two resolutions and seven decisions relating to the following agenda items:

- 17. Staffing matters
  - 17.1 Human resources: annual report [WHA72(17)]
  - 17.3 Amendments to the Staff Regulations and Staff Rules
    - Salaries of staff in ungraded positions and of the Director-General [WHA72.13]
  - 17.4 Appointment of representatives to the WHO Staff Pension Committee [WHA72(18)]
- 15. Financial matters
  - 15.4 Special arrangements for settlement of arrears
    - Special arrangements for settlement of arrears: Bolivarian Republic of Venezuela [WHA72.14]
- 12. Other matters referred to the Health Assembly by the Executive Board
  - 2020: International Year of the Nurse and the Midwife [WHA72(19)]
  - World Chagas Disease Day [WHA72(20)]
- 18. Managerial, administrative and governance matters
  - 18.1 WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform
    - WHO reform: amendments to the Rules of Procedure of the World Health Assembly [WHA72(21)] [WHA72(22)] [WHA72(23)]

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<sup>1</sup> Approved by the Health Assembly at its seventh plenary meeting.

**Fourth report<sup>1</sup>**

[A72/77 – 27 May 2019]

Committee B held its sixth meeting on 25 May 2019 under the chairmanship of Dr Karen Gordon-Campbell (Guyana) and Mr Abdulla Ameen (Maldives).

It was decided to recommend to the Seventy-second World Health Assembly the adoption of two resolutions relating to the following agenda items:

- 12. Other technical matters
  - 12.7 Eleventh revision of the International Classification of Diseases [WHA72.15]
  - 12.9 Emergency and trauma care
    - Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured [WHA72.16]

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<sup>1</sup> Approved by the Health Assembly at its seventh plenary meeting.