



WORLD HEALTH ORGANIZATION

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# **SEVENTY-SIXTH WORLD HEALTH ASSEMBLY**

**GENEVA, 21–30 MAY 2023**

**SUMMARY RECORDS OF COMMITTEES  
REPORTS OF COMMITTEES**

GENEVA  
2023

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## ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

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

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## **PREFACE**

The Seventy-sixth World Health Assembly was held at the Palais des Nations, Geneva, from 21 to 30 May 2023, in accordance with the decision of the Executive Board at its 151st session.<sup>1</sup>

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<sup>1</sup> Decision EB151(11) (2022).



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## **PLENARY**

1. Opening of the Health Assembly
  - 1.1 Appointment of the Committee on Credentials
  - 1.2 Election of the President
  - 1.3 Election of the five Vice-Presidents, the Chairs of the main committees, and establishment of the General Committee
  - 1.4 Adoption of the agenda and allocation of items to the main committees
2. Report of the Executive Board on its 151st and 152nd sessions, and on its Sixth special session
3. Address by Dr Tedros Adhanom Ghebreyesus, Director-General
4. [Deleted]
5. [Deleted]
6. Executive Board: election
7. Awards
8. Reports of the main committees
9. Closure of the Health Assembly

## **COMMITTEE A**

10. Opening of the Committee<sup>2</sup>
- Pillar 4: More effective and efficient WHO providing better support to countries
11. Proposed programme budget 2024–2025

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<sup>1</sup> Adopted at the second plenary meeting.

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

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  - 13.3 Substandard and falsified medical products
  - 13.4 Strengthening rehabilitation in health systems
  - 13.5 Draft global strategy on infection prevention and control
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  - 13.7 Standardization of medical devices nomenclature

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14. Public health emergencies: preparedness and response
  - 14.1 The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
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  - 15.2 WHO's work in health emergencies
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15.3 Global Health for Peace Initiative

15.4 Poliomyelitis

- Poliomyelitis eradication
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Pillar 3: One billion more people enjoying better health and well-being

16. Review of and update on matters considered by the Executive Board

16.1 Well-being and health promotion

16.2 Ending violence against children through health systems strengthening and multisectoral approaches

16.3 Social determinants of health

16.4 The highest attainable standard of health for persons with disabilities

16.5 United Nations Decade of Action on Nutrition (2016–2025)

16.6 Behavioural sciences for better health

## **COMMITTEE B**

17. Opening of the Committee<sup>1</sup>

18. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

Pillar 4: More effective and efficient WHO providing better support to countries

19. Budget and finance matters

19.1 Results Report 2022 (Programme budget 2022–2023: performance assessment) and Financial report and audited financial statements for the year ended 31 December 2022

19.2 Financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025

19.3 Scale of assessments for 2024–2025

19.4 Amendments to the Financial Regulations and Financial Rules

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<sup>1</sup> Including election of Vice-Chairs and the Rapporteur.

- 19.5 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
- 19.6 [Deleted]
- 19.7 [Deleted]
20. Audit and oversight matters
- 20.1 Report of the External Auditor
- 20.2 Report of the Internal Auditor
- 20.3 External and internal audit recommendations: progress on implementation
- 20.4 Appointment of the External Auditor
21. Staffing matters
- 21.1 Human resources
- 21.2 Amendments to the Staff Regulations and Staff Rules
- 21.3 Report of the International Civil Service Commission
- 21.4 Reform of the global internship programme
- 21.5 Report of the United Nations Joint Staff Pension Board
- 21.6 Appointment of representatives to the WHO Staff Pension Committee
22. Review and update on matters considered by the Executive Board
- Management, legal and governance matters
- 22.1 Prevention of sexual exploitation, abuse and harassment
- 22.2 Matters emanating from the Working Group on Sustainable Financing:
- Report of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance
  - Secretariat implementation plan on reform
  - Sustainable financing: feasibility of a replenishment mechanism, including options for consideration

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- 22.3 Global strategies and plans of action that are scheduled to expire within one year
- WHO global action plan on promoting the health of refugees and migrants, 2019–2023
  - WHO traditional medicine strategy 2014–2023
23. Update on the Infrastructure Fund
- Geneva buildings renovation strategy
  - Update on information management and technology
24. Participation of Member States in WHO meetings
- Voluntary Health Trust Fund for small island developing States (terms of reference)
  - Current practices for funding participation of Member States in WHO meetings
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26. Collaboration within the United Nations system and with other intergovernmental organizations
27. Matters for information
- 27.1 Progress reports
- Pillar 1: One billion more people benefiting from universal health coverage
- A. Strengthening local production of medicines and other health technologies to improve access (resolution WHA74.6 (2021))
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  - C. Global action on patient safety (resolution WHA72.6 (2019) and decision WHA74(13) (2021))
  - D. Antimicrobial resistance (resolution WHA72.5 (2019))
  - E. Eradication of dracunculiasis (resolution WHA64.16 (2011))
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- Pillar 2: One billion more people better protected from health emergencies
- G. The World Together: Establishment of an intergovernmental negotiating body to strengthen pandemic prevention, preparedness and response (decision SSA2(5) (2021))
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Pillar 3: One billion more people enjoying better health and well-being

- I. The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond (decision WHA74(25) (2021))
- J. WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments (decision WHA74(24) (2021))
- K. Decade of Healthy Ageing 2020–2030 (decision WHA73(12) (2020))
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- M. Prevention of deafness and hearing loss (resolution WHA70.13 (2017) and decision WHA74(17) (2021))
- N. Plan of action on climate change and health in small island developing States (decision WHA72(10) (2019) and paragraph 29 of document A72/16)

Pillar 4: More effective and efficient WHO providing better support to countries

- O. Global strategy on digital health (decision WHA73(28) (2020))
- P. Eleventh revision of the International Classification of Diseases (resolution WHA72.15 (2019))

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A76/1 Rev.2	Agenda <sup>1</sup>
A76/1 Rev.1 Add.1	Proposal for supplementary agenda item
A76/2	Report of the Executive Board on its 151st and 152nd sessions, and on its Sixth special session
A76/3	Address by Dr Tedros Adhanom Ghebreyesus, Director-General
A76/4	Proposed programme budget 2024–2025
A76/4 Add.1	Proposed programme budget 2024–2025: Annexes
A76/4 Add.2	Draft resolution: Programme budget 2024–2025
A76/5	Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030)
A76/6	Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage
A76/7 Rev.1	Consolidated report by the Director-General
A76/7 Rev.1 Add.1	Social determinants of health
A76/7 Rev.1 Add.2	Global Health for Peace Initiative Draft decision
A76/7 Rev.1 Add.3	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly <sup>2</sup>
A76/7 Rev.1 Add.4	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly <sup>2</sup>
A76/7 Add.1 Rev.1	Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health Acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course

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

<sup>2</sup> See document WHA76/2023/REC/1, Annex 3.

A76/7 Add.2	Achieving well-being: a draft global framework for integrating well-being into public health utilizing a health promotion approach Draft decision
A76/7 Add.3	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly <sup>1</sup>
A76/8	Public health emergencies: preparedness and response The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
A76/9 Rev.1	Implementation of the International Health Regulations (2005)
A76/10	Strengthening WHO preparedness for and response to health emergencies Strengthening the global architecture for health emergency preparedness, response and resilience
A76/11	WHO's work in health emergencies Public health emergencies: preparedness and response
A76/12	Implementation of resolution WHA75.11 (2022)
A76/13	Poliomyelitis Poliomyelitis eradication
A76/14	Poliomyelitis Polio transition planning and polio post-certification
A76/15	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
A76/16	Results Report 2022 (Programme budget 2022–2023: performance assessment) Mid-term review of the Programme budget 2022–2023
A76/17	Audited Financial Statements for the year ended 31 December 2022
A76/18	Financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025
A76/19	Financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025 Reporting on operational efficiencies

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<sup>1</sup> See document WHA76/2023/REC/1, Annex 3.

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LIST OF DOCUMENTS

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A76/20	Amendments to the Financial Regulations and Financial Rules Outcome of the consultation with Member States on the proposed options in relation to Article 7 of the Constitution of the World Health Organization <sup>1</sup>
A76/20 Add.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Health Assembly <sup>2</sup>
A76/21	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
A76/22	Report of the External Auditor
A76/23	Report of the Internal Auditor
A76/24	External and internal audit recommendations: progress on implementation
A76/25, A76/25 Add.1 and A76/25 Add.2	Appointment of the External Auditor
A76/26	Human resources: annual report
A76/27	Report of the International Civil Service Commission Amendments to the statute of the International Civil Service Commission
A76/27 Add.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Health Assembly <sup>2</sup>
A76/28	Staffing matters Reform of the global internship programme
A76/28 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly <sup>2</sup>
A76/29	Report of the United Nations Joint Staff Pension Board
A76/30	Appointment of representatives to the WHO Staff Pension Committee
A76/31	Matters emanating from the Working Group on Sustainable Financing Secretariat implementation plan on reform

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<sup>1</sup> See document WHA76/2023/REC/1, Annex 1.

<sup>2</sup> See document WHA76/2023/REC/1, Annex 3.

A76/32	Sustainable financing: feasibility of a replenishment mechanism, including options for consideration
A76/33	Update on the Infrastructure Fund Update on information management and technology
A76/34	Participation of Member States in WHO meetings Voluntary Health Trust Fund for small island developing States (terms of reference) <sup>1</sup>
A76/34 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly <sup>2</sup>
A76/35 Rev.1	Participation of Member States in WHO meetings Current practices for funding participation of Member States in WHO meetings
A76/36	Collaboration within the United Nations system and with other intergovernmental organizations
A76/37 and A76/37 Add.1	Progress reports
A76/38	Matters emanating from the Working Group on Sustainable Financing Secretariat implementation plan on reform Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
A76/39	Prevention of sexual exploitation, abuse and harassment Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
A76/40	Matters emanating from the Working Group on Sustainable Financing Sustainable financing: feasibility of a replenishment mechanism, including options for consideration Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
A76/40 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly <sup>3</sup>

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<sup>1</sup> See document WHA76/2023/REC/1, Annex 2.

<sup>2</sup> See document WHA76/2023/REC/1, Annex 3.

<sup>3</sup> See document WHA76/2023/REC/1, Annex 3.



## LIST OF DOCUMENTS

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- A76/41 Results Report 2022 (Programme budget 2022–2023: performance assessment) and Financial report and audited financial statements for the year ended 31 December 2022  
Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
- A76/42 Financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025  
Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
- A76/43 Proposed programme budget 2024–2025  
Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
- A76/44 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  
Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
- A76/45 Amendments to the Financial Regulations and Financial Rules  
Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
- A76/46 Report of the External Auditor  
Report of the Internal Auditor  
External and internal audit recommendations: progress on implementation  
Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
- A76/47 Human resources  
Report of the International Civil Service Commission  
Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly
- A76/48 Update on the Infrastructure Fund  
Update on information management and technology  
Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-sixth World Health Assembly

A76/49	Committee on Credentials Report
A76/50	First report of Committee A (Draft)
A76/51	First report of Committee B (Draft)
A76/52	Second report of Committee A (Draft)
A76/53	Election of Members entitled to designate a person to serve on the Executive Board
A76/54	Second report of Committee B (Draft)
A76/55	Third report of Committee B (Draft)
A76/56	Third report of Committee A (Draft)
A76/57	Fourth report of Committee A (Draft)
A76/58	Fourth report of Committee B (Draft)
A76/59	Fifth report of Committee A (Draft)
A76/60	Sixth report of Committee A (Draft)

**Information documents**

A76/INF./1	Awards
A76/INF./2	Voluntary contributions by fund and by contributor, 2022
A76/INF./3	WHO reform WHO presence in countries, territories and areas: 2023 report

**Diverse documents**

A76/DIV./1 Rev.1	List of delegates and other participants
A76/DIV./2	Guide for delegates to the World Health Assembly
A76/DIV./3	List of decisions and resolutions
A76/DIV./4	List of documents

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

### President

H.E. Dr Christopher FEARNE (Malta)

Britain and Northern Ireland, United States of America.

### Vice-Presidents

Professor Moustafa MIJIYAWA (Togo)

Dr Hani JOKHDAR (Saudi Arabia)

Dr Xuetao CAO (China)

Dr José Leonardo Ruales ESTUPIÑÁN  
(Ecuador)

Ms Dechen WANGMO (Bhutan)

**Chair:** H.E. Dr Christopher FEARNE (Malta)

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

### Secretary

Dr Tedros Adhanom GHEBREYESUS,  
Director-General

### MAIN COMMITTEES

Under Rule 34 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 on Credentials

The Seventy-sixth World Health Assembly appointed a Committee on Credentials consisting of delegates of the following 12 Member States: Algeria, Azerbaijan, Bulgaria, Croatia, Eritrea, Fiji, Guatemala, Guyana, Indonesia, Kuwait, Singapore, Zambia.

**Chair:** Mr Hakim BOUAZIZ (Algeria)

**Vice-Chair:** Ms Bevon  
MCDONALD (Guyana)

**Secretary:** Mr Xavier DANNEY, Senior Legal  
Officer

#### Committee A

**Chair:** Dr Jalila bint Al Sayyed Jawad  
HASSAN (Bahrain)

**Vice-Chairs:** Dr Mohammad Isham  
JAAFAR (Brunei Darussalam)

Mr Martin NDOUTOUMOU ESSONO (Gabon)

**Rapporteur:** Mr Nogoibaev BEK (Kyrgyzstan)

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

#### Committee B

**Chair:** Dr Carlos Gabriel Alvarenga  
CARDOZA (El Salvador)

**Vice-Chairs:** Mrs Katarzyna DRAŻEK-  
LASKOWSKA (Poland)

Dr Walaiporn PATCHARANARUMOL  
(Thailand)

**Rapporteur:** Ms Lucy CASSELS (New  
Zealand)

**Secretary:** Mrs Ivana MILOVANOVIC, Senior  
Policy Lead, Office of the Director-  
General's Envoy for Multilateral Affairs

## REPRESENTATIVES OF THE EXECUTIVE BOARD

Dr Kerstin Vesna PETRIČ (Slovenia)

Dr Zaliha MUSTAFA (Malaysia)

Mr Jaime Hernán Urrego RODRÍGUEZ (Colombia)

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<sup>1</sup> In addition, the list of delegates and other participants is contained in document A76/DIV./1.



**PART I**

**SUMMARY RECORDS OF MEETINGS OF  
COMMITTEES**



# **GENERAL COMMITTEE**

## **FIRST MEETING**

**Sunday, 21 May 2023, at 18:15**

**Chair:** Dr C. FEARNE (Malta)  
President of the World Health Assembly

### **1. ADOPTION OF THE AGENDA AND ALLOCATION OF ITEMS TO THE MAIN COMMITTEES: (document A/76/1 Rev. 1)**

The CHAIR reminded the Committee that its terms of reference were set out in Rules 30 to 32 of the Rules of Procedure of the World Health Assembly. The provisional agenda was contained in document A76/1 Rev.1. The preliminary timetable was contained in document A76/GC/1 Rev.1.

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

The CHAIR drew attention to a proposal, referred to in document A76/1 Rev.1 Add.1, for the inclusion of a supplementary agenda item, “Inviting Taiwan to participate in the World Health Assembly as an observer”,<sup>1</sup> on the provisional agenda of the Seventy-sixth World Health Assembly. The proposal had been received from 12 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 the recommendation not to include the supplementary agenda item would be made.

#### **It was so agreed.**

The representative of BELIZE<sup>2</sup> called for the General Committee to consider inviting Taiwan<sup>3</sup> to participate in the Health Assembly as an observer. Despite the significant contribution of Taiwan to global health and its effective response to the coronavirus disease (COVID-19) pandemic, its participation in WHO had been limited due to political pressure. United Nations General Assembly resolution 2758 (XXVI) and resolution WHA25.1 (1972) only addressed the issue of the representation of China, while the health and well-being of the population of Taiwan were the responsibility of the Government of Taiwan. Taiwan’s exclusion from the Health Assembly left it unable to share its expertise and learn from others, and posed a threat to global health and the ability of Taiwan to access information and resources during global health emergencies. That exclusion was a violation of the Organization’s principles of universality and inclusivity and put politics before public health. Taiwan had repeatedly demonstrated its willingness to contribute to global health and its dedication to promoting the health and well-being of all, regardless of political affiliation. The theme for the Seventy-sixth World

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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 31 of the Rules of Procedure of the World Health Assembly.

<sup>3</sup> Regarding this and all further such references in the record of the first meeting of the General Committee, World Health Organization terminology refers to “Taiwan, China”.

Health Assembly – saving lives, driving health for all – required an inclusive approach, and inclusive collaboration would be key to successfully containing any future pandemic. Taiwan and China were separate jurisdictions and neither was subordinate to the other. He urged all Member States to support the participation of Taiwan in the Health Assembly and all WHO events.

The representative of CHINA expressed his firm opposition to the inclusion of the proposed supplementary agenda item on the provisional agenda of the Health Assembly. The participation of Taiwan, China, in WHO activities must adhere to the one-China principle, in keeping with General Assembly resolution 2758 (XXVI) and resolution WHA25.1. The separatist position of the authorities of Taiwan, China, and the abandonment of the political foundation for their participation in the Health Assembly demonstrated that politics had been placed before people's well-being. The Chinese central Government had made arrangements for the participation of Taiwan, China, in global health affairs while respecting the one-China principle: health experts from the region had been the first to be invited to visit Wuhan following the outbreak of COVID-19; Taiwanese health experts had been able to participate in WHO technical activities; and National IHR Focal Points had been established in the region. There was, therefore, no gap in global epidemic prevention efforts. The focus of the Health Assembly should be the critical reform of global health governance. As in previous years, the proposed supplementary agenda item should not be included on the agenda of the Health Assembly.

The representative of NAURU<sup>1</sup> said that leaving no one behind was a global responsibility, yet the General Committee continued to debate the participation of Taiwan in the Health Assembly as an observer. The inclusion of Taiwan in the Health Assembly was necessary to the successful delivery of the theme of the Seventy-sixth World Health Assembly – saving lives, driving health for all. Given the contribution of Taiwan to the COVID-19 pandemic response, the strength of its health system and its expertise in health, its inclusion in WHO meetings and activities was imperative as the Organization worked to strengthen the global pandemic and health response. Exclusion would threaten domestic disease control and therefore compromise global disease prevention efforts by creating a gap in global and regional public health networks. He urged all members of the General Committee to consider the participation of Taiwan without political bias and based on its contribution to the global architecture for health emergencies and the right to global health of the Taiwanese population.

The representative of CUBA opposed the inclusion of the proposed supplementary agenda item on the provisional agenda since the region of Taiwan was an inalienable part of the territory of China. Participation by Taiwan in the activities of international organizations, including WHO, must be in line with the one-China principle. General Assembly resolution 2758 (XXVI) and resolution WHA25.1 provided a legal basis for that approach. The politicization of the participation of Taiwan in the Health Assembly was not a legitimate cause; the Government of the People's Republic of China was the only legitimate representative of the Chinese people, including Taiwan. The Health Assembly should focus on its substantive work agenda.

The CHAIR said that he took it that the Committee wished to recommend that the proposed supplementary item should not be included on the provisional agenda of the Seventy-sixth World Health Assembly.

**It was so agreed.**

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<sup>1</sup> Participating by virtue of Rule 31 of the Rules of Procedure of the World Health Assembly.



**Deletion of agenda items**

The CHAIR said that, if there was no objection, five items on the provisional agenda would be deleted, namely item 4 (Invited speaker(s)), item 5 (Admission of new Members and Associate Members [if any]), item 19.6 (Special arrangements for settlement of arrears [if any]), item 19.7 (Assessment of new Members and Associate Members [if any]) and item 25 (Agreements with intergovernmental organizations [if any]).

**It was so agreed.**

The CHAIR took it that the Committee wished to recommend the adoption of the agenda in document A76/1 Rev.1, as amended. The recommendation would be sent to the Health Assembly at its second plenary meeting.

**It was so agreed.**

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

The CHAIR said that the provisional agenda of the Health Assembly had been 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, 24 May 2023.**

**List of speakers**

The CHAIR, referring to the list of speakers for the general discussion under item 3 of the agenda, proposed that, as on previous occasions, the list 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. He further proposed that the list of speakers should be closed on Tuesday, 23 May 2023 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 CHAIR drew attention to decision EB151(11) (2023), whereby the Executive Board had decided that the Seventy-sixth World Health Assembly should close no later than Tuesday, 30 May 2023. It was therefore proposed that the Health Assembly should close that day.

**It was so agreed.**

### 3. ORGANIZATIONAL MATTERS

The CHAIR noted that the General Committee would hold its second meeting on Wednesday, 24 May 2023, in order to draw up a list of members for the purpose of the annual election of Members entitled to designate a person to serve on the Executive Board and to consider any change in the programme of work of the Health Assembly.

**The meeting rose at 18:40.**

## **SECOND MEETING**

**Wednesday, 24 May 2023, at 17:45**

**Chair:** Dr C. FEARNE (Malta)  
President of the World Health Assembly

### **1. EXECUTIVE BOARD: ELECTION**

#### **Proposals for the election of Members entitled to designate a person to serve on the Executive Board (document A76/GC/2)**

The CHAIR 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 WHO Constitution and Rule 101 of the Rules of Procedure of the World Health Assembly. In accordance with those provisions, the Committee needed to nominate 10 new Members for that purpose.

Two documents had been prepared to assist the Committee in its task. The first indicated the present composition of the Executive Board by region; the names of the 10 Members whose term of office would expire at the end of the Seventy-sixth World Health Assembly and who had to be replaced were underlined. The second (document A76/GC/2) contained a list of the 10 Members that it was suggested should be entitled to designate a person to serve on the Executive Board. Vacancies by region were: African Region: 4; Region of the Americas: 1; Eastern Mediterranean Region: 1; European Region: 2; South-East Asia Region: 1; and Western Pacific Region: 1.

There being no objection, he concluded that it was the Committee's wish, in accordance with Rule 102 of the Rules of Procedure, to transmit to the Health Assembly the following list of 10 candidates for the annual election of Members entitled to designate a person to serve on the Executive Board: Australia, Barbados, Cameroon, Comoros, Democratic People's Republic of Korea, Lesotho, Qatar, Switzerland, Togo and Ukraine.

#### **It was so agreed.**

The representative of the UNITED STATES OF AMERICA noted the important role of the Executive Board in WHO governance and advancing global public health. Every member of the Executive Board should uphold universal values and respect for human rights and fundamental freedoms. One candidate for the election of Members entitled to designate a person to serve on the Executive Board – the Democratic People's Republic of Korea – did not share those values. He called on the Government of the Democratic People's Republic of Korea to respect human rights and focus on the technical work of WHO in its work for the Executive Board.

The representative of CHINA said that the nomination of the Democratic People's Republic of Korea as a candidate for the election of Members entitled to designate a person to serve on the Executive Board had been decided by the Member States of the South-East Asia Region following regional consultations and a comprehensive consideration of all factors. Each country was entitled to independently determine the development model suitable to its specific situation, including in the area of health. He expressed the belief that the member of the Executive Board designated by the Democratic People's Republic of Korea would play an active role in the Executive Board, which would facilitate

cooperation and the exchange of experience in the field of health. He expressed support for the nomination of the Democratic People's Republic of Korea.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA<sup>1</sup> expressed his gratitude to members of the General Committee for their support for the candidature of his country for the election of Members entitled to designate a person to serve on the Executive Board. He reminded all members of the General Committee that his country had been nominated with the unanimous approval of the Member States of the South-East Asia Region. The nomination of candidates for the election of members of the Executive Board by region and by consensus was a good practice of the Organization; any politicization of that practice would be contrary to the spirit of the WHO Constitution. His delegation stood ready, once elected to the Executive Board, to fully cooperate with all members of the Executive Board and other Member States to reflect the interests of the South-East Asia Region and contribute to the Organization's noble work for the well-being of all people.

The representative of the RUSSIAN FEDERATION<sup>1</sup> supported the nomination of the Democratic People's Republic of Korea as a candidate for the election of Members entitled to designate a person to serve on the Executive Board.

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

The representative of BAHRAIN, speaking in her capacity as Chair of Committee A, and the representative of EL SALVADOR, speaking in his capacity as Chair of Committee B, reported on the progress in the work of their respective committees.

The CHAIR suggested that he would hold consultations with the two chairs of the main committees if any 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, 25 May and Friday, 26 May 2023, and the remainder of the Health Assembly.**

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

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<sup>1</sup> Participating by virtue of Rule 31 of the Rules of Procedure of the World Health Assembly.

## **COMMITTEE A**

### **FIRST MEETING**

**Monday, 22 May 2023, at 10:55**

**Chair:** Dr J.S.J. HASSAN (Bahrain)

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

The CHAIR welcomed the participants.

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

**Decision:** Committee A elected Dr Mohammad Isham Jaafar (Brunei Darussalam) and Mr Martin Ndoutoumou Essono (Gabon) as Vice-Chairs and Mr Nogoibaev Bek (Kyrgyzstan) as Rapporteur.<sup>1</sup>

#### **Organization of work**

The CHAIR noted that constituency statements by non-State actors in official relations with WHO would be permitted under agenda items 13.1, 13.2, 15.1, 16.1 and 16.3. She further noted that the Secretariat had proposed that time should be allotted at the end of discussions each day to allow Member States wishing to exercise their right of reply the opportunity to do so. Seeing no objections, she took it that the proposal was acceptable.

**It was so agreed.**

The representative of SWEDEN, speaking on behalf of the European Union and its Member States, recalled that, following an exchange of letters in the year 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.**

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<sup>1</sup> Decision WHA76(3).

## **PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE**

### **2. GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016–2030):** Item 12 of the agenda (document A76/5)

The representative of BELGIUM, speaking also on behalf of Argentina, Australia, Brazil, Canada, Colombia, Denmark, Ecuador, Finland, France, Luxembourg, Mexico, the Kingdom of the Netherlands, Norway, Spain, Sweden, the United Kingdom of Great Britain and Northern Ireland, and the United States of America, expressed concern at the lack of progress made in the area of women's, children's and adolescents' health. The worrying trends in relation to several critical indicators on sexual and reproductive health and well-being reflected challenges in providing integrated services and the urgent need for renewed leadership and a whole-of-society approach. The global community must firmly recommit to achieving the related targets of the Sustainable Development Goals, including at the 2023 Sustainable Development Goals Summit.

It was essential to strengthen and scale up evidence-based strategies and tackle taboos to address preventable deaths and physical and mental suffering. Those strategies should include universal access to comprehensive sexuality education, modern contraceptive methods and quality antenatal, perinatal and postnatal care within the broader context of health systems strengthening. Services related to sexual and reproductive health and rights, including maternal health, should be fully integrated into universal health coverage and primary health care. Cross-cutting issues should also be taken into account, including the detrimental effects of climate change and the needs of vulnerable groups, such as lesbian, gay, bisexual, transgender, queer and intersex people, people living with disabilities, internally displaced people, refugees, and migrants.

Efforts must be accelerated and new approaches explored to address the tragic deaths resulting from failures to protect women and girls across the life course. He looked forward to WHO's ongoing monitoring of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) and to increased investment in and further research and guidance on the most effective approaches to deliver better results, which should be based on full respect for the rights of women, children and adolescents.

The representative of SOMALIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that efforts to improve the health of women, children and adolescents had been hampered by the coronavirus disease (COVID-19) pandemic, which had also drained the already limited health resources of low- and middle-income countries. Although progress had been made in most countries of the Region, unacceptably high levels of mortality and morbidity and health inequities persisted in a number of countries among certain populations, including internally displaced people, refugees, women with disabilities and older women. Under the leadership of WHO, all countries and international development partners should join hands to accelerate progress towards achieving the health-related targets of the Sustainable Development Goals. He called for a focus on adolescents in the reporting on progress at the 2023 Sustainable Development Goals Summit, and for political and financial commitments to be made at the 2023 Global Forum for Adolescents.

Efforts should be redoubled to align and harmonize work across all relevant initiatives. Countries should prioritize investment in women's, children's and adolescents' health and well-being, with a focus on universal health coverage and primary health care. Inequities and the social determinants of health should be addressed and multisectoral action ensured. He called for a draft resolution to be submitted to the Seventy-seventh World Health Assembly in 2024 on action to accelerate progress towards the targets of the Sustainable Development Goals relating to maternal and child health and towards universal health coverage. The Secretariat should scale up its support, prioritizing countries that were not on track to achieve the Sustainable Development Goals and those experiencing humanitarian emergencies or with fragile health systems, and initiatives aimed at accelerating the reduction in maternal, newborn and child mortality.

The representative of the NIGER, speaking on behalf of the Member States of the African Region, noted that the Region bore the highest burden of stillbirths and maternal, child and newborn deaths, with many countries not on track to achieve the targets of the Sustainable Development Goals related to under-5 mortality. Efforts were under way among the Member States of the Region to recover from the impact of the COVID-19 pandemic. Progress had already been achieved, including the development of integrated national strategic plans on reproductive and maternal, newborn, child and adolescent health, the monitoring and prevention of maternal deaths, and the provision of specialized training to primary health care workers. He welcomed the policy and programmatic recommendations issued by WHO and the Partnership for Maternal, Newborn and Child Health in support of multisectoral action on adolescent health and the creation of a dashboard to increase the visibility of child and adolescent health.

Women, children and adolescents were increasingly impacted by public health emergencies, extreme climate events and humanitarian crises in addition to the effects of poverty, malnutrition, pollution and limited access to quality education. Support should be provided to help countries to establish a strong foundation for primary health care and ensure equitable health coverage and quality reproductive health interventions, including in the context of conflict and violence. Resource mobilization should be enhanced in support of reproductive health and to facilitate knowledge-sharing and technology transfer, including for the local production of quality medicines, in order to tackle inequalities in access to services. The Secretariat should advocate for increased government investment at all levels to facilitate action and a multisectoral approach. He encouraged the Secretariat to provide support to the Member States of the Region for the implementation of the Reproductive Health Strategy Priorities 2022–2026 of the Africa Centres for Disease Control and Prevention.

The representative of DENMARK, speaking on behalf of the Nordic and Baltic countries, said that the stagnation or increase in maternal mortality levels highlighted the need to address equity in access to maternity care and sexual and reproductive health services. While the decline in the level of adolescent pregnancy and childbearing was welcome, progress was too slow, and the number of women and girls that had experienced physical or sexual violence and abuse was unacceptable. The increase in mental health issues among children and adolescents was also discouraging. External threats such as war and the COVID-19 pandemic had a significant impact on the health of women, children and adolescents, including access to essential services such as sexual and reproductive health and rights. Sexual and gender-based violence also continued to be underreported, especially in conflict settings. Greater efforts should be made to meet the need for services related to sexual and reproductive health and rights in Ukraine and in all countries also affected by war and conflict. Concerted efforts were needed to ensure that the health of women, children and adolescents was at the core of future global health initiatives.

The representative of SENEGAL highlighted that significant progress had been made in his country to improve access to quality, cost-effective care, particularly for the most vulnerable groups including women, newborns, children and adolescents. Partners and governments should provide further support at the country level, including to: carry out audits of maternal and newborn deaths; strengthen paediatric emergency management; establish networks for perinatal and emergency obstetric and newborn care; reposition family planning; and put in place a mechanism to ensure rapid emergency response at the community level. Increased investment was needed to improve reproductive, maternal, newborn, child and adolescent health, in particular for innovative measures at the national level. Better quality data was needed to monitor trends and adjust strategies accordingly. Social protection mechanisms for the most vulnerable groups should be strengthened to accelerate universal health coverage and progress towards maternal and child health indicators.

The representative of SAMOA thanked WHO, UNICEF and other partners for the technical and financial support provided to improve health services and programmes for women's, children's and adolescents' health and well-being in his country and outlined some of the measures taken in that regard. To accelerate progress towards achieving the targets of the Sustainable Development Goals related to newborn and child survival, programmes and interventions should be implemented through an integrated, multisectoral, whole-of-society approach.

The representative of BOTSWANA expressed concern that, despite the progress made, inequities in coverage of reproductive and maternal health services persisted, mental health issues, particularly among adolescents, were increasing, and many countries were not on track to achieve the targets of the Sustainable Development Goals related to newborn and child survival. He welcomed the support provided by the Secretariat, including guidelines and tools to improve service delivery, recommendations to substantially improve outcomes among small and sick newborns, and initiatives to increase the technical capacity of governments, partners and WHO country offices to prevent and respond to violence against children. He reaffirmed the importance of universal health coverage in accelerating progress and improving quality of care. Member States should increase the focus on the health of women, children and adolescents, and make adequate political and financial commitments. The Secretariat should continue to support Member States to achieve the related targets.

The representative of BRAZIL outlined the measures taken by his Government with regard to women's, children's and adolescents' health, including on ensuring the sexual and reproductive health and rights of women and girls and addressing mental health. Openness and transparency were crucial in discussions on progress in implementing the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030).

The representative of MALDIVES said that holistic health policies were needed to ensure the health and well-being of women, children and adolescents and protect their human rights. Accountability was needed at all levels in order to motivate and track political and financial commitments, monitor implementation and assess the impact of relevant policies and interventions. Significant progress had been made in his country, including through increased access to good-quality health services such as emergency obstetric care. To accelerate progress towards the targets set out in the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), increased global- and country-level investments were needed. In addition, the needs of the most vulnerable populations should be prioritized, including women and girls, adolescents and those living in humanitarian and fragile settings. It was important to consider the social determinants of health, adopt a whole-of-society approach and ensure sustained action and investment.

The representative of BRUNEI DARUSSALAM expressed concern at the stagnation in key indicators such as maternal and infant mortality and stillbirths, and the burden of mental health conditions among adolescents and children. She described some of the actions taken by her Government to improve maternal, newborn, child and adolescent health and well-being. The framework for adolescent well-being published by WHO and the Partnership for Maternal, Newborn and Child Health was welcome. She highlighted the need to standardize tools for monitoring progress and harmonize methodologies, and looked forward to the global harmonization and validation of the draft set of priority indicators for the measurement of adolescent health. A renewed focus on the partnership between policy-makers, health workers and civil society was required, with strengthened community engagement and access to appropriate, cost-effective interventions. Member States should hold themselves accountable, with support from the Secretariat to track progress at the country level. Future efforts should build on lessons learned. Concrete commitments and actions were needed to harness the power of partnerships and solidarity.

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region, said that the Region remained committed to implementing the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) and achieving the related targets of the Sustainable Development Goals. Although significant progress had been made in reducing maternal and newborn mortality in the Region, the social determinants of health should be addressed in order to resolve the health disparities that persisted within countries. Increased coverage of high-impact interventions, especially in terms of institutional delivery and quality antenatal and postnatal care for mothers and newborns, would help to further reduce neonatal mortality. That could be achieved by strengthening technical advisory groups on reproductive, maternal, newborn, child and adolescent health, building the capacity of programme managers and applying the Region's model of point-of-care



quality improvement. Given the disruption to essential health services during the COVID-19 pandemic, Member States must reinforce primary health care and ensure universal health coverage in order to support the achievement of the targets related to women's, children's and adolescents' health.

The representative of the BAHAMAS said that effective leadership at all levels was crucial for advancing the agenda on women's, children's and adolescents' health. Highlighting the importance of integrated health care systems, she outlined the measures taken by her Government to drive progress at the national level. The Secretariat should continue to provide support in prioritizing early access to antenatal care so as to mitigate the risk of underweight births and premature deliveries. Targeted training and partnerships were also required in order to provide high-quality child and adolescent mental health services and programmes, including for emerging behavioural disorders, particularly in small island developing States.

The representative of IRAQ said that her Government had adopted a national strategy on reproductive, maternal, newborn and child health with a view to ensuring equity and quality of care, especially for marginalized groups in humanitarian settings. Investment in neonatal nursing could greatly improve neonatal morbidity and mortality, while strengthened multisectoral collaboration could significantly improve women's and children's health. She requested the Secretariat to continue providing support for the preparation and implementation of her country's new strategic plan to scale up and sustain quality care and increase service coverage, and to continue sharing best practices to reduce the under-5 mortality rate.

The representative of ARGENTINA said that an integrated, intersectoral approach was required to address women's, children's and adolescents' health, to tackle the social determinants of health and to make progress towards the achievement of the Sustainable Development Goals. Such an approach should encompass the right to health, education and social development, with a focus on human and gender rights. A policy and regulatory framework should be developed to make the mobilization of or increase in investment binding on all relevant sectors. Intersectoral round tables should also be established. Strategies implemented at the country and regional levels should be oriented towards prioritizing women's, children's and adolescents' health in all sectors. He outlined the integrated approach implemented by his Government, the results of which included a significant reduction in child mortality. Sexual and reproductive health and rights must be integrated into universal health coverage and efforts should be made to address the mental health of children and adolescents.

The representative of GEORGIA said that although progress had been made in women's, children's and adolescents' health, intensified efforts were needed to address remaining gaps. Her Government had implemented a range of measures to enhance and expand coverage of maternal, newborn and child health services, including antenatal, perinatal and postnatal care, and immunization and screening services. It was critical to strengthen data-collection and reporting mechanisms on maternal and child health in order to meet strategic goals. The promotion of breastfeeding was also a priority area that required a whole-of-society approach.

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

**The meeting rose at 12:05.**

## SECOND MEETING

Monday, 22 May 2023, at 14:40

**Chair:** Dr J.S.J. HASSAN (Bahrain)

**later:** Dr M.I. JAAFAR (Brunei Darussalam)

**later:** Dr J.S.J. HASSAN (Bahrain)

### PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES

#### 1. **PROPOSED PROGRAMME BUDGET 2024–2025:** Item 11 of the agenda (documents A76/4, A76/4 Add.1, A76/4 Add.2 and A76/43)

The representative of MALDIVES, speaking in her capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, presented the report on the Committee's consideration of the Proposed programme budget 2024–2025, contained in document A76/43. The Committee had welcomed the Proposed programme budget 2024–2025, its presentation in a new format and its strengthened prioritization. She drew attention to the draft resolution on the Proposed programme budget contained in document A76/4 Add.2 and recommended its approval.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, expressed support for the draft resolution and the Proposed programme budget 2024–2025, which was an historic budget that would allow WHO to deliver on its commitments under the triple billion targets. The progress made in increasing the programme budget's focus on countries was welcome, and efforts to increase the share allocated to countries and regions according to a phased timeline should continue, with the aspiration of reaching at least a 75% budget allocation for countries and regions. The Member States of the African Region had consistently affirmed their commitment to increasing assessed contributions with a view to sustainably, predictably and flexibly funding the Organization.

In order to truly deliver on the commitments of the Thirteenth General Programme of Work, 2019–2025, it was necessary to shift the focus of WHO's work to countries over the biennium 2024–2025, while also addressing the priority outputs identified by Member States through the bottom-up process. In the biennium 2024–2025, the Secretariat should support Member States in integrating norms and standards into national documents and in institutionalizing the adaptation, adoption and acceptance of such documents in every health facility and within communities. With the world off track to achieve the triple billion targets, a shift in focus was needed from policy planning to implementation, along with a shift in the approach to budgeting and financing. She urged the Secretariat and all Member States to make strategic use of assessed contributions to support that shift in order to drive implementation at the country level.

She called for at least 60% of flexible funds to be allocated at the country level to enable Member States to deliver a visible and sustainable impact on people's health and health systems. Moreover, the increase in assessed contributions should be invested in Member State priorities that were underfunded or shown in red in the Secretariat's funding heat map. She called on the Secretariat to report on the progress made in shifting the focus of the programme budget to country-level implementation and on the resulting impact on people's health.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, commended the Secretariat for developing the Proposed programme

budget 2024–2025 in a transparent, consultative and agile manner, and expressed hope that the consultative approach would continue to be applied in the development of the proposed fourteenth general programme of work 2025–2028, starting with consultations during the forthcoming sessions of the regional committees. He was pleased to note that the increase in assessed contributions would be used to focus resource allocation on priority areas at the country level, which would help to strengthen country capacities and accelerate progress towards the triple billion targets. Within the Eastern Mediterranean Region, 72% of the base budget and 90% of the budget and funding for health emergencies and poliovirus eradication were allocated and disbursed at the country level, in recognition of the crucial support that countries in the Region required in order to respond to the unprecedented scale of health emergencies due, inter alia, to conflicts, food insecurity and disease outbreaks.

The required impact, and the objectives of the Thirteenth General Programme of Work, 2019–2025, could only be achieved by improving the quality, sustainability and predictability of financing of the programme budget. As such, it was critical to increase assessed contributions and advocate for continued increases in flexible funding, including through core voluntary and thematic contributions, to ensure stronger alignment between resources and the priorities set in the Proposed programme budget 2024–2025. While the concision of the Proposed programme budget 2024–2025, along with the interactive digital platform, were to be commended, the document should be briefer and more strategic in future, and the Secretariat should continue to develop the digital platform, including by enhancing the selection and tracking of performance indicators. Moreover, the Secretariat should use the lessons learned from implementing the Programme budget 2022–2023 to undertake more results-based operational planning, especially at the country level, as part of a continuous consultative process with Member States on implementing the agreed priorities. The Secretariat should regularly review country priorities with Member States and further improve the monitoring of progress made towards the desired results.

The representative of GHANA welcomed the Proposed programme budget 2024–2025, which reflected the real issues faced by Member States and their strategic priorities and demonstrated WHO's commitment to transparency, accountability and collaboration. The increased budget allocation to country offices was commendable and would lead to better implementation of WHO-supported programmes, especially in Member States with fragile health systems. Additional resources for the provision of high-level technical support to Member States should be ringfenced at the headquarters and regional levels. He looked forward to seeing the performance indicators and outcomes that would be achieved by priority countries. Reaffirming his Government's commitment to increasing assessed contributions, he underscored the need to mobilize more resources to support implementation of the Proposed programme budget 2024–2025 and continue WHO reform. Noting with concern the 59% funding gap in the base segment of the Proposed programme budget 2024–2025, he called on the Secretariat to work with Member States and other partners to raise the necessary additional resources through the proposed WHO investors' forum and other sources. He expressed support for the draft resolution.

The representative of the REPUBLIC OF KOREA welcomed the five priority areas outlined in the Proposed programme budget 2024–2025; the increase in budget allocation to country offices; the focus on country-level capacity-building; and the bottom-up approach used in the preparation of the Proposed programme budget 2024–2025. Despite the increase in assessed contributions, the lack of flexible funds remained a concern. He expressed hope that there would be an increase in predictable, flexible funds in the long term through the gradual introduction of replenishment mechanisms, and emphasized the Secretariat's pivotal role in encouraging Member States and other donors to invest such funds through its ongoing efforts to improve transparency and accountability. He encouraged the Secretariat to enhance its focus on areas where it created the most added value and on the results delivered through programme budget implementation.

The representative of the PHILIPPINES expressed support for the draft resolution and welcomed the bottom-up country prioritization approach taken in the preparation of the Proposed programme

budget 2024–2025. In the light of the disruption to essential health services resulting from the pandemic of coronavirus disease (COVID-19), it would be important to intensify the support provided to countries to advance universal health coverage through the radical reorientation of health systems towards primary health care, which could only be achieved by basing acceleration scenarios and delivery-for-impact approaches on Member States' priorities. She commended the Secretariat's work on the WHO Programme budget web portal, which served to increase transparency and strengthen bilateral and multilateral relations by providing accessible information on the countries and organizations contributing resources to health-related strategies within a specific Member State. She called on the Secretariat to include the specific titles of projects and programmes funded through the programme budget at the country level to enable Member States to identify measurable and evidence-based interventions. She thanked the WHO country office for the Philippines for engaging with her Government on preliminary priority-setting exercises, and took note of the budget items for which the Western Pacific Region's funding would be decreased in the biennium 2024–2025.

The representative of AUSTRALIA said that the Proposed programme budget 2024–2025 would play an important role in achieving the triple billion targets. The Secretariat's efforts to improve budget prioritization, including the implementation of a bottom-up process, and to exercise budgetary discipline through a zero budget increase were appreciated. Its work on implementing the recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance was also welcome, particularly in terms of strengthening country-level capacities and resource allocation, enhancing accountability and transparency, and reinforcing a culture of zero tolerance to sexual misconduct across the Organization. All such efforts would contribute towards WHO's sustainable financing, which was important to ensuring its ability to adequately and predictably finance priority activities. The Proposed programme budget 2024–2025 clearly showed the rewards of the first stage of improving the Organization's sustainable financing. Its focus on the social determinants of health and equity was welcome, as was its focus on the need to address health inequities across populations, particularly vulnerable and marginalized groups.

The representative of JAPAN expressed support for the Proposed programme budget 2024–2025. While the increase in assessed contributions was acceptable in the context of WHO reform, it would be necessary to reconsider that increase if the reform process failed to progress as expected. His Government would be interested in continuing discussions with other Member States that shared its views in that regard. Continued efforts were needed to improve budget prioritization and transparency, strengthen the organizational management of the Executive Board and its Programme, Budget and Administration Committee, and increase efficiency in the preparation of Secretariat documents. Given the significant impact of increasing assessed contributions, it was important to consider how to manage the programme budget more efficiently and streamline WHO's overall budget. Furthermore, in the light of the financial hardship faced by certain countries, other financing methods, such as private funding, should be introduced to ensure WHO's sustainable financing.

The representative of BAHRAIN said that the programme budget was an important tool that allowed Member States to identify WHO priorities, monitor progress, and develop and implement programmes and activities together with the Secretariat, which should align with country-specific needs and priorities. The Secretariat should continue to prepare an annual report on programme budget expenditure but should shift focus towards the expenditure of assessed contributions. Monitoring should also be enhanced in order to increase budget efficiency, transparency and accountability.

The representative of MEXICO requested the Secretariat to provide a document indicating the scale of assessments following the increase in assessed contributions and the impact on each Member State's contributions for the biennium 2024–2025.

The representative of NAMIBIA expressed support for the more systematic, refined, data-driven and bottom-up approach taken in the development of the Proposed programme budget 2024–2025. Its

focus on areas that would accelerate progress towards the targets of the Thirteenth General Programme of Work, 2019–2025 and the Sustainable Development Goals was appreciated. While the increase in assessed contributions was welcome, funds must be equitably distributed, with the majority going to regional and country offices to maximize the impact on people's health. She called on the Secretariat to fulfil its commitment to ensuring that more sustainable financing would come with greater accountability, transparency and efficiency.

The representative of BRAZIL, welcoming the Proposed programme budget 2024–2025, underscored the fundamental role that Member States played in strengthening and shaping the programme budget. The persistent and chronic underfunding of the Region of the Americas, as well as funding gaps affecting the Regional Office for the Americas and country offices, should be urgently addressed and corrected in future budgetary decisions. Without improvements to transparency, accountability and administration, it would be difficult to approve, let alone justify, any increase in assessed contributions. While the means and platforms established by the Secretariat were appreciated, it should follow the example of other organizations in the United Nations system and fully disclose information on expenditure to Member States to ensure transparency. Member States should make use of the discussion on the increase in assessed contributions to pave the way towards a more sustainably financed and transparent Organization, supported by concrete action and efforts by the Secretariat.

The representative of VIET NAM expressed appreciation for the enhanced focus of the Proposed programme budget 2024–2025 on achieving the targets of the Thirteenth General Programme of Work, 2019–2025, especially in the context of the COVID-19 pandemic. Efforts to reduce operational costs, including staff and travel costs, were also appreciated, and it was hoped that they would continue in the biennium 2024–2025 to allow a greater budget to be allocated to priority technical activities in order to achieve the thematic priorities and operational shifts set out in the Thirteenth General Programme of Work, 2019–2025. She thanked WHO for the technical and financial support provided to her Government.

The representative of URUGUAY thanked the Secretariat for the Proposed programme budget 2024–2025 and said that increases in assessed contributions should be contingent upon improving transparency and efficiency within the Organization. The proportion of the budget allocated to the Region of the Americas urgently needed to be revised, particularly given that countries in the Region also contributed to PAHO's funding.

The representative of CANADA expressed hope that the consultative approach taken in the development of the Proposed programme budget 2024–2025 would be adopted in the preparation of future programme budgets. The prioritization exercise had been particularly valuable, with the results providing more transparency and clarity for Member States, enabling them to better understand each other's needs, priorities and contexts. The focus of the Proposed programme budget 2024–2025 on delivery-for-impact approaches was welcome, with work on prevention and preparedness ensuring that limited resources would be put to optimal use. It was also pleasing to see WHO's normative role reflected across all outputs and outcomes. The focus on supporting Member States in adapting normative products to their contexts, implementing the resulting tools and evaluating their impact was crucial and would help Member States to identify populations that were not being reached.

The integration of gender, equity and rights throughout WHO's programming and as a cross-cutting theme with dedicated resources was welcome, as was the incorporation of gender mainstreaming within the polio programme budget. In future reporting, the Secretariat should provide specific information on how work was progressing in the area of gender, equity and rights integration, given that previous scores on that metric had been consistently low across most outputs and all three levels of the Organization. The Secretariat's plans to introduce gender markers to better track expenditure on related issues was welcome. WHO's commitment to drive greater impact at the country level was commendable and would require country offices to be staffed with appropriately skilled personnel to provide the necessary technical support to Member States.

The representative of GERMANY said that the historic Proposed programme budget 2024–2025 addressed the challenge of ensuring that WHO's funding met the expectations of what the Organization could achieve. It was up to Member States to ensure that the reforms to increase WHO's transparency, accountability and efficiency would make WHO the leading and coordinating authority on global health issues. He called on all Member States to approve the draft resolution.

The representative of NORWAY said that Member States' commitment to sustainably finance WHO, including through the development of a replenishment mechanism, was an important step towards a democratically funded, more efficient and more effective WHO and was necessary to achieve the triple billion targets and improve health security. The increased focus of the Proposed programme budget 2024–2025 on impact at the country level, while welcome, would require strong normative leadership and accountability functions. Enhanced connection between programme budget priorities and financing could be achieved through more flexible, predictable funding and by taking major steps to improve WHO's efficiency, transparency and accountability. Strong financial and risk management at all three levels of the Organization would be vital to ensure value for money and incentivize the provision of increased flexible funding. His Government had increased the flexibility of its voluntary contributions, and he called on other Member States to do the same.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the Proposed programme budget 2024–2025 and its revised presentation, which responded to Member States' requests for more accessible, concise, yet granular documents. She recognized the more inclusive prioritization process and the extensive consultations held during its development. Member States needed to match their funding with their expectations of the Organization; she therefore supported the draft resolution, which represented a vital step in improving WHO's efficiency and financial sustainability.

The representative of the UNITED STATES OF AMERICA welcomed the comprehensive and transparent Proposed programme budget 2024–2025 and the extensive and frequent consultations with Member States during the development process. Her Government's support of the increase in assessed contributions came with strong expectations, with a view to creating an efficient, agile, accountable and sustainable WHO able to prevent, detect and respond to future pandemics. Consideration of future increases in assessed contributions would be contingent on progress in WHO reform and the results achieved following the current increase. The Secretariat's implementation plan on reform would be a useful tool for Member States to monitor such progress.

The representative of KENYA commended the Secretariat for the Proposed programme budget 2024–2025 and for the strengthened budget development process. He expressed support for the objectives of the Proposed programme budget 2024–2025, particularly with regard to strengthening country capacity, continuing the work defined in the recent revision of the Programme budget 2022–2023, and further strengthening the Organization's accountability and transparency. WHO's limited capacities and resources should be invested in areas that would maximize impact in order to make progress towards the triple billion targets. It was also important to recognize the uniqueness of the mandates and focus of the various levels of the Organization, which continued to require investment. The proportion of the base budget allocated to countries should continue to progressively increase in line with the agreed target of more than 70%, and increased allocation to chronically underfunded programmes – especially in the African Region – was needed in order to improve the financing of programme budget outcomes and equitably achieve all outcomes of the triple billion targets. He expressed support for the draft resolution.

The representative of ARGENTINA said that, while he understood that the increase in assessed contributions was needed to meet the challenges of sustainable financing, the increase would be difficult for his Government to implement in the light of current budget restraints. Any further increase before 2030 would seriously undermine his Government's ability to meet its payment obligations to the

Organization. Such measures should therefore be assessed in a timely manner, taking into account the progress made by the Secretariat in improving efficiency and transparency. He noted that access to medicines, vaccines and diagnostics had not been prioritized in the Proposed programme budget 2024–2025, nor had epidemic and pandemic prevention. Despite facing enormous inequalities, the Region of the Americas had the lowest budget of all WHO regions and should not be neglected by the Secretariat.

The representative of DENMARK welcomed the transparent and participatory approach taken in the development of the Proposed programme budget 2024–2025, which had resulted in an improved prioritization exercise and more strategic and concise budget documents and tools. While the increased focus on strengthening country capacity and financing was appreciated, it would be important to maintain a strong focus on WHO's essential normative functions and leadership at all three levels of the Organization. The principle of leaving no one behind must remain at the core of WHO's programme budget, in terms of both serving the most vulnerable population groups and reforming the culture of the Organization. As such, he welcomed commitments to strengthen WHO's accountability functions and ensure that best practices on sexual exploitation, abuse and harassment would be supported by appropriate investment. He expressed support for the draft decision.

The representative of the RUSSIAN FEDERATION welcomed the Secretariat's active collaboration with Member States during the development of the Proposed programme budget 2024–2025 and expressed hope that a similar approach would be taken when developing future programme budgets and the proposed fourteenth general programme of work, 2025–2028. To that end, the use of online questionnaires would give Member States the opportunity to indicate their priorities in the early stages of the process. Reforms to WHO's budgetary, programme and financial management were an integral part of the reform of the programme budget and should therefore be implemented in a timely manner and to a high quality. He noted the innovative presentation of the budget information but reiterated that comprehensive information concerning projected expenditure on key budget items – such as staff, consultants and procurement – was still lacking, leaving Member States unable to properly assess the financial statements in the Proposed programme budget 2024–2025. In the absence of concrete data, estimates could be provided on the basis of current expenditure. The inclusion of projections of expenditure on key items, which was already customary in many other entities of the United Nations system, should be introduced prior to any discussion on further increases in assessed contributions and would be useful in persuading national authorities of the need for further funding for WHO. The improved presentation of the results of the operational planning process was welcome, as was the risk-based approach. It was hoped that the proposed fourteenth general programme of work, 2025–2028 and future programme budgets would be directly linked to a statement on acceptable risk parameters. The Secretariat should consider developing a booklet on the results-based management system with relevant definitions, a user guide and a description of the process for developing and reporting on WHO targets to inform Member States of the Secretariat's vision and practices in that area and improve their understanding of internal processes.

The representative of TIMOR-LESTE, noting the improved resource allocation at the country level, called for the bottom-up, inclusive and evidence-driven approach to the preparation of the Proposed programme budget 2024–2025 to continue in the prioritization process. Strengthening capacity at the country and regional levels would support implementation of the Thirteenth General Programme of Work, 2019–2025, and a data-driven and delivery-for-impact approach would enhance monitoring and management based on country priorities. The Secretariat should continue to promote integrated, cross-cutting interventions at the country level, encourage compromise, uphold the principles of accountability and transparency in budget utilization, and ensure strategic programme implementation.

The representative of CHINA expressed support for the Proposed programme budget 2024–2025, particularly the Secretariat's work on prioritization, which would enhance efficiency and increase the

support provided to developing countries. He welcomed the budget increase in the area of primary health care, expressing the hope that the Secretariat would focus its efforts on actions and sustainable funding for primary health care at the country level. Measuring progress through the output and impact indicators, particularly in areas of work identified as high priority by Member States, would allow the impact of increased assessed contributions on efficiency and transparency in resource management to be tracked in an accurate manner. The Secretariat should implement the recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance and report to Member States on areas requiring improvement. No information had been provided about the impact that the increase in assessed contributions would have on outcomes; future reports should therefore include a comparison of outcomes achieved before and after the increase to determine whether the increase was a cost-effective measure and improved the equitable distribution of funds.

The representative of TÜRKİYE welcomed the new structure of the Proposed programme budget 2024–2025, the improved digital platform, the increased budget allocation to country offices, the prioritization process, the budget allocations across the three levels of the Organization, and the level of projected available funding for base programmes. It was necessary to maintain the momentum generated by the increase in assessed contributions and create the rationale for gradual increases through transparent, accountable and efficient implementation at all levels, in line with the recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance. He looked forward to seeing the tangible impact of the increase in assessed contributions and greater allocation to country offices. Any increase in the programme budget should be implemented in tandem with efficient and effective cost-saving measures. He supported the draft resolution.

The representative of MALAYSIA expressed appreciation for the comprehensive Proposed programme budget 2024–2025 and the digital platform, which was user friendly and increased Member States' understanding of the facts and figures of the budgetary processes, thus improving efficiency and transparency within the Organization. She expressed support for the draft resolution.

The representative of THAILAND welcomed the Proposed programme budget 2024–2025 but reiterated the importance of ensuring transparency, accountability, and effective budget allocation and utilization. Earmarked voluntary contributions had been a major long-standing funding source for WHO, which undermined Member States' ownership of the Organization and favoured the policies and interests of donors. While highlighting the importance of increasing the proportion of core voluntary contributions and thematic voluntary contributions, she suggested that WHO should consider whether to stop accepting earmarked contributions from any source altogether.

The representative of COLOMBIA said that a strengthened WHO required increased resources, provided they were flexible, non-earmarked and could be directed to public health priorities at the three levels of the Organization. While he supported the Proposed programme budget 2024–2025, it represented a major budgetary commitment for countries that were already experiencing financial hardship as a result of the COVID-19 pandemic, climate change, conflicts, growing inequality, and the predominance of market-driven health systems, compounded by the fact that Member States in the Region of the Americas contributed to the budgets of both WHO and PAHO. The additional resources generated by the increase in assessed contributions should be distributed equitably across WHO regions, particularly given that the Region of the Americas received the least funding despite experiencing major public health challenges. The increase in resources also implied an increased commitment from the Secretariat to improve transparency, accountability and efficiency in programme budget implementation. The progress made in that regard would be monitored through the Secretariat's regular reporting. In its programmatic work, WHO should prioritize: a gender-based approach; sexual and reproductive rights; the fight against climate change; health and peace; drugs as a public health problem; and approaches that ensured the participation of diverse groups, including Indigenous Peoples.



The representative of BANGLADESH welcomed the Secretariat's continuing efforts to strengthen transparency, accountability and compliance, recognized the importance of allocating sustainable and adequate funding across all WHO offices and expressed support for the Proposed programme budget 2024–2025. He called on WHO to continue to ensure equity-based resource allocation, priority-setting at the country level, flexible allocation of funds, and a results-based management approach. High-level strategic information and specific details on costing and prioritization should be made available to enable Member States to fully and efficiently exercise their strategic oversight.

The representative of FRANCE welcomed the historic Proposed programme budget 2024–2025, which would enable the Organization to optimize its resource management and provide greater stability. The Secretariat's efforts in the areas of transparency, accountability, prioritization and risk assessment were appreciated and should continue, as should its work to reform the Organization through an ongoing trust-based dialogue with Member States. Funding the Proposed programme budget 2024–2025 represented a collective challenge for all Member States. He expressed support for the draft resolution.

The representative of POLAND said that the commitment and determination shown in the development of the Proposed programme budget 2024–2025 should serve as an example for other processes and discussions. While it was true that WHO's resources were stretched and needed reinforcement, it was regrettable that not all options had been properly considered during the discussions on the increase in assessed contributions. The mismatch between Member States' expectations and the Organization's capacities remained at the heart of the problem, which would not be resolved with partial solutions. Moreover, national budgets were already under strain as a result of the COVID-19 pandemic, the ongoing Russian aggression against Ukraine and high inflation; it was therefore not the right time to increase Member States' long-term financial commitments to WHO.

The representative of PERU welcomed the bottom-up approach adopted in the development of the Proposed programme budget 2024–2025 and efforts to align it with the Thirteenth General Programme of Work, 2019–2025. In the light of the Organization's limited resources, a strategic focus and prioritization were needed in order to determine the most effective evidence-based and data-driven solutions for each country and achieve WHO's targets. It was also essential to focus on reorienting health systems towards primary health care. Going forward, flexible, non-earmarked funds should be allocated to strategic priorities in a more equitable and efficient manner, and other sources of non-earmarked funds should be secured. It was also essential to close the funding gap for the Region of the Americas. Some Member States would struggle to meet the increase in assessed contributions in the current global economic climate. Implementation of the Proposed programme budget 2024–2025 should lead to concrete improvements within the Organization. In order to deliver measurable impact for Member States, resource planning, mobilization and allocation should be driven by the need to strengthen country and regional capacities, including by promoting cross-cutting interventions to reduce fragmentation, lower costs and improve synergies.

The representative of ECUADOR said that it was important to allocate resources efficiently with a focus on strategic areas requiring immediate action and consideration of national and regional contexts. He expressed support for the draft resolution and the Proposed programme budget 2024–2025 but said that the resources allocated to the Region of the Americas were insufficient to meet the increased needs generated by the rise in inequality and inequity caused by the COVID-19 pandemic. The Secretariat should therefore review its regional budget allocation for future bienniums.

The representative of ITALY expressed support for the draft resolution and welcomed the Proposed programme budget 2024–2025, which represented the starting point for major reforms in the Organization's funding model. The Proposed programme budget 2024–2025 should gradually reduce pockets of underfunding, provide effective financing for WHO's priority areas and strengthen the Organization's independence. He welcomed the allocation of the increase in assessed contributions to

high-priority outputs, particularly those that had traditionally faced large funding gaps. The increased involvement of Member States in the budget development process was welcome. He looked forward to further reforms to strengthen WHO's sustainable financing.

The representative of CHILE expressed appreciation for the Secretariat's work to increase transparency and improve the structure of the programme budget but raised concerns about the potential obstacles to meeting the related commitments. Indeed, her Government might find it difficult to meet an increase in its financial commitments. She reiterated calls to increase the budget allocated to the Region of the Americas, including through flexible funds.

The representative of MALDIVES said that the Proposed programme budget 2024–2025 allowed for greater regional and country-specific programme funding and catered to new approaches in responding to the pandemic. The positive dialogue on the increase in assessed contributions was welcome and would help to ensure a more sustainably financed, agile WHO. The Secretariat's commitment to ensuring greater accountability, transparency and efficiency was also appreciated, as were the innovative tools and the digital platform, which allowed for greater transparency in the prioritization and monitoring of the programme budget. He expressed support for the draft resolution.

The representative of INDIA recognized the importance of evaluating budget allocation and utilization across different programmes to ensure optimal prioritization and distribution of available funds. It was particularly important to invest in global health security and health systems strengthening and to address health inequities. The digital platform for the Proposed programme budget 2024–2025 should include detailed information and data at the sub-priority level on the projects under way and their related expenditures in order to enhance transparency. It should also list all outputs and related indicators, and there should be a separate platform containing data on human resources. She stressed the need for continued investment in programmes to combat antimicrobial resistance and advance global health security. The Secretariat should continue to pursue efficiency and effectiveness in programme delivery and ensure that the budget was aligned with the Sustainable Development Goals. There was a need for greater equity in the allocation of resources and delivery of health services. The Proposed programme budget 2024–2025 did not adequately address the needs of low- and middle-income countries and marginalized populations. Investment in capacity-building should be increased, particularly in the areas of health workforce development, research, and innovation, with greater investment in digital health infrastructure and technologies.

The DIRECTOR (Planning, Resource Coordination and Performance Monitoring) thanked Member States for the strong support for the Proposed programme budget 2024–2025 and acknowledged that the increase in assessed contributions placed a responsibility on the Secretariat to improve transparency, accountability and efficiency, which would be achieved through the Secretariat's implementation plan on reform and the work of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance. He noted the need to make improvements to both the digital platform and the WHO Programme budget web portal, adding that the Secretariat would continue working with Member States to that end. Member States' calls for a better and more equitable allocation of resources across thematic areas and regional offices, particularly with regard to the Region of the Americas, had also been noted. The increase in assessed contributions and other flexible funding options, such as the potential investment rounds, would provide more opportunities in that regard. Member States' support for the increase in assessed contributions was appreciated, particularly given the economic and financial difficulties faced by many countries.

He confirmed that the Secretariat would prepare an informal technical document indicating the scale of assessments and the new amount of assessed contributions by country. The Secretariat was also prepared to work with Member States on providing more regular reporting on gender equity and human rights. The output scorecard included a gender equity and human rights dimension, which meant that all Secretariat teams were required to report on and consider gender equity and human rights in the implementation of results. The Secretariat was committed to maintaining the consultative spirit in the

development of the proposed fourteenth general programme of work, 2025–2028, and would involve Member States and the regional committees in that process. Concerning the inclusion of key items of expenditure in the Proposed programme budget 2024–2025, further consultations would be held once the programme budget had been operationalized, in November of that year, in order to provide Member States with more information on the level of expenditures in the biennium 2022–2023. Member States' requests regarding the risk appetite statement and the inclusion of more information on risks in future reporting were noted. The Secretariat was open to preparing a booklet on results-based management, although an explainer on that topic was available on the digital portal and could be improved and expanded if needed.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) thanked Member States for their extensive input in the development of the Proposed programme budget 2024–2025, which was based on the priorities expressed by Member States. The next step would be to ensure the necessary financing for the Proposed programme budget 2024–2025 in order to better serve Member States at the country level. He acknowledged the calls for any further increases in assessed contributions to be contingent upon progress being made in the reform process. The reform process was part of the WHO transformation and was subject to robust reporting, both electronically and through progress reports. Noting Member States' comments on resource allocation, particularly their requests to increase the allocation to regional and country offices to 75%, he said that it was important to continue delivering at the country level, while also ensuring that WHO's normative functions remained solid. The Secretariat would continue to work with Member States to that end and towards ensuring more sustainable financing for WHO.

**The Committee noted the reports.**

The CHAIR took it that the Committee wished to approve the draft resolution contained in document A76/4 Add.2.

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

The DIRECTOR-GENERAL, thanking Member States for their trust and confidence, said that the Proposed programme budget 2024–2025 was an historic milestone that came with great responsibility. As such, the Secretariat would work hard to ensure transparency in all processes and accountability at all levels of WHO.

**PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE** (continued)

**2. GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016–2030):** Item 12 of the agenda (document A76/5) (continued from the first meeting, section 2)

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA, outlining the steps taken by his Government to improve women's, children's and adolescents' health, said that his Government would fully implement the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) in collaboration with WHO and other relevant international organizations.

**Dr Jaafar took the Chair.**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA76.1.

The representative of KENYA said that a focus on reproductive, maternal, newborn, child and adolescent health was critical in ensuring the health and well-being of the entire population and in achieving universal health coverage. More work was needed to enhance the disaggregation of data by age and sex, especially for adolescent health, and she called for a heightened focus on adolescent health. There was also a need for increased investment in maternal and newborn health, family planning, child and adolescent health, school health programmes, integrated interventions on noncommunicable diseases – particularly mental health interventions – and the strengthening of health and data systems. The Secretariat should increase the support provided to Member States in achieving the targets of the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030).

The representative of NEW ZEALAND expressed concern about the prevalence of maternal and newborn mortality; the growing incidence of mental health challenges among adolescents; pervasive gender-based violence; and inequitable access to essential health services such as family planning. To accelerate progress towards the relevant Sustainable Development Goals, it was necessary to: ensure that financing for maternal, newborn and child health services targeted those most in need and at risk; improve the integration, quality and effectiveness of maternal, newborn and child health services by investing in multisectoral approaches; ensure that humanitarian preparedness and response, and climate adaptation plans, prioritized maternal, newborn and child health services in order to strengthen resilience; and recognize the importance of work to combat early childhood health at the highest level of health leadership. In addition, the Secretariat should promote the inclusion of essential health services for women, children and adolescents throughout the life course in national universal health coverage packages and ensure that rights violations related to discrimination in health care, restricted sexual and reproductive health and rights and gender-based violence were addressed through multisectoral engagement. Promoting universal health coverage accountability among Member States represented another key way for the Secretariat to support Member States to ensure that all women, children and adolescents could access the quality services they needed to realize their right to health and well-being.

The representative of ZAMBIA said that, while research and development had demonstrated the effectiveness of basic tools and interventions, such as kangaroo mother care, the operationalization of those interventions was hampered by a number of challenges. The increase in mental health issues, particularly among adolescents, required basic mental health services to be scaled up, particularly at the primary health care level; however, that was hindered by the lack of skilled human resources. The lack of clear global goals and targets for adolescent health continued to pose challenges in tracking individual countries’ progress.

The representative of VIET NAM described the progress made in improving the health of women, children and adolescents in his country.

The representative of the UNITED STATES OF AMERICA said that her Government stood in solidarity with the global community, given the enormous challenges faced in implementing the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030). The area of sexual and reproductive health and rights required urgent action as it was fundamental to achieving gender equity and equality and improving women’s, children’s and adolescents’ survival and health. Promoting reproductive empowerment and bodily autonomy, including through voluntary access to contraceptives and prevention of gender-based violence, remained key priorities for her Government.

She expressed deep concern regarding the mortality and morbidity trends among women, children and adolescents, including in high-income countries, and regarding the challenges that impeded progress in that area, such as conflict. The stagnation in the global maternal mortality rate since 2016 was of particularly grave concern, as were the under-5 mortality rates. It was clear that more equitable access to integrated, high-quality essential health and nutrition services for women, adolescents, children and newborns was needed. That could be achieved by focusing investment on strengthening integrated primary health care systems and restoring access to essential health services for women and children.

She expressed support for evidence-based policies that advanced public health and respected and promoted human rights, and for the evidence-based guidelines and training tools developed and disseminated by the Secretariat to assist efforts to improve women's, children's and adolescents' health.

The representative of PANAMA, describing the measures taken by her Government to improve women's, children's and adolescents' health, reaffirmed her Government's commitment to the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030).

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that, while the report's focus on the importance of a life course approach to fulfil human development potential was appreciated, it was regrettable that WHO's leadership on sexual and reproductive health was not reflected more in the report, particularly in the light of the Secretariat's new abortion care guideline. At a time when attempts were being made to undermine sexual and reproductive rights, it was important to acknowledge the significant contribution of unsafe abortions to maternal deaths. In addition, she requested the Secretariat to explain how the global guidance mentioned in the report was translated into action at the country level and how WHO facilitated that process.

The stagnation of progress in reducing maternal mortality was concerning and required urgent action by the Secretariat and Member States. The Secretariat should prioritize interventions to strengthen health systems, including by supporting strong community health worker systems, scaling up midwifery-led services, increasing the focus on the availability and quality of maternal and newborn health medicines and supplies, enhancing quality of care and focusing on the resilience of services for women, children and adolescents to climate change. There should also be a greater focus on equity, particularly in relation to marginalized women and children and people affected by humanitarian crises. Future updates on implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) should focus more on the critical period between conception and 2 years of age.

The representative of the UNITED ARAB EMIRATES said that efforts to deliver comprehensive maternal, neonatal and child health care, community-centred initiatives, midwifery programmes, health workforce training programmes, access to nutrition and micronutrients, educational programmes and mental health programmes would help countries to achieve the targets of the Sustainable Development Goals related to newborn and child survival. To achieve universal health coverage, it was necessary to strengthen health systems by expanding the availability of primary health services and enhancing the quality of health care through standardized data monitoring. Robust health information systems would help to support the monitoring of progress and identification of gaps.

The representative of CHINA expressed appreciation for the range of actions taken by WHO to address the health and well-being of women, children and adolescents. Nevertheless, further work was needed to achieve the targets set out in the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). In that regard, it was necessary to encourage Member States to take effective action towards eliminating preventable maternal and newborn mortality, including by establishing a screening and assessment system for pregnancy risks and special case management for high-risk pregnant women and newborns, establishing a comprehensive network for referral and treatment of critical illnesses, ensuring timely reporting, conducting analysis and research, and holding regular information and progress-related briefings. In addition, steps should be taken to promote the elimination of mother-to-child transmission of HIV and accelerate the elimination of cervical cancer. The Secretariat should provide more technical support in those areas and set up a platform for exchanging and sharing experiences. Moreover, more national actions were needed to promote children and adolescent health, with close multisectoral cooperation. Lastly, the Secretariat should play a greater role in helping developing countries to improve the health of women, children and adolescents.

**Dr Hassan resumed the Chair.**

The representative of JAMAICA called on WHO to prioritize support for the ongoing training of health professionals, foster global discussions on how to keep populations engaged on such matters and encourage governments and nongovernmental agencies to address the social determinants of healthy pregnancies and healthy mothers and children.

The representative of MADAGASCAR requested the Secretariat to provide Member States with more support in finding adequate funding strategies, increasing international investment in the implementation of universal health coverage strategies and accelerating progress towards universal health coverage through data-driven interventions.

The representative of KAZAKHSTAN, expressing support for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), said that maternal and child health and well-being were key public health indicators and fundamentally important to her country's future health, well-being and prosperity.

The representative of INDONESIA said that the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) aimed to keep women, children and adolescents at the heart of the sustainable development agenda and outlined the measures taken by her Government in that area.

The representative of BAHRAIN, affirming her Government's commitment to continuing to implement the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), recommended strengthening governance in the area of children's and adolescents' health and developing joint regional and international initiatives so as to ensure active participation and enhance the technical support provided to Member States.

The representative of SAUDI ARABIA called for greater technical support for countries that were lagging behind on women's, children's and adolescents' health, helping them to implement cost-effective interventions and develop intersectoral partnerships to ensure optimal use of available resources. It was important to pursue inclusive strategies that would ensure gradual progress towards universal health coverage.

The representative of the PLURINATIONAL STATE OF BOLIVIA drew attention to the importance of early childhood development. It was necessary to implement information systems that would provide health workers with comprehensive information on children's health in order to support decision-making. Recognizing the importance of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), he called for it to be strengthened.

The representative of AUSTRALIA noted the progress made towards achieving the targets of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) but expressed concern that the largest gaps in universal health coverage related to family planning services, breastfeeding and the treatment of childhood illnesses. Equally concerning was the fact that disadvantaged women were less likely to receive reproductive and maternal health services and that rates of sexual and gender-based violence increased when accompanied by humanitarian crises, the COVID-19 pandemic and climate change. It was therefore important to tackle gender inequalities, including through full implementation of the women, peace and security agenda. WHO needed to work with other entities of the United Nations system and partners to maintain the focus on providing quality information and education that enabled young people to obtain the knowledge they needed to make informed decisions about their lives. It was also critical for WHO to advance a rights-based approach to health, providing governments with guidance to deliver what women and girls needed, and to strengthen its leadership on access to sexual and reproductive health. It was necessary for countries to have optimal domestic policies on, and be committed to, newborn and child survival; and for the international community to support those domestic efforts through best practice policies and technical guidance.

The representative of TOGO, describing her Government's work to improve women's, children's and adolescents' health, welcomed the action taken by Member States and other stakeholders to develop a joint statement on an updated definition of skilled health personnel.

The representative of the COMOROS called on WHO and other partners to support innovation on women's, newborns' and adolescents' health, the empowerment of women, and the setting up of social protection mechanisms geared towards the most vulnerable population groups, with a view to achieving universal health coverage and the health-related Sustainable Development Goals.

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

**The meeting rose at 17:35.**

## **THIRD MEETING**

**Tuesday, 23 May 2023, at 09:30**

**Chair:** Dr J.S.J. HASSAN (Bahrain)

**later:** Mr M. NDOUTOUMOU ESSONO (Gabon)

**later:** Dr J.S.J. HASSAN (Bahrain)

### **1. FIRST REPORT OF COMMITTEE A (document A76/50)**

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

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

## **PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES**

### **2. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE:** Item 14 of the agenda

**The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme:** Item 14.1 of the agenda (document A76/8)

**Implementation of the International Health Regulations (2005):** Item 14.2 of the agenda (document A76/9 Rev.1)

### **REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:** Item 15 of the agenda

**Strengthening WHO preparedness for and response to health emergencies:** Item 15.1 of the agenda

- **Strengthening the global architecture for health emergency preparedness, response and resilience** (document A76/10)
- **Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination** (document A76/7 Rev.1)

**WHO's work in health emergencies:** Item 15.2 of the agenda (document A76/11)

- **Implementation of resolution WHA75.11 (2022)** (document A76/12)

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<sup>1</sup> See page 323.



**Global Health for Peace Initiative:** Item 15.3 of the agenda (documents A76/7 Rev.1, A76/7 Rev.1 Add.2 and A76/7 Rev.1 Add.3)

The CHAIR drew attention to the draft decision on the health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression, proposed by Albania, Australia, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Canada, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Guatemala, Ireland, Italy, Japan, Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands (Kingdom of the), New Zealand, North Macedonia, Norway, Poland, Portugal, the Republic of Korea, the Republic of Moldova, Romania, Slovakia, Slovenia, Spain, Sweden, Ukraine, the United Kingdom of Great Britain and Northern Ireland and the United States of America, which read:

The Seventy-sixth World Health Assembly,

(PP1) Having considered the report by the Director-General requested in resolution WHA75.11 (2022);<sup>1</sup>

(PP2) Noting the decision of the WHO Regional Committee for Europe to close the WHO European Office for the Prevention and Control of Noncommunicable Diseases in Moscow and to request the Secretariat to relocate its functions and management of activities to the WHO Regional Office for Europe in Copenhagen, as soon as possible and no later than 1 January 2024;

(PP3) Recalling the decision contained in resolution WHA75.11 (2022) that continued action by the Russian Federation to the detriment of the health situation in Ukraine, at regional and global levels, would necessitate that the Health Assembly should consider the application of relevant articles of the Constitution of the World Health Organization;

(PP4) Recognizing the unprecedented challenges resulting from the Russian Federation's aggression against Ukraine;

(PP5) Recognizing further the ongoing work of WHO, its implementing partners and other humanitarian organizations in addressing the health and humanitarian impacts of the Russian Federation's aggression in Ukraine, and the wider region,

Decided:

(OP)1. to condemn in the strongest terms the Russian Federation's continued aggression against Ukraine, including attacks on health care facilities documented via the WHO's Surveillance System for Attacks on Health Care (SSA), as well as widespread attacks on civilians and critical civilian infrastructure that have led to heavy casualties, and hampered access to health care;

(OP)2. to express serious concerns over the continued health emergency in Ukraine and refugee-receiving and -hosting countries, triggered by the Russian Federation's aggression against Ukraine, as well as the wider than regional health and humanitarian impacts including, inter alia, significant numbers of refugees fleeing Ukraine; the risks of radiological, biological and chemical events and hazards; and the exacerbation of an already significant global food security crisis;

(OP)3. to draw attention to the fact that the Russian Federation's aggression against Ukraine continues to constitute exceptional circumstances, causing a serious impediment to the health of the population of Ukraine, as well as having regional and wider than regional health impacts;

(OP)4. to urge the Russian Federation to immediately cease any attacks on hospitals and other health care facilities, and fully respect and protect all medical personnel and humanitarian personnel engaged in medical duties, their means of transport and equipment, the sick and wounded, civilians, health and humanitarian aid workers, and health care systems;

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<sup>1</sup> Document A76/12.

(OP)5. to urge the relevant Member States to adhere to international humanitarian law, and international human rights law, as applicable, and WHO norms and standards and also allow and facilitate safe, rapid and unhindered access to populations in need of assistance by staff deployed by WHO on the ground, and by all other medical and humanitarian personnel;

(OP)6. to request the Director-General:

(a) to continue to implement resolution WHA75.11 (2022), entitled “Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation’s aggression”;

(b) to report to the Seventy-seventh World Health Assembly in 2024, through the Executive Board at its 154th session, on the implementation of resolution WHA75.11 (2022), including an assessment of the direct and indirect impact of the Russian Federation’s aggression against Ukraine on the health of the population of Ukraine, as well as related regional and wider than regional health impacts including on its adverse effect on the attainment of the objective and functions of WHO.

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

<b>Decision:</b>	Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation’s aggression
<b>A. Link to the approved revised Programme budget 2022–2023</b>	
<b>1. Output(s) in the approved revised Programme budget 2022–2023 under which this draft decision would be implemented if adopted:</b>	2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities
<b>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	Twelve months.
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total budgeted resource levels required to implement the decision, in US\$ millions:</b>	US\$ 240 million.
<b>2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions:</b>	Not applicable.
<b>2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US\$ millions:</b>	US\$ 140 million.
<b>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions:</b>	US\$ 100 million.

<p><b>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</b></p> <p>Not applicable.</p>
<p><b>5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions</b></p> <p>– <b>Resources available to fund the decision in the current biennium:</b></p> <p>US\$ 44.96 million.</p> <p>– <b>Remaining financing gap in the current biennium:</b></p> <p>US\$ 95.04 million.</p> <p>– <b>Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:</b></p> <p>Total funding pledged is US\$ 61.27 million as at May 2023. Difficult to estimate the amount that could be further mobilized due to competing priorities, particularly other emergencies, but this is likely to be sufficient.</p>

**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>B.2.a.</b> 2022–2023 resources already planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>B.2.b.</b> 2022–2023 additional resources	Staff	0.00	0.00	0.00	27.94	0.00	0.00	0.23	28.17
	Activities	0.00	0.00	0.00	111.77	0.00	0.00	0.06	111.83
	Total	0.00	0.00	0.00	139.71	0.00	0.00	0.29	140.00
<b>B.3.</b> 2024–2025 resources to be planned	Staff	0.00	0.00	0.00	19.96	0.00	0.00	0.17	20.13
	Activities	0.00	0.00	0.00	79.83	0.00	0.00	0.04	79.87
	Total	0.00	0.00	0.00	99.79	0.00	0.00	0.21	100.00
<b>B.4. Future bienniums resources to be planned</b>	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The CHAIR drew attention to the draft resolution on the health emergency in and around Ukraine, proposed by the Russian Federation and the Syrian Arab Republic, which read:

The Seventy-sixth World Health Assembly,

(PP1) Expressing grave concern at the deteriorating humanitarian situation in and around Ukraine, with a large number of internally displaced persons and refugees in need of humanitarian assistance;

(PP2) Recognizing that humanitarian emergencies result in loss of life and human suffering, weaken the ability of health systems to deliver essential life-saving health services, and produce setbacks for health development;

(PP3) Strongly condemning attacks directed against civilians and health objects, including using civilians as live shields, indiscriminate shelling as well as placing military objects and equipment in densely populated areas and near civilian objects and using such objects for military

purposes, endangering the lives of the civilian population in violation of international humanitarian law;

(PP4) Reaffirming the principles of neutrality, humanity, impartiality and independence in the provision of humanitarian assistance, and reaffirming the need for all actors engaged in the provision of humanitarian assistance in situations of complex humanitarian emergencies and natural disasters to promote and fully respect these principles;

(PP5) Expressing grave concerns over the ongoing health emergency resulting in conflict-related trauma and injuries as well as increased risks of illness and death from noncommunicable diseases, of emergence and spread of infectious diseases, of mental health and psychosocial health deterioration, of human trafficking, of gender-based violence, and of sexual and reproductive health including maternal and child health deterioration;

(PP6) Calling on all parties concerned to refrain from politicization of the global health cooperation and avoid confrontational rhetoric which undermines international efforts of supporting developing countries which currently receive limited assistance as the resources are diverted to military build-up instead of recovery from the coronavirus disease (COVID-19) pandemic;

(PP7) Expressing serious concern about the decision of the WHO Regional Committee for Europe on 15 May 2023 to close the uninterruptedly and in full-scale functioning WHO European Office for the Prevention and Control of Noncommunicable Diseases in Moscow under the political pretext of the situation in Ukraine as it will undermine 10 years of successful regional cooperation in combating noncommunicable diseases and deprive people of the region, especially those in vulnerable situations, of regular assistance;

(PP8) Calling on all parties concerned to respect and protect humanitarian personnel, their facilities, equipment, transport and supplies and to ensure the safe and unhindered access of humanitarian personnel, as well as the delivery of supplies and equipment, in order to allow such personnel to efficiently perform their task of assisting affected civilian populations, including internally displaced persons;

(PP9) Expressing serious concern that the current WHO Surveillance System for Attacks on Health Care (SSA) does not reflect effectively all the incidents with attacks on health care facilities;

(PP10) Urging all parties concerned to take the necessary steps to ensure the safety and security of medical personnel and humanitarian personnel exclusively engaged in medical duties, their facilities, equipment, transports and supplies, including by developing effective measures to prevent and address acts of violence, attacks and threats against them and reiterating the applicable rules of international humanitarian law relating to the non-punishment of any person for carrying out medical activities compatible with medical ethics;

(PP11) Highly assessing efforts of the refugee-receiving and -hosting countries to ensure that medical support, including mental health services, is provided to all refugees, especially women and children,

(OP)1. DEMANDS that civilians, including humanitarian personnel and persons in vulnerable situations, including women and children, are fully protected in conflict situation;

(OP)2. DEMANDS also all parties concerned to respect their obligations under international humanitarian and human rights law;

(OP)3. DEMANDS further the respect for and protection of all medical personnel and humanitarian personnel exclusively engaged in their medical duties, their means of transport and equipment, hospitals and other medical facilities;

(OP)4. DEMANDS all parties concerned to fully respect the provisions of international humanitarian law in connection with objects indispensable to the survival of the civilian population and civilian infrastructure that is critical to enable the delivery of essential services in

armed conflict, and to refrain from deliberately placing military objects and equipment in the vicinity of such objects or in the midst of densely populated areas, as well as not to use civilian objects for military purposes;

(OP)5. CONDEMNS all violations of international humanitarian law and violations of human rights, and calls upon all parties to respect strictly the relevant provisions of international humanitarian law, including the Geneva Conventions of 1949 and Additional Protocol I thereto, of 1977 and to respect international human rights law, as applicable;

(OP)6. URGES the relevant Member States to:

- (1) adhere to international humanitarian law, and international human rights law, as applicable, and WHO norms and standards;
- (2) allow and facilitate safe, rapid and unhindered access to populations in need of assistance by staff deployed by WHO on the ground, and by all other medical and humanitarian personnel;
- (3) ensure the free flow of essential medicines, medical equipment and other health technologies in all conflict and non-conflict areas;

(OP)7. REQUESTS the Director-General to:

- (1) make available the staffing, financial resources and leadership support needed across all three levels of the Organization for an effective and accountable humanitarian and emergency health response, including critical Health Cluster Functions, under the leadership of the WHO Health Emergencies Programme and in line with relevant United Nations and Health Assembly resolutions;
- (2) continue comprehensive monitoring and reporting to the Health Assembly on health emergencies, including the situation in Ukraine;
- (3) evaluate the Surveillance System for Attacks on Health Care (SSA) and improve the monitoring, collection, documentation and dissemination of data on attacks on health care facilities, health workers, health transports and patients;
- (4) assess, in full cooperation with Health Cluster partners and other relevant United Nations agencies, the extent and nature of psychiatric morbidity, and other forms of mental health problems resulting from the protracted situation in and around Ukraine and refugee-receiving and -hosting countries;
- (5) submit to the Seventy-seventh World Health Assembly in 2024, through the Executive Board at its 154th session, a report on the implementation of the present resolution.

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

<b>Resolution:</b>	Health emergency in and around Ukraine
<b>A.</b>	<b>Link to the approved revised Programme budget 2022–2023</b>
<b>1.</b>	<b>Output(s) in the approved revised Programme budget 2022–2023 under which this draft resolution would be implemented if adopted:</b> 2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities
<b>2.</b>	<b>Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:</b> Not applicable.
<b>3.</b>	<b>Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:</b>

Not applicable.
<b>4. Estimated time frame (in years or months) to implement the resolution:</b> Twelve months.
<b>B. Resource implications for the Secretariat for implementation of the resolution</b>
<b>1. Total budgeted resource levels required to implement the resolution, in US\$ millions:</b> US\$ 240 million.
<b>2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions:</b> Not applicable.
<b>2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US\$ millions:</b> US\$ 140 million.
<b>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions:</b> US\$ 100 million.
<b>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</b> Not applicable.

**5. Level of resources already available to fund the implementation of the resolution in the current biennium, in US\$ millions**

– **Resources available to fund the resolution in the current biennium:**

US\$ 44.96 million.

– **Remaining financing gap in the current biennium:**

US\$ 95.04 million.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Total funding pledged is US\$ 61.27 million as at May 2023. Difficult to estimate the amount that could be further mobilized due to competing priorities, particularly other emergencies, but this is likely to be sufficient.

**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>B.2.a.</b> 2022–2023 resources already planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>B.2.b.</b> 2022–2023 additional resources	Staff	0.00	0.00	0.00	27.94	0.00	0.00	0.23	28.17
	Activities	0.00	0.00	0.00	111.77	0.00	0.00	0.06	111.83
	Total	0.00	0.00	0.00	139.71	0.00	0.00	0.29	140.00
<b>B.3.</b> 2024–2025 resources to be planned	Staff	0.00	0.00	0.00	19.96	0.00	0.00	0.17	20.13
	Activities	0.00	0.00	0.00	79.83	0.00	0.00	0.04	79.87
	Total	0.00	0.00	0.00	99.79	0.00	0.00	0.21	100.00
<b>B.4. Future bienniums resources to be planned</b>	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The CHAIR said that the abovementioned draft decision and resolution would be considered through two separate roll-call votes.

She also drew attention to the draft decision on the Global Health for Peace Initiative contained in document A76/7 Rev.1 Add.2 and the associated document outlining the financial and administrative implications for the Secretariat.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE FOR THE WHO HEALTH EMERGENCIES PROGRAMME, presented the report of his Committee contained in document A76/8.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, welcomed efforts to unlock financial resources and mobilize Organization-wide surge capacity in response to the grading of the cholera outbreak as a global emergency. He called for greater equity in access to emergency health products and technologies and welcomed the commitment of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme to review WHO's role in managing global shortage and allocation in collaboration with partners. Modifications to the Emergency Response Framework should incorporate lessons learned since 2016 and avoid creating fragmented or parallel systems within WHO. Work to

strengthen regional and national human resource capacity should be maintained to enhance timely emergency responses.

The International Health Regulations (2005) core capacity score for the Region had increased, but many African countries were below the global average. Global solidarity and longer-term strategies were necessary to prepare for future pandemics. Partnership and collaboration were required to increase investment in research and development, facilitate technology transfers and review international legal frameworks that hindered global trade and access to countermeasures. Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and UNICEF, among others, should consider allocating 30% of their funds to regional and domestic procurements to enhance sustainability, boost regional pharmaceutical industries and improve equity. The Secretariat should continue to support Member States in building their core capacities as required by the International Health Regulations (2005), in line with the findings of the State Party self-assessment annual reporting tool.

He expressed appreciation for the progress made on the global health architecture for health emergency preparedness, response and resilience and the acknowledgement that such architecture should prioritize equity. He was concerned that the Director-General's 10 proposals for strengthening the global architecture had omitted key issues, such as the importance of systems ensuring equitable access to health products or medical countermeasures. The processes to draft and negotiate a new WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (pandemic accord) and to amend the International Health Regulations (2005) should be aligned with those proposals and should ensure equitable representation from the global North and the global South. Financing was needed to ensure that the critical multisectoral approaches required for pandemic preparedness and response were sustainable.

The African Region was particularly vulnerable to emergencies and the coronavirus disease (COVID-19) pandemic had further weakened health systems. National action plans for public health security and related financing mechanisms were necessary to meet 7-1-7 requirements whereby every suspected outbreak should be identified within seven days of emergence, reported to public health authorities with initiation of investigation and response efforts within one day, and effectively responded to – as defined by objective benchmarks – within seven days. He was pleased to note that the Secretariat had continued to improve monitoring and evaluation capacities under the International Health Regulations (2005) through the State Party self-assessment annual reporting tool. The WHO outbreaks and emergencies bulletins should continue to share information regarding genomic surveillance of pathogens with pandemic and epidemic potential.

Regarding the draft road map for the Global Health for Peace Initiative, he welcomed lessons learned on how well-planned and inclusive health programmes could reduce tensions, how a Health for Peace approach should evolve based on experiences from regions, and how to improve coordination and partnerships between sectors and stakeholders.

The representative of SWEDEN, speaking on behalf of the European Union and its Member States, said that North Macedonia, the Republic of Moldova, and Bosnia and Herzegovina aligned themselves with her statement. She looked forward to the adoption of the draft road map for the Global Health for Peace Initiative and called for health interventions to be conflict- and gender-sensitive. She encouraged continued action to mitigate the health impacts of the Russian aggression against Ukraine, which should be condemned in the strongest terms, and supported regular reporting on the implementation of resolution WHA75.11 (2022). The Russian Federation should immediately cease hostilities, including attacks on health care facilities and health workers. Member States must not support the draft resolution proposed by the Russian delegation, which had been submitted under the guise of neutrality and was an attempt to absolve the Russian Government. Health and peace were intrinsically linked; therefore, the Member States of the European Union would continue to stand with Ukraine and called for diplomatic efforts to achieve peace to continue.

It was important to craft a pandemic accord by May 2024 and strengthen the core capacities required by the International Health Regulations (2005). Both legal instruments would need to be aligned. Member States should also consider making or increasing contributions to funding streams such as The Pandemic Fund and the WHO Contingency Fund for Emergencies. Adequate, predictable and



sustainable financing was essential for health emergency prevention, preparedness and response. She expressed the hope that the United Nations high-level meeting on pandemic prevention, preparedness and response would lead to a concise political declaration that promoted the conclusion of a pandemic accord, high-level political leadership, equitable access to medical countermeasures and sustainable financing. Further discussions would be held within the European Union on the 10 proposals for strengthening the global architecture.

More countries should have regulatory capacity and supervision for clinical trials, which would guarantee participant safety and facilitate tests for tropical disease treatments and innovative malaria, HIV and tuberculosis vaccines. The Member States of the European Union would increase collaboration with African and other partners, including through a future pandemic accord, to further research and development. WHO contributions to clinical studies should be made payable to WHO in case tested products were commercialized. WHO should apply lessons from the research and development blueprint to promote innovation on noncommunicable diseases.

The representative of FRANCE said that it was important to strengthen the role of the World Health Assembly in promoting and overseeing the implementation of the International Health Regulations (2005). The Secretariat should increase support to Member States wishing to carry out joint external evaluations and develop national action plans for health security. Those plans were an important way of ensuring that concrete actions were financed and implemented in line with the core capacity evaluations, particularly under the International Health Regulations (2005). He was pleased to note the emphasis placed on Member States' ownership of national action plans. He supported the development of a pandemic accord that considered the link between human, animal and ecosystem health, improved early detection, promoted data-sharing and guaranteed equitable access to medical countermeasures through innovative means. Decisions on global health financing mechanisms must be in line with other relevant decisions on health emergency preparedness and response.

The Russian Federation was responsible for the dire health and humanitarian situations in Ukraine, which should remain the focus of international attention. WHO humanitarian aid and health support were more important than ever, and Member States should robustly support Ukraine and the Secretariat. Attacks on health care facilities and civilian populations should stop immediately, international humanitarian law should be respected and access to on-the-ground WHO staff should be ensured. He rejected the draft resolution proposed by the Russian Federation, which presented a distorted view of the situation. Other Member States should follow suit.

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Regional Committee for the Eastern Mediterranean Region had passed a resolution on building resilient health systems to advance universal health coverage. In 2022, eight out of 13 Grade 3 emergencies had impacted the Eastern Mediterranean Region. The parties to the violent conflict in Sudan should abide by the ceasefire, respect the neutrality of health care and humanitarian action, and work towards peace.

An all-hazards approach was necessary for health emergency preparedness, response and resilience and the new global architecture in that regard was a positive development. Complementary arrangements to the International Health Regulations (2005) were required to promote health security. The work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response was therefore welcomed, as was progress made by the Working Group on Amendments to the International Health Regulations (2005). Compliance with the International Health Regulations (2005) was weak, and delays persisted in States Parties' notification of events to the Secretariat and responses to WHO requests for verification. Member States should apply the lessons learned from the COVID-19 pandemic and evaluate the monitoring of the International Health Regulations (2005), including through the use of the State Party self-assessment annual reporting tool scores. Multiple studies demonstrated a poor correlation between those scores, the joint external evaluation scores and the public health impact of the pandemic. Complementary metrics should therefore be considered.

The WHO Health Emergencies Programme was overstretched and underresourced. Sufficient funding and human resources were needed at all levels of WHO. Business operations, policies and procedures should be fit for purpose. Further technical capacity-building was necessary for large, randomized control trials and multi-country studies. The Secretariat's work to strengthen clinical trials, including through stakeholder consultations, was welcome.

He expressed support for the Global Health for Peace Initiative because health was fundamental to peace and security. The Initiative presented opportunities to learn from experiences where health had led to peace, and for communities and frontline workers to deliver context-specific and conflict-sensitive action. Half of the Member States in the Eastern Mediterranean Region were enduring the long-lasting impacts of conflict, insecurity and institutional fragility. Achievement of the Sustainable Development Goals would depend on the regional capacity to adapt health service delivery to the most challenging contexts.

The representative of THAILAND commended the work of the Director-General and Regional Directors to address sexual exploitation, abuse and harassment. He expressed support for the recommendation of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme that the Emergency Response Framework should be updated to clarify explicit roles and responsibilities, accountabilities and lines of authority across regional and country offices and WHO headquarters. The WHO Health Emergencies Programme should have adequate resources, including for staffing, and should procure public health emergency supplies. Efforts to align the processes of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005) were appreciated. Member States should collaborate on both processes and hold a joint plenary of Member States to reduce duplications and ensure synergy. He further supported the five core health emergency components, the regular and objective assessment of the core capacities required by the International Health Regulations (2005), and the proposal to develop a pandemic accord to monitor compliance. Existing tools, including the joint external evaluation, the Universal Health and Preparedness Review and the State Party self-assessment annual reporting tool, should be reviewed, harmonized and simplified into one tool. He was in favour of carrying out joint external evaluations that were transparent and participatory, ensured ownership and provided a policy response to identified gaps. Support provided to Member States to strengthen capacity with regard to the International Health Regulations (2005) was appreciated. The Secretariat should review and develop guidance on how to share the profits of clinical trials fairly between product owners and trial participants.

The representative of BARBADOS said that public health should be based on solidarity and equity. He therefore supported gender equity and high-quality health care for adolescents, girls and women, and non-discrimination in accessing that care.

The COVID-19 pandemic had demonstrated the importance of vigilance and preparation, exposed failures in pandemic preparedness and response, and uncovered a shortfall in health security and equity worldwide. It was important to implement the lessons learned from the pandemic, such as using information technology for surveillance and intersectoral collaboration. He supported capacity increases in the health workforce, policy development, quick responses, and data collection and analysis. There was a link between disease burden, economic impacts and the effects of market forces, as highlighted by the pandemic. Health care systems must have the resilience to withstand disasters – including biological, hydrological and meteorological events – and he supported initiatives to improve preparedness, mitigation and response, including by implementing the International Health Regulations (2005) and expanding capacities in priority areas identified in the One Health Joint Action Plan.

More and continuous support was needed to strengthen and collaboratively assess capacities with a view to implementing the International Health Regulations (2005). He supported the latest version of the amendments, which facilitated early alerts for significant public health events without unduly burdening Member States or the Secretariat with prescriptive mandatory reporting periods, lack of autonomy in requesting investigative support, or sanctions for non-compliance.

The representative of CHINA agreed with the management challenges identified in the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and supported the recommendations for improvement contained therein. His Government was willing to provide human, technological and financial support for WHO operations in the global health emergency response. The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme should continue to strengthen its oversight and guidance in order to improve efficiency and upscale work.

In the spirit of building a global community that promoted health for all, fairness, solidarity, cooperation and mutual trust should be ensured in the International Health Regulations (2005) amendment process. That process should be coordinated with the development of a pandemic accord. Before adopting the amendments, States Parties should increase public health system investments, improve their core capacities and strengthen the implementation of the International Health Regulations (2005). The Secretariat should continue to improve monitoring and information collection and to provide Member States with technical guidance. In accordance with the decision from the fourteenth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic, a review committee should be convened as soon as possible to recommend further COVID-19 prevention and control measures.

It was important and urgent to strengthen the health emergency preparedness and response framework. He supported the five core health emergency components and called for them to be strengthened through cross-sectoral and interdisciplinary cooperation at the national level, increased and sustainable funding, and enhanced technical cooperation. Member States should set priorities, assess risks and weaknesses, and boost capacity-building. Efforts should focus on enhancing the efficiency of governance mechanisms, adopting an integrated approach in the design and planning of those mechanisms and strengthening coordination.

He supported the development of a clinical trial ecosystem given the importance of ensuring high-quality research. WHO's work to coordinate the response to global natural disasters and complex health emergencies was welcome. Member States should learn from past emergencies and take immediate action to increase investment in health emergency capacity-building and preparedness.

The representative of MONACO said that the process for considering proposed amendments to the International Health Regulations (2005) should ensure that the Regulations were up to date and improve implementation and compliance. The Secretariat must help Member States to build and maintain the core capacities required by the International Health Regulations (2005) as part of efforts to establish strong and resilient health systems. It was important to prioritize primary health care, which was the basis upon which surveillance, early warning and response systems were built. A cross-cutting approach in that regard was required at all levels of the Organization.

She strongly supported resolution WHA75.11 (2022), which had facilitated emergency humanitarian and health support. WHO support for the health sector in Ukraine and neighbouring countries, and in response to the COVID-19 pandemic, measles and poliomyelitis, was welcome. Health and humanitarian workers should have safe and unhindered access to all civilians in Ukraine. Ukrainian civil society was essential to reaching isolated areas. She stood in solidarity with the people of Ukraine, who had endured the destruction of civilian and health infrastructure. Human rights and international humanitarian law should be respected, as should the internationally recognized borders of Ukraine. She supported the draft decision on Ukraine.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR and also on behalf of The Royal Commonwealth Society for the Blind – Sightsavers, the Global Health Council, the Stichting Global Network of People Living with HIV/AIDS, HelpAge International, the International Federation on Ageing, the NCD Alliance, the World Federation of Societies of Anaesthesiologists, the International College of Surgeons, IntraHealth International, Inc., the Pasteur Network, WaterAid international, The Worldwide Hospice Palliative Care Alliance, the International Federation of Medical Students' Associations, the Albert B. Sabin Vaccine Institute, Inc., Women Deliver, Inc. and Women in Global Health, Inc., said that the COVID-19 pandemic, combined with the

effects of conflicts and climate change, had exacerbated inequities in accessing essential services and highlighted the need to adopt a multisectoral approach to prevent, prepare for and respond to health emergencies. Member States should ensure equity between countries within the global health architecture in order to prepare for future emergencies, accelerate progress towards universal health coverage and uphold the right to health for all. Human rights should underpin the pandemic accord and the amendments to the International Health Regulations (2005). Quality health services and products, such as personal protective equipment and vaccines, should be available and accessible to all people throughout the continuum of care in emergencies and beyond. Member States should safeguard access to health products, services, facilities and information for all, including for people living with noncommunicable diseases or disabilities, and should respond to palliative care needs in health emergencies. They should similarly recognize WHO's integral role in responding to health emergencies and strengthen multilateral systems and organizations to drive health emergency prevention, preparedness and response globally. Sustainable investments should be made to address gaps in emergency preparedness – including in research and development – at the national and regional levels. It was vital to ensure the full, equal, meaningful and effective participation of civil society, communities and health professionals in decision-making processes and in the drafting, monitoring and compliance of policies nationally, regionally and globally.

The representative of JAPAN condemned the Russian aggression against Ukraine and the attacks on civilian infrastructure and cities, including health care facilities and health care workers. The difficulties experienced in ensuring adequate health care were concerning. The Government of the Russian Federation should stop its aggression and withdraw its forces from the internationally recognized borders of Ukraine. He supported the draft decision on Ukraine and rejected the draft resolution proposed by the Russian Federation.

Strengthening the global health architecture for health emergency preparedness, response and resilience, particularly in conflict-affected and vulnerable settings, was more important than ever. He commended work carried out through the WHO Health Emergencies Programme and the support of the Secretariat to build the core capacities of States Parties as required by the International Health Regulations (2005). Rapid information sharing was central to those Regulations and the Secretariat should explain the cause of delays in notification and verification under Articles 6 and 10. Accelerating global efforts to strengthen networks, such as event reporting systems, and promoting digitalization and capacity-building, including through human resource development, would provide a solid foundation for the International Health Regulations (2005) before the amendments entered into force. An implementation and compliance committee would provide more opportunities for States Parties to discuss their implementation status and would enhance collaboration in accordance with Article 44. Following adoption, amendments should be implemented promptly.

The WHO Health Emergencies Programme should be empowered to support Member States and respond to emergencies. It was concerning that the burden on the Executive Director of the Programme was increasing, and that the current management practice of the Programme and the implementation of the Emergency Response Framework was deviating from the directions set out in document A69/30. Roles, responsibilities, accountability, lines of authority and reporting should be clarified and simplified to maximize the speed of responses, and authority could be delegated at WHO headquarters. He supported the benchmarking of staff structure to tackle shortages in human resources. Sharing resources and promoting cooperation regionally could improve the situation.

The Director-General's report on strengthening WHO preparedness for and response to health emergencies reflected the efforts of the G20 Finance and Health Task Force. The Secretariat should clarify the position of that report with respect to the report of the same title from the 152nd session of the Executive Board. Among the five core health emergency components, safe and scalable care should be emphasized because it guaranteed essential health care for all. Noting the forthcoming United Nations high-level meetings on pandemic prevention, preparedness and response, universal health coverage, and the fight against tuberculosis, he urged the Secretariat to provide Member States with further opportunities to discuss enhancements to collective capacity and accountability. Considerations regarding the establishment of a global health threats or health emergencies council should focus on its

functions, agenda, funding, staffing and costs. In that regard, a balance should be struck between legitimacy, representation and effectiveness, and synergies should be ensured between the World Health Assembly and other relevant forums, such as the United Nations General Assembly.

The representative of INDONESIA, speaking on behalf of Mexico, Indonesia, the Republic of Korea, Türkiye and Australia, said that there was an urgent need to maintain and increase momentum in the negotiation processes for a pandemic accord and targeted amendments to the International Health Regulations (2005). Member States would need conviction and courage to overcome challenges, reach consensus and finalize negotiations by May 2024. As the focus shifted to the long-term management of the COVID-19 pandemic, equitable access to health care services, health products, vaccines, therapeutics and diagnostic tools should be prioritized. The pandemic had exposed health system vulnerabilities and the need for a coordinated, comprehensive and equitable response to health emergencies. The concurrent negotiations to develop a pandemic accord and amend the International Health Regulations (2005) were a critical step in that regard and required transparent and inclusive discussions. The principle of equity should guide the negotiation processes because existing disparities in access to health care, resources and technology had disproportionately affected vulnerable populations and low-income countries. The Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response should consider introducing a mechanism for equitable and timely access to countermeasures, resource mobilization and global solidarity. Amendments to the International Health Regulations (2005) should be targeted and should improve prevention, preparedness, response and coordination among Member States. The pandemic accord and the amendments must complement each other, align with existing international obligations, and include effective governance and compliance measures to support implementation. He was committed to working with cross-regional partners and urged Member States to participate in the negotiations and implement lessons from the COVID-19 pandemic.

The representative of the BAHAMAS said that the Secretariat should develop a tool for Member States to document lessons from the COVID-19 pandemic and include those lessons in the review and amendment process. It should be deliberate in its approach to gathering input. The State Party self-assessment annual reporting tool must be sensitive to the realities of small island developing States while remaining universal. The Secretariat should continue to support core capacity implementation and provide small island developing States with targeted support in navigating the negotiations for a pandemic accord.

She urged the Secretariat to develop robust and effectively risk communication messaging around the process of reviewing the International Health Regulations (2005), communicating in particular the value of doing so. More work was needed to tackle conspiracy theories, calm disquiet, and counter disinformation and misinformation.

It was essential to reinforce the global architecture for health emergency preparedness, response and resilience, including by strengthening the five core health emergency components. Taking an approach that incorporated health security and promotion, primary care, and participation of whole-of-society stakeholders at the national, regional and global levels would present opportunities to address gaps identified during the COVID-19 pandemic.

Referring to the report of the Independent Oversight and Advisory Committee, she called for a solution to be found to the sustainability challenges facing the WHO Health Emergencies Programme given that many countries relied on WHO support in health emergencies.

The representative of TOGO welcomed the work of the Secretariat and Member States on health emergency preparedness and response but pointed out that the COVID-19 pandemic had revealed weaknesses in the pandemic response, health security and the application of the International Health Regulations (2005). The establishment of a global health threats or health emergencies council was supported. Outlining initiatives and issues in Togo, she called for a large investments to strengthen the global architecture for health emergency prevention, response and resilience.

The representative of BANGLADESH, speaking on behalf of the Member States of the South-East Asia Region, said that additional resources should be mobilized to strengthen the South-East Asia Regional Health Emergency Fund. A new regional road map for strengthening health security 2023–2027 had recently been adopted.

The COVID-19 pandemic had given rise to innovative solutions, including legally binding instruments and public health and social measures, to prevent, prepare for, and respond to public health emergencies and pandemics. A pandemic accord and amendments to the International Health Regulations (2005) would help in that regard. The Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005) should collaborate to ensure that the pandemic accord and the amended International Health Regulations were synergized to avoid duplication. Scientific and technical support should be provided by the Secretariat. Any declaration from the high-level meeting of the United Nations General Assembly on pandemic prevention, preparedness and response should be in line with the pandemic accord and the amended International Health Regulations. The pandemic accord negotiations must address access to pandemic response products, the barriers that intellectual property created to accessing those products, and the ways in which to strengthen manufacturing capacity in developing countries through technology and know-how transfers. It was time to ensure health system recovery and resilience, promote universal health coverage and reinforce primary health care and public health functions.

There was a vital need to avoid fragmentation in health governance, particularly in the global architecture for health emergency preparedness, response and resilience, and thus to synergize all global health initiatives related to pandemics. Although public–private partnerships could be beneficial, governments must safeguard public interests. During pandemics and public health emergencies, health should be prioritized over commercial interests.

The representative of PORTUGAL said that collaborative approaches across sectors were needed to improve coherence and prevent overlaps. Although pandemic preparedness and response required a strong Secretariat, Member States had a crucial role to play in strengthening national health systems and safeguarding citizens' health. Non-State actors also had a part to play. Past emergencies had demonstrated the importance of adequate and sustainable financing for pandemic prevention and response and Member States should contribute to the WHO Contingency Fund for Emergencies.

It was important to upscale mechanisms for independent monitoring and evaluation, such as the Universal Health and Preparedness Review. The reviews enabled countries to evaluate and allocate resources to improve their detection, notification and response capacities during health emergencies. Conducting regular reviews demonstrated commitment and identified gaps in preparedness and response systems. Efforts to systematically identify those gaps and link them to financing and investment opportunities would enhance global equity and coherence and improve response capacities. By publicly committing to the reviews, governments could become eligible for capacity-building resources. Agreements had little value without action, thus he urged Member States to carry out the reviews.

The representative of GERMANY said that the WHO Health Emergencies Programme was central to WHO's work and commended WHO's efforts to ensure access to health care in humanitarian situations. WHO must be able to react immediately and efficiently to unexpected crises. Mechanisms to prevent and respond to sexual exploitation, abuse and harassment were necessary in emergency situations. It was also important to ensure inclusivity, which involved taking into consideration the experiences of all parties and partners, including Taiwan.<sup>1</sup>

Agreeing on amendments to the International Health Regulations (2005) was ambitious and WHO's experience in facilitating discussions was valued, particularly with regard to strengthening assessment and notification systems. The COVID-19 pandemic had demonstrated the importance of investing in the core capacities required by the International Health Regulations (2005). In preparation for the next pandemic, a pandemic accord should be agreed by 2024. The Government of Germany was

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

committed to ensuring equitable access to medical countermeasures, including through price caps and tiered pricing. Regarding the Director-General's 10 proposals for strengthening the global architecture, it was important to strengthen the global architecture for health emergency preparedness, response and resilience and to collaborate with all partners and sectors.

Expressing gratitude for WHO's work in Ukraine, she condemned the unprovoked, unjustifiable and illegal war of aggression of the Russian Federation. Attacks on health care facilities had created humanitarian and health crises within and beyond Ukraine and went against the spirit and objectives of the WHO Constitution. She called on representatives to support the draft decision on Ukraine and for the Secretariat to continue reporting on the impacts of the conflict on the Ukrainian health system. The draft resolution proposed by the Russian Federation, which shifted responsibility for the conflict and its far-reaching impacts, should not be supported.

The representative of LEBANON, endorsing and commending the report submitted by the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the Director-General's report on strengthening WHO preparedness for and response to health emergencies, said that WHO should be central to the global architecture for health emergency preparedness, response and resilience. She acknowledged the inclusive approach to developing a pandemic accord and the amendments to the International Health Regulations (2005), both of which should consider country-specific contexts and priorities. Regarding the proposed amendment to Article 19, she agreed that managing national borders was a shared responsibility but pointed out that it was challenging to develop bi-national plans when there was conflict in neighbouring countries. The Article should be amended to reflect that point and WHO should explain how it would address the matter. Despite efforts to meet the May 2024 deadline, the process to reach consensus and implement changes would be lengthy. Furthermore, a pandemic accord would only be binding on countries that signed and ratified it, which could lead to further system fragmentation.

The global health care system was only as strong as its weakest link. In addition to enhancing the WHO Health Emergencies Programme, it was important to ensure the availability of the necessary financing and support for sustainable capacity-building, particularly in countries affected by conflict. She called on representatives to adopt the draft decision on the Global Health for Peace Initiative.

The representative of ECUADOR said that Member States should, over the next two years, measure their core capacities for basic health security and response to health care associated infections and events involving chemical or radioactive substances. Reform evaluations that considered the barriers faced by States Parties in implementing amendments to the International Health Regulations (2005) should continue. Those evaluations should be measurable and workable; considerate of different regulatory and legal frameworks; and implementable regardless of economic capacity. A tool should be put in place to estimate the cost of human and material resources and staff training for National IHR Focal Points, national bodies and ministries.

She called on the Secretariat to support Member States in strengthening their national capacities to meet International Health Regulations (2005) targets, particularly with regard to data provision and pandemic response. It should do so by issuing guidelines, continuing to provide technical support and mobilizing resources, particularly for developing countries. The Secretariat should continue to work with national and international partners, especially those implementing the One Health approach.

**Mr Ndoutoumou Essono took the Chair.**

The representative of FINLAND, expressing regret that the report on strengthening WHO preparedness for and response to health emergencies had been made available at short notice, said that preparedness started in countries and communities, and it was the responsibility of governments to ensure resilience. Monitoring domestic capabilities, including through multisectoral dialogue, improved preparedness and any new voluntary mechanism should build on the existing monitoring and evaluation framework. WHO guidance in evolving emergencies should allow for national and subnational adaptation and consider the need to strike a balance between protecting public health and managing the

adverse effects of emergency responses. To tackle diminished health workforces, global emergency alert networks and response teams should be voluntarily strengthened.

Resilient health systems were key to overcoming health crises as they reinforced preparedness, response and the humanitarian–development–peace nexus. Those living in conflict settings – particularly women, girls and people with disabilities – should be given particular attention in the draft road map for the Global Health for Peace Initiative. She appreciated the Secretariat’s efforts to enhance partnerships addressing the health needs of people living in conflict settings. Mental and psychosocial support must be integrated into essential health services. She looked forward to the findings of the Lancet-SIGHT Commission, particularly on how peace improved health equity and gender equality.

The representative of the PHILIPPINES said that, as reflected in the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, it was necessary to strengthen global health emergency preparedness, response and resilience architecture at the highest level to ensure whole-of-government and whole-of-society readiness for the five core health emergency components.

During the COVID-19 pandemic, low- and middle-income States needed support because of major gaps in surveillance systems, a lack of concrete structures or established mechanisms for governance, and overlapping functions and mandates of authorities, agencies and sectors. With negotiations for a pandemic accord under way, Member States should build their capacity to share and interpret epidemiological data, adopt policies and strategies, and establish implementation plans, spanning across the public and private sectors, that were in line with the International Health Regulations (2005) and national laws. They were also encouraged to reinforce surveillance, including through the One Health approach, and strengthen investigation and control of outbreaks through interoperable early warning systems.

She called for the most vulnerable nations to be supported in implementing the International Health Regulations (2005) and thanked the Secretariat for facilitating informal consultations on the proposed amendments. Poor implementation of initiatives and activities should not be penalized. While the joint external evaluation tool was effective, a new framework for peer review mechanisms should ensure that the risk of bias was addressed and that respect for national standards and processes was upheld.

The representative of UKRAINE, noting the effective use and impact of WHO emergency response tools such as the WHO Contingency Fund for Emergencies and the WHO Surveillance System for Attacks on Health Care, said that health must remain a priority in crises. She encouraged the Secretariat to continue strengthening preparedness, response and coordination activities for active Grade 3 emergencies.

She welcomed WHO’s efforts to implement resolution WHA75.11 (2022) and was grateful for the life-saving support provided by WHO and the WHO Regional Office for Europe to Ukrainians. The conflict had triggered one of the largest health and humanitarian crises in Europe and beyond, impacting the treatment of chronic conditions, disrupting essential medical supply chains and restricting access to medicines. WHO and international humanitarian organizations should have unhindered access to Ukrainians deported to the Russian Federation, in order to meet their basic health needs.

The draft decision on Ukraine focused on the lingering health impacts of the war and encouraged WHO to continue implementing resolution WHA75.11 (2022). In contrast, the draft resolution proposed by the Russian Federation was based on a distorted, alternative reality that presented the aggressor as a victim and allowed it to avoid responsibility for its attacks on the Ukrainian health care system. In addition, it recycled the draft submitted to the Seventy-fifth World Health Assembly, which had been rejected. She urged representatives to support the draft decision on Ukraine and to vote against the draft resolution proposed by the Russian Federation. Doing so would signal that provoking a health emergency and destroying medical infrastructure would not be tolerated.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR and also on behalf of CBM Christoffel-Blindenmission Christian Blind Mission e.V., the FDI World Dental Federation, The Fred Hollows Foundation, the Framework Convention Alliance on



Tobacco Control, the International Agency for the Prevention of Blindness, the International Alliance of Patients' Organizations, the International Association for Dental Research, the International Association for Hospice and Palliative Care Inc., the International College of Surgeons, the International Diabetes Federation, the International Society of Nephrology, Movendi International, the NCD Alliance, Organisation pour la Prévention de la Cécité, PATH, The Royal Commonwealth Society for the Blind – Sightsavers, the Union for International Cancer Control, the World Blind Union, the World Council of Optometry, the World Hypertension League, the World Organization of Family Doctors, and the World Stroke Organization, said that noncommunicable diseases increased the vulnerability of populations to pandemics. As such, people living with noncommunicable diseases should be explicitly identified as vulnerable and at risk in discussions and outputs on pandemic prevention, preparedness and response. Managing noncommunicable diseases and their risk factors should remain a priority in national, regional and global accords.

Member States should mobilize resources to address noncommunicable diseases, particularly cardiovascular disease, by accelerating implementation of the WHO best buys, such as taxation of unhealthy commodities. They should ensure access to essential health services across the continuum of care in emergencies, particularly for at-risk individuals in vulnerable situations. The continuum of care must include circulatory, eye and oral health care with a strong focus on primary health care and the protection of the health workforce. Member States should explicitly endorse those measures in a WHO convention, agreement or international instrument. The progressive realization of universal health coverage was vital to ensuring healthy populations and resilience to future pandemics.

**Dr Hassan resumed the Chair.**

The representative of CANADA, expressing regret that the report on strengthening WHO preparedness for and response to health emergencies had been made available at short notice, said that WHO's views on the global architecture for health emergency preparedness, response and resilience were important in bringing coherence to multiple ongoing discussions on those issues. She welcomed the Secretariat's commitment to support countries in strengthening the five core health emergency components. Efforts to strengthen the global architecture for health emergency prevention and response must be equitable, inclusive and coherent and should include gender-responsive approaches and efforts to counter misinformation and disinformation. It was crucial to sustain leader-level engagement, including by establishing a global health threats or health emergencies council. There was value in taking a multisectoral view to inform health emergency responses when other organizations were carrying out analyses. Acknowledging the need for independent monitoring of global preparedness for health emergencies, she welcomed further elaboration from the Secretariat on how the roles of the Global Preparedness Monitoring Board and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme could be strengthened. She was pleased to note that investments in The Pandemic Fund would be informed by WHO technical expertise and guidance. Regarding the strengthening of systems, she supported the development of a multistakeholder medical countermeasures ecosystem approach that was grounded in existing national, regional and international capabilities, globally coordinated and informed by WHO's technical expertise and coordinating capacity. Research and development, regional manufacturing and health systems strengthening would be critical to such an ecosystem.

The Government of Canada condemned in the strongest terms the Russian aggression against Ukraine, which included attacks on health care facilities, civilians and critical infrastructure. Attacks on health care facilities and health workers impacted access to essential health services and were unacceptable. Reports of gender-based violence and difficulties accessing sexual and reproductive health services were concerning. She commended the Secretariat for training over 900 staff members on preventing and responding to sexual misconduct and gender-based violence and on providing mental health and psychosocial support. Similar training and support should be provided in all WHO emergency operations. She supported the draft decision on Ukraine and requested that the Director-General continue to report on the implementation of resolution WHA75.11 (2022).

The representative of BAHRAIN, outlining measures in her country, said that Member States should continue pursuing national strategies to implement the International Health Regulations (2005) and providing data to WHO. It was important to build national capacities to detect emergencies early. In addition, the Secretariat should support Member States in building national capacities for clinical trials, including by training researchers, strengthening regional and international cooperation, setting research priorities, providing low-income countries in particular with financial and logistical support, and developing a self-assessment tool for clinical trial ecosystems at the national and international levels in line with national visions and plans. She was in favour of the One Health initiative as part of WHO's work in health emergencies. Early detection and surveillance systems should be strengthened in the context of natural disasters, including in the implementation of resolution WHA75.11 (2022). The Secretariat was requested to provide support to countries receiving migrants who were escaping conflict and to strengthen primary health care systems. She supported the Global Health for Peace Initiative, emphasizing the importance of implementing the draft road map and ensuring that it complied with the visions and strategies of all Member States.

**The meeting rose at 12:10.**

## **FOURTH MEETING**

**Tuesday, 23 May 2023, at 14:40**

**Chair:** Dr J.S.J. HASSAN (Bahrain)

**later:** Dr M.I. JAAFAR (Brunei Darussalam)

**later:** Dr J.S.J. HASSAN (Bahrain)

### **PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES (continued)**

**PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE:** Item 14 of the agenda (continued)

**The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme:** Item 14.1 of the agenda (document A76/8) (continued)

**Implementation of the International Health Regulations (2005):** Item 14.2 of the agenda (document A76/9 Rev.1) (continued)

**REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:** Item 15 of the agenda (continued)

**Strengthening WHO preparedness for and response to health emergencies:** Item 15.1 of the agenda (continued)

- **Strengthening the global architecture for health emergency preparedness, response and resilience** (document A76/10) (continued)
- **Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination** (document A76/7 Rev.1) (continued)

**WHO's work in health emergencies:** Item 15.2 of the agenda (document A76/11) (continued)

- **Implementation of resolution WHA75.11 (2022)** (document A76/12) (continued)

**Global Health for Peace Initiative:** Item 15.3 of the agenda (documents A76/7 Rev.1, A76/7 Rev.1 Add.2 and A76/7 Rev.1 Add.3) (continued)

The CHAIR invited the Committee to continue its consideration of items 14.1, 14.2, 15.1, 15.2 and 15.3 of the agenda; the draft decision on the health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression, proposed by Ukraine; the draft resolution on the health emergency in and around Ukraine, proposed by the Russian Federation; and the draft decision contained in document A76/7 Rev.1 Add.2.

The representative of DENMARK said that implementation of the International Health Regulations (2005), for which communication, coordination and a One Health approach within and among States Parties were critical, had to focus on the development of core capacities to support the detection and management of public health emergencies in countries facing the greatest risks and challenges. WHO regional offices had a major role to play in providing technical and capacity-building support to that end. She welcomed the Secretariat's efforts to ensure close inter-agency collaboration in the context of public health emergencies and encouraged the Secretariat to pursue its systematic approach to multisectoral engagement and monitoring of compliance with the Regulations. The revised State Party self-assessment annual reporting tool should be actively used by the Secretariat and States Parties to identify and address gaps and challenges in health emergency preparedness and response capacities.

The technical nature of the Regulations must be maintained, and the development of a new WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (pandemic accord) must not result in redundant parallel provisions or structures. The ongoing negotiations on the pandemic accord must not obstruct the Secretariat's efforts to strengthen collective implementation of the Regulations; the Secretariat should instead continue to focus on building capacities for full implementation of existing provisions of the Regulations.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA thanked the Secretariat for its efforts to strengthen the global architecture for health emergency preparedness, response and resilience and for coordinating the global response to the pandemic of coronavirus disease (COVID-19). While acknowledging the need to amend the International Health Regulations (2005) and develop a pandemic accord, he cautioned against duplicating the provisions of the Regulations in the pandemic accord and underscored the importance of ensuring equity and respect for the sovereignty of Member States in the process. Attempts to politicize the Organization's activities should similarly be avoided. He described his Government's most recent COVID-19 pandemic response efforts and asked for his Government to be added to the list of sponsors of the draft resolution proposed by the Russian Federation.

The representative of ETHIOPIA outlined a number of steps taken by his Government to address the various public health challenges affecting the country. All key players, including the Secretariat, should intensify their efforts to enhance the implementation of the core capacities required under the International Health Regulations (2005). To protect the world from public health threats, future amendments to the Regulations should promote equity, including in the development of such capacities.

The representative of the UNITED STATES OF AMERICA, highlighting the health impacts of the war waged by the Russian Federation against Ukraine, thanked WHO and other humanitarian organizations for providing Ukrainians with life-saving health services. The Secretariat should continue to coordinate and prioritize health-related humanitarian activities in that context. She urged Member States to support the draft decision on Ukraine.

Her Government remained committed to the negotiation of a pandemic accord and amendments to the International Health Regulations (2005) in order to build collective capacities to prevent and respond to future pandemics in a way that expanded equity for all. Member States must continue to improve implementation of compliance with the Regulations by developing core capacities and improving communication, connectivity and transparency, and should endeavour to ensure that targeted amendments to the Regulations could be adopted at the Seventy-seventh World Health Assembly. Much had already been done to build and evaluate the global health architecture, including the Regulations. Further efforts to strengthen health emergency preparedness, response and resilience must avoid any potential conflicts with current monitoring and evaluation activities.

The report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme should serve as an urgent call to the Secretariat and Member States to renew their focus on the Programme's fundamentals. The Secretariat should implement the Committee's recommendations, in particular by clarifying the roles and responsibilities of officials at all three levels

of the Organization; developing and resourcing a staffing strategy for the Programme; ensuring that efforts to improve WHO's resource base would extend to the Programme; and addressing Organization-wide issues such as gender questions, sexual misconduct and institutional culture as they related to WHO's work on emergencies.

Consultations should be held shortly after the release of the initial draft of new guidance for clinical trials quality and ecosystem strengthening, so as to give Member States the opportunity to provide feedback before its finalization. At the start of a disease outbreak, the Secretariat should promptly hold consultations and coordinate with host countries, global experts, and developers and providers of vaccines and therapeutics on the development and execution of well-designed clinical trials that addressed the needs of those countries affected.

The representative of OMAN described the steps taken by her Government to build the core capacities required under the International Health Regulations (2005) and improve public health emergency preparedness and response.

She welcomed the implementation of decision WHA75(24) (2022) and praised the thorough and inclusive consultation process that had resulted in the draft road map for the Global Health for Peace Initiative. The strategic objectives, principles and interventions of the current version of the draft road map were clear, and the policy priorities and activities identified under the six workstreams were appropriate. Consideration of country-specific contexts would help to improve peace outcomes, such as equality, inclusiveness, and local leadership and ownership, which would strengthen and empower vulnerable communities and promote international stability and security.

The representative of VANUATU, describing the recent challenges faced by health services at the national level, said that her country remained vulnerable to emergencies resulting from disease outbreaks and natural disasters. She thanked the Secretariat and other development partners for supporting her Government's emergency preparedness and response efforts.

The representative of PERU said that while it was important to amend and thereby strengthen the International Health Regulations (2005), States Parties' compliance with the temporary recommendations recently issued by the Secretariat and with the existing Regulations must be improved. An early warning system for public health emergencies should be adopted to boost preparedness, allow prompt action to be taken and improve resource allocation.

Her Government had continuously advocated for equity in negotiations on the pandemic accord, which should ensure universal access to medical countermeasures while addressing research and development, technology transfer and the expansion of local and regional capacities to manufacture health products during emergencies.

She welcomed WHO efforts to respond to the various ongoing health emergencies affecting different sectors of societies worldwide in a timely and appropriate manner and the progress made in that regard. While COVID-19 and monkeypox/mpox in particular were no longer considered public health emergencies of international concern, changes in the situation should continue to be monitored with an eye to future preparedness.

She expressed appreciation for the Secretariat's efforts to address the health emergency and humanitarian crisis in Ukraine and refugee-receiving and -hosting countries. Given the constantly evolving situation, the Secretariat must continue to report on its work, including by providing an update at the Seventy-seventh World Health Assembly. She supported the draft decision on Ukraine and the adoption of the draft road map for the Global Health for Peace Initiative.

The representative of INDIA, noting that the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme had highlighted the chronic financial and staffing limitations affecting the Programme, said that it had become clear during the COVID-19 pandemic that the Programme lacked the capability to tackle a global pandemic while responding to other emergencies. The Secretariat must use its expertise to ensure that its health emergency preparedness and response functions could operate properly and were adequately funded. She welcomed

the acknowledgement of the need to strengthen the global health architecture for health emergency preparedness, response and resilience and underscored the importance of digital health initiatives as a means of ensuring the availability of medical countermeasures in all countries, especially low-income and lower-middle-income countries. There was a need for convergence in the various efforts aimed at strengthening health emergency prevention, preparedness and response, including the processes to amend the International Health Regulations (2005) and develop the pandemic accord.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND echoed the dissatisfaction expressed by other speakers about the grouping of agenda items. He welcomed the work of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and agreed that the Standing Committee on Health Emergency Prevention, Preparedness and Response should play a role in analysing broader global health emergency reforms alongside its operational activities. The Programme should be strengthened with a focus on alignment across the three levels of the Organization, risk oversight, and country-level staffing. The current momentum in addressing sexual exploitation, abuse and harassment should be maintained, given the risks of misconduct in crisis contexts. Organizational culture in that area should also be improved.

He welcomed the Secretariat's ongoing support to countries for implementation of the International Health Regulations (2005), in particular the opportunities for training and exchange among National IHR Focal Points, and acknowledged the efforts made to develop and roll out the joint external evaluation tool and review other monitoring and evaluation tools.

He commended the Secretariat's work on strengthening clinical trials and looked forward to forthcoming consultations on the subject. Further work on a new self-assessment tool for clinical trial ecosystems should be carried out, and revised proposals should be submitted for consideration by the WHO governing bodies, including the Seventy-seventh World Health Assembly.

The success of the Global Health for Peace Initiative was contingent on continued discussion of the related draft road map. The effectiveness and efficiency of WHO's response to health emergencies would be bolstered by more information on lessons learned from the Organization's response to the many complex health emergencies that it had helped countries to address.

He expressed support for the draft decision on Ukraine, where the ongoing conflict continued to cripple health systems and have a serious impact on people's health in Ukraine and beyond. He expressed appreciation to the Secretariat for its ongoing work in the country and to countries hosting Ukrainian refugees.

The representative of JAMAICA said that countries had a unique opportunity to develop national action plans for health security based on COVID-19 intra-action reviews, describing her Government's efforts to do so with the support of WHO/PAHO. She commended the work of FAO, UNEP, WHO and WOA in developing the One Health Joint Plan of Action (2022–2026) and looked forward to its implementation. She strongly urged WHO to support the efforts of small island developing States to build resilience, notably with respect to The Pandemic Fund.

The Secretariat must ensure that Member States had enough time to contribute to the process of amending the International Health Regulations (2005) and to the negotiations on the pandemic accord. The rush to complete both processes prevented countries with limited resources, such as small island developing States, from participating fully and contributing to the outcome.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR and also on behalf of the FDI World Dental Federation, the International Pharmaceutical Federation, The World Medical Association, Inc., the World Confederation for Physical Therapy, Women in Global Health, Inc., the International Association for Hospice and Palliative Care Inc., the International Society of Paediatric Oncology and the International Federation of Gynecology and Obstetrics, said that since women constituted the overwhelming majority of health workers, they had borne the brunt in terms of the health impact during the COVID-19 pandemic. She emphasized the urgent need to better protect health workers and improve the resilience of health systems in health emergency planning and response. Member States should strengthen mental health and psychosocial

support for health workers during and after health emergencies, provide timely access to care and take organizational action – in the form, for example, of improved working conditions – to reduce risk factors. Safe and supportive working environments would boost retention of qualified health workers, thereby maximizing the benefit of investment in education and training. She urged Member States to invest in systemic strategies to address violence in health care settings and include health workers, especially women, in national planning and decision-making.

The representative of TÜRKİYE called for a stronger, more operational WHO that could meet the needs of Member States, especially during health emergencies. He expressed gratitude to the WHO-coordinated emergency medical teams that had supported his country during the February 2023 earthquakes. It would be vital to sustain momentum in the negotiation of Member State-led initiatives aimed at strengthening WHO's technical and coordinating role in health emergency prevention, preparedness, response and resilience. The Secretariat should improve its emergency management functions in line with the recommendations of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.

The representative of BRUNEI DARUSSALAM said that robust review processes must be in place and technical support provided to countries experiencing challenges in their implementation of the International Health Regulations (2005). The proposed amendments to the Regulations would keep them relevant, adaptable and a source of effective responses to evolving and complex public health threats. Since core capacity requirements applied only to Member States, and metrics for compliance were largely based on national capacities, the continued relevance of the Regulations depended on the recognition of supranational and regional perspectives, particularly in terms of enhanced cross-border collaboration and the identification of locally and regionally appropriate implementation strategies. The capacities and limited resources of small countries with competing priorities should be taken into account in negotiations on the pandemic accord, so as not to unduly burden countries with excessive reporting and evaluation demands, and a distinction made between non-compliance resulting from genuine inability to comply with the Regulations and unwillingness or intentional non-compliance.

He asked whether the Secretariat agreed that the WHO Health Emergencies Programme was overstretched, struggled to respond to more frequent new emergencies, and would be significantly challenged in the event of another pandemic, and if so, how the situation would be rectified. He requested information on the respective roles of the Programme's Division of Health Emergency Intelligence and Surveillance Systems and the WHO Hub for Pandemic and Epidemic Intelligence, on linkages between the two bodies and on any plans to collaborate with the epidemic intelligence and response systems of Member States. It would be useful to know whether any specific items could be incorporated into the pandemic accord and the amendments to the International Health Regulations (2005) to enable the Programme to deliver better outcomes; whether there was a contingency plan in place to ensure that the Programme could still deliver on some of the issues raised in the event that Member States could not agree on the proposed changes to those instruments before the Seventy-seventh World Health Assembly; and whether there was a plan for supporting countries ineligible for investment through The Pandemic Fund to secure resources for pandemic preparedness and response capacity-building by other means.

Turning to the report on strengthening the global architecture for health emergency preparedness, response and resilience, he welcomed the strategic shift towards an ecosystem approach to health emergencies and the five core health emergency components. Under the community protection component, the Secretariat should explicitly refer to the need for more and higher-quality studies on the effectiveness of non-pharmaceutical interventions, particularly in responding to emerging infectious diseases. Such studies should apply robust methodologies and help policy-makers to understand the likely benefits and trade-offs associated with implementation of public health and social measures. Under safe and scalable care, there should be an explicit reference to the need for investment in critical care capacity and ways to adapt health care systems so that they could be scaled up during crises. WHO's work to establish an interim coordination platform for medical countermeasures was commendable; however, countries with limited manufacturing capacities must not be forgotten in the push to strengthen

local manufacturing of health products. A permanent multilateral mechanism should be established to support global supply chains for health emergency-related products and technologies.

The representative of the ISLAMIC REPUBLIC OF IRAN said that delays in event certification and risk assessment mostly resulted from inadequate national biosurveillance and technical capacities. Countries should strengthen core capacities by working together and supporting one another through bilateral, regional and multilateral channels. To strengthen implementation of the International Health Regulations (2005), equity, multilateralism, international solidarity and cooperation should be prioritized in all joint agendas, so as to create an enabling environment for capacity-building and tackling global health challenges and inequalities. That said, the amendment process should not result in the renegotiation of the entire instrument. His Government would not support any measure undermining the sovereignty, security and leadership of Member States on health matters, and would continue engaging in the process on the understanding that nothing was agreed until everything was agreed.

The economic and political dimensions of health emergencies went beyond the Organization's capacities alone; cooperation with partners to address such issues was therefore essential. He shared the concern of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme regarding the world's preparedness for a new global pandemic. Strengthening the emergency preparedness and response capacities of Member States, especially developing countries, would require long-term efforts.

To strengthen their national architecture for health emergency preparedness, response and resilience, countries needed WHO's support to develop preparedness and response plans with an all-hazards approach; integrate standard risk assessment and management tools; develop early warning systems, hazard-mapping activities, damage and injury estimation and simulation exercises, telemedicine services and tools to evaluate and improve health system resilience; and support applied research related to risk reduction and management.

Greater international collaboration and coordination were needed to fund agreed priorities and multinational and multiregional clinical trials. However, the imposition of unilateral coercive measures on some countries made it difficult to import new technologies or obtain grants to design high-quality clinical trials, a challenge that required a practical solution or perhaps a WHO resolution. The Secretariat should work with Member States to design a training programme for low-income countries to build capacity to conduct clinical trials, focusing on country leadership and equitable partnerships to support research in those settings.

The representative of AUSTRALIA expressed concern at the negative impact of funding gaps and capacity shortfalls within the WHO Health Emergencies Programme on WHO's efforts to respond to health emergencies and on staff well-being. WHO must have the resources and authority it needed to ensure that the Programme was fit for purpose, including a sustainably funded core budget with adequate resourcing at all levels and the necessary lines of authority and accountability at senior management level. Prevention of and response to sexual exploitation, abuse and harassment must also continue to be prioritized. He urged the Secretariat to take swift action on the recommendations of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme. The Standing Committee on Health Emergency Prevention, Preparedness and Response should facilitate and monitor implementation of those recommendations and support the Programme with the necessary resources and authority.

The Secretariat should support Member State efforts to strengthen implementation of the International Health Regulations (2005) by helping them to develop national action plans for health security, use of data-driven tools to build sustainable preparedness, and capacity-building in the priority areas identified in the One Health Joint Plan of Action (2022–2026). Efforts to support the core capacities required under the Regulations should be redoubled, drawing on lessons learned from the COVID-19 pandemic and existing monitoring and evaluation tools. Discussions on amending the Regulations should not detract from those efforts but should focus on collective changes aimed at strengthening implementation and compliance. Member States should leverage available financing



mechanisms, including The Pandemic Fund, in order to accelerate implementation, and National IHR Focal Points should engage in cooperation exercises to strengthen coordination.

He welcomed the proposals to strengthen the global architecture for health emergency preparedness, response and resilience. The Secretariat should continue its efforts to advance reforms and support Member States' needs in line with its mandates, while also helping them to implement existing processes that addressed aspects of the 10 proposals for strengthening the global architecture. It should also provide guidance to the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005), to ensure that their decisions were informed by the latest evidence. He emphasised the importance of accelerating momentum to deliver on the respective mandates of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005).

He commended the Governments of Oman and Switzerland on their leadership in the development of the draft road map for the Global Health for Peace Initiative and reaffirmed his Government's support for WHO's work to strengthen clinical trials.

Referring to the invasion of Ukraine by the Russian Federation, he strongly condemned attacks on health care infrastructure, which deprived people of urgently needed care, endangered health workers and undermined health systems. He expressed appreciation for the Secretariat's continued efforts to support the humanitarian emergency response and strongly urged Member States to support the draft decision on the health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression, proposed by Ukraine.

On a more general note, he expressed concern at the compression of so many agenda items into a single discussion, which made it difficult for the Assembly to provide real guidance on what were critical issues.

The representative of BELIZE expressed appreciation to WHO/PAHO for supporting his country's COVID-19 pandemic response and described his Government's efforts to prevent and respond to health emergencies. The international community should apply lessons learned from the pandemic to strengthen and support entities providing administrative and technical services. He noted the challenges to the implementation of core capacities required under the International Health Regulations (2005) and the management of acute public health emergencies, and called for the reinforcement of policy, legal and regulatory frameworks, human resource capacity, risk communication and surveillance systems. Cooperation must be enhanced to ensure that the resources and capacities needed to achieve greater health gains were available. His country, for example, would benefit from technical cooperation to strengthen its implementation of the Regulations.

The representative of NORWAY said that stable and predictable financing was needed to secure the sustainability of the WHO Health Emergencies Programme. She highlighted the recommendation of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme on ensuring a gender balance in leadership positions, including at country offices, and the need to foster trust in internal systems by ensuring accountability, especially regarding sexual misconduct.

The revision of the International Health Regulations (2005) should make the Regulations more effective and provide a strong legal framework for preparedness and response.

The Organization's normative and leading roles must be taken into account in discussions on improving the global health architecture. Consideration should be given to how WHO and global health initiatives could support and incentivize health systems strengthening and the achievement of universal health coverage. Any future countermeasure platform should give effect to the principles and commitments to be established in the pandemic accord.

She commended the Secretariat and its staff for their tireless efforts to protect lives worldwide through programmes to monitor and document attacks on health. The Secretariat should continue to mainstream gender- and peace-responsive interventions and conflict sensitivity in its programming, including in the draft road map for the Global Health for Peace Initiative. Unearmarked, flexible and

predictable financing was key to effective humanitarian action; her Government would therefore increase its contribution to the WHO Contingency Fund for Emergencies in 2023.

She expressed concern at the continued attacks on civilians and civilian infrastructure in Ukraine and said that she did not support the draft resolution proposed by the Russian Federation, which, if adopted, would undermine the work of the Health Assembly and the Secretariat.

The representative of COLOMBIA stressed the importance of holding broad and ongoing consultations on all the matters under discussion. Emergency, pandemic and disaster response should be addressed by developing universal, public, free and equitable health systems; accelerating action to mitigate and adapt to climate change, foster climate justice and work towards a One Health approach; prioritizing public health sovereignty and the fundamental right to health over market logic; deepening public participation to achieve true global governance; and making decisions on the basis of science and public health over other interests.

Turning to the implementation of the International Health Regulations (2005), he called for a focus on improving health sovereignty through efforts centring on public health and the right to health. Dedicated financial and technical support would be required to support that work. Incentives, rather than penalties, should be used to help countries to develop core capacities. To improve early detection, alert and rapid response capacities, a more preventive and predictive approach should be incorporated into the Regulations.

The harmonization of good practices in clinical trials should not hamper the development of context-specific local clinical research capacities. International coordination and cooperation would be important, and a system of clinical research indicators should be created. The methods and timelines used in clinical trials should not infringe on the rights of participants.

He expressed support for the Global Health for Peace Initiative and called on WHO to promote multilateralism, avoid legitimizing aggression in all settings, and strengthen its moral authority to act as a bridge between opposing parties and prevent suffering. The international community should work to prevent conflicts, avoid the escalation of ongoing conflicts and restore health systems post-conflict.

Proposals to strengthen the global architecture for health emergency preparedness, response and resilience should be developed in parallel with other priorities, such as the amendments to the International Health Regulations (2005) and the pandemic accord, with the aim of building a coherent framework that would help governments to respond to health emergencies in an effective and coordinated manner and prevent future pandemics. Equity must be placed at the centre of the negotiations on the global architecture, which must also offer opportunities for developing countries requiring medical countermeasures, technologies and capacity-building in order to be prepared for health emergencies. Countries and regional offices should increase their participation in the negotiations so as to update their knowledge on the basis of lessons learned during the COVID-19 pandemic.

The representative of VIET NAM requested the Secretariat to continue providing technical and financial support to help Member States to develop and implement national action plans on health security. Given the low level of awareness of the dynamic preparedness metric among Member States, the Secretariat should disseminate the tool more widely and promote its use at the regional and national levels. Member States also needed support to integrate the One Health Joint Plan of Action (2022–2026) at the national level. Implementation of the Plan of Action would require multisectoral cooperation, a tripartite mechanism for collaboration, information-sharing and reporting systems, and sustainable interaction, as well as facilities, equipment and human resources.

A whole-of-government and whole-of-society approach should be incorporated into the amended version of the International Health Regulations (2005). The Secretariat should continue working with Member States to enhance their implementation of the Regulations, with a focus on strengthening the roles, responsibilities and competencies of National IHR Focal Points so as to improve multisectoral cooperation, communication and information-sharing under a One Health approach. It should also help countries to maintain and strengthen routine and emergency point-of-entry capacities to fulfil the new requirements under the relevant indicator of the Regulations; in that connection, it would be important to strengthen collaboration among health sectors. The end of COVID-19 as a public health emergency

of international concern signalled that the time was right for countries to prepare for and conduct joint external evaluations on their progress in implementing the Regulations, a process that would require technical and financial support from WHO.

The representative of IRAQ described the challenges faced by her Government in implementing the International Health Regulations (2005) and its efforts to review and improve its emergency preparedness and response capacities. She invited WHO and other partners to strengthen the implementation of core capacities; help her country to carry out border activities during mass gatherings, with the participation of all countries involved; and provide technical support to improve compliance with the Regulations.

The representative of ZIMBABWE said that a One Health approach should be adopted when planning for future pandemic response efforts, supported by sustainable domestic financing, equitable distribution of medicines and other inputs, and the development of local capacities for vaccine production in Africa. Outlining the COVID-19 pandemic response in his country, he highlighted the importance of training health workers in the context of pandemic preparedness and response.

The representative of the LAO PEOPLE'S DEMOCRATIC REPUBLIC said that a whole-of-government and whole-of-society approach to health security was needed and that it was important to continue engaging with communities and sectors beyond the health sector. Resilient health systems were the foundation of public health emergency preparedness and response; long-term investment in health systems strengthening would therefore improve implementation of the International Health Regulations (2005). He expressed appreciation for the ongoing technical support provided by WHO at the country and regional levels.

The representative of MEXICO said that, although the COVID-19 pandemic response had revealed the limits to multilateralism and multilateral institutions in the current political context, the support provided to Member States by WHO and other organizations had helped to end the public health emergency of international concern, showing that multilateralism provided a way to protect national interests through joint work.

The Secretariat should help Member States to collect information on the numerous initiatives established to fill gaps in the global health architecture, while also coordinating efforts among stakeholders and avoiding duplicating interventions, and should present proposals in that regard. The initiatives described in the report on strengthening the global architecture for health emergency preparedness, response and resilience should be discussed in detail before being adopted, and governments should take ownership of the most ambitious proposals to ensure their sustainability and long-term legitimacy. The Regional Office for the Americas should actively participate in the development of such proposals so that they reflected region-specific challenges and lessons learned from the pandemic, including in discussions on a new platform on medical countermeasures. To improve implementation of the International Health Regulations (2005), the Secretariat could produce a catalogue of clearly identified opportunities for WHO support, taking into account country contexts, to make it easier for States Parties to request support.

With the negotiations on the pandemic accord, Member States had an opportunity to reach a new global understanding of health emergency preparedness and response, particularly in connection with equitable access to medical products, the One Health approach and health governance.

The representative of MMV MEDICINES FOR MALARIA VENTURE, speaking at the invitation of the CHAIR and also on behalf of the Global Health Council, the International Aids Society, the International Union Against Tuberculosis and Lung Disease, PATH and Women in Global Health, Inc., commended the Secretariat's work to implement resolution WHA75.8 (2022). The underrepresentation of women, girls and gender-diverse persons of childbearing potential in research and clinical trials – particularly during pregnancy and lactation – had resulted in a lack of data, understanding of sex- and gender-based difference in health outcomes, and treatment options for those

groups. WHO guidance on best practices for clinical trials, focusing in particular on pregnant and lactating individuals, would help to bridge gender equity gaps in research. Data collection in those populations should be encouraged through existing pharmacovigilance programmes and active pregnancy registries covering all diseases. Clinical research programmes should be designed to intentionally recruit those populations in trials and disaggregate data by sex, age and gender. Understanding the disease burden in those populations would enhance estimations of maternal morbidity and mortality, evaluation and implementation of effective programmatic interventions, and advocacy for sufficient resources.

The representative of PAKISTAN commended the Secretariat's leadership in mobilizing support for equitable and affordable access to diagnostics, therapeutics and medicines. He thanked WHO and the international community for helping his country during its flood relief activities and outlined steps taken by his Government to strengthen emergency preparedness and response. He welcomed the Secretariat's proposals to tackle future health emergencies in line with the principles of coherence, equity and inclusivity, and underscored the importance of constructing the global health architecture around the principle of equity, since no one was safe until everyone was safe. Mobilizing international funding alongside domestic public resources and private financing was key to building resilient health systems that were better prepared to prevent, detect and respond to future international health emergencies. The WHO Contingency Fund for Emergencies, in particular, provided a critical lifeline during health emergencies.

**Dr Jaafar took the chair.**

The representative of ZAMBIA described steps taken in his country to mitigate the COVID-19 pandemic and strengthen its emergency preparedness and response capacities. He underscored the importance of a multisectoral approach to emergency preparedness and response, drawing particular attention to the need to work with the water and sanitation sectors. The world would continue to experience disease outbreaks if it failed to address universal access to safe drinking water and improve hygiene. He encouraged the Secretariat to continue providing tools and support to that end while bearing in mind the limited resources of countries facing multiple public health threats.

The representative of NEW ZEALAND, noting that it was difficult to address the agenda items as grouped in the time made available, urged Member States to take every opportunity to address equity within and across countries, including by supporting capacity-building in developing countries through bilateral, regional and other arrangements. The States Parties to the International Health Regulations (2005) must aim to continuously improve implementation of the Regulations; maintaining and enhancing the functionality of National IHR Focal Points would be important in that regard. She welcomed the ongoing work in the South-East Asia and Western Pacific Regions to develop a bi-regional health security action framework to integrate lessons learned from the COVID-19 pandemic into constructive and effective regional health security strategies. The Organization's ongoing investment in preparedness was encouraging, and the Secretariat's efforts to help countries to develop national action plans for health security commendable.

She urged Member States to vote for the draft decision on Ukraine and against the draft resolution proposed by the Russian Federation. Her Government would continue to work with WHO and partners to support Ukraine.

The establishment of a gender working group within the WHO Health Emergencies Programme had been a positive step towards addressing gender-based inequities that arose in health emergencies, and further updates on its achievements would be welcome. She welcomed the integration of efforts to prevent and respond to sexual exploitation, abuse and harassment into the Organization's recent health emergency response interventions. Sustained efforts focused on multisectoral collaboration and a survivor-centred approach would be needed to prevent such misconduct across WHO's operations.

It was unfortunate that Member States had not had sufficient time to respond meaningfully to the proposals on strengthening the global health architecture for health emergency preparedness, response

and resilience. Given the importance of that work, Member States should be given the opportunity to provide substantive written feedback in the two weeks following the Health Assembly, notably in terms of how they could ensure that WHO was adequately and sustainably financed to discharge its mandate. Many countries were struggling to engage comprehensively in the various health emergency preparedness, response and resilience initiatives; the Secretariat should therefore ensure the coherence of such initiatives and avoid duplication, in particular where new leadership or governance measures were concerned. The Secretariat had a crucial role to play in ensuring the success of the processes to negotiate the pandemic accord and amend the International Health Regulations (2005).

**Dr Hassan resumed the chair.**

The representative of SENEGAL welcomed the Secretariat's efforts to strengthen clinical trials in line with ethical principles and the steps taken to develop a self-assessment tool for clinical trial ecosystems. He highlighted WHO's work through the African Vaccine Regulatory Forum and described the steps taken in his country to strengthen clinical trials.

The representative of ISRAEL commended the Secretariat's leadership of the processes to strengthen global health emergency preparedness, prevention, detection and response, which had to be coordinated and coherent nationally, regionally and globally. The Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005) should work in synergy to avoid duplication. Their outcomes should be feasible and appropriate, and the Regulations should be strengthened on the basis of lessons learned. The work of the high-level meeting of the United Nations General Assembly on pandemic prevention, preparedness and response, scheduled to take place in September 2023, would complement and accelerate WHO's work in that area. The success of international mechanisms was determined by their efficacy; the Organization's work on health emergency preparedness and response should therefore continue to be streamlined. An appropriate balance must be struck between ensuring adequate supplies of emergency tools and medicines during global health crises and protecting the rights of providers and suppliers.

He thanked the Secretariat and its staff on the ground for their efforts to respond to emergencies following the earthquakes in Türkiye and the Syrian Arab Republic in early 2023. Elsewhere, the fighting in Ukraine continued to devastate the country's health system and had severely restricted the population's access to medicines and health services. The Secretariat and Member States must continue to support the efforts of the Government of Ukraine to restore disrupted services, assist health workers and replace destroyed infrastructure.

The representative of POLAND thanked the Secretariat for its ongoing support to all countries experiencing crises. She condemned the aggression directed by the Russian Federation against Ukraine, the health and humanitarian consequences of which were dire, and welcomed the recent decision of the Member States of the European Region to relocate the WHO European Office for the Prevention and Control of Noncommunicable Diseases from Moscow to Copenhagen. She commended the ongoing efforts of WHO and other health and humanitarian agencies to alleviate the burden of war in Ukraine and for the support provided to neighbouring countries. WHO should take further steps to mitigate the negative health and humanitarian impacts of the war. Her Government would continue to support the people, health workers, patients and health system of Ukraine.

The representative of the RUSSIAN FEDERATION, speaking on a point of order, said that several statements had been made that did not relate to WHO's mandate. The discussion should remain focused on health issues and health emergencies.

The CHAIR reminded Member States that they could request the opportunity to exercise their right of reply if they so wished.

The representative of GHANA commended the Secretariat's work in emergencies, especially in the African Region, and its efforts to support countries in strengthening their interventions under the One Health approach and to promote peace and security. He expressed support for the process to amend the International Health Regulations (2005) and called for synergy between it and the development of the pandemic accord. Monitoring mechanisms should be established to support implementation of the Regulations. Adequate and predictable funding was needed for pandemic prevention, preparedness and response, and the pandemic accord should reflect the importance of equity. He described the activities carried out by his Government to strengthen core capacities and called for technical and financial support to address challenges related to emergency preparedness and response in his country. Commending the progress made in strengthening clinical trials, he called for support to be provided to his country in that regard and for more stakeholder consultations to promote research.

The representative of KAZAKHSTAN described the steps taken by her Government to strengthen emergency preparedness and response. She expressed support for the process to develop a pandemic accord, which should seek to enhance partnerships and strengthen networks in the areas of surveillance and monitoring, protection of populations and access to medical care, medicines and medical countermeasures. National health emergency preparedness, prevention and response interventions were generally governed by domestic legislation, with WHO recommendations taken into account as appropriate and when relevant and feasible in the country context. She therefore supported the continued use of the State Party self-assessment annual reporting tool and the voluntary joint external evaluation. In the light of the increased use of automation and digitalization observed during the COVID-19 pandemic, consideration should be given to the inclusion of additional elements of digitalization in the International Health Regulations (2005), with steps taken to strengthen regional and global networks under the auspices of WHO. International cooperation should be enhanced to prevent the cross-border spread of infectious diseases, with due regard for the sovereignty of Member States.

The representative of NAMIBIA commended the Secretariat on the ongoing support provided through the WHO Health Emergencies Programme. She expressed support for the mandate and work of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, underscoring that its periodic reviews should be conducted with due regard for the principles of transparency and accountability. All Member States should continue reporting public health events of global concern promptly, transparently and accurately, and the Secretariat should continue providing technical support to Member States in that regard.

Turning to the proposals for strengthening the global architecture for health emergency preparedness, response and resilience, she stressed that the operational readiness of the five core health emergency components must be prioritized, and that adequate, predictable and timely financing would be essential in that context.

The global architecture for health emergency preparedness, response and resilience had been skewed for many decades, resulting in devastating inequity. Developing countries had been unfairly pressured to conduct surveillance and reporting activities during the COVID-19 pandemic without their capacities being taken into account. Health products were manufactured in industrial countries using pathogens and genetic sequencing data from developing countries, and people from developing countries were often used as test subjects. The products were subsequently sold at unaffordable prices to developing countries, which often received loans from developed countries to buy them, exposing developing countries to a perpetual burden of debt. She called on Member States to address such inequities in the processes to amend the International Health Regulations (2005) and develop a pandemic accord, with a view to reforming the global health architecture and making it equitable and beneficial for all.

The representative of KENYA said that additional resource mobilization would be needed to support her country's implementation of the International Health Regulations (2005). She called for enhanced coordination between the negotiation of a pandemic accord, the discussion of amendments to the International Health Regulations (2005) and other processes aimed at strengthening pandemic

prevention, preparedness and response. Equity in access to essential commodities, services, tools and financing must be reflected as a fundamental principle in the outcome of those processes. She commended the Secretariat on the support provided to Member States regarding health emergency preparedness, response and resilience and called for further resources to be mobilized to enable Member States to scale up domestic implementation of relevant initiatives. She also commended the Secretariat's efforts to establish the baseline for the existing clinical trial ecosystem and called for additional funding and technical support to improve the functioning of her country's clinical trials regulatory framework.

The representative of SINGAPORE shared information on initiatives implemented in his country to strengthen health emergency preparedness and response capacities. Adopting a regional approach to strengthening systems to prevent, detect and respond effectively to health emergencies might solve some of the capacity constraints experienced by individual countries at a speed that could not be achieved using a global approach. Enhanced collaboration could strengthen regional health security by improving national surveillance capacities to prevent and respond to emerging and future public health threats. Strong primary health care systems were the building blocks of robust public health emergency preparedness and response and resilient health systems. The COVID-19 pandemic had demonstrated the need for Member States to systematically build up strong public health expertise and organizational capability and capacity; the Secretariat could support that work by facilitating knowledge-sharing through WHO's various technical bodies.

The representative of the UNITED ARAB EMIRATES, expressing appreciation to the Secretariat and the Working Group on Amendments to the International Health Regulations (2005) for their work during the amendment process, said that it would be important to avoid overlaps with the pandemic accord. Equity, information technology and governance were key elements of pandemic preparedness. She urged the Secretariat to continue consulting with all concerned and to examine all aspects related to the Global Health for Peace Initiative, including its risks and benefits for humanitarian health work.

The representative of SLOVENIA said that the interconnectedness of health and peace could not be overstated and that global health should be prioritized as a foundation for peace. He expressed support for the draft road map for the Global Health for Peace Initiative and thanked the Governments of Oman and Switzerland for their leadership. Robust and inclusive health care systems based on solidarity fostered social cohesion, reduced inequalities and addressed the underlying causes of instability, thereby mitigating the risk that tension would escalate into violence. Strengthening health systems, establishing vigilant surveillance mechanisms and bolstering response capacities might lessen the societal impact of health emergencies, resulting in sustained stability and peace. Cooperation and solidarity in global health interventions were potent instruments for diplomacy and trust-building among nations, since they created avenues for peaceful interaction and cultivated goodwill, enabling countries to work together towards sustainable peace.

The representative of URUGUAY, noting that the Regional Office for the Americas faced similar challenges regarding staffing and resources as those observed by the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, said that regional capacities to respond to health emergencies must be strengthened. Implementation of the International Health Regulations (2005) should be enhanced by strengthening regional and local capacities, training human resources and helping governments to find solutions through regional cooperation. Many of the proposed amendments to the Regulations would result in a more bureaucratic Organization at the central level; efforts and resources should instead be directed towards the regional level. The Secretariat should work closely with Member States and take into account their different realities.

Strengthening the global architecture for health emergency preparedness, response and resilience would require improvements in governance. In that connection, she highlighted the obstacles encountered by some Member States, especially smaller countries, to active participation in that initiative and other ongoing processes. The report on WHO's work in health emergencies contained in document A76/11 had referred to only two of the 12 ongoing health emergencies in the Region of the

Americas, namely, COVID-19 and monkeypox/mpox; it had neglected to mention, for example, poliovirus and cholera outbreaks, or ungraded emergencies.

The quality and transparency of clinical research should be improved and the proposed self-assessment tool for clinical trial ecosystems should incorporate indicators of ecosystem maturity.

It was essential to take health into account in strategies to bring about peace. Indeed, basic access to health services and other measures to guarantee the health of populations were fundamental to establish, maintain and consolidate peace and prevent the social fragility that could lead to conflict. Her Government was fully committed to the women, peace and security agenda and was particularly aware of the disproportionate impact of conflict on women and children, including in relation to health. It therefore welcomed cross-cutting initiatives such as the Global Health for Peace Initiative. Member States needed to work together to achieve the highest levels of health among populations. Further work on the draft road map for the Initiative would require local ownership and leadership, as local health care providers were best placed to understand the local context.

**The meeting rose at 17:35.**



## **FIFTH MEETING**

**Tuesday, 23 May 2023, at 20:15**

**Chair:** Dr J.S.J. HASSAN (Bahrain)

**later:** Mr M. NDOUTOUMOU ESSONO (Gabon)

**later:** Dr J.S.J. HASSAN (Bahrain)

**PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES** (continued)

**PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE:** Item 14 of the agenda (continued)

**The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme:** Item 14.1 of the agenda (document A76/8) (continued)

**Implementation of the International Health Regulations (2005):** Item 14.2 of the agenda (document A76/9 Rev.1) (continued)

**REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:** Item 15 of the agenda (continued)

**Strengthening WHO preparedness for and response to health emergencies:** Item 15.1 of the agenda (continued)

- **Strengthening the global architecture for health emergency preparedness, response and resilience** (document A76/10) (continued)
- **Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination** (document A76/7 Rev.1) (continued)

**WHO's work in health emergencies:** Item 15.2 of the agenda (document A76/11) (continued)

- **Implementation of resolution WHA75.11 (2022)** (document A76/12) (continued)

**Global Health for Peace Initiative:** Item 15.3 of the agenda (documents A76/7 Rev.1, A76/7 Rev.1 Add.2 and A76/7 Rev.1 Add.3) (continued)

### **Organization of work**

The CHAIR suggested that the current meeting should be extended until 01:00 in order to allow all those wishing to speak on the items to do so and to enable voting on the draft decision and draft resolution under discussion to take place on the morning of Wednesday, 24 May 2023.

The representative of the RUSSIAN FEDERATION, speaking on a point of order, requested that the meeting should end as previously planned at 23:00.

At the invitation of the CHAIR, the representative of the OFFICE OF THE LEGAL COUNSEL explained that the extended hours had been suggested to ensure the efficient conduct of business and to avoid roll-call votes being held in both of the main committees at the same time.

The CHAIR suggested that, in the absence of consensus to extend the current meeting, the meeting should conclude around 23:00.

**It was so agreed.**

The representative of TIMOR-LESTE said that the progress made by Member States in advancing the core capacities required by the International Health Regulations (2005) and the contribution of the Working Group on Amendments to the International Health Regulations (2005) should be recognized. Her Government welcomed the WHO South-East Asia Regional Health Emergency Fund and reiterated the need to ensure critical emergency response logistics through well-managed regional, national and subnational stockpiles, digitalization and support for local manufacturing. Support was also required to strengthen surveillance, field epidemiology and diagnostics. Her Government would appreciate WHO's continued support to build the capacity of the health emergency workforce to detect, contain and mitigate any future health emergency, as well as to strengthen health systems.

The representative of PARAGUAY said that continued efforts were required to strengthen the global architecture for health emergency preparedness, response and resilience in order to meet current challenges and bridge gaps among and within countries. The work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (pandemic accord) and that of the Working Group on Amendments to the International Health Regulations (2005) were complementary and should provide the basis for exchanges regarding the global architecture. Some of the 10 proposals for strengthening the global architecture should be discussed by the Intergovernmental Negotiating Body and the Working Group to avoid duplication. The Standing Committee on Health Emergency Prevention, Preparedness and Response should advance in its work before a global health emergencies council was established. Resilience could be strengthened in key areas by promoting greater and closer collaboration with all countries that had enjoyed success in that regard.

With regard to increasing the funds available for effective health emergency response, alternative sources of funding should be found to optimize resources and ensure equitable distribution among low- and middle-income countries. Her Government welcomed the creation of The Pandemic Fund, supported the proposed actions set out in the report on strengthening WHO preparedness for and response to health emergencies, and encouraged coordination between the various processes under way within WHO.

**Mr Ndoutoumou Essono took the Chair.**

The representative of PANAMA said that her Government was closely following the processes and negotiations to strengthen international health governance, with a view to developing criteria for issuing alerts and declaring emergencies in a timely manner. She highlighted the importance of compliance with administrative requirements, early notification of acute public health events, strengthening the core capacities required by the International Health Regulations (2005), and governance. Mechanisms should be developed to ensure the availability of the type of high-quality information needed for timely decision-making.

Recalling some of the technical support provided by WHO to the Region of the Americas, she said that the process of designing the global architecture for health emergency preparedness, response and resilience should be driven by Member States through an intergovernmental process. The success

of that endeavour would depend on cooperation, coordination, solidarity and financing. Her Government would closely monitor the intergovernmental negotiations to amend the Regulations and develop a pandemic accord.

The representative of TONGA, stating that his country was particularly vulnerable to natural disasters, said that the WHO Health Emergencies Programme and similar partner programmes should have sufficient authority and financial and human resources to ensure that they were fit for purpose. Strategic decision-making, clear communication, collaboration and empathy were needed for effective health emergency leadership. A comprehensive and coordinated approach that engaged all relevant stakeholders should be taken to effectively manage and mitigate the impact of emergencies on public health and well-being.

The representative of SWITZERLAND said that the Working Group on Amendments to the International Health Regulations (2005) should focus on targeted amendments that would remedy the shortcomings identified and that fell within the scope of the Regulations. Of the amendments proposed, those relating to the rapid and reliable sharing of information, including pathogens and genetic sequence data, were vital for surveillance and early detection. Her Government was against any nationalizing of epidemiological data. The need for more equitable access to countermeasures should be discussed in the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response or in other relevant international bodies.

Her Government remained committed to strengthening WHO's leading and coordinating role in the event of a global health emergency. It strongly supported the Universal Health and Preparedness Review mechanism, which could help to enhance pandemic preparedness and equity among Member States. International financing should not be fragmented further. Her Government strongly supported the Global Health for Peace Initiative and was still conducting informal consultations to reach consensus on the draft road map. The Secretariat should circulate the updated version of the draft road map before consideration of the related draft decision.

The representative of INDONESIA recognized WHO's continued leadership and cooperation in strengthening preparedness and capacity to respond to global health challenges. The multiple processes under way to strengthen the global architecture for health emergency preparedness, response and resilience should be aligned, interoperable and complementary. While the Secretariat's initiative to hold a roundtable on pandemic preparedness was welcome, existing tools, such as the monitoring and evaluation framework of the International Health Regulations (2005), should continue to be used to assess national readiness. Her Government was strongly committed to continue implementing the monitoring and evaluation framework and called on other Member States to do likewise until the amended Regulations came into effect. She also called on countries to realize their pledges to The Pandemic Fund.

The development and implementation of a comprehensive road map for the Global Health for Peace Initiative were essential to enable WHO to make effective use of existing tools and resources, promote collaboration among and provide guidance to stakeholders, and support Member States in developing evidence-driven strategies and systems to ensure health for all.

**Dr Hassan resumed the Chair.**

The representative of NICARAGUA said that her Government wished to be added to the list of sponsors of the draft resolution on the health emergency in and around Ukraine, proposed by the Russian Federation. She urged Member States to approve that draft resolution, which would lead to the implementation of actions that were within the mandate of WHO and were not politicized.

The representative of CUBA said that the International Health Regulations (2005) should continue to be updated and tailored to the current international health context. Health emergency preparedness, response and resilience capacities should continue to be strengthened within all health systems, taking into account the lessons learned from the coronavirus disease (COVID-19) pandemic.

Resolution WHA75.8 (2022) on strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination had helped her Government to make improvements to clinical trials in her country. Further international cooperation was required on certifying clinical trial monitors and on establishing regional groups to coordinate such trials, and to define the related technical criteria and master protocols and put forward new clinical trial designs.

The representative of NIGER outlined some of the actions being taken by his Government to enhance health emergency preparedness and response. The fragile socioeconomic situation and insecurity in certain areas of his country were weakening the epidemic surveillance and monitoring system. Preparation for future health emergencies was of critical importance and he strongly supported the efforts to strengthen the global architecture for health emergency preparedness, response and resilience.

The representative of the DOMINICAN REPUBLIC welcomed the Secretariat's tireless efforts to strengthen the global architecture for health emergency preparedness, response and resilience, including the pilot phase of the Universal Health and Preparedness Review mechanism, in which his country had participated, and the proposals concerning sustainable financing. Such initiatives were part of a more extensive process that should be discussed in greater detail by all Member States during the negotiations on amendments to the International Health Regulations (2005) and on the development of a pandemic accord. Duplication of efforts and resources must be avoided.

It was essential to ensure that small island developing States, particularly in the Caribbean, were able to participate in the negotiations, and he welcomed the proposed creation of a fund to finance the participation of such countries in those negotiations and in sessions of WHO's governing bodies. Small island developing States, which were particularly vulnerable to climate change and public health emergencies and had limited resources, should also be given sufficient time to make substantive contributions to the negotiations and share lessons learned. The rapid pace of the negotiations was a concern and put certain countries like his own at a disadvantage. It was important to ensure equity in that process.

He expressed support for the proposals to ensure timely, sufficient and equitable access to medical countermeasures set out in the report on strengthening WHO preparedness for and response to health emergencies. Efforts should focus on accelerating research and development activities, transferring technology and knowledge, enhancing the manufacturing capacity of developing countries and establishing an efficient global supply chain. Countries should, with the Secretariat's support, perform risk mapping in the event of a health emergency. Comprehensive national action plans for health security should also be in place to facilitate timely and efficient use of available resources. National and international information systems should also be strengthened to ensure the effective use of data-driven tools, gauge preparedness and improve implementation. The provision of direct financial support would facilitate the establishment of international data collection centres in countries close to those known to be at greater environmental risk and enable an immediate international response to health emergencies. Lastly, further efforts should also be made to ensure compliance with Article 6 of the International Health Regulations (2005) on notification.

The representative of FIJI expressed support for the WHO Strategic Framework for Emergency Preparedness. Particular attention should be paid to highly vulnerable populations in small island developing States, the increasing burden of climate change and health, and the need for appropriate support and resources to build resilience in health systems, services and infrastructure. Outlining some emergency preparedness and response activities being undertaken by her Government, she called on WHO and development partners to provide support to Member States that were particularly vulnerable to natural disasters.

Her Government welcomed the support provided by WHO and development partners for the intra-action reviews on the COVID-19 response. After-action reviews were required to identify lessons learned, enhance preparedness and strengthen implementation of the International Health Regulations (2005); the Secretariat had a key role to play in operationalizing those lessons.

The representative of SAUDI ARABIA expressed appreciation for WHO's efforts to implement the International Health Regulations (2005) and global initiatives to enhance health emergency preparedness. All States Parties should work together and support efforts to amend the Regulations and strengthen global health security. Action should be taken to enhance the monitoring and evaluation framework of the Regulations, and regional offices should develop a structured plan to support Member States in the implementation of after- and intra-action reviews and simulation exercises. His Government looked forward to further improvements to the Regulations, which should lead to strengthened implementation and compliance, and emphasized the importance of cooperation between neighbouring countries in order to strengthen capacities to implement the Regulations at points of entry.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that steps must be taken to develop a comprehensive technical agreement that would help in the management of future national or international public health emergencies. All Member States must continue to strengthen their national strategies and comply with the legally binding commitments under the International Health Regulations (2005). Member States must not squander the historic opportunity to develop a consensual technical document that respected national sovereignty and that would help to address and contain future health emergencies in a more effective, equitable and collaborative manner. Current disparities between developing and developed countries should be reduced and all countries around the world, regardless of their development status, should have real access to medicines, vaccines and the transfer of technology and knowledge to ensure health for all.

The representative of SPAIN commended WHO's agile response to the recent emergencies in Sudan, the Syrian Arab Republic and Türkiye. Her Government greatly appreciated WHO actions to address the serious consequences of the Russian Federation's aggression against Ukraine and called on the Russian Federation to immediately cease its hostilities, including against health facilities and workers.

WHO's governance and response capacity must be strengthened to enable it to assume its leading role in public health emergency preparedness and response. While numerous groups and initiatives had been established within and outside WHO to rectify critical shortcomings in the global architecture for health emergency preparedness, response and resilience, duplication must be avoided and efforts coordinated. Her Government supported the negotiations on amending the International Health Regulations (2005) and on developing a pandemic accord. The adoption of such an instrument would strengthen WHO's legitimacy and authority and should ensure that existing entities and networks were used in the most effective and efficient manner.

Her Government recognized the importance of an effective structure and legal framework to respond to international public health emergencies and had been working to strengthen its public health capacities. Challenges to the full implementation of the Regulations remained, and her Government was committed to working closely with other State Parties and technical partners to overcome them. All countries should have a network of properly trained national experts to prevent, rapidly detect and respond to new health threats. It was essential to determine the risks, threats and determinants of health emergencies, shortcomings with respect to the core capacities required by the Regulations and the operational readiness of health emergency response systems. Adequate and sustainable funding was required to achieve the desired objectives.

The representative of SAMOA expressed appreciation for the efforts of WHO and other development partners to help her Government to strengthen its public health system through eHealth initiatives, which were contributing to the attainment of the core capacities required by the International

Health Regulations (2005). An effective health emergency response required joint efforts through whole-of-country, all-of-government and sector-wide approaches. She welcomed the Secretariat's efforts to amend the International Health Regulations (2005), particularly in relation to addressing the needs of small island developing States.

The representative of MALAYSIA said that she concurred with the recommendation of the Independent Oversight Advisory Committee for the WHO Health Emergencies Programme that WHO should move towards a 12-month minimum contract and noted that the Committee had encouraged WHO to make further efforts to increase the representation of women in senior positions. The Working Group on Amendments to the International Health Regulations (2005) offered the best platform for achieving consensus on enhancing the Regulations, which should deliver equitable access to appropriate health services and ensure continuity of services during major public health emergencies, effective community engagement and timely risk communication. It was also essential to strengthen and maintain point-of-entry capacities.

The Pandemic Fund was an innovative mechanism that would strengthen health emergency preparedness and response efforts in developing countries. Strategic partnerships and collaboration were also essential for the provision of intensive support to eligible countries. In addition, whole-of-government and whole-of-society approaches were required to ensure preparedness for pandemics and other health emergencies. Global health security and the threat of chemical, biological, radiological, nuclear and explosive incidents constituted major concerns, and her Government remained committed to strengthening health security at the national and regional levels.

The representative of BRAZIL said that the end of COVID-19 as a public health emergency of international concern should be seen as a moment for reflection and preparation. His Government was firmly committed to the negotiations on a pandemic accord and on amending the International Health Regulations (2005). Equity must be the cornerstone of the global architecture for health emergency preparedness, response and resilience. In making the Regulations fit for purpose, States Parties should recognize the need to provide adequate support, in particular to developing countries to enable the strengthening of surveillance and response capacities. A pandemic accord should also provide for equitable access to pandemic-related products and technologies and establish a system for the equitable sharing of pathogens and benefits derived therefrom.

With regard to the report on strengthening WHO preparedness for and response to health emergencies, the section on access to countermeasures failed to address major barriers such as the lack of decentralized, regional and national manufacturing capacity. Further clarification on the functioning and structure of the Universal Health and Preparedness Review mechanism and a global health threats council would also be useful. New initiatives should be agreed upon and fully owned by Member States including, as appropriate, after discussion within the International Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005). Secretariat reports should also refrain from using terms implying that health was part of the security agenda.

It was important to ensure that the Global Health for Peace Initiative did not overlap with the mandates of other entities of the United Nations system and that its implementation did not adversely affect the actions of other international stakeholders. While he welcomed the improvements to the current version of the draft road map, he was concerned that the draft road map still contained a number of undefined expressions and terms with no clear legal definition and agreed content. Further discussions were required to properly address the concerns raised by Member States.

The representative of BURKINA FASO said that high-quality clinical trials that met international standards were essential to enhance scientific knowledge and develop health interventions that could improve global health. Their results could also encourage local production of inputs for new medicines. While his country had made progress in the areas of clinical research and local production, improved management of persisting technological and economic challenges could make clinical trials more

beneficial for local populations. Efforts should be made to provide high-level clinical trial training at the local level, strengthen partnerships to finance clinical research that targeted the population's needs, and promote the development of the local pharmaceutical industry. His Government supported all initiatives to strengthen clinical trials that responded to the actual needs of local populations.

The representative of the SYRIAN ARAB REPUBLIC said that her Government was working closely with other Member States to propose amendments to the International Health Regulations (2005) that addressed their concerns and was actively participating in the consultations on a pandemic accord. Consideration of the draft road map for the Global Health for Peace Initiative should be postponed to allow more time for its improvement.

Her Government supported WHO's efforts to respond to health emergencies in all countries equitably and without discrimination. WHO's approach to the emergency situation in and around Ukraine should not be politicized and should address all aspects of the emergency in a non-selective, evidence-based manner. In that regard, her Government was in favour of adopting a draft resolution that focused on the Organization's technical role, was aligned with WHO's objectives, and was not politicized. She therefore urged Member States to support the draft resolution proposed by the Russian Federation.

The representative of MALDIVES expressed appreciation for the efforts of the Independent Oversight Advisory Committee for the World Health Organization Health Emergencies Programme and acknowledged the progress made by WHO in enhancing its capacity to respond to disease outbreaks and emergencies. It was, however, a concern that some WHO country offices did not have sufficient resources to support Member States, particularly small island developing States, and steps should be taken to ensure that those offices were adequately resourced. Unfortunately, the practical implementation of the WHO Health Emergencies Programme was not fully in line with decision WHA69(9) (2016) on reform of WHO's work in health emergency management. Roles, responsibilities, accountability and lines of authority between all levels of WHO should be clearly defined to ensure the Programme's effective coordination and implementation.

Assessment of the core capacities required by the International Health Regulations (2005), including the State Party self-assessment annual reporting tool, had enabled her Government to identify areas requiring further strengthening. Other Member States should use such tools to enhance their own preparedness and response capabilities. Seasonally transmitted diseases should also be included in the systematic reviews on the effectiveness of travel-related measures.

A whole-of-government, all-of-society and One Health approach should be adopted in responding to health emergencies. Gaps in health emergency prevention, preparedness and response efforts should be addressed and a comprehensive strategy adopted to strengthen the global architecture. It was important to recognize that climate change, loss of biodiversity, economic inequality and the unsustainability of the global economy contributed to health emergencies. Care should be taken to prevent duplication of resources and efforts, and WHO should take the lead in shaping the global architecture to effectively prevent and respond to emergencies. Concerted efforts and financial commitment were required to implement the agreed actions under discussion. It was important to consider the financial implications of potential decreases in emergency funds and plan accordingly, to ensure that sufficient resources were available to address health emergencies effectively.

The representative of TUNISIA said that the emergency and disaster risk calendar would enable Member States to take timely and appropriate action to reduce risks and increase their health emergency preparedness and response capacities. He outlined some of the actions taken by his Government to respond to the pandemic and prepare for health emergencies and welcomed the development of programmes by WHO to support Member States in that regard.

The representative of the RUSSIAN FEDERATION said that any amendments to the International Health Regulations (2005) should be made with an understanding of the extent to which

they would be implemented by all States Parties and taking into account the resources required to do so. Any instruments to strengthen the global pandemic response potential should be universal and approved by WHO's governing bodies; initiatives that were not could only be voluntary and advisory. Proposals tabled by groups of Member States or individual organizations should not be considered to be generally accepted by all. His Government was not prepared to consider any initiatives on reforming the global architecture for health emergency preparedness, response and resilience that were put forward outside the processes currently under way to develop a pandemic accord and amend the Regulations. Work on the draft road map for the Global Health for Peace Initiative, which was far from complete, should continue, and the related report had not been submitted in sufficient time for Member States to reach a consensus. He would support the development of a self-assessment tool for clinical trial ecosystems since the establishment of unified self-assessment criteria for all countries would facilitate the identification of problematic areas and the rational use of resources to improve clinical research.

His Government highly appreciated WHO's work on health emergencies, which should remain the focus of the Organization's work, and had helped to fund those activities for many years. His Government had prepared a politically neutral draft resolution calling on WHO to: continue monitoring situations all over the world, help those in need and make the surveillance system for attacks on health care more effective and transparent. The draft resolution drew attention to all aspects of the health emergency in and around Ukraine and the need for compliance with international law and sought to protect the population and health systems during emergencies worldwide, including in Ukraine. He called on Member States to join the list of sponsors of the draft resolution, which would enable all Member States to work together to address the health emergency in and around Ukraine and increase the effectiveness of WHO's work.

With regard to the report on the implementation of resolution WHA75.11 (2022), he thanked the Secretariat for adjusting the approach taken to preparing the document. His Government had not supported resolution WHA75.11 and therefore could not submit the requested information. It had, however, voluntarily provided information on the support provided to refugees on the territory of the Russian Federation separately in writing. If its draft resolution was adopted, it would be prepared for full-scale collaboration.

The representative of CÔTE D'IVOIRE, outlining some of the actions taken by her Government to enhance health emergency preparedness and response efforts, said that remaining challenges included ensuring equitable access to health products and sustainable financing for health emergency management. Her Government welcomed the process under way to make the International Health Regulations (2005) more effective. Expressing support for the global strategy and plan of action on public health, innovation and intellectual property, she said that efforts were being made to improve research facilities and promote the benefits of health research. Developing mechanisms to mobilize financial resources in that regard remained a priority.

The representative of BULGARIA expressed appreciation for WHO's efforts to coordinate and support the health response to the emergency situation in Ukraine and outlined the measures taken to ensure that persons with international or temporary protection arriving from Ukraine received the same rights to health care as Bulgarian citizens. The Global Health for Peace Initiative and the draft road map would help to ensure Member States' commitment to sustainable health, peace and well-being and support for policies and actions aimed at persons in vulnerable situations. His Government welcomed WHO's efforts to strengthen the link between health and peace.

The representative of the REPUBLIC OF KOREA expressed appreciation for the support provided by WHO in the development and implementation of national operational plans for public health emergency preparedness. It was important to share information on global infectious disease trends, work collectively to develop new vaccines, therapeutics and reagents and establish a response system that ensured the equitable distribution of essential medical supplies. He therefore fully supported the new national action plans for health security strategy (2022–2026), which would help Member States to strengthen preparedness and better respond to global emergencies. It was important to have a robust



foundation for public health emergency response and to share evaluation results through standardized online tools in order to bolster global capacities to respond to health threats, foster close cooperation and facilitate technology transfer. Existing tools, such as the joint external evaluations and State Party self-assessment annual reporting tool, should be further improved.

His Government agreed in principle with the establishment of a global health threats or health emergencies council for a more effective all-of-government, whole-of-society approach. Member States' health systems needed to be enhanced in order to strengthen the global architecture for health emergency preparedness, response and resilience, and he highlighted the importance of a regional approach and of effective coordination and consistency among partners and stakeholders. He welcomed the introduction of The Pandemic Fund and the pilot phase of the Universal Health and Preparedness Review mechanism. The Secretariat should provide tailored support to countries in the implementation of that mechanism. It was important to further strengthen the One Health approach and for the Secretariat to create synergies and take a leading role in the process.

He welcomed the Secretariat's efforts to strengthen clinical trials and develop the relevant guidance and expressed support for the development of a self-assessment tool for clinical trial ecosystems. As regulatory authorities and various stakeholders would be affected, close consultations and in-depth discussions would be required. Consideration of existing tools, such as the WHO Global Benchmarking Tool, might make the process more efficient. He called on the Secretariat to more frequently share information on the relevant processes and the progress made.

The representative of ALGERIA said that the risks to health security had been exacerbated by persistent environmental degradation and weakened health systems as a result of the COVID-19 pandemic. It was becoming increasingly difficult to respond to health emergencies because of fast-changing situations on the ground and the limited resources available to many Member States to detect and report such events. National health systems had to be adapted to meet the expectations of the population in terms of access to high-quality health care and to ensure health security. Health governance could be improved by ensuring greater involvement and accountability of all relevant stakeholders.

Health financing was a major concern and was being eroded by the continued increase in costs and unpredictable fluctuations in resources. Any approach that failed to acknowledge the interdependence of factors associated with access to the right to health, such as poverty, human rights and the environment, would not deliver the desired results. Member States should share their experience of those common problems and build synergies and partnerships to ensure responses that were tailored to the specific needs and priorities of each country.

The work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response was of great importance. Underscoring the importance of continued international solidarity, he said that urgent action was required to improve health systems resilience, secure supply chains and create sustainable infrastructure. Efforts were also needed to build the capacities of health professionals, with the engagement of all relevant partners to ensure sufficient human and financial resources.

The voluntary approaches for assessing the core capacities required by the International Health Regulations (2005) had helped his Government to identify shortcomings and to build health emergency prevention and response capacities. WHO should retain its leadership role with respect to health emergencies and continue to listen to Member States' concerns.

The representative of ARGENTINA said that her Government continued to support WHO's central role in developing the governance structure of the global architecture for health emergency preparedness, response and resilience. It was therefore concerned about the possible fragmentation of initiatives that might overlap with discussions within the International Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and on amendments to the International Health Regulations (2005). It was also troubled by the creation of other groups, including outside WHO, with mandates that could weaken the important functions of the WHO Health Emergencies Programme.

She welcomed WHO's work on strengthening clinical trials and said that the principles of equity and transparency should be prioritized. She reiterated her Government's support for the high-level meeting of the United Nations General Assembly on pandemic prevention, preparedness and response and hoped that the political declaration would lead to concrete outcomes that would enhance countries' capacities in that regard. The Universal Health and Preparedness Review went beyond the scope of the Regulations, covering other aspects of the broader health system, and its suitability and use should therefore be analysed.

Efforts across various levels were required to ensure coordination during health emergencies, establish collaborative surveillance networks and strengthen governance structures. Commitments and regulations in that regard would have to be developed once progress had been made in the negotiation processes under way, taking into account the need for equity to ensure timely access to medical countermeasures.

Efforts should be made to seek out alternative resources for low- and middle-income countries. Her Government had submitted its proposal for investment to The Pandemic Fund with a view to making critical investments and developing key strategies that it was hoped would have a direct impact on preparedness and response capacities and an indirect impact on the local and regional production of vaccines, treatments and diagnostics.

With regard to the Global genomic surveillance strategy for pathogens with pandemic and epidemic potential, 2022–2032, she reiterated the need for a framework for the responsible sharing of data that could result in direct benefits in terms of diagnostics, candidate vaccines and treatments. Fair, timely and equitable access to the benefits of pathogen sharing and genome sequencing in conformity with relevant conventions was also required.

The representative of GAMBIA said that the COVID-19 pandemic had highlighted the need for Member States of the African Region to have a dependable supply chain, preferably within the Region. There was a need for more collaboration among Member States in health emergency response, especially in the sharing of human and material resources. He thanked those countries that had provided clinical specialists to his country and WHO and other partners for the supplies received. Despite the progress made by his Government, more work and support were required to build resilience, and his Government had submitted a proposal to The Pandemic Fund. Steps should be taken to ensure effective coordination and coherence among Member States, partners and stakeholders.

The representative of BOTSWANA said that her Government had made progress in improving the core capacities required by the International Health Regulations (2005) and significant investment had been made in coordination mechanisms. She welcomed the ongoing Member State-led processes to negotiate a pandemic accord and amend the Regulations. Equity, transparency and inclusivity should constitute the cornerstone of those negotiations, and the resulting instruments must be complementary. Key priorities in the negotiations included: predictable global supply chain mechanisms that were accountable to Member States; timely access to pathogens and sequencing data with multilateral mechanisms for benefit-sharing; obligations to increase investment in research and development and technology transfer; health systems strengthening, including stronger human resources; and sustainable, predictable and equitable financing. The negotiations should also be consistent with the 10 proposals to strengthen the global architecture for health emergency preparedness, response and resilience. Her Government supported the health for peace approach and its focus on humanitarian, conflict-affected and vulnerable settings and the pursuit of universal health coverage.

The representative of HAITI expressed appreciation for the timely and effective emergency preparedness and response support provided by WHO/PAHO in his country, which was prone to natural disasters. Sufficient financial resources were required from all stakeholders for WHO to properly undertake its mission, and he called on all donors to provide greater flexibility in their funding. The effects of the climate and environment on health highlighted the importance of the One Health approach.

It was essential to amend the International Health Regulations (2005) in order to address the shortcomings identified during the COVID-19 pandemic. WHO must be much stronger, autonomous,

and able to efficiently coordinate the response to future health emergencies and prevent any new pandemic.

Welcoming the efforts to bring peace to conflict-affected countries, he said that his Government was very concerned about the exodus of health professionals from low-income countries. The new global architecture for health emergency preparedness, response and resilience must ensure adequate support for the most vulnerable countries, in line with the principle of equity.

The representative of BELARUS said that the forthcoming high-level meeting of the United Nations General Assembly on pandemic prevention, preparedness and response would provide an opportunity for Member States to affirm their commitment to an equitable and inclusive approach to strengthening health emergency preparedness, prevention and response, with WHO at the centre. She welcomed the efforts of the Secretariat and Member States to assist the peaceful Ukrainian population. Her Government was supporting Ukrainian refugees in her country, who had the same rights to medical care as Belarusian citizens.

The draft decision on the health emergency in Ukraine and refugee-receiving and -hosting countries proposed by a group of western Member States was not balanced. It incorrectly interpreted the situation and focused on criticizing the actions of only one party to the conflict. Her Government could therefore not support the draft decision and instead wished to be added to the list of sponsors of the draft resolution proposed by the Russian Federation, which addressed a broad range of issues related to health emergencies caused by armed conflicts, was relevant to many regions and was more consistent with the principle of impartiality in WHO's work.

The Observer of GAVI, THE VACCINE ALLIANCE, noting that the COVID-19 Vaccine Global Access (COVAX) Facility had highlighted deep inequities in timely access to pandemic-related products, agreed that equity and inclusivity should be at the heart of all efforts to improve the global architecture for health emergency preparedness, response and resilience. Member States and partners should prioritize routine immunization and reinforce health systems for effective vaccine delivery during emergencies. They should harmonize initiatives and mechanisms and promote synergies to improve the global architecture; ensure that any vaccine-sharing or dose donation mechanisms enabled early, real-time, simultaneous and equitable distribution of vaccine products to all countries, particularly low- and middle-income countries; ensure that lead agencies and specialized mechanisms played a key role in the distribution of medical countermeasures; support diversified and expanded regional manufacturing capacity; and increase national and international financing for pandemic prevention, preparedness and response.

The representative of the INTERNATIONAL DEVELOPMENT LAW ORGANIZATION congratulated WHO on its efforts to design a more effective, resilient and equitable global architecture for health emergency preparedness, response and resilience. She underscored the vital role of the law in addressing public health emergencies and the need to enhance countries' legal preparedness for such crises. Lessons learned from the COVID-19 pandemic had shown that countries needed to have effective legal frameworks for public health emergencies, justice systems focused on people's needs, legal protection for marginalized and vulnerable groups, whole-of-government and whole-of-society approaches to address public health emergencies, and sound national legal capacities. Such rule of law components must be at the centre of the new global architecture and all countries must have the technical and financial support to ensure effective implementation at the national level.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that coordinated and sustained actions were required to recover from the COVID-19 pandemic and prepare for, prevent and respond to future events. He supported the development of a pandemic accord and the strengthening of the International Health Regulations (2005) and highlighted the need for meaningful engagement with all stakeholders in those processes. Sustainable financing mechanisms, cooperation and solidarity among all countries were

also essential for the effective implementation of pandemic prevention and response plans. Global pandemic-related initiatives should be tailored to national contexts through a whole-of-society and a One Health approach.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the process for developing best practices in clinical trials should address equity and access to health technologies in clinical trial governance. Best practices should include binding and enforceable access conditions and principles, transparency of clinical trial data and costs, and a minimum package of access and benefit-sharing conditions for samples, pathogens and genomic sequences. Such elements should also be incorporated in the proposed self-assessment tool, which should be designed by low- and middle-income countries.

While acknowledging the work undertaken to improve the draft road map for the Global Health for Peace Initiative, he said that actions for peace should not undermine medical neutrality, increase the workload of health workers or lead to the de-prioritization of health. It remained unclear how the Initiative would be operationalized without a negative effect on health care delivery. Member States and the Secretariat should avoid the unnecessary politicization of health, assess the risks and impact of the Initiative, and ensure that health actors and affected communities were properly consulted.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, commended the significant achievements in strengthening the global architecture for health emergency preparedness, response and resilience. Action should be taken to accelerate workforce development, continue to support and expand field epidemiology training programmes and strengthen national public health institutes to ensure a multidisciplinary and multisectoral approach to public health emergencies.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, welcomed the clarification in the current version of the draft road map for the Global Health for Peace Initiative. The health worker training set out in the draft road map should not increase the burden on the health workforce and should help to protect health care personnel and delivery. The Global Health for Peace Initiative should be implemented with strict respect for the principles of impartiality and neutrality and a long-term, strong monitoring framework should be established to evaluate effectiveness and impact. She emphasized the crucial role of nurses in advancing health equity and thus contributing to the preservation of peace.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that in order to ensure medical neutrality and the safety of health personnel, health care must never be contingent on peace or used for other purposes. Despite some clarifications in the current version of the draft road map, the Global Health for Peace Initiative failed to provide an explicit mechanism to ensure respect for medical ethics, human rights and international humanitarian standards. The national authorities responsible for implementation of the Initiative must be held accountable for their decisions, particularly in fragile, conflict-affected and vulnerable contexts at risk of political instability.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, said that the Federation was committed to building on international learning and collaboration and had published a comprehensive report that not only highlighted the invaluable contribution of pharmacists in combating COVID-19, but also outlined the many innovations delivered. All Member States should recognize the value of pharmacy in future public health initiatives.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that breastfeeding was a lifeline in emergencies. It was therefore a concern that, following the publication of the Codex guidelines for ready-to-use therapeutic foods, there had been an increase in humanitarian appeals that promoted ultra-processed and fortified products and

failed to mention breastfeeding. Donations of baby feeding products and unethical formula experiments on vulnerable babies were continuing under the guise of malnutrition prevention. In the absence of regulations, such approaches misled the public, undermined parents' confidence in more culturally appropriate and nutritious family foods and put children's lives at risk. Entities of the United Nations system and humanitarian agencies should use their considerable diplomatic influence to challenge the corporate-led food system. Governments must have the courage to address power imbalances and safeguard breastfeeding and biodiverse, sustainable foods. The operational guidance on infant and young child feeding in emergencies, sound conflict-of-interest policies and a One Health approach were essential.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIR and noting the lack of implementation of the International Health Regulations (2005) by almost all Member States, said that it was important to understand how compliance with the proposed new instrument could be ensured. She asked about implementation modalities, what additional tools would be needed for its enforcement, and which, if any, WHO would be equipped to use. While such tools should be made available on an equitable basis, the underlying challenge was whether Member States were willing to cede some aspects of their sovereignty and to adopt and be held accountable for global health measures, as defined by the Regulations. Global solidarity and interconnectivity were essential to prevent infectious disease outbreaks from turning into global threats. Member States must acknowledge the expertise of those working on the ground, make decisions in the interests of collective health, well-being and sustainability, and prioritize health as a global common good above any private sector interests.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, said that he was uneasy about the current state of negotiations for a new pandemic accord and the proposed amendments to the International Health Regulations (2005). Although those processes were, on the whole, Member State-led, it was unacceptable that some governments and stakeholders were seeking to pre-empt the text of a new international accord with binding clauses on critical issues such as intellectual property, technology transfer or transparency in research and development. That said, he supported some of the arguments being presented by the Member States of the African Region to address barriers in accessing health technologies during pandemics and other emergencies. He could not support any process that did not seek a sustainable and comprehensive solution to ensure access to vaccines, therapeutics and diagnostics for all those in need.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that WHO could improve implementation of the International Health Regulations (2005) by identifying and addressing bottlenecks to collaboration and support under Article 44, strengthening comprehensive primary health care and addressing measures that impeded mobility within and between countries. WHO should await the conclusion of the legal negotiations on a pandemic accord and amendments to the Regulations before further developing the global architecture for health emergency preparedness, response and resilience. Member States should be fully involved in efforts to design new governance mechanisms and legal obligations were required to guarantee equity; yet, the proposed global architecture relied on market forces. It also ignored intellectual property barriers to the availability of medical countermeasures during emergencies.

Recommendations had not been provided to ensure that clinical trials delivered wide-reaching benefits. Provisions should be included on transparency of trial costs, conditions regarding public funding, the establishment of profit margins and mandatory registration of products where trials were conducted.

The focus of the Global Health for Peace Initiative on country-specific dynamics underestimated important geopolitical factors. Furthermore, most of the partners named in the Initiative were far removed from conflict-affected communities.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the privatization of public services and erosion of workers' rights were hindering health emergency prevention, preparedness and response efforts. Global instruments in that area needed to incorporate measures to guarantee decent work and strengthen public health systems, as health security was insufficient to promote equity and social justice. Member States should work towards open, public-led research and development systems, and develop legally binding mechanisms to lift intellectual property-related monopolies. The declaration of a public health emergency of international concern should trigger an automatic waiver of intellectual property rules. He supported the proposed inclusion in the International Health Regulations (2005) of provisions on exemptions to intellectual property protection in national legislation, and on sharing regulatory information and rights over products obtained through publicly funded research. Efforts were also required to strengthen local and regional production and decentralize manufacturing capacity. Member States should adopt legal provisions to ensure that health technologies developed using publicly funded research were kept in the public domain.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIR, said that women and girls were at high risk of sexual violence in conflict-affected and vulnerable settings and drew attention to the Dr Denis Mukwege Foundation's Red Line Initiative, which called for a red line against the use of sexual violence as a method of warfare and the establishment of a clear framework for strong and timely action. Efforts were required to build resilience in individuals and communities, and women must be engaged as actors for inclusive, gender responsive and locally led change that strengthened resilience to conflict and violence. Member States should collaborate with the Secretariat to mainstream policies that would accelerate progress on the Global Health for Peace Initiative.

**The meeting rose at 23:15.**

## SIXTH MEETING

Wednesday, 24 May 2023, at 09:15

Chair: Dr J.S.J. HASSAN (Bahrain)

### **PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES** (continued)

**PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE:** Item 14 of the agenda (continued)

**The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme:** Item 14.1 of the agenda (document A76/8) (continued)

**Implementation of the International Health Regulations (2005):** Item 14.2 of the agenda (document A76/9 Rev.1) (continued)

### **REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:** Item 15 of the agenda (continued)

**Strengthening WHO preparedness for and response to health emergencies:** Item 15.1 of the agenda (continued)

- **Strengthening the global architecture for health emergency preparedness, response and resilience** (document A76/10) (continued)
- **Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination** (document A76/7 Rev.1) (continued)

**WHO's work in health emergencies:** Item 15.2 of the agenda (document A76/11) (continued)

- **Implementation of resolution WHA75.11 (2022)** (document A76/12) (continued)

**Global Health for Peace Initiative:** Item 15.3 of the agenda (documents A76/7 Rev.1, A76/7 Rev.1 Add.2 and A76/7 Rev.1 Add.3) (continued)

The representative of WORLD FEDERATION OF HEMOPHILIA, speaking at the invitation of the CHAIR, said that access to treatment had been disrupted in many countries since the coronavirus disease (COVID-19) pandemic, and only 50% of people with severe haemophilia had received prophylaxis in 2021. Furthermore, the availability of home therapy, which enabled optimal early treatment of bleeding disorders and significantly reduced hospitalization rates and complications, needed to be increased. As part of health emergency preparedness and response efforts, Member States were therefore urged to ensure more equitable access to prophylaxis and home therapy for people with haemophilia and other bleeding disorders.

The representative of WOMEN IN GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, said that 90% of frontline health workers were women. In amending the International Health Regulations (2005), Member States should ensure that all decision-making bodies and advisory committees had 50% women members; that women health workers were properly remunerated; and that systems were in place to provide safe and decent working conditions, including a requirement for personal protective equipment to be fit for purpose.

The representative of the UNITED STATES PHARMACOPEIAL CONVENTION, speaking at the invitation of the CHAIR, said that the pandemic had disrupted medical product supply chains, resulting in shortages, quality concerns and price volatility. Regulatory reforms, such as increasing approval speed, leveraging digital technologies and enhancing transparency and information-sharing, could strengthen supply chain resilience. He urged Member States to invest in supply chain integrity and implement regulatory reform for pandemic preparedness.

The representative of the INTERNATIONAL PSYCHO-ONCOLOGY SOCIETY, speaking at the invitation of the CHAIR, said that inequities in health care delivery and clinical trial structure persisted, and health intervention outcomes varied according to genetic, environmental, socioeconomic and other factors. Consideration should be given to using strategies demonstrated to maximize equity in research and trials to strengthen clinical trials and ensure the representation of all peoples and the provision of high-quality evidence on health interventions.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that the early operationalization of the global architecture for health emergency preparedness, response and resilience presupposed the outcome of ongoing negotiations and certain proposals would jeopardize future pandemic prevention, preparedness and response. Action should be taken to encourage public-private partnerships, strengthen innovation and manufacturing and improve equitable access. To avoid duplication and fragmentation, WHO should work in collaboration with other relevant bodies, including the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (pandemic accord), and the Working Group on Amendments to the International Health Regulations (2005). It was a concern that the current scope of the global architecture was too broad and would entail a significant extension of WHO's role and mandate. WHO must focus on and deliver its core technical responsibilities and was encouraged to leverage the strengths of the private sector in the global architecture.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR, said that Member States should commit to respecting, protecting and fulfilling the right to health and other human rights across all phases of pandemic prevention, preparedness and response for all without distinction. They should also commit to measures needed to ensure equity within countries and recognize the need for specific measures for persons with disabilities and older people, who were among the most left behind and at risk during pandemics and other health emergencies.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC., speaking at the invitation of the CHAIR, said that the negotiations on a pandemic accord should be more transparent, and the drafts under discussion should be published periodically, allowing the public to provide timely and informed feedback. Consensus had to be reached on intellectual property, technology transfer, transparency and benefit-sharing. On intellectual property, Member States could be mandated to make exceptions to existing agreements to achieve treaty objectives, an approach that had been successfully adopted under the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled. On technology transfer, government-funded research and development might include agreements to pool data, know-how and rights. Member States



should embrace an open-source dividend mechanism to incentivize the sharing of pathogens and other elements. Provisions on transparency should include measures to implement resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines, and other health products.

The representative of DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, welcomed the supplementary report on implementing resolution WHA75.8 (2022) on strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination. Member States should address the gaps identified by: improving coordination between new and existing clinical trial networks; ensuring investment in clinical trial ecosystems; supporting coordination among regulatory authorities and ethics committees to streamline clinical trial approval and review processes; supporting the development of best practices for the implementation of access and benefit-sharing principles at the country level; and ensuring that clinical trial cost data were made publicly available in line with resolution WHA72.8 (2019). Greater coordination was needed to ensure equity in the global architecture for health emergency preparedness and response. Action to that end should include adopting research and development approaches and access from early-stage research and clinical development through to manufacturing and distribution; securing surge and at-risk public financing for preparedness and response and agreed conditions on publicly funded research to make sure that new treatments and technologies were accessible and affordable; and ensuring that all Member States engaged in the design of a medical countermeasures coordination platform.

The representative of OXFAM, speaking at the invitation of the CHAIR, said that the most equitable publicly funded health systems were best able to protect people's health. Government engagement with communities was critical, as was the trust of community health workers, who must be well trained and adequately remunerated. Universal and sustained access to medical products was essential for public health and she highlighted the importance of investment in collaborative research and development, manufacturing capacity in the global South, technology sharing and the removal of intellectual property barriers. The pandemic accord and revised International Health Regulations (2005) must recognize that the burden of care during health emergencies rested mainly on women and that violence against women had increased during the pandemic.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIR, said that older people were often overlooked in emergencies despite being most at risk. To ensure that emergency preparedness and response measures upheld the rights of all older people, WHO must champion age-, gender- and disability-inclusive responses informed by disaggregated data and ensure that older people's physical and mental health and care needs were met in emergencies.

The representative of the SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, welcomed WHO's leadership in responding to public health emergencies, including in delivering life-saving health and nutrition support to 70 emergencies in 2022. Governments must act urgently and decisively to avert the health and nutritional impacts of the global hunger crisis. They must adopt and implement new guidelines and protocols published by WHO. National action plans for health security must include community-based treatment for acute malnutrition, breastfeeding support and investment in community and primary health care.

The representative of MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, noted the need to include access to countermeasures in the global architecture for health emergency preparedness, response and resilience. Key enablers of timely and equitable access to innovative countermeasures that had been successfully applied during the pandemic might be considered as core objectives. Existing mechanisms, partnerships and capacities should be built on as essential components of a strengthened global architecture for health emergency preparedness and response.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE FOR THE WHO HEALTH EMERGENCIES PROGRAMME said that he was grateful to those Member States that had reaffirmed that the WHO Health Emergencies Programme should be based on the 'one programme' principle and have clear lines of authority and accountability, and that any modification to the Emergency Response Framework should take into consideration lessons learned from the West Africa Ebola virus crisis in accordance with guidance contained in document A69/30. He agreed that great progress had been made in preventing and responding to sexual exploitation, abuse and harassment and that those gains must be supported by meaningful cultural change. Calls for greater equity in access to health emergency products had been noted and he urged Member States to unlock resources in support of WHO's ongoing response to the cholera outbreak. The Committee would continue to monitor progress and strengthen its oversight role to provide independent scrutiny. The call for rapid action in the Sudan and in response to the earthquake in the Syrian Arab Republic and Türkiye reaffirmed WHO's increasing role in humanitarian crises. He agreed that further efforts were required to coordinate ongoing initiatives for the global architecture for health emergency preparedness, response and resilience and welcomed the recommendation that the Standing Committee on Health Emergency Prevention, Preparedness and Response should facilitate and monitor the implementation of the Independent Oversight and Advisory Committee's recommendations.

WHO must strengthen capacity at the country, regional and headquarters levels. Noting that many countries were counting on WHO support, he said that it was critical to ensure that the WHO Health Emergencies Programme was equipped with the authority and resources necessary to support Member States in the long-term endeavour of increasing national emergency preparedness and response capacity. Member States were urged to honour their commitment to increase assessed contributions.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that addressing health emergencies was an urgent priority across the Eastern Mediterranean Region: WHO was currently responding to 49 outbreaks there, while recent crises in Pakistan, Somalia and the Syrian Arab Republic had severely tested response capacities. There was little time to reflect, internalize lessons learned and better prepare. The recent escalation of violence in the Sudan, including the high number of attacks on health care facilities and workers, was the latest example of the challenges faced in the Region. Amid such serious needs, there had been successes in the Region: the number of laboratories with PCR capacities had increased 100-fold since the start of the pandemic; WHO, alongside UNICEF and partners, had sustained the delivery of health services in Afghanistan since August 2021; and the WHO Logistics Hub in Dubai had dispatched 375 shipments of supplies to countries in all WHO regions in 2022. In addition, recent external reviews of WHO's regional response to the pandemic and operations in the Syrian Arab Republic and Yemen had been positive.

In order to build on those achievements, the gains made during the pandemic, particularly at country level, had to be rationalized and sustained. The Region's approach to managing emergencies should be further refined, including through the adoption of an 'all-hazards' approach. It was important to capitalize on global and regional initiatives such as the global architecture for emergency preparedness, response and resilience, and the work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. The collaboration with the Regional Office for Africa and the Africa Centres for Disease Control and Prevention on a five-year health emergency plan for the African continent was a great step forward. Preparing the next generation of emergency leaders was another priority, and almost 300 professionals had already received training under a dedicated programme.

The REGIONAL DIRECTOR FOR THE AMERICAS expressed solidarity with the families of those who had lost their lives during the COVID-19 pandemic and the populations continuing to face the socioeconomic effects. The impact of the pandemic, including the excess mortality that could be up to four times higher than the reported number of confirmed deaths, reflected the gap between political commitments and the actual operationalization of measures to strengthen health systems and social protection. Millions were now facing the consequences of poorly understood post-COVID-19 conditions

and bold action must be taken using all available knowledge and resources to reduce the risk of, prepare for and respond to current and future health emergencies. A crucial step was to learn lessons from the pandemic, including by reviewing the challenges, failures and successes and identifying short- and long-term actions that should be implemented immediately.

Although the International Health Regulations (2005) were increasingly considered a cornerstone of global health governance, there appeared to be some resistance to compliance. It was crucial that all Member States engage in the discussions to develop an international instrument that would take full stock of the experiences during the pandemic, complement the Regulations and establish a solid foundation for the global architecture on health emergency preparedness, response and resilience. Efforts were being made to ensure the equitable and active participation of all Member States in the Region of the Americas, including small island developing States. It was encouraging that the Member State-led processes of the International Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005) were now looking for synergies with other relevant international mechanisms and instruments in order to ensure consistency and avoiding duplication. Lastly, prioritizing investment in local preparedness and national and subnational health system readiness was essential to make global health emergency preparedness and response fit for purpose.

The CHIEF SCIENTIST thanked Member States for their interest in clinical trials and helpful comments, which would inform the Secretariat's ongoing work in developing guidance on best practices in line with resolution WHA75.8 (2022). As highlighted by many Member States, national and local expertise, context and capacity and, where appropriate, regional and international coordination and collaboration were important in more efficiently designing and implementing high-quality national, regional and international trials. In addition, lessons learned during the pandemic were key to improving the clinical trial ecosystem, including by ensuring that clinical and public health trial capacity and allied science were in place, functional and consistently available to provide responses to important endemic infections and noncommunicable conditions and were ready to pivot in times of emergency. Noting the needs expressed by Member States in relation to strengthening clinical research capacities, he confirmed that the Secretariat would hold the Member State consultation later in 2023 and would be pleased to present a proposal for development of a self-assessment tool. He also took note of the comments highlighting the importance of better representation of underserved populations in clinical trials, including but not limited to pregnant women and people of all ages. The guidance under development would include a specific section on addressing the needs of such populations, including children and pregnant and lactating women.

The ASSISTANT DIRECTOR-GENERAL (Health Emergency Intelligence and Surveillance Systems) thanked Member States for their feedback on the work to strengthen the health emergency preparedness and response framework. The Secretariat's work with Member States on collaborative surveillance and access to countermeasures would drive efforts on safe and scalable clinical care, the provision of community protection and coordination on lessons learned from the pandemic. He took note of Member States' comments on not getting ahead of the Member State-driven processes and on ensuring the alignment of different initiatives. He also noted comments regarding the work of regional teams at the country level and concerns about resource constraints in the WHO Health Emergencies Programme amid increasing demands on those resources.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that the Programme was currently responding to 55 graded emergencies worldwide, 14 of which were Grade 3 emergencies. He thanked Member States for their partnership and support for the Programme's work. There were some 250 institutions participating in the Global Outbreak, Alert and Response Network, 900 health cluster partners assisting in emergency response, 250 collaborating centres working within the research and development blueprint for action to prevent epidemics and 130 WHO-registered emergency medical

teams, which represented a rapidly deployable clinical workforce of more than 25 000 prequalified individuals.

He thanked the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme for its activities and feedback, which were invaluable to the Programme. Acknowledging the Committee's concerns regarding staffing and financing, he said that the majority of the Programme's activities continued to be funded through highly specified financing and budgetary issues were a constraint. He wished to express deep gratitude to those Member States that had contributed to the WHO Contingency Fund for Emergencies over the years, namely: Australia, Austria, Canada, China, Denmark, Estonia, Finland, France, Georgia, Germany, India, Ireland, Japan, Kuwait, Luxembourg, Malta, Netherlands (Kingdom of the), New Zealand, Norway, the Philippines, Portugal, the Republic of Korea, Slovakia, Sweden, Switzerland, the United Kingdom of Great Britain and Northern Ireland, and the United States of America. The funds provided, which had exceeded US\$ 350 million, had been immediately available and had enabled WHO to respond to more than 170 emergencies within hours rather than days or weeks.

The Secretariat was extremely grateful to Member States for their input on the reports under consideration. Noting the State Party self-assessment reporting, joint external evaluations, intra- and after-action reviews and simulation exercises undertaken in the reporting period, he said that Member States were actively looking to improve their systems. Numerous national action plans for health security had also been developed.

The Secretariat was seeking to bring together activities on governance, financing and systems, and workforce development into a coherent framework for health emergency preparedness and response. Many of the capacities built by Member States could potentially be lost and the Secretariat would continue to work with Member States to strengthen the five core health emergency components. It was committed to engaging with the Standing Committee on Health Emergency Prevention, Preparedness and Response on that work and to increasing regional-level engagement. WHO's mandate on the Global Health for Peace Initiative was very clear and its work would not duplicate or interfere with the ongoing efforts of other actors in that field. The Secretariat would continue to consult on the draft road map. Lastly, he thanked all staff under the WHO Health Emergencies Programme, who had worked tirelessly through the pandemic and beyond to support Member States.

The DIRECTOR-GENERAL said that the Secretariat would implement the recommendations of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme. It would ensure that the work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005) and on strengthening the global architecture was coherent and in alignment, and that the participation of small island developing States in myriad initiatives would be supported. He encouraged Member States to support the 2023 high-level meeting of the United Nations General Assembly on pandemic prevention, preparedness and response, which would give important impetus to WHO's work. Lastly, he thanked those Member States that had contributed to the WHO Contingency Fund for Emergencies, which had increased the efficiency and effectiveness of the WHO Health Emergencies Programme.

The CHAIR invited the Committee to note the reports contained in documents A76/8, A76/9 Rev.1, A76/10, A76/7 Rev.1, A76/11 and A76/12.

The representative of the RUSSIAN FEDERATION recalled that her Government had voted against resolution WHA75.11(2022) and thus did not recognize its mandate. As the report contained in document A76/12 had been prepared in response to that resolution, her Government wished to disassociate itself from the decision to take note of the report.

The representative of the SYRIAN ARAB REPUBLIC said that her Government did not support resolution WHA75.11 (2022) and therefore wished to disassociate itself from the decision to take note of the report contained in document A76/12.

The CHAIR recalled that, consistent with WHO practice, the term “note” was not synonymous with the term “approve” and denoted neither approval nor disapproval. Accordingly, on that understanding, and mindful of the position expressed by the Russian Federation and Syrian Arab Republic to dissociate themselves from the report contained in document A76/12, she took it that the Committee wished to note the reports contained in documents A76/8, A76/9 Rev.1, A76/10, A76/7 Rev.1, A76/11 and A76/12.

**The Committee noted the reports.**

**Rights of reply**

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, said that she wished to respond to those Member States that had suggested that the draft resolution proposed by her Government did not reflect reality and diverted attention from WHO’s agenda. It was natural that medical personnel should provide assistance to all persons in any situation and should remain apolitical since politicization destroyed neutrality. WHO should also stay out of politics and discuss health-related matters. Yet some countries were pedalling their lies in the WHO platform and were deliberately undermining her Government’s cooperation with the Organization. A clear example was the decision by countries in the European Region to close the WHO European Office for the Prevention and Control of Noncommunicable Diseases in Moscow, which had conducted its work successfully for a decade, including through the pandemic. After imposing economic sanctions and accusing her Government of causing crises, such countries were now preventing her Government from working with WHO on noncommunicable diseases. Those very countries had triggered the coup in Ukraine in 2014. Since then, Ukraine had been targeting the east of the country and had imposed a blockade that had prevented hospitals from performing operations and medicines from being delivered. In 2022, the peaceful Russian-speaking population in that part of Ukraine had asked the Russian Federation for help, which it had duly provided. The conflict in Ukraine had become the main topic in all international forums and was a convenient way to divert discussion from other important issues. Her Government supported WHO’s work in all health emergencies throughout the world, including in Ukraine. Discussions at the Health Assembly should focus on increasing the effectiveness of WHO’s work in all health emergencies, and she invited Member States to support the draft resolution proposed by her Government.

The representative of DENMARK, speaking on behalf of a group of Member States of the European Region that had supported the relocation of the functions and management of the activities of the WHO European Office for the Prevention and Control of Noncommunicable Diseases from Moscow, Russian Federation, to the WHO Regional Office for Europe in Copenhagen, Denmark, and also in exercise of the right of reply, said that the direct and indirect health impacts of the Russian Federation’s unprovoked, illegal and unjustified aggression against Ukraine were of utmost concern. The continued operation of that Office in Moscow would have challenged its ability to provide timely technical support to Member States, and its ability to work with international partners. The relocation of the Office would not adversely affect its functionality and would serve to safeguard the critical work on noncommunicable diseases in the European Region. To host an office of a specialized agency of the United Nations was not a right but a privilege. That privilege entailed obligations, the foremost of which was compliance with the Charter of the United Nations, which had been violated by the Russian Federation in Ukraine.

The representative of UKRAINE, speaking in exercise of the right of reply, said that the Russian Federation’s unprovoked aggression against Ukraine in February 2022 had triggered a serious health

emergency, which persisted as the Russian Federation continued to attack critical and civilian infrastructure in Ukraine. The Russian Federation's unjustified war on Ukraine had national, regional and global implications for the right to health and its discussion at the World Health Assembly was therefore fully justified. She urged Member States to take a principled stance in defence of WHO's principles and mission to ensure health for all, to vote in favour of the draft decision on Ukraine and to reject the Russian Federation's attempt to absolve itself of responsibility for its invasion of Ukraine and the ensuing health emergency.

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, said that the WHO European Office for the Prevention and Control of Noncommunicable Diseases had functioned effectively in Moscow, including during the pandemic, and no conclusion to the contrary had been drawn. The reasons for relocating the Office seemed rather strange. The Russian Federation had not begun anything; it was ending a conflict that Ukraine had been waging since 2014.

The representative of SWEDEN, speaking on behalf of the European Union and its Member States and also in exercise of the right of reply, expressed full support for the independence, sovereignty and territorial integrity of Ukraine within its internationally recognized borders. She also fully supported Ukraine's inherent right to self-defence against the Russian Federation's aggression, which constituted a gross violation of international law and the Charter of the United Nations and undermined international security and stability.

At the invitation of the CHAIR, the LEGAL COUNSEL explained the procedure for the roll-call votes. 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 votes, were: Afghanistan, Central African Republic, Comoros, Dominica, Equatorial Guinea, Lebanon, Lesotho, Libya, Micronesia (Federated States of), Myanmar, Niue, Sao Tome and Principe, Somalia, South Sudan, Suriname, Venezuela (Bolivarian Republic of) and Yemen.

A vote on the draft decision on the health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression was taken by roll-call, the names of the Member States being called in the English alphabetical order, starting with Jamaica, the letter J having been determined by lot.

**The result of the vote was:**

**In favour:** Albania, Andorra, Argentina, Australia, Austria, Bahamas, Belgium, Belize, Bosnia and Herzegovina, Bulgaria, Cambodia, Canada, Chile, Colombia, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Dominican Republic, Ecuador, Estonia, Fiji, Finland, France, Georgia, Germany, Greece, Guatemala, Haiti, Iceland, Indonesia, Ireland, Israel, Italy, Jamaica, Japan, Latvia, Lithuania, Luxembourg, Maldives, Malta, Marshall Islands, Mauritius, Mexico, Monaco, Montenegro, Nepal, Netherlands (Kingdom of the), New Zealand, North Macedonia, Norway, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Republic of Korea, Republic of Moldova, Romania, Samoa, San Marino, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Thailand, Timor-Leste, Tonga, Türkiye, Tuvalu, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Vanuatu.

**Against:** Algeria, Belarus, China, Cuba, Democratic People's Republic of Korea, Lao People's Democratic Republic, Nicaragua, Russian Federation, Syrian Arab Republic.

**Abstaining:** Bahrain, Bangladesh, Barbados, Bhutan, Bolivia (Plurinational State of), Botswana, Brazil, Brunei Darussalam, Burundi, Cameroon, Chad, Congo, Egypt, El Salvador, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea-Bissau, India, Iran (Islamic Republic of), Iraq, Jordan, Kazakhstan,

Kenya, Kyrgyzstan, Malaysia, Mali, Mauritania, Mongolia, Mozambique, Namibia, Nigeria, Oman, Pakistan, Qatar, Saudi Arabia, Senegal, Solomon Islands, South Africa, Sri Lanka, Sudan, Togo, Tunisia, Uganda, United Arab Emirates, United Republic of Tanzania, Uzbekistan, Viet Nam, Zambia, Zimbabwe.

**Absent:** Angola, Antigua and Barbuda, Armenia, Azerbaijan, Benin, Burkina Faso, Cabo Verde, Cook Islands, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Eritrea, Grenada, Guinea, Guyana, Honduras, Hungary, Kiribati, Kuwait, Liberia, Madagascar, Malawi, Morocco, Nauru, Niger, Palau, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Serbia, Seychelles, Sierra Leone, Tajikistan, Trinidad and Tobago, Turkmenistan.

**The draft decision was therefore approved by 80 votes to 9, with 52 abstentions.<sup>1</sup>**

The representative of NICARAGUA reiterated that her Government wished to be added to the list of sponsors of the draft resolution proposed by the Russian Federation and the Syrian Arab Republic.

A vote on the draft resolution was taken by roll-call, the names of the Member States being called in the English alphabetical order, starting with Gabon, the letter G having been determined by lot.

**The result of the vote was:**

**In favour:** Belarus, Burkina Faso, China, Cuba, Democratic People's Republic of Korea, Iran (Islamic Republic of), Lao People's Democratic Republic, Nicaragua, Russian Federation, Syrian Arab Republic, Tajikistan, Thailand, Zimbabwe.

**Against:** Albania, Andorra, Australia, Austria, Belgium, Belize, Bosnia and Herzegovina, Bulgaria, Canada, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Ecuador, Estonia, Fiji, Finland, France, Georgia, Germany, Greece, Guatemala, Haiti, Iceland, Ireland, Israel, Italy, Jamaica, Japan, Latvia, Lithuania, Luxembourg, Malta, Marshall Islands, Monaco, Montenegro, Nepal, Netherlands (Kingdom of the), New Zealand, North Macedonia, Norway, Papua New Guinea, Peru, Poland, Portugal, Republic of Korea, Republic of Moldova, Romania, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland, Timor-Leste, Tonga, Tuvalu, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Vanuatu.

**Abstaining:** Algeria, Argentina, Bahamas, Bahrain, Bangladesh, Barbados, Bhutan, Bolivia (Plurinational State of), Botswana, Brazil, Brunei Darussalam, Burundi, Cambodia, Chad, Chile, Colombia, Congo, Democratic Republic of the Congo, Dominican Republic, Egypt, El Salvador, Eswatini, Ethiopia, Gabon, Ghana, India, Indonesia, Iraq, Jordan, Kazakhstan, Kenya, Kyrgyzstan, Malaysia, Maldives, Mali, Mauritania, Mexico, Mongolia, Mozambique, Namibia, Nigeria, Oman, Pakistan, Panama, Paraguay, Philippines, Qatar, Saudi Arabia, Senegal, Singapore, South Africa, Sri Lanka, Sudan, Tunisia, Uganda, United Arab Emirates, United Republic of Tanzania, Uruguay, Uzbekistan, Viet Nam, Zambia.

**Absent:** Angola, Antigua and Barbuda, Armenia, Azerbaijan, Benin, Cabo Verde, Cameroon, Cook Islands, Côte d'Ivoire, Djibouti, Eritrea, Gambia, Grenada, Guinea, Guinea-Bissau, Guyana, Honduras, Hungary, Kiribati, Kuwait, Liberia, Madagascar, Malawi, Mauritius, Morocco, Nauru, Niger, Palau, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Serbia, Seychelles, Sierra Leone, Solomon Islands, Togo, Trinidad and Tobago, Türkiye, Turkmenistan.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA76(8).

**The draft resolution was therefore rejected by 62 votes to 13, with 61 abstentions.**

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA, speaking in explanation of vote, said that the decision on Ukraine did not contribute to resolving issues and ensuring regional peace and security but instead exacerbated the situation and promoted confrontation and division among Member States. In line with the WHO Constitution, politicization should not be permitted at any WHO meetings. For those reasons, his Government had voted against the decision and in favour of the draft resolution proposed by the Russian Federation.

The representative of NICARAGUA, speaking in explanation of vote, said that her Government promoted the principles of peace and international justice, opposed all forms of violence and contraventions of people's rights, and strived to foster international solidarity, cooperation and dialogue. It condemned all attempts at politicizing humanitarian efforts and the work and objectives of WHO. Universal access to health must be ensured. Her Government had voted in favour of the draft resolution proposed by the Russian Federation given its more integrated approach and the fact that it took into account the real humanitarian situation in and around Ukraine. The draft resolution also responded to the need for humanitarian assistance based on WHO's principles of neutrality, impartiality and independence.

The representative of CHINA, speaking in explanation of vote, said that his Government continued to uphold an objective and impartial stance regarding the crisis in Ukraine and actively promoted peace. It was opposed to any practice intensifying conflict and confrontation. The actions of the United Nations and its specialized agencies, including WHO, should focus on regional peace and security and foster a de-escalation of the situation and a diplomatic settlement. The crisis in Ukraine concerned international peace and security; WHO was therefore not an appropriate forum at which to discuss the issue. His Government opposed the politicization of health issues and hoped that WHO would continue to focus on its main responsibilities and refrain from political discussions, which would affect the work of the Health Assembly.

The representative of BELARUS, speaking in explanation of vote, said that the decision on Ukraine was not balanced. Peace and diplomacy were the only means by which an effective solution could be found to the health crisis in Ukraine. However, countries that had supported the decision were also the ones escalating the situation. In addition, the global food security crisis mentioned in the decision was partly the result of financial and economic sanctions imposed by some of the countries in favour of the text. The politically motivated decision to close the WHO European Office for the Prevention and Control of Noncommunicable Diseases in Moscow would have a negative effect on regional efforts to prevent such diseases. For those reasons, her Government had voted against the decision and in favour of the draft resolution proposed by the Russian Federation, which was more closely aligned with the principle of impartiality in WHO's work.

The representative of BRAZIL, speaking in explanation of vote, said that his Government had abstained from the vote on the decision on Ukraine and the draft resolution proposed by the Russian Federation as neither would help to decrease the level of violence towards health professionals, reduce the damage to health facilities in Ukraine or improve access to health for the affected populations. It was not appropriate to single out the situation in Ukraine without referring to other similar and serious crises. WHO should confine itself to matters within its mandate. The increasing number of decisions and resolutions adopted by WHO governing bodies without prior debate and meaningful negotiation undermined multilateralism and the spirit of Geneva.

The representative of TÜRKİYE, speaking in explanation of vote, reiterated his Government's reservations regarding the inclusion of the second preambular paragraph of the decision on Ukraine.



The representative of COLOMBIA, speaking in explanation of vote, said that her Government had voted in favour of the decision on Ukraine, which was focused on technical matters within WHO's mandate. Her Government was committed to ensuring peace and safeguarding the technical character of international organizations, whose support should be targeted towards the population affected by the conflict. However, the second preambular paragraph of the decision had not been included in the initial draft. Although the decision to close the WHO European Office for the Prevention and Control of Noncommunicable Diseases in Moscow was a regional one that had been taken by the WHO Regional Committee for Europe, further information should be provided to all Member States on the measures that would be put in place to ensure ongoing technical cooperation with all countries in the region and the continued provision of support to vulnerable populations in central Asia.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that his Government had not been able to vote on either the decision on Ukraine or the draft resolution proposed by the Russian Federation owing to arrears in its payment of assessed contributions to WHO, which was the result of the unilateral coercive measures imposed on his Government. However, the draft resolution proposed by the Russian Federation offered a more global perspective of the conflict, acknowledging the victims both in Ukraine and the Russian Federation. He called for a lasting peaceful solution, the cessation of hostilities and the fostering of dialogue and mutual respect. To punish a Member State by seeking to exclude it from projects already under way would impact both its capacity for cooperation and the population's right to health. Joint and concerted efforts were needed to tackle the many ongoing health crises, including those in conflict settings, about which precious little was said.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in explanation of vote, said that the draft resolution proposed by the Russian Federation was deeply regrettable and part of the continuing attempt by the Russian Federation to deny responsibility for the health impacts of its unprovoked, illegal aggression against Ukraine. Attacks on health facilities across Ukraine had caused immense damage to the country's health system, with impacts extending well beyond Ukraine's borders. His Government therefore warmly welcomed the Health Assembly's approval of the decision on Ukraine, which addressed the health impacts of the Russian Federation's aggression.

The representative of MEXICO, speaking in explanation of vote, said that her Government had voted in favour of the decision on Ukraine because it shared the health and humanitarian concerns set out therein. Her Government had consistently condemned the aggression against Ukraine. However, she expressed concern regarding the inclusion of the second preambular paragraph of the decision, which could hinder cooperation among Member States and the promotion and protection of health for all, as set out in the WHO Constitution.

The representative of POLAND, speaking in explanation of vote and on behalf of the sponsors of the decision on Ukraine, expressed satisfaction that the large majority of Member States had voted in favour of the decision. It was necessary to keep the issue of the health emergency in Ukraine on the agenda of WHO and the Health Assembly. The direct and indirect health impacts of the Russian Federation's illegal and unjustified aggression against Ukraine were of the utmost concern, with national, regional and global consequences on the right to health. The unbalanced draft resolution proposed by the Russian Federation was clearly a cynical attempt to undermine resolution WHA75.11 (2022) and sought to absolve it from all responsibility for its invasion of Ukraine and the health emergency it had triggered.

The representative of ALGERIA, speaking in explanation of vote, said that multilateral forums should be a place of dialogue and cooperation, not confrontation. WHO was a specialized institution with a noble mandate of fostering cooperation to improve health and well-being. He commended the Organization's work in conflict and crisis settings. His Government was committed to international law

and respect for international humanitarian law. It had voted against the decision on Ukraine because of the political references therein. Other institutions would be better placed to deal with issues of peace and security, which should be addressed in a participatory and inclusive manner. Geography, religion and other factors should not be allowed to influence exceptional action, on the one hand, and to result in a deafening silence and unjustifiable impunity, on the other.

The representative of the UNITED STATES OF AMERICA, speaking in explanation of vote, affirmed her Government's support for the decision on Ukraine. It had voted against the draft resolution proposed by the Russian Federation, which sought to undermine resolution WHA75.11 (2022) and attempted to absolve the Russian Federation from all responsibility for its unprovoked invasion of Ukraine and for the health emergency for which the Russian Federation was solely responsible. The millions of people displaced, hundreds of attacks on health care facilities, unconscionable civilian loss of life and significant health impacts within and beyond Ukraine caused by the Russian Federation's brutality must not be overlooked. Addressing the humanitarian crisis caused by the war instigated by the President of the Russian Federation was not a matter of politicization but rather about the health and welfare of millions of people and the need to hold the Russian Federation accountable for its unprovoked and illegal war against Ukraine. The criticism levelled by the Russian Federation at the WHO Surveillance System for Attacks on Health Care was not based on objective evidence, and as such should not have been included in the draft resolution. She emphasized her Government's steadfast commitment to supporting Ukraine and its people and urged all Member States to do the same.

The representative of UKRAINE, speaking in explanation of vote, welcomed the approval of the decision, which would provide a framework for WHO's continued life-saving response to the health emergency in Ukraine. It was also a sign of hope for Ukrainian people in need of health assistance and a strong show of solidarity with Ukraine's health workers. A clear signal had been sent to the Russian Federation that the health emergency it had provoked and large-scale attacks on health care facilities would not be tolerated. It was important that the decision drew attention to the fact that the Russian Federation's aggression against Ukraine continued to constitute exceptional circumstances, and that continued action by the Russian Federation to the detriment of the health situation in Ukraine, at the regional and global levels, would necessitate that the Health Assembly should consider the application of relevant articles of the WHO Constitution.

The cynical attempt by the Russian Federation to deceive the Health Assembly by proposing a draft resolution that pedalled its propaganda had failed. By voting against the draft resolution proposed by the Russian Federation, the Health Assembly had again confirmed that responsibility for the health crisis in Ukraine lay solely with the Russian Federation. She thanked the sponsors of the decision and those Member States that had voted in favour of the text for their support. It was only through joint efforts that the health emergencies in Ukraine and elsewhere in the world could be meaningfully addressed and the vision of health for peace and peace for health realized.

The representative of CUBA, speaking in explanation of vote, reaffirmed her Government's support for the important work of WHO, which was based on principles of objectivity, impartiality, inclusivity and cooperation. Classification of a conflict as "exceptional circumstances" within the meaning of Article 7 of the WHO Constitution would not contribute to guaranteeing the right to health for those in need, especially if applied selectively. Her Government rejected the politicization of international organizations and noted that none of WHO's functions set out in Article 2 of its Constitution justified using the Organization for any political purposes. Her Government would continue to promote peace and health for all and oppose the threat or use of force. It supported a diplomatic and realistic solution to the crisis that guaranteed security and sovereignty and addressed legitimate humanitarian concerns. The Secretariat should continue to enhance actions to strengthen the Organization's intergovernmental nature with a view to improving health for all.

The representative of the SYRIAN ARAB REPUBLIC, speaking in explanation of vote, said that her Government had voted against the decision on Ukraine, which had been sponsored by countries that were complicit in creating and extending the crisis in Ukraine. The decision was politically motivated and took a unilateral approach that promoted baseless accusations and ignored the causes of the crisis and, as such, was proof of double standards. In contrast, the draft resolution proposed by the Russian Federation was balanced, sought to address the interests of all parties and upheld the objectives of WHO. The response to the health emergency in and around Ukraine required a comprehensive and non-discriminatory approach, in line with WHO's Constitution, should avoid politicization and address all aspects of the emergency. Regrettably, the decision met none of those criteria.

The representative of SAN MARINO, speaking in explanation of vote, said that his Government had voted in favour of the decision on Ukraine and wished to be added to the list of sponsors.

The representative of the RUSSIAN FEDERATION, speaking in explanation of vote, said that her Government supported the work of WHO in all countries and regions around the world, including in Ukraine. However, it rejected lies and the politicization of WHO's work. Her Government had therefore voted against the politicized decision on Ukraine that was not based on fact. The decision had been approved by those countries that had supported the 8-year war in the east of Ukraine and had also decided to close the WHO European Office for the Prevention and Control of Noncommunicable Diseases in Moscow, stating as justification that participation in international cooperation in the field of health was a privilege. Such actions demonstrated the unilateral nature of decisions as to those that were entitled to that privilege and those that were not. Her Government was categorically opposed to such an approach. All countries were equal.

The majority of countries agreed that the politicization of WHO's work should be avoided. The decision proposed by Ukraine had been supported by fewer than half of WHO's Member States. She hoped that the countries that had voted in favour of the decision would take the correct course of action at the next session of the Health Assembly so that normal business could be resumed. She thanked those countries that had had the courage to vote against the decision.

The CHAIR said that items 14.1, 14.2, 15.1 and 15.2 were now closed and invited the Committee to consider the draft decision on the Global Health for Peace Initiative, contained in document A76/7 Rev.1 Add.2, the financial and administrative implications of which were set out in document A76/7 Rev.1 Add.3.

The representative of SWITZERLAND expressed support for the Global Health for Peace Initiative. She highlighted the importance of informal consultations among Member States and the need to reach consensus on the draft road map for the Global Health for Peace Initiative. She therefore requested that discussions on the draft decision should be suspended.

The CHAIR took it that the Committee wished to suspend consideration of the draft decision on the Global Health for Peace Initiative pending further informal Member State consultations.

**It was so agreed.**

(For continuation of the discussion on item 15.3, see the summary records of the eleventh meeting, section 1.)

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

## **SEVENTH MEETING**

**Wednesday, 24 May 2023, at 14:45**

**Chair:** Dr J.S.J. HASSAN (Bahrain)

**later:** Mr M. NDOUTOUMOU ESSONO (Gabon)

**later:** Dr J.S.J. HASSAN (Bahrain)

### **PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE** (continued)

#### **GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016–2030):** Item 12 of the agenda (document A76/5) (continued from second meeting, section 2)

The representative of SOLOMON ISLANDS welcomed the significant progress made, including in improving access to reproductive, maternal, newborn, child and adolescent health services in the Western Pacific Region. Outlining the measures implemented by his Government, he highlighted that inequalities in access to and quality of such services remained a huge challenge, both in his country and worldwide. It was therefore important to continue strengthening ways to ensure the meaningful participation of vulnerable and disadvantaged populations in decision-making and in the implementation of programmes and services.

The representative of ETHIOPIA said that his Government had implemented a range of initiatives to improve women's, children's and adolescents' health but required support, including to build capacity and forge collaborations. Lack of recent data hindered efforts to track progress in reducing the maternal mortality ratio, while efforts to curb adolescent pregnancy had been hampered by the coronavirus disease (COVID-19) pandemic and conflicts. His Government was open to considering the new framework for adolescent well-being published by WHO and the Partnership for Maternal, Newborn and Child Health. It welcomed efforts to strengthen regional and global collaboration towards the achievement of the Sustainable Development Goals, as well as any future draft resolutions to advance efforts to improve women's, children's and adolescents' health.

The representative of PAKISTAN noted with satisfaction that despite the COVID-19 pandemic, which had been compounded by several humanitarian disasters, momentum had been maintained towards improving reproductive, newborn, child and adolescent health. He outlined the steps taken by his Government to improve women's, children's and adolescents' health, including to address gaps in quality and equity of care. He expressed his sincere thanks to Member States and the international community including WHO, other organizations of the United Nations system and the World Bank for their support during the floods in Pakistan in the year 2022 and in strengthening his country's health systems to improve health outcomes, in particular with regard to maternal, adolescent, newborn and child health.

The representative of the ISLAMIC REPUBLIC OF IRAN said that the report should pay greater attention to the issue of equity in health and to the importance of maintaining and strengthening family relationships as an essential component of comprehensive health. The term "pregnant women" in the report should be replaced by "pregnant mothers", as that term would make women feel more committed to protecting and ensuring the health of their future children. Given the issues caused by a reduction in the total fertility rate, references to family planning programmes should instead be focused on

encouraging timely and deliberate pregnancies and increasing the fertility rate above the replacement level. Women should be made aware of the benefits of early marriage, as well as of timely and repeated childbearing.

The unilateral coercive measures imposed on his Government had threatened its ability to meet the medical needs of infants and children. Although his country's robust health system had allowed that risk to be managed, he requested support from the Secretariat in the area of women's and children's health in order to minimize the harm from the imposition of such measures. Health services for small and sick newborns should be provided free of charge in national health systems given that they related directly to saving human life and could indirectly incentivize childbearing in countries with a declining youth population.

The representative of FRANCE said that improving women's, children's and adolescents' health must remain a priority in order to ensure that no one was left behind and to achieve universal health coverage. However, the worrying stagnation described in the report threatened the vital progress made. She described the action taken by her Government in support of women's, children's and adolescents' health, including in promoting sexual and reproductive health rights and combating gender-based violence. Collective efforts to improve maternal, child and adolescent health and uphold sexual and reproductive health rights must be sustained. Political, humanitarian, climate and health crises jeopardized the progress made in women's and girls' rights and restricted their access to health services. The right of women and girls to have control over their bodies and to choose when and whether they wished to have children was vital for women's empowerment and societal development. WHO should continue its efforts in the area of women's, children's and adolescents' health, in particular through the WHO Academy and at the regional and country levels, especially in Africa.

The representative of MALAYSIA highlighted the importance of a life course approach, which would contribute to improving access to health care services and achieving universal health coverage. Outlining the initiatives implemented by her Government, she noted the importance of prioritizing early detection of acute child illness through a comprehensive approach and community engagement. Emphasis should also be placed on providing pre- and inter-conception care for high-risk women in order to prevent unintended pregnancies and reduce maternal morbidity and mortality.

The representative of the PHILIPPINES welcomed the integrated life course approach to improving women's, children's and adolescents' health and ensuring equitable access to quality health care. Such an approach should continue to be used in future outputs. The steps taken to address the historical fragmentation of vertical programmes in WHO's guidance, outputs and support were welcome. Health systems strengthening was necessary to ensure adequate access points for service delivery, especially for newborn, maternal, and sexual and reproductive health. Technical guidance should be developed on better strategies for intersectoral action to address the social and commercial determinants of health, as well as on integrated planning for programmes and interventions on good nutrition for women and adolescents.

It was important to ensure access to appropriate care and services for sick children through evidence-based guidelines and access to medicines. Affordable access to paediatric formulations of essential products in low- and middle-income countries should be addressed within broader global pharmaceutical policy reforms, especially for monopolies and innovative products and medical devices. Priority strategies for improving adolescent health included developing evidence-based integrated guidance for screening and service delivery, as well as interventions addressing mental health, substance use, violence, and sexual and reproductive health through a whole-of-community approach. The structural and social determinants of adolescent health should also be addressed.

The representative of GERMANY said that to increase national and international investments and accelerate progress, health systems should be supported and equitable access to quality health services for women, children and adolescents ensured. Sexual and reproductive health services were crucial for health and well-being and central to achieving universal health coverage, for which more sustainable

and diversified health financing was needed. Countries must prioritize health and finance universal health coverage using domestic resources. The international community should explore options to ensure that investments were strategic and had the greatest possible sustainable impact. She encouraged increased participation in the resource mobilization campaign under the Global Financing Facility for Women, Children and Adolescents, which was co-hosted by her Government.

Regarding a life course approach to health and well-being, she highlighted the need to prioritize access to information and services where it was currently lacking and where the positive impact on health and well-being would be highest. That included ensuring access to contraceptive products, services for adolescents and unmarried people, menstruation products and comprehensive sexuality education, as well as raising awareness among women of childbearing age and those around them about the effects of alcohol consumption and other harmful practices or substances during pregnancy.

The representative of URUGUAY shared the concerns expressed regarding mental health conditions among adolescents, which had been exacerbated by the COVID-19 pandemic. She described the range of measures implemented by her Government to tackle that and other issues affecting adolescent health, including by involving adolescents in related discussions and initiatives, ensuring access to quality health services and sharing evidence-based practices that could be adapted to the local context.

The representative of THAILAND said that to improve the uneven progress in implementing the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), significant investment in universal health coverage and primary health care was needed, particularly in low-income countries. Donor spending focused mostly on specific diseases and was often not in alignment with country priorities in accordance with the Paris Declaration on Aid Effectiveness. Governments must ensure sufficient budget allocation for health systems strengthening. Given the importance of evidence in supporting policy interventions and ensuring government accountability, civil registers and vital statistics should be strengthened. She welcomed the ongoing pilot-testing of a draft set of priority indicators to measure adolescent health, which should be harmonized with other data platforms. Providing early childhood development services in line with countries' resources and contexts and target 4.2.1 of the Sustainable Development Goals was critical for children to have a productive adult life. That could be achieved through low-cost, high-quality child care centres.

The representative of PARAGUAY expressed concern at the global trends in maternal and newborn mortality and the effects of the COVID-19 pandemic on women's, children's and adolescents' health. She described the steps taken by her Government at the national and regional levels to address the issue. To reduce existing gaps, collaborative efforts should be redoubled through concrete action to uphold the right of all women to safe motherhood by ensuring access to quality preconception, pregnancy, birth and postnatal care, the right to family planning, and the prevention of gender-based violence.

The representative of BARBADOS welcomed the attention given to the effects of the COVID-19 pandemic on women's, children's and adolescents' health and the development of strategies to limit the negative impacts at the country level. Her Government supported widened access to reproductive, maternal, child and mental health services and immunization. She called on the Secretariat to increase investment in the provision of technical and financial support to Member States to address the increased need for mental health services. The life course approach to the health and well-being of women, children and adolescents should be prioritized in order to advance action in support of achieving universal health coverage.

The representative of NAMIBIA, describing the initiatives implemented by her Government, supported the consideration of specific priority areas for action to promote the health and well-being of women, children and adolescents. It was important to strengthen data use for decision-making, in particular to drive budget allocation to the health sector, and to mobilize resources to strengthen health

systems by investing in primary health care and implementing universal health coverage. Her Government therefore supported the call to invest in sexual and reproductive health, mental health and education to raise literacy levels and increase opportunities for women and girls. Innovative investments, public–private partnerships and South–South cooperation to capitalize on regionally available resources would accelerate progress towards the achievement of the Sustainable Development Goals. The Secretariat should continue to prioritize support to Member States to address the social determinants of health and strengthen community health programmes, including the formalization of community health workers’ training, accreditation and remuneration.

The representative of ISRAEL provided information on the situation in her country, including the significant progress made in reducing infant and newborn mortality. Although the report correctly addressed important health concerns, as well as matters related to inequalities and sexual and non-sexual violence, a more thorough consideration of additional matters was needed, such as the long-term impact of COVID-19. Severe fatigue caused by COVID-19 was a serious issue for women, who tended to have obligations both in the workplace and at home, while the cognitive and behavioural effects of COVID-19 could have a major impact on children’s schooling. Similarly, WHO should be more explicit regarding the need for adequate funding to achieve its goal on breastfeeding.

The representative of GHANA welcomed the actions taken by the Secretariat and progress made but noted with concern the continued threats to the health and well-being of women, children and adolescents. Her Government had implemented a range of measures to address those threats and accelerate the achievement of universal health coverage. The Secretariat should continue to prioritize women’s, children’s and adolescents’ health. Increased allocation of resources and creation of opportunities within the workplace for paid routine medical checks for women were needed, in addition to efforts to address the social determinants of health. It was important to consider the impact of climate change on women’s, children’s and adolescents’ health, increase national and international investments and accelerate progress using established evidence-based interventions.

The representative of MAURITANIA, outlining initiatives implemented in her country, welcomed the creation of the Global Accelerator for Paediatric formulations, which she hoped would generate solutions to reduce the maternal and under-5 mortality rates. Increased efforts were needed to expand vaccine coverage in order to reduce the mortality rate and improve maternal and child health. The Secretariat must work tirelessly with Member States to analyse the factors impeding the implementation of particular programmes in order to provide the necessary support to achieve the Sustainable Development Goals by the year 2030.

The representative of ZAMBIA said that challenges and inequalities persisted despite the progress made. Urgent measures were needed to reverse the worrying trend in under-5 mortality. Outlining the situation in his country and the measures implemented by his Government, he noted that timely operationalization of basic tools and interventions was not always possible owing to a number of challenges, such as limited skilled human resources to scale up mental health services. The absence of clear goals and targets for adolescent health also continued to pose challenges in tracking individual countries’ progress. He encouraged the Secretariat and other stakeholders to continue partnering with his Government in addressing the health challenges facing women, children and adolescents.

The representative of KIRIBATI said that while progress had been made, much remained to be done. Describing the integrated programme implemented by his Government, he underscored the need for strengthened integration of a community-based approach in actions to enhance women’s, children’s and adolescents’ health. It was fundamental to move past the business as usual approach to forge innovative partnerships and find solutions for the health of women, children and adolescents.

The representative of the UNITED REPUBLIC OF TANZANIA outlined the steps taken and progress made in his country, including in improving access to antenatal and emergency obstetric care,

which had resulted in a significant reduction in maternal mortality. He welcomed the support provided by the Secretariat to improve the acquisition of skills while ensuring consistent commodity supply to enhance quality of care. The Secretariat should support Member States in strengthening primary health care services, including access, to improve the well-being of women, children and adolescents.

The representative of BELIZE, sharing information on the range of initiatives implemented and progress made in his country, including zero reported maternal deaths in hospitals over the past 15 months, expressed full support for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030).

The representative of INDIA, expressing support for a life course approach, said that it was important to assess data collection methodologies and tools to further improve outcomes. Member States should collaborate and invest in the vaccines required to reduce morbidity and mortality related to vaccine-preventable diseases, especially pneumonia and diarrhoea. Enhanced global collaboration, political will and leadership were particularly important in advancing the life course approach for universal health coverage. A country-specific list of haemoglobin cut-off levels should be provided to help to define anaemia in individuals and in the population. Heightened awareness and commitment among Member States would help to increase the uptake of tetanus and diphtheria toxoid vaccine for children and adolescents aged 10 and 16, while a focus on preventive and promotive health strategies for children and adolescents would ensure improved health outcomes. A comprehensive dashboard could also be useful to Member States in understanding the applicable adolescent health indicators and in aligning national adolescent health programmes with the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). Some of the report's findings presented opportunities for leveraging the collective gains made. For example, the decline in new HIV infections in young people aged 15–24 gave fresh impetus to the global goal of ending HIV and other sexually transmitted infections by the year 2030.

The representative of ZIMBABWE said that mortality and morbidity among women and children remained unacceptably high. His Government supported investments in sexual and reproductive health in Africa given the importance of a focus on adolescents and young adults for national and continental growth. It had continued to improve access for children under 5 years of age and pregnant women and to implement low-cost, high-impact interventions on maternal, newborn, child and adolescent health in line with WHO guidelines. He invited the Secretariat and all partners to work with his Government to ensure that the 2030 targets for maternal, child and adolescent health were achieved.

**Mr Ndoutoumou Essono took the Chair.**

The representative of DENMARK, speaking on behalf of Danish young people, called for a focus on mental health conditions among adolescents and young people and related risk factors such as substance use, early sexual activity, a low level of social support, bullying and problematic social media use. A holistic approach to mental health was needed before the point of diagnosis. It was time to repay the sacrifices made by adolescents and young people during the COVID-19 pandemic, such as home schooling, isolation from their social lives and lack of developmental experiences, by accepting adolescent and young people's mental health as a serious issue and as being equally important in universal access to health care. Reducing depressive anxiety disorders among adolescents and young people would require early intervention, data collection and inclusion of those groups in mental health initiatives. The unique perspective of adolescents and young people should be taken into account. At the WHO Walk the Talk event in 2023, young people had demanded to be fully involved in decision-making processes. It was now time to walk the talk and ensure their substantive engagement in and financial commitments for young people-led initiatives.

The representative of the RUSSIAN FEDERATION, sharing information on the situation in his country, said that his Government attached the utmost importance to the health of women and children



and to providing them with the necessary support and care. It also assisted other countries in achieving the targets of the Sustainable Development Goals on reducing maternal and newborn mortality.

The representative of SUDAN said that the armed conflict in her country was having a devastating effect on the health system. Progress made to reduce maternal mortality had been halted since the onset of the conflict. Millions of people in her country required immediate health assistance, including urgent access to life-saving reproductive health services such as emergency obstetric and newborn care and clinical management of rape, as well as gender-based violence prevention and response services. She expressed appreciation for the continuous support provided by WHO, other entities of the United Nations system, neighbouring countries, non-State actors, donors and others since the start of the war and called on the international community to stand with Sudan and help to ensure the delivery of essential emergency services and assist in the recovery of her country's health system.

The representative of the SYRIAN ARAB REPUBLIC described the range of initiatives implemented by his Government to achieve universal health coverage, reduce the maternal mortality rate, integrate services and develop health programmes aimed at addressing the health of all women, children and adolescents, especially marginalized and vulnerable populations.

**Dr Hassan resumed the Chair.**

The representative of the REPUBLIC OF KOREA welcomed WHO's life course approach to mental and physical health, which was also embedded in his country's health policies. Outlining the range of measures implemented in his country, he said that his Government stood ready to share know-how with the international community on improving maternal and child mortality and morbidity rates, and would continue to work with others to promote the health and well-being of women, children and adolescents around the world.

The representative of JAPAN described the significant progress made in his country in reducing the newborn mortality rate. He welcomed the life course approach and highlighted that progress towards achieving universal health coverage would require strengthened health systems to address the needs of women, children and adolescents. In addition, multisectoral collaboration was key since other factors such as economic status and gender inequality also affected health status. In preparation for the 2023 Sustainable Development Goals Summit and the 2023 Global Forum for Adolescents, the importance of focusing on adolescents should be emphasized. Support should be provided to Member States, in particular low- and middle-income countries, in improving data collection and analysis to feed into policy-making on adolescents. Services and programmes targeted at adolescents should also be strengthened and promoted.

The representative of BANGLADESH said that concerted, coordinated efforts were needed in line with the universal health coverage agenda to address the stagnation in the global maternal mortality ratio. Skilled antenatal care was important to monitor pregnancy, provide health and nutrition services, and reduce maternal and infant morbidity and mortality risks during pregnancy, at delivery and during the postnatal period. He described the measures implemented by his Government to improve women's, children's and adolescents' health. Effective leadership and evidence-based strategic priorities were needed to accelerate progress towards achieving the objectives of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). WHO and relevant partners should provide adequate resources through innovative, multisectoral collaborative efforts to improve women's, children's and adolescents' health and nutrition in order to achieve the Sustainable Development Goals.

The representative of OMAN reiterated her Government's support for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) and provided information on the wide-ranging action taken by her Government to improve women's, children's and adolescents' health, including to reduce maternal and child morbidity and mortality. The Secretariat should provide technical

support to Member States to study the causes and factors contributing to newborn mortality, with a view to adopting appropriate evidence-based interventions. Support should also be provided to document outstanding efforts required to achieve the objectives of the Global Strategy, strengthen health systems to deal with violence against children, and implement parenting programmes.

The representative of TÜRKİYE said that the impact of the COVID-19 pandemic on ambitious global health targets had not yet been fully explored, although it was clear that progress had faltered. However, through collective efforts, obstacles could be overcome and goals could be achieved. All international organizations should work together to support Member States. It was increasingly important to carefully select the item to be included on the agenda of the health-related high-level meeting of the United Nations General Assembly given the opportunities it presented to mobilize financial resources.

The representative of NIGER said that women's, children's and adolescents' health was an individual and collective responsibility of communities and governments. He described the measures implemented by his Government, including a strategic plan on reproductive, maternal, newborn, child and adolescent health and nutrition. However, challenges remained despite the progress made, notably in respect of weak health coverage. Increased financial support was needed to strengthen operational capacities in the area of health training, especially for emergency obstetric and newborn care, and to scale up high-impact interventions on fertility control and the reduction of maternal and infant mortality.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO shared information on the initiatives implemented in his country, including those to improve access to quality health services for women, children and adolescents. Although efforts had been made to reduce maternal and infant mortality, much work remained to be done with support from the Secretariat and other partners.

The representative of MALAWI said that in view of the stagnation in maternal and newborn mortality figures, his Government supported the suggestion made by the representative of Somalia for a draft resolution to be submitted to the Seventy-seventh World Health Assembly in 2024 on action to accelerate progress towards the targets of the Sustainable Development Goals on maternal and child health.

The representative of BURUNDI said that his Government gave utmost priority to women's and children's health. Describing the range of measures implemented in his country, he expressed his Government's support for all WHO initiatives aimed at reducing maternal and infant mortality.

The representative of EL SALVADOR provided information on the initiatives implemented in his country, including to strengthen the health workforce at all levels, provide quality maternal and infant care and boost the immunization programme. The support of WHO/PAHO had been vital to those efforts, which in turn had helped to strengthen his country's health system.

The representative of MEXICO said that his Government gave priority to sexual and reproductive health and to upholding the related rights, in particular for girls, adolescents, young people and vulnerable populations. National efforts were also focused on reducing maternal mortality. To that end, it was important to strengthen family planning and preconception services; implement integrated sexual education; ensure adequate financing, availability of and access to services for gender-based violence prevention and care; and provide timely and integrated care before, during and after birth. The Secretariat's normative and technical work must continue to be based on the most recent scientific evidence in order to build the confidence of Member States and the general public in WHO's products and in the right to health.

The representative of CHILE described the action taken by her Government in the area of women's, children's and adolescents' health, including the publication of technical guidelines,

expansion of the national immunization programme and development of remote health services for adolescents.

The representative of UNFPA said that investing in quality sexual, reproductive, maternal, newborn and adolescent health care and services was one of the most important building blocks for achieving autonomy, well-being and healthier lives. UNFPA worked to ensure that sexual and reproductive health and rights remained at the centre of sustainable development by focusing on universal access to family planning, accessible sexual and reproductive health services and seamless access for young people. It also focused on strengthening the midwifery workforce and the related enabling environment, including by reinforcing competency-based education and training, developing strong regulatory mechanisms and advocating for increased investment.

The representative of UNAIDS said that while the aggregate rate of new HIV infections was declining globally, inequalities meant that it continued to rise at an alarming rate for some groups. Inequalities not only caused disparity in access to prevention but also impacted access to care, as well as to life-saving information, testing and treatment. If current trends continued, 1.2 million people would be newly infected with HIV in 2025. Efforts to prevent and address the inequalities that drove and perpetuated the AIDS pandemic must therefore be redoubled, including by urgently addressing the underlying structural, systemic and societal barriers. The human rights of women, adolescents and children must be central to global efforts; only by eliminating violence in all its forms and ensuring women's and girls' access to their full sexual and reproductive health and rights would that goal be achieved.

The representative of IAEA said that cervical and childhood cancers, particularly in low- and middle-income countries, remained the focus of her organization's technical assistance. Joint activities with WHO included assessing the needs and capacities of Member States and providing technical and other support to advance national cervical and childhood cancer control programmes. IAEA promoted appropriate, safe and beneficial uses of medical imaging, which was central to clinical management guidelines for conditions uniquely affecting children, women and adolescents. Joint IAEA-WHO research was also under way, including on the linkages between cancer, nutrition and clinical outcomes in childhood cancer. She looked forward to continued collaboration with WHO and other partners in addressing women's, children's and adolescents' health.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC., speaking at the invitation of the CHAIR, said that palliative care should be included in the report on the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). Given its essential role in alleviating suffering, improving quality of life and restoring dignity, palliative care was an integral component of the life course approach to health for women, newborns, children and adolescents.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, said that to make progress towards reducing childhood mortality in line with the targets of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and to regain lost momentum, Member States should renew efforts to enhance health systems, newborn and primary care, and sexual and reproductive health services. Investments at all levels of the health workforce should also be prioritized.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, said that to end preventable child deaths, governments must urgently strengthen primary health services to more effectively prevent, diagnose and treat causes of mortality and morbidity and promote good health and nutrition for all children and adolescents. Member States should also prioritize investment in a strong health care workforce, especially midwives, nurses and community health workers who should be adequately trained, paid and protected. Only through those actions could the

losses caused by the COVID-19 pandemic be reversed, and women, children and adolescents be enabled to survive and thrive.

The representative of the HANDICAP INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIR, called on governments to ensure that efforts to strengthen sexual and reproductive health services included women and adolescents with disabilities. As women and girls with disabilities faced a heightened risk of gender-based violence, including reproductive coercion and forced sterilization, governments must prioritize investments so that health care providers were equipped to ensure free and informed consent for all.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, expressed concern at the rising number of people affected by natural and human-induced crises. Emergency preparedness and response could be enhanced by expanding the role of pharmacists in inpatient and outpatient settings and improving access to information, preventive care, vaccination, therapeutic monitoring and patient counselling.

The representative of MMV MEDICINES FOR MALARIA VENTURE, speaking at the invitation of the CHAIR, stressed the importance of addressing malaria as part of efforts to improve women's, children's and adolescents' health. Continued support for innovation was required to address inequities and better respond to the needs of women, children and girls, in addition to strengthened health systems to fully realize the potential of such innovations.

The representative of the NCD ALLIANCE, speaking at the invitation of the CHAIR, said that to further optimize the health trajectory of women, children and adolescents and ensure progress towards the Sustainable Development Goals, Member States should invest in and accelerate the implementation of essential noncommunicable disease prevention and care services across the continuum of care and the life course in universal health coverage and health benefits packages. Further, Member States should align development and global health priorities to achieve universal health coverage, breaking down siloed approaches to funding and implementation of health services, including within women's, children's and adolescents' health.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the report's omission of a reference to recent setbacks to abortion rights obscured the immediate need for governments to ensure universal access to safe abortion. WHO should broaden gender definitions to include the right to health of non-binary and transgender persons; collect disaggregated data, including on the social determinants of health and the ecological crisis; and develop guidelines recognizing the specific health needs of lesbian, gay, bisexual, transgender, queer and intersex persons and women from marginalized groups. WHO should also report separately on the distinct issues of women's, children's and adolescents' health and avoid reducing women's health to reproductive and maternal health. A greater focus on adolescents' health, human trafficking and child marriage was also needed.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIR, said that Member States should work together with the Secretariat following a multisectoral approach. Resources must be committed to expand the global health workforce, strengthen health systems and deliver respectful care that spanned the life course. Ensuring access to sexual and reproductive health services was crucial and a basic human right of every woman and girl. Member States should take urgent and meaningful action to enhance and protect the health and rights of women, children and adolescents, without which the Sustainable Development Goals could not be reached.

The representative of the MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION, speaking at the invitation of the CHAIR, called on WHO to advance the universal health coverage agenda for all

by prioritizing the promotion of gender equity and equality policies and practices in the health sector, mainstreaming gender-specific medicine in undergraduate medical education, and investing in health education and early prevention programmes for young populations. She also called for a global treaty to end all forms of violence against all women and girls.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR and also on behalf of the International Lactation Consultant Association, said that to transform food systems, policy-making must be protected from commercial influence: with the new Codex Alimentarius global standard for follow-up formulas, it was the perfect time to strengthen laws without fear of challenges and ensure accountability for unethical exports into poorly resourced countries. She encouraged participation in WHO's Global Congress on Implementation of the International Code of Marketing of Breast-milk Substitutes, to be held in June 2023, to help to ensure that healthy food took priority over trade.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, said that while progress in the implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) was welcome, greater prioritization of research and development of health tools was needed to address the often-neglected specific medical needs of women and children. Welcoming the ongoing work of the Global Accelerator for Paediatric Formulations network, she urged Member States to support and implement strategies for the development of and access to innovative health tools to better meet the needs of women and children.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, urged Member States to ensure access to sexual, reproductive, maternal, newborn and adolescent health services in a safe and inclusive environment. Countries must also urgently prioritize actions and policies to protect and support the mental health of women, children and adolescents and address the impacts of climate change on their health.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, highlighted the harm caused by alcohol to maternal and newborn health and its impact on sexual and reproductive health and rights and mental health. She called on the Secretariat and Member States to conduct an impact assessment on alcohol as an obstacle to women's, children's and adolescents' health, including fetal alcohol spectrum disorder, implement alcohol policy solutions to advance the health of women, children and adolescents and protect them from alcohol marketing.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that governments must improve service delivery, enact supportive policies and increase funding to address adolescents' unique health needs. Through health systems, the key issues affecting adolescents should be addressed, such as climate change, mental health, and sexual and reproductive health, taking into account their diverse experiences as well as the barriers faced by adolescents from left-behind populations. In addition, medical schools should integrate adolescent health into their curricula to bridge knowledge and research gaps.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, welcomed the continual decline in adolescent pregnancies and HIV infections but called for greater attention to be given to the decline in immunization and increase in gender-based violence among children, particularly in humanitarian settings. Given the effectiveness of local pharmacies in providing immunization against communicable diseases and in detecting and reporting gender-based violence, she urged Member States to make better use of the pharmacy workforce to improve vaccination in areas with poor coverage and provide better training and capacity-building for the pharmacy workforce to support victims of gender-based violence.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR, said that people with disabilities, especially women and girls, were significantly more likely to experience discrimination and rights abuses in the context of health. WHO's priorities in relation to the health of women, children and adolescents should be aligned with resolution WHA74.8 (2021) on the highest attainable standard of health for persons with disabilities and the recommendations of the WHO Global report on health equity for persons with disabilities.

The representative of AMREF HEALTH AFRICA, speaking at the invitation of the CHAIR, called for: strengthened national commitments for women's, children's and adolescents' health and well-being, which should address inequities across the life course; prioritization of comprehensive sexual and reproductive health and rights in national universal health coverage plans; realization of adolescent well-being in national development plans and policies; and support for frontline health workers, including midwives, to provide quality and respectful services.

The REGIONAL DIRECTOR FOR AFRICA said that despite national and regional disparities, the global maternal mortality ratio had remained unchanged at around 223 maternal deaths per 100 000 live births between 2016 and 2020. Although the global under-5 and newborn mortality rates had decreased, too many children were still dying each year, mostly from preventable causes. The impact of the COVID-19 pandemic on already weak programmes had highlighted the need for accelerated, sustained action to achieve the health-related Sustainable Development Goals.

Member States must more than ever before place the health and well-being of women, children and adolescents at the centre of national development efforts. Multisectoral, whole-of-society interventions should be strengthened using innovative technology and reliable, disaggregated data to prioritize the most vulnerable groups. It was also important to build more resilient health systems not only through a solid foundation of primary health care but also through a gender-based approach to galvanize community engagement. Integrated, person-centred health care and continuity of essential health services, especially during crises, must be ensured. The health of women, children and adolescents must be considered through an integrated, life course approach.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Life Course) said that the message from the discussion was clear: the international community was not on track to achieve maternal, child, newborn and adolescent targets without fundamental changes. However, it should be remembered that those targets were not simply numbers; people's lives were at stake. At the halfway point towards the Sustainable Development Goals, many countries were not on track to achieve the targets related to maternal, under-5 and newborn mortality rates. To provide a more comprehensive picture of the situation, the Secretariat had developed a dashboard on the WHO website showing indicators broken down by different groups.

He had taken on board comments regarding the severe inequities fuelling the figures cited in the report, as well as comments on the situation in humanitarian environments and for vulnerable populations and people with disabilities. The enthusiasm to address those issues and move them in the right direction had also been noted. Many of the main drivers affecting the current situation, such as a tightening fiscal space and the climate agenda, were themselves worsening. Although the COVID-19 pandemic had compounded the problem, the stagnation in progress predated it. The current trends must be reversed in order not to slide further behind. It was important to note, however, the impressive work and successful initiatives implemented at the national level, which were strong causes for hope. He thanked Member States for implementing those strategies and sharing best practices.

He assured Member States that the Secretariat was acting with due urgency, pursuing an aggressive research agenda to accelerate progress, stepping up work to translate its normative work into guidelines and making full use of its partnerships. He thanked partners in the United Nations system and non-State actor partners for their rich contributions to the discussion, including on priorities, which would feed into efforts to advance progress. More clearly needed to be done. The call to urgently

reorientate universal health coverage towards primary health care had been noted. The maternal mortality ratio would serve as a marker of whether tangible progress was being made.

The Secretariat would integrate the social determinants of health into guidance and had taken note of the importance of issues such as workforce expansion, multisectoral approaches and areas that had been exacerbated by the COVID-19 pandemic. The refreshing contribution to how issues related to adolescent and youth services should be approached had highlighted the need to hear such voices more; the Global Forum for Adolescents, to be held in October 2023, would provide an opportunity to do so and would help to guide the future direction of that agenda. The Secretariat had also taken on board specific requests for guidance, which would be taken forward. The suggestion to submit a draft resolution on the topic for consideration at the Seventy-seventh World Health Assembly in 2024, which had been supported by a number of other Member States, could help to stimulate action given that there would be only five years left in which to achieve the Sustainable Development Goals.

In closing, he assured Member States that the Secretariat had heard and shared their concern and alarm and that the issue would be a central consideration in WHO's future work: proof that development efforts in many areas were actually making a difference would only be demonstrated through changes to maternal, child, newborn and adolescent outcomes.

**The Committee noted the report.**

**Rights of reply**

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, said that the representative of the United Kingdom of Great Britain and Northern Ireland had twice during the session falsely stated that the Russian Federation had attacked health facilities, which had apparently been recorded in a WHO report on Ukraine. That was demonstrably untrue: when recording attacks on medical facilities, WHO never stated which side was responsible. Ukraine was in fact responsible. Since 2014, Ukraine had continually destroyed medical and civilian facilities in the east of the country, which was inhabited by Russian-speaking citizens, Russian people. The United Kingdom should therefore stop deceiving the Health Assembly and not spread a lie while, furthermore, appealing to WHO.

It had also earlier been suggested by the representative of Ukraine that Ukraine's health system had deteriorated because of the conflict. It had deteriorated when Ukraine had begun to lead coups and "colour revolutions" with the United States of America and had continued to do so for over 15 years. Its health system had deteriorated dramatically since 2014, when there had been a significant decrease in child immunization, a spread of measles in central Europe, the appearance of cases of poliomyelitis, and an increase in cases of hepatitis and HIV/AIDS; all of those things had taken place on Ukrainian territory without any involvement from the Russian Federation whatsoever. There were, however, American and Western European biological facilities on Ukrainian territory, and experiments were being carried out on the Ukrainian population. For that reason, it was probably worth reviewing what was happening to the Ukrainian health system rather than blaming everything on the Russian Federation. She reiterated that her Government had not initiated any act of aggression: it had defended the Russian-speaking population of eastern Ukraine, who had appealed to the Russian Federation for help after Ukraine had systematically annihilated them for eight years.

**The meeting rose at 17:25.**

## **EIGHTH MEETING**

**Thursday, 25 May 2023, at 09:15**

**Chair:** Dr J.S.J. HASSAN (Bahrain)

### **1. SECOND REPORT OF COMMITTEE A (document A76/52)**

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

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

## **PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES (continued)**

### **2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 15 of the agenda (continued)**

**Poliomyelitis:** Item 15.4 of the agenda

- **Poliomyelitis eradication** (document A76/13)
- **Polio transition planning and polio post-certification** (document A76/14)

The representative of PAKISTAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that wild poliovirus had been restricted to its smallest-ever geographical footprint in Afghanistan and Pakistan thanks to robust vaccination programmes targeting all children in both countries. Transmission of circulating vaccine-derived poliovirus in the Region had also fallen over the past 12 months, and action had been taken to stop several outbreaks, including through vaccination campaigns using the novel oral polio vaccine type 2. Furthermore, polio transition plans were being rolled out in six polio-free countries, and three countries had initiated environmental surveillance activities. However, ongoing challenges within the Region – including flooding, drought and conflict – could threaten the progress made unless significant work was done to consolidate and build on those achievements. Indeed, while preparations had begun for regional certification of poliomyelitis eradication, the need to maintain the capacity to respond rapidly to outbreaks was well understood by governments in the Region. He welcomed the leadership and advocacy role played by Member States in the Region, notably through the Regional Subcommittee for Polio Eradication and Outbreaks, and called for sustained financial and political support, including from donors and other partners, to reach the goal of a polio-free world.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, said that progress continued to be made towards the overall objective of stopping the

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<sup>1</sup> See page 323.



transmission of all types of polioviruses in the Region by the end of 2023 and integrating polio assets into activities aimed at strengthening broader disease surveillance, outbreak response capacities and immunization services. Yet despite the advances made, transmission persisted in certain areas owing to low levels of immunity, the insufficient quality and timeliness of outbreak responses, and limited financial, human and material resources. Given that the risk of international spread of poliovirus continued to be classified as a public health emergency of international concern, rapid action was needed to contain outbreaks of vaccine-derived poliovirus in the Region. It was also important for Member States to carry out joint vaccination programmes and build trust among populations through information campaigns. Poliomyelitis eradication should be prioritized within national health programmes, with relevant tools and resources sustainably integrated into those programmes and poliovirus vaccination included in routine immunization programmes. To that end, Member States and partners should ensure that the WHO base budget was fully financed to allow the Organization to continue to provide the necessary technical support. Member States should also allocate sufficient national resources to the fight against epidemics and maintain basic infrastructure and capacities for poliomyelitis eradication. In addition, the Global Polio Eradication Initiative should maintain its financial support to the African Region to enable the continued implementation of programmed activities and ensure that gains would be maintained post-certification.

The representative of MONACO said that although the number of poliomyelitis cases worldwide had fallen significantly in the past two decades, much remained to be done to achieve the goal of poliomyelitis eradication by 2026. The pandemic of coronavirus disease (COVID-19) had demonstrated the fragility of the progress made, with outbreaks of poliomyelitis occurring in previously polio-free countries. WHO and its partners should therefore make every effort to maintain gains, ensure the vaccination of all zero-dose children and strengthen surveillance systems in cooperation with non-State actors and local communities. Women played a key role on the front line of vaccination campaigns, working in challenging contexts to build trust among populations that might not otherwise view poliomyelitis prevention as a priority. The fight against the disease must, however, remain a priority for the Organization.

The representative of CANADA urged Member States to maintain focus in the final steps towards poliomyelitis eradication, notably by providing sufficient funding to the Global Polio Eradication Initiative. The promise shown by the novel oral polio vaccine type 2 was encouraging. She welcomed the increased focus on the most impacted areas but expressed concern that other vulnerable countries without the means to mount effective campaigns could be at greater risk of outbreaks as a result and asked how that risk was being managed by the Initiative.

Her Government supported the recommendations of the Independent Monitoring Board and the Polio Transition Independent Monitoring Board of the Global Polio Eradication Initiative and looked forward to the results of the forthcoming strategic review of operations. WHO and its partners should continue to work with humanitarian actors to increase immunization rates, especially in hard-to-reach areas. Integrating poliomyelitis eradication work into wider health services would maximize limited resources and increase vaccine uptake. The Secretariat should take the lead in promoting a gender-responsive approach across all programmatic and operational areas in order to achieve eradication. She supported the integration of polio functions into national public health programmes and WHO-integrated public health teams as part of the transition process, which should be carefully managed to prevent backsliding. The ongoing global discussions on pandemic preparedness and response presented a unique opportunity to leverage and transition polio assets; Member States should seize that opportunity to honour their commitments regarding poliovirus containment and maintain surveillance efforts in order to prevent future pandemics.

The representative of TIMOR-LESTE highlighted the efforts made by his Government in line with the Polio Eradication Strategy 2022–2026, notably with regard to surveillance, and thanked the Secretariat for its continued technical support. Given the negative impact of the COVID-19 pandemic

on routine immunization activities, sustained political commitment was needed to ensure sufficient resources for vaccination campaigns.

The representative of the BAHAMAS said that the rise in vaccine hesitancy during the COVID-19 pandemic had exacerbated the decline in immunization coverage rates. Given the risks associated with poliomyelitis outbreaks, particularly in countries with tourism-based economies, the Secretariat should not lose focus on all countries in vulnerable situations, including those in which poliovirus was not endemic. National initiatives to address low coverage rates had included the introduction of an electronic immunization registry with the support of WHO/PAHO. Her Government looked forward to the full resourcing and implementation of the Polio Eradication Strategy 2022–2026 and wished to see targeted activities and funding for campaigns to promote vaccination since vaccine hesitancy threatened the timely achievement of eradication. The Secretariat's work on polio transition planning and post-certification reflected a best-practice approach and could be used as a template for similar initiatives in the future.

The representative of SENEGAL drew attention to the progress made in his country to improve poliomyelitis outbreak preparedness and response. However, challenges remained, including a decline in funding for poliomyelitis eradication activities and the emergence of circulating vaccine-derived poliovirus. Effective environmental surveillance, as well as poliovirus surveillance in patients with primary immunodeficiency disorders, would be particularly important during the final stages of eradication. Efforts should also be made to ensure that every child was vaccinated, and the inactivated poliovirus vaccine should be introduced into routine vaccination schedules. It was essential to implement and regularly update national polio transition plans; mobilize sufficient resources for the inclusive microplanning of vaccination operations, with the involvement of all partners; and ensure the full operationalization of guidance from the African Regional Certification Commission for Polio Eradication.

The representative of BAHRAIN underscored the need to build regional and national capacity in the regions most vulnerable to poliovirus transmission, with a particular focus on vaccination services for zero-dose communities, surveillance and response, and deployment of the novel oral polio vaccine type 2. He drew attention to measures taken at the national level, including the introduction of environmental surveillance and updates to the national plan for poliomyelitis eradication. He expressed support for WHO's work on eradication and transition planning, highlighting the importance of helping countries to strengthen their capacities with the use of flexible mechanisms based on national and regional data, and of combining local and global efforts to ensure the sustainability of human and financial resources. Poliomyelitis eradication activities should be integrated into health systems, resources should be mobilized to support transition and essential functions should be included in core budgets. Post-2023 regional action plans for polio transition should include activities to strengthen epidemiological and laboratory surveillance for acute flaccid paralysis and early case detection. It was also vital to maintain high rates of coverage through routine immunization.

The representative of INDONESIA, speaking on behalf of the Member States of the South-East Asia Region, reaffirmed the Region's commitment to implementing the Polio Eradication Strategy 2022–2026, particularly in the light of recent outbreaks around the world and the detection of circulating vaccine-derived poliovirus in Indonesia. The best way to keep a region polio-free was through strong vaccination strategies to ensure high coverage, such as targeted catch-up campaigns to reach zero-dose children, and enhanced surveillance systems, including environmental surveillance where appropriate. That approach required adequate financial and human resources, which in turn called for strong advocacy and fundraising efforts at the national and international levels. It would be particularly important to ensure the availability of domestic resources through sustained political commitment and to mainstream poliomyelitis programmes into primary health care and universal health coverage. The high cost of the inactivated poliovirus vaccine could be reduced by using fractional doses in older children; the Secretariat should therefore provide evidence-based guidelines on that subject. In terms of

the post-2023 agenda for polio transition, the focus should be on maintaining high immunization coverage, mainstreaming routine immunization into health services, ensuring effective surveillance systems and sustaining strong partnerships across WHO regions to implement action plans.

The representative of SOMALIA outlined efforts to address the active outbreak of circulating vaccine-derived poliovirus in his country, notably through the implementation of supplementary immunization activities and the introduction of the novel oral polio vaccine type 2.

The representative of the UNITED STATES OF AMERICA reaffirmed his Government's support for the Global Polio Eradication Initiative. All necessary measures should be taken to halt wild poliovirus circulation by the end of 2023 in Afghanistan, Malawi, Mozambique and Pakistan. Outbreaks must be addressed rapidly wherever they occurred. Closing surveillance gaps and running high-quality vaccination campaigns, with the trust of local communities, would be key to stopping the concerning spread of circulating vaccine-derived poliovirus types 1 and 2 in the African Region. In the light of recent reports of facilities holding poliovirus samples in conflict settings, which carried grave biosecurity concerns, Member States with designated poliovirus containment facilities should adopt an accountability framework to guarantee effective containment measures and should keep the Executive Board apprised in that regard.

WHO and Member States should focus on the surveillance of poliomyelitis and other vaccine-preventable diseases, the integration of polio services into essential immunization services to reach zero-dose children, and the maintenance of a robust workforce able to respond to outbreaks. The current resource-constrained environment required the efficient use of vaccination campaigns targeting viruses other than poliovirus, together with humanitarian efforts, to deliver multiple high-priority vaccines and interventions while long-term transition plans to sustain global investment were being developed. The Secretariat should establish key benchmarks and timelines for polio transition to enable Member States and donors to adjust their expectations accordingly. He urged donors to fulfil their commitments promptly and consider increasing their contributions since continued investment was vital to ending the scourge of poliomyelitis.

The representative of GERMANY stressed the importance of maintaining political commitment to poliomyelitis eradication in the light of recent poliovirus outbreaks. She welcomed the advocacy activities carried out by the Secretariat as part of efforts to generate predictable and flexible funding to sustain polio assets, as well as the full integration of essential functions into the base segment of the Proposed programme budget 2024–2025. Global eradication would only be achieved by fully financing the Polio Eradication Strategy 2022–2026 and reaching all remaining zero-dose children, which required increased integration with other health programmes. Given the major role played by polio infrastructure in the fight against other viral diseases, sustainable national financing would be required to maintain monitoring and surveillance systems following poliomyelitis eradication, and the Secretariat should support Member States to allocate domestic resources to those systems. She commended the Secretariat's response to the mid-term evaluation of the implementation of the WHO strategic action plan on polio transition (2018–2023) and the work done to make the Global Polio Eradication Initiative more gender-responsive. She looked forward to the forthcoming strategic review of operations to be conducted under the auspices of the Independent Monitoring Board of the Global Polio Eradication Initiative.

The representative of PANAMA said that recent cases of poliomyelitis detected in the Region of the Americas had highlighted the importance of maintaining high vaccination coverage. Her Government was making a special effort to close immunization gaps in her country, including by raising awareness among the population of the importance of vaccination.

The representative of JAPAN, recalling the political momentum that had led to the successful eradication of smallpox, called on WHO to sustain its efforts in the final stages of poliomyelitis

eradication. The integration of poliomyelitis vaccination into the delivery of other vaccines, health services and humanitarian responses was key.

The representative of NEPAL reaffirmed her Government's commitment to maintaining the country's polio-free status by enhancing surveillance and vaccination activities in line with WHO recommendations; however, such activities were under threat as a consequence of decreased WHO funding.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND urged Member States to remain focused on achieving poliomyelitis eradication through high immunization coverage, sensitive surveillance, compliance with containment certification and financial support. Member States must ensure consistent, safe access for immunization teams to enable them to reach zero-dose children in the most impacted areas. She encouraged WHO and Global Polio Eradication Initiative partners to seek opportunities to work more closely with humanitarian actors in such contexts and asked what work was being done to ensure more systematic integration with routine immunization activities, notably through Gavi, the Vaccine Alliance, across all vulnerable countries. It would also be useful to know how sufficient human resources would be secured to help all actors working in immunization and primary health care at the country level to coordinate, plan and deliver actions to improve vaccination campaigns and maximize the impact of limited financial resources.

The integration of polio functions into national public health capacities would improve global health security. The post-2023 polio transition global vision and regional action plans for polio transition and integration should be based on a clear identification of the national polio functions needed by each Member State and an understanding of how they would be assured in future. That task would require dedicated coordination structures from WHO and Global Polio Eradication Initiative partners at the national, regional and global levels, as well as robust accountability mechanisms to monitor coordination. Polio assets could be leveraged and transitioned as part of the global routine immunization, pandemic preparedness and universal health coverage agendas. Polio transition plans must be context-specific and aligned with Member State priorities, capacities and risks. WHO, Initiative partners and all Member States should use the annual recommendations of the Independent Monitoring Board and Polio Transition Independent Monitoring Board of the Global Polio Eradication Initiative as a guide for programmatic improvement and strategic decision-making.

The representative of the ISLAMIC REPUBLIC OF IRAN said that his Government had implemented various measures in line with the Polio Eradication Strategy 2022–2026. However, his country was facing challenges in that regard as a consequence of a significant increase in the refugee population and the imposition of unilateral coercive measures. He called on the Secretariat to accelerate prequalification for the novel oral polio vaccine type 2; develop a comprehensive plan to address vaccine refusal; and provide strengthened support to his country's national polio laboratory. His Government supported the risk-based approach to polio transition within the Eastern Mediterranean Region. Particular attention should be paid to strengthening basic infrastructure before initiating the transition in countries lacking resources. To protect countries neighbouring those in which poliovirus was endemic, polio transition should be carried out carefully and in consideration of relevant health indicators.

The representative of PAKISTAN outlined the progress made in preventing the transmission of poliovirus within his country. Particular efforts were being made to boost vaccination levels, notably through community engagement and microplanning and by using technology to identify missed children, with close coordination among teams working in the border area with Afghanistan. Law enforcement agencies were also involved to ensure a safe working environment for frontline health workers. He thanked the Global Polio Eradication Initiative and the wider global community for its support.

The representative of BARBADOS drew attention to the significant costs that vaccine-preventable diseases generated for individuals, health systems and society. He acknowledged the

Secretariat's efforts to support national authorities in implementing polio transition and immunization measures, protecting gains made, and strengthening emergency preparedness, detection and response capacities. The shared priorities of key global vaccine and immunization strategies, such as the Immunization Agenda 2030 and the Polio Eradication Strategy 2022–2026, would be integral to those efforts.

The representative of the RUSSIAN FEDERATION expressed concern regarding the use of the novel oral polio vaccine type 2 to fight new outbreaks caused by circulating vaccine-derived poliovirus type 2, given recent reports of cases linked to the vaccine in two countries. It would therefore be wise to strengthen the monitoring of the vaccine's safety, efficacy and genetic stability. There was also a clear need to work on the administrative and technical aspects of containment measures in a number of countries. Priority should be given to immunization and the supply of vaccines – primarily the inactivated poliovirus vaccine – as well as monitoring and surveillance, while further support should be provided to improve laboratory networks, containment measures and scientific research. Regional and country plans for polio transition should be developed in line with WHO recommendations, taking into account specific contexts.

The representative of AUSTRALIA said that a sustained focus on the most impacted areas and the mobilization of additional resources would be vital to ensure continued progress towards poliomyelitis eradication. She commended the efforts of the Global Polio Eradication Initiative to sustain operations in Afghanistan despite increasingly stringent bans on female workers. The risk that women would be prevented from undertaking house-to-house vaccination campaigns must be mitigated to maintain high coverage and reach zero-dose children. The safety of all frontline personnel should remain a priority. The recurring outbreaks of circulating vaccine-derived poliovirus were concerning and reflected weak routine immunization systems; WHO and key partners should strengthen work in that area and accelerate progress on the Immunization Agenda 2030 in order to protect more children from vaccine-preventable diseases and mitigate polio-related risks. The recommendations of the Polio Transition Independent Monitoring Board of the Global Polio Eradication Initiative should inform the key priorities of the post-2023 polio transition agenda.

The representative of NAMIBIA agreed on the need for an urgent response to stop the continued geographically localized transmission of wild poliovirus type 1. Indeed, the appearance of cases in Malawi and Mozambique threatened recent gains and demonstrated that no one was safe until everyone was safe. To that end, her Government would maintain its surveillance and vaccination efforts in collaboration with neighbouring countries. Existing health mechanisms should be used to vaccinate children in humanitarian settings and mobilize resources, and existing poliomyelitis eradication mechanisms and strategies required effective implementation. She thanked the Secretariat for its ongoing support to implement polio transition.

The representative of ZAMBIA acknowledged the importance of robust surveillance systems in poliomyelitis eradication efforts and outlined national steps taken in that regard, including enhancement of an electronic integrated disease surveillance and response platform. The outbreaks of circulating vaccine-derived poliovirus in neighbouring countries had highlighted the importance of cross-border dialogue, improvements to the International Health Regulations (2005) and strengthened information sharing.

The representative of TÜRKİYE welcomed the progress made regarding vaccination campaigns but stressed the need to intensify efforts to tackle circulating vaccine-derived polioviruses in order to interrupt transmission chains and manage outbreaks effectively. To that end, local health workers in high-risk geographical areas played an essential role in providing timely notification of outbreaks and implementing containment measures; Member States should assume their responsibilities in that regard with tailored support from the Secretariat. Vaccination campaigns targeting specific areas would speed up efforts to reach zero-dose children; such targeted initiatives had the potential to garner additional

support from donors given their limited scope in terms of geography and timing. Given the urgent need to address vaccine-derived polioviruses, it might be better to slow down the integration of polio assets into other programme areas, particularly in high-risk areas.

The representative of the PHILIPPINES drew attention to national poliomyelitis eradication efforts, notably in relation to surveillance, and requested continued support from the Secretariat regarding verification and certification. Although the shift to the inactivated poliovirus vaccine was a positive step, low- and middle-income countries would need support to meet the higher cost of that vaccine in comparison to the oral polio vaccine, and a favourable global policy environment should be created to ensure affordable access to such essential health commodities. The Secretariat should develop further technical guidance for Member States, including risk communication strategies on issues such as mucosal immunity and waste management guidelines on the destruction of live attenuated oral polio vaccines. Moreover, interventions were needed to tackle vaccine hesitancy, disinformation and misinformation, which had reduced vaccine uptake, damaged trust in health care providers and increased disease transmission in her country.

The representative of TRINIDAD AND TOBAGO said that legislation on immunization had been key to poliomyelitis eradication efforts in his country and outlined vaccination, monitoring and surveillance interventions implemented by his Government. It would be important to focus on the following areas as part of the post-2023 polio transition global vision: strengthening surveillance systems; improving immunization coverage; building national capacity; and improving the response to outbreaks and imported cases. Country-specific legislative measures should also be introduced where possible. It was essential to tackle the increasing misinformation about vaccines and the associated growth in vaccine hesitancy.

The representative of BRAZIL expressed strong support for the Polio Eradication Strategy 2022–2026 given the concerning emergence of new poliomyelitis cases worldwide. Eradication was both urgent and feasible; vaccination was a vital step in that process. Her Government was prioritizing efforts to reverse the recent trend towards low immunization coverage by building trust and addressing misinformation on the subject. Member States should reaffirm their commitment to poliomyelitis eradication while also paying attention to neglected diseases, especially in countries where wild poliovirus was still endemic.

The representative of CHINA highlighted national efforts to maintain high poliovirus vaccination rates and take adequate containment measures. The Secretariat should take into account the position of developing countries, especially those at high risk of poliovirus importation, in the development of practical action plans to strengthen cross-border and interregional cooperation to reduce the spread of wild poliovirus. It should also step up financial and technical support for the countries in which the virus was still endemic and take more rapid and effective measures to accelerate eradication.

The representative of the REPUBLIC OF KOREA commended the current approach to poliomyelitis eradication, notably efforts to improve vaccines, expand vaccination and effectively manage certification of eradication. Given the continued detection of both wild and vaccine-derived poliovirus and the increasing number of unvaccinated children, monitoring of poliomyelitis cases should remain a top priority so that the true scale of the problem could be determined. Although oral polio vaccines were still needed in developing countries where inactivated poliovirus vaccines were unavailable, their use should be discontinued over the long term; effective evaluation criteria would be needed to confirm the full eradication of vaccine-derived polioviruses following discontinuation. Strengthened outbreak response measures and information sharing were also needed to address potential cross-border poliovirus transmission; it would thus be useful to receive new WHO guidelines on national responses in that regard. She outlined national measures taken to maintain high vaccination coverage, conduct surveillance and initiate the containment certification process in her country and stressed the

need to secure funds from both the public and private sector for the smooth implementation of the Polio Eradication Strategy 2022–2026.

The representative of SOUTH AFRICA said that the COVID-19 pandemic had demonstrated the ease with which diseases could spread within and beyond borders. She described how her Government was acting on lessons learned during the pandemic to improve preparedness and tackle threats such as poliovirus transmission while also strengthening post-certification activities. Her Government would continue to work with neighbouring countries on poliomyelitis eradication.

The representative of IRAQ outlined her Government's efforts to strengthen surveillance, improve immunization coverage and enhance outbreak preparedness and response capacities at the national level. In the light of the specific challenges facing the Eastern Mediterranean Region, including mass population movements and unstable security situations, the Secretariat should continue to provide support to countries in the Region to strengthen implementation of the WHO strategic action plan on polio transition (2018–2023).

The representative of ARGENTINA said that, given the recent re-emergence of poliomyelitis, the risk of importation of poliovirus and the fall in global vaccination coverage during the COVID-19 pandemic, it was vital for her country to have access to the novel oral polio vaccine type 2. Her Government was prepared to share its experience in primary prevention programmes. Greater efforts should be made to implement vaccination policies and strengthen country capacities to support poliomyelitis eradication efforts.

The representative of the UNITED ARAB EMIRATES said that detection and reporting were crucial in the fight against poliomyelitis and called for continued support to help countries to enhance their surveillance systems and immunization programmes. She described her Government's efforts to maintain her country's polio-free status, which included a range of surveillance and containment activities.

The representative of INDIA said that his Government had focused on maintaining high population immunity and poliovirus surveillance to uphold its polio-free status. To achieve global eradication, a comprehensive funding plan was needed, which should outline the financial resources required to cover the costs of vaccines, surveillance and other operations. Mobilizing those funds would require engagement with governments, donors and private sector organizations, while financing could also be secured through existing global health funding mechanisms. The Global Polio Eradication Initiative should focus on high-risk areas and populations, including conflict-affected areas, migrant populations and areas with poor sanitation. Technology and innovation should be leveraged to improve surveillance, ensure vaccine accessibility and encourage community participation. The post-2023 polio transition vision should be focused on building strong and sustainable routine immunization programmes; ensuring that all children could receive a full set of doses of both types of polio vaccine; strengthening surveillance for all vaccine-preventable diseases; and promoting engagement with governments and communities.

The representative of GHANA expressed his Government's commitment to the goals of the Global Polio Eradication Initiative but called for the mobilization of additional resources and the effective prioritization of activities to ensure that health systems could continue to serve broader public health needs. His Government had responded rapidly to recent cases of vaccine-derived poliovirus in the country with an immunization campaign using the novel oral polio vaccine type 2 and was continuing to implement polio transition measures.

The representative of SAUDI ARABIA expressed support for the Organization's approach to poliomyelitis eradication and its efforts to mobilize the necessary resources to implement the Polio Eradication Strategy 2022–2026. She outlined measures undertaken in her country, notably with regard

to vaccination and surveillance in pilgrimage and border areas, and emphasized the importance of boosting population immunity, strengthening epidemiological surveillance, regularly updating outbreak response plans and adhering to laboratory containment plans. In preparation for the post-certification period it would be crucial to: maintain high levels of immunity; continue epidemiological and environmental surveillance interventions and containment activities; monitor and evaluate all poliomyelitis eradication activities; and raise public awareness with the support of partners.

The representative of BOTSWANA described his Government's efforts to strengthen routine immunization and invest in its health system as part of its overall commitment to poliomyelitis eradication. The concept of equity should be adopted as a guiding principle in the implementation of the Polio Eradication Strategy 2022–2026 to support Member States in strengthening their health systems to achieve universal health coverage. Poliomyelitis eradication activities required sustainable, effective, transparent and flexible forms of financial investment, and should be integrated into holistic efforts to target vaccine-preventable diseases.

The representative of GUATEMALA drew attention to measures taken in his country in relation to poliomyelitis eradication, which included work to strengthen surveillance, improve immunization coverage and promote community mobilization. It was particularly important to vaccinate children and to work on a multisectoral basis to reach key populations.

The representative of TOGO said that post-certification efforts were ongoing in her country, with a focus on effective surveillance, response and containment activities following several outbreaks of circulating vaccine-derived poliovirus type 2 in recent years. However, securing adequate resources to maintain high-quality epidemiological surveillance in all districts was a major challenge; she therefore called for the continued financing of poliomyelitis eradication activities in the African Region.

The representative of FRANCE recalled the importance of increasing national financing to incorporate poliovirus vaccination into routine immunization strategies, with the support of Gavi, the Vaccine Alliance as part of the full portfolio planning process and noted that investments in poliomyelitis eradication and health system strengthening were complementary. It was essential to identify populations of zero-dose children to ensure that they could be given access to the oral polio vaccine. It would also be important to communicate with parents to raise awareness about the importance of vaccination; strengthen community engagement; improve vaccination campaigns with the support of local and national authorities; and monitor implementation and enhance surveillance in the areas concerned.

The post-2023 polio transition global vision should focus on addressing gaps in child vaccination, particularly those due to the COVID-19 pandemic, climate disasters or armed conflict; strengthening gender responsiveness, notably by ensuring the protection of women participating in vaccination campaigns; improving surveillance, especially environmental surveillance, in urban areas and among at-risk populations; and reinforcing poliovirus containment activities while reducing the number of facilities requiring access to the virus by promoting the development of safer alternatives.

The representative of YEMEN said that war, an unfavourable economic context and high levels of migration had led to a number of cases of vaccine-derived poliovirus in his country. He called for the resumption of vaccination among children in areas of the country not controlled by his Government and for continued support from the Secretariat for routine immunization campaigns to ensure that all children could be reached, especially zero-dose children and those in hard-to-reach areas. Epidemiological surveillance and immunization infrastructure should also be strengthened. Efforts to address vaccine hesitancy should be redoubled and its root causes should be researched.

The representative of OMAN outlined national efforts to prevent the spread of poliovirus, which were centred on monitoring, vaccination and outbreak preparedness and response. Her Government was committed to the implementation of strategies to contain poliovirus around the world.



The representative of BULGARIA commended the Organization's efforts to interrupt all remaining poliovirus transmission chains through the Polio Eradication Strategy 2022–2026. The war in Ukraine had increased the risk of importation of poliovirus into his country owing to the entry of refugees, many of whom were mothers with young children. In response, his Government had stepped up surveillance and strengthened the national immunization programme.

The representative of ETHIOPIA outlined recent efforts to stop the spread of vaccine-derived poliovirus, including large-scale vaccination campaigns using the novel oral polio vaccine type 2. Although his Government was working to mobilize domestic resources, he called on the Secretariat and Member States to continue prioritizing poliomyelitis eradication, especially in the African Region; to provide financial support via the Global Polio Eradication Initiative; and to ensure sufficient supplies of the novel oral polio vaccine type 2. Such support was particularly important given the delays in polio transition progress due to vaccine-derived poliovirus outbreaks, the COVID-19 pandemic and resource limitations.

The representative of NORWAY said that while efforts to achieve poliomyelitis eradication should continue, polio transition planning and operationalization should not be set back by delays in reaching that goal. The use of polio resources in the response to the COVID-19 pandemic had proven important for both outbreak management and surveillance; WHO's plans to use that experience in further integration and preparedness work should therefore be supported. Her Government was ready to contribute to that work through support for health systems development and access to essential health services, of which poliomyelitis prevention formed an important part. Collaboration between governments, international organizations and civil society was needed to reach zero-dose children, and such work should go beyond immunization alone. Leveraging the strengths of all partners would make it possible to provide communities with everything they needed for a healthy, successful life. To that end, a health system approach was needed, which required sufficient financial and human resources and integrated disease surveillance.

The representative of QATAR said that improved immunity and better surveillance were vital to the achievement of poliomyelitis eradication in the Eastern Mediterranean Region. Partnership between Member States and donors, notably through the Global Polio Eradication Initiative, and political support from governments were responsible for the gains made in those areas. Yet everyone remained at risk as long as poliovirus continued to circulate; further efforts were therefore needed to strengthen cross-border coordination and maintain certification-standard surveillance in order to eradicate the disease.

The representative of LEBANON commended the ongoing efforts to eradicate poliomyelitis but drew attention to the risk of resurgence of the disease in areas of conflict and instability, where access to health care services was limited. His Government had taken steps to prevent the spread of poliovirus among populations displaced by conflict in the Syrian Arab Republic, including by strengthening vaccination measures and surveillance systems. He called upon the international community to continue to work to ensure that every child had access to life-saving vaccines and health services. Member States should prioritize poliomyelitis eradication efforts, particularly in conflict areas, and provide sufficient resources for vaccination campaigns and disease surveillance programmes.

The representative of PARAGUAY said that in order to mobilize the resources needed for the full implementation of the Polio Eradication Strategy 2022–2026, the financial needs and opportunities of different countries should be analysed; any gaps in national resources could be filled with the help of international funding and cooperation. Transparent and effective accountability processes should be established, and national priorities should be aligned with global vaccination and immunization strategies. To ensure that all children in affected and high-risk areas, including zero-dose children, had access to the oral polio vaccine, focus should be placed on strengthening immunization systems and outbreak preparedness, detection and response capacities; planning and resourcing immunization campaigns in close coordination with the scientific community and civil society; staffing vaccination

teams; and organizing communication campaigns targeting high-risk populations to counter misinformation and vaccine hesitancy.

Specific action plans for particular populations and risk groups should be prioritized as part of the new polio transition vision, alongside the strengthening of national and subnational emergency response capacities and the improved provision of guidance from regional offices to help countries to identify available financial resources to complement national funds. Post-2023 regional action plans should aim to strengthen routine immunization, surveillance of vaccine-preventable diseases, and outbreak response capacities at laboratories.

The representative of THAILAND recommended that catch-up campaigns should be carried out with inactivated poliovirus vaccines in order to reach zero-dose children, using fractional dosing to reduce costs. National funding was more reliable and sustainable than donor sources and ensured government accountability. For the polio transition, the Secretariat should support the full integration of essential polio functions into routine primary health services, and polio staff should be retrained to provide routine vaccination and other services. He called on the Secretariat to review its guidelines on the cost and outcomes of fractional-dose inactivated poliovirus vaccine.

The representative of ZIMBABWE detailed the measures taken by his Government to maintain the country's polio-free status, including supplementary immunization activities in response to the outbreaks of wild poliovirus in Malawi and Mozambique. Given the negative impact of the COVID-19 pandemic on immunization programmes and poliomyelitis eradication targets, the Global Polio Eradication Initiative should continue providing financial support to ensure full implementation of planned activities and sustain post-certification gains within the African Region.

The representative of NIGER welcomed the Secretariat's efforts to achieve poliomyelitis eradication and the progress made to date. He provided details of the national response to the challenges posed by circulating vaccine-derived poliovirus, which had included a mass vaccination campaign using the novel oral polio vaccine type 2 and highlighted the importance of multistakeholder and community engagement in polio transition planning. Continued support for national polio transition plans would be essential.

The representative of MALAYSIA said that to reach all remaining zero-dose children in the most impacted areas, the governments of those countries must remain committed to planning and implementing practical vaccination strategies and ensuring the safety of polio staff. Commitment from community leaders and volunteers would build trust and encourage vaccination uptake in the most at-risk communities. The findings of the strategic review of operations conducted by the Independent Monitoring Board of the Global Polio Eradication Initiative would be paramount in planning the next steps to ensure universal poliovirus vaccination. To effectively manage the financial resources needed to implement the Polio Eradication Strategy 2022–2026, priorities should be set according to risk and need, while the impact of activities funded should be monitored and regularly reviewed so that resources could be directed to where impact was greatest.

The post-2023 polio transition global vision should focus on strengthening routine immunization; maintaining sensitive surveillance systems for poliomyelitis and other vaccine-preventable and communicable diseases; improving health security; and advancing towards universal health coverage. Regional action plans for polio transition and integration should be tailored to the contexts and needs of specific regions and should centre on protecting the gains of poliomyelitis eradication, reversing backsliding on immunization and strengthening emergency preparedness, detection and response capacities, while drawing on lessons learned from the COVID-19 pandemic. Efforts should also be made to ensure that health systems were sufficiently resilient to overcome the challenges that arose during conflicts and emergencies.

The representative of KENYA outlined a number of measures implemented in his country to maintain its polio-free status and integrate polio-related functions and assets into national health

programmes. Poliomyelitis eradication activities should be fully funded in the Proposed programme budget 2024–2025, especially for high-risk countries, to enable them to interrupt transmission and maintain highly sensitive surveillance systems. Furthermore, stockpiles of the novel oral polio vaccine type 2 should be prioritized for the African Region, and the Global Polio Eradication Initiative and its partners should provide financial support for implementation of national polio transition plans. Given the ongoing risk of international spread of the disease, the recommendations of the mid-term evaluation of the implementation of the WHO strategic action plan on polio transition (2018–2023) should be fast-tracked.

The representative of TUNISIA said that his Government was committed to the implementation of the Polio Eradication Strategy 2022–2026 and described a number of vaccination, surveillance, monitoring and evaluation activities carried out in his country. Continued coordination and cooperation was needed in order to support the remaining countries in which wild poliovirus was endemic and to reach all remaining zero-dose children.

The representative of BANGLADESH drew attention to national efforts to maintain the country's polio-free status, including vaccination campaigns, environmental surveillance activities and appropriate containment measures.

(For continuation of the discussion, see the summary records of the ninth meeting, section 1.)

**The meeting rose at 12:00.**

## NINTH MEETING

Friday, 26 May 2023, at 14:35

**Chair:** Dr J.S.J. Hassan (Bahrain)

**later:** Mr M. Ndoutoumou Essono (Gabon)

**later:** Dr J.S.J. Hassan (Bahrain)

**later:** Mr M. Ndoutoumou Essono (Gabon)

**later:** Dr J.S.J. Hassan (Bahrain)

### **PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES** (continued)

#### **1. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:** Item 15 of the agenda (continued)

**Poliomyelitis:** Item 15.4 of the agenda (continued from the eighth meeting, section 2)

- **Poliomyelitis eradication** (document A76/13) (continued)
- **Polio transition planning and polio post-certification** (document A76/14) (continued)

The CHAIR invited the Committee to resume its consideration of documents A76/13 and A76/14.

The representative of URUGUAY stressed the importance of improving the quality of vaccination campaigns and ensuring the safety of health workers. The surveillance of wild polioviruses, especially in non-endemic areas hosting migrant populations from regions with active virus circulation, and regional environmental surveillance strategies were key to eradicating poliomyelitis. Vaccination strategies using the inactivated virus had to be aligned at the regional level, so as to reduce the risk of vaccine-derived virus circulation, and steps taken to increase vaccination coverage in high-risk areas. In preparation for post-certification and the discontinuation of oral polio vaccine use, it was vital to focus on poliovirus containment and the disposal of infectious waste.

The representative of VIET NAM expressed appreciation for the efforts of the international community to close remaining gaps in endemic and high-risk countries. His Government was developing its national polio eradication strategy; despite the impact of the pandemic of coronavirus disease (COVID-19) on public health in Viet Nam, polio vaccine coverage had increased. He urged the Secretariat to continue to cooperate with its partners towards implementation of the Polio Eradication Strategy 2022–2026.

The representative of ECUADOR said that low vaccine coverage and surveillance problems had hampered efforts to fully eradicate poliomyelitis in Ecuador. Although no new cases of wild poliovirus had been reported since 1990, the high risk of re-emergence had prompted the Ministry of Health to strengthen national immunization and surveillance efforts. He was encouraged the Secretariat to provide more technical support and assistance to the Region of the Americas to strengthen national and regional programmes, especially those aimed at vulnerable populations, including indigenous communities in the Amazonian and Andean regions.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO recalled that thanks to the efforts of Member States, the African Region had been certified free of wild poliovirus. Nevertheless, some Member States, including her own, were facing outbreaks of vaccine-derived poliovirus type 2. To stop the transmission and circulation of the virus in her country, the Government was taking measures to improve the vaccine response to outbreaks, routine vaccination programmes, plans for polio transition and post-polio certification strategies. It was also taking steps to improve collective immunity, including in contexts lacking security, such as North Kivu province. She called for additional support to achieve the objective of eradicating poliomyelitis.

The representative of ANGOLA expressed concern at outbreaks of vaccine-derived poliovirus, which called for a rapid response and high-quality vaccination campaigns, with the novel oral poliomyelitis vaccine type 2 being the preferred option. Her Government fully supported the Global Polio Eradication Initiative and was working to expand routine vaccination coverage. Vaccination against poliomyelitis should be incorporated into all health interventions and development measures in high-risk areas, and the cost of poliomyelitis eradication should be part of the general national budget, supplemented by resources provided by partners.

The representative of the UNITED REPUBLIC OF TANZANIA said that his country had been certified wild poliovirus free since the end of 2015. It maintained an effective surveillance system and monitored wild and vaccine-derived poliovirus outbreaks in neighbouring countries, given the high risk of imported poliovirus. It had also implemented measures to mitigate the risk of poliovirus entering the country, close immunization gaps and ensure timely virus detection.

The representative of the SYRIAN ARAB REPUBLIC said that the COVID-19 pandemic notwithstanding, significant progress had been made towards eliminating poliomyelitis. Two poliovirus outbreaks on national territory had been tackled in record time, the speed of the response reflecting the strength of the health system and the Government's commitment to global polio policy. Poliomyelitis eradication would require sufficient supplies of vaccines, especially for endemic and high-risk countries; adequate funding, including to prevent paralysis and promote early detection of cases; and the incorporation of polio programmes into expanded vaccination programmes and general health care services, to support immunization strategies and disease surveillance.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that reduced coverage in recent years had placed his country at risk of re-emergence of poliovirus. The Government was working towards poliomyelitis eradication by focusing on childhood immunization and follow-up, efforts to rebuild trust in vaccines, and increased vaccine coverage, in particular in areas with low coverage. He expressed support for all action to eradicate poliomyelitis.

The representative of MALAWI provided an overview of efforts at the national level to eradicate poliomyelitis, including improved detection and response to outbreaks, expanded and strengthened immunization campaigns, and improved surveillance. There were plans for additional vaccination campaigns to interrupt the circulation of poliovirus and protect children from vaccine-preventable diseases, particularly given the current challenges to Malawi's health system in the wake of the devastation wrought by cyclone Freddy and cholera outbreaks. He thanked the Secretariat and regional teams for their tireless support, noting that collective efforts would be needed to stop polio and enable the African Region to maintain its polio-free status.

The representative of EGYPT said that his Government had implemented a range of initiatives to eradicate poliomyelitis and had achieved high vaccination coverage rates, resulting in polio-free status since 2006. Given the impact of the COVID-19 pandemic on global health care services, it was concerned about the resurgence of poliovirus in neighbouring countries and among travellers entering Egypt. It had thus rolled out regular national, targeted vaccination campaigns. Despite the progress made towards eradicating poliomyelitis, it was imperative to secure ongoing funding for the Polio Eradication

Strategy 2022–2026 and ensure its full implementation at all levels, in order to achieve global poliomyelitis eradication.

The Observer of GAVI, THE VACCINE ALLIANCE said that the impact of the COVID-19 pandemic on efforts to eradicate polio and maintain sufficient vaccine coverage had led to the re-emergence of poliovirus in places that had long been declared polio-free. To achieve and maintain a world free of polio, it was vital to prioritize routine immunization services for the estimated 25 million zero-dose children worldwide who had missed at least one vaccination in 2021. Given that 90% of poliomyelitis cases were in areas with the highest proportion of un- and under-vaccinated children, it was important to integrate routine immunization, including polio vaccination, into other essential health services and broader humanitarian and emergency response activities. He called on Member States to prioritize and ensure an integrated approach to providing access for zero-dose children and their communities to life-saving vaccination and other primary health care services, especially in the seven subnational regions affected by humanitarian emergencies; and to promote and accelerate the transition of essential polio and broader immunization functions by integrating polio-funded assets into existing national health programmes.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIR, said that achieving a polio-free world remained the top priority for his organization's members worldwide. Poliomyelitis eradication efforts were a rare example of enduring, truly global collaboration towards a universally beneficial goal. Progress must not be taken for granted and it was vital to take all measures necessary to end polio.

The representative of the UNITED NATIONS FOUNDATION, INC., speaking at the invitation of the CHAIR, urged Member States to strengthen national immunization and surveillance systems and consider the immunization infrastructure when bolstering national health security. They should also fully support efforts to make up for lost ground with regard to immunization coverage in the wake of the COVID-19 pandemic, the impact of which had been exacerbated by ongoing conflicts and humanitarian crises. Continued political and financial commitment would be needed to achieve a polio-free world. Member States, private sector partners and global health leaders should make explicit commitments to strengthen immunization programmes, eradicate poliomyelitis and fulfil the collective goal of protecting children worldwide.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that recent outbreaks of wild poliovirus in non-endemic countries had highlighted the limits of prioritizing vertical biomedical interventions. Member States should invest in poliomyelitis eradication and ensure sustainable funding for that public health priority. Local interventions needed to be integrated into comprehensive primary care systems. Stronger health services were urgently needed, as was access to safe water and sanitation. Rehabilitation services should also be incorporated into polio programmes. The Secretariat and Member States needed to address the social and political determinants of poliomyelitis, including armed conflicts in endemic countries. Democratizing vaccine production had never been more important: it was essential to address intellectual property barriers and move towards self-sufficiency in local polio vaccine production, to ensure the long-term sustainability of vaccination programmes.

The representative of the REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN said that the Region's complex humanitarian crises were having a significant impact on its already fragile health systems. Additionally, COVID-19-driven setbacks to routine immunization had left millions of children unvaccinated. Poliovirus transmission had nevertheless been limited to a few, small geographical areas and surveillance had been ramped up, including in high-risk but polio-free countries, such as Bahrain and Saudi Arabia. Progress was also being made with regard to polio transition, to ensure that essential functions were retained and assets used to support other public health programmes, in particular surveillance, immunization, and outbreak preparedness and response capacities. Ongoing

challenges included low-level transmission in Afghanistan and Pakistan, and the continued circulation of vaccine-derived poliovirus strains in Yemen, especially in governorates where authorization had not been granted to mount a vaccine response. In Somalia, there was an ongoing outbreak of vaccine-derived poliovirus type 2, and in Sudan, health services remained suspended owing to the current conflict. Member States had stepped up to support dialogue with the de facto authorities in the Region to address ongoing challenges, and advocacy and support for poliomyelitis eradication were stronger than ever, thanks to the efforts of the Regional Subcommittee for Polio Eradication and Outbreaks and support from Global Polio Eradication Initiative partners. In line with Vision 2023 Eastern Mediterranean Region: health for all by all, Member States should consider how to support the Eastern Mediterranean Region, place the well-being and future of children above all else, and permanently eradicate poliomyelitis from the Region.

The DIRECTOR (Polio Eradication) said that the comprehensive and detailed comments made by Committee members reflected their continued commitment to poliomyelitis eradication. In the 35 years since the launch of the Global Polio Eradication Initiative, efforts to eradicate poliomyelitis had made commendable progress. However, although polio transmission was limited to a few narrow geographical areas, including certain provinces in Afghanistan and districts in Pakistan, and there had been no recent outbreaks of vaccine-derived poliovirus type 1 in Malawi or Mozambique, certain challenges remained. One of those challenges was ongoing, low-level transmission. As long as that trend continued, nowhere was risk-free. It was therefore imperative to finish the task at hand. The vast majority of cases of circulating vaccine-derived polioviruses was restricted to four subnational geographical areas, namely northern Nigeria, the eastern part of the Democratic Republic of the Congo, southern and central Somalia, and northern Yemen. It was essential to ensure the effective delivery of vaccines in those areas.

The statements made had highlighted the following key themes: the importance of reaching zero-dose children in settings involving protracted, complex emergencies, including flooding in Pakistan, tropical cyclones in Africa and situations of armed conflict. The novel oral poliovirus vaccine had been demonstrated to be as safe and effective as its predecessors, and more genetically stable. The real challenge was to ensure supply and delivery of the vaccine, achieve community acceptance, put in place effective mechanisms and maximize coverage for children in the hardest-to-reach places in the world. With regard to integration and the importance of basic immunization, it was vital to continue and indeed intensify efforts to take multiple antigens into account in immunization campaigns, and to work with humanitarian agents to deliver essential services and goods to communities in acute need. Moreover, further efforts were needed to ensure that all countries switched to a two-dose inactivated poliovirus vaccine immunization schedule.

Vaccination coverage varied significantly within countries, especially in those of greatest concern. Action was needed to address the problem, and the Secretariat stood ready in that regard. In terms of surveillance, it was critically important to improve timelines for virus detection; commendable practical examples included the measures adopted in Zambia. He called for continued compliance with the provisions of resolution WHA71.16 (2018) on the containment of polioviruses and encouraged efforts to build on the progress achieved in recent months. The risk was real, as a recent wild poliovirus spill from manufacturing facilities demonstrated, and it was essential to implement safeguards. He also stressed the need for an independent monitoring board to provide clear, transparent, critical scrutiny of the polio programme. The lessons learned from the polio transition had to be applied and any approach adopted must take regional and country-specific realities and risks into account.

The CHAIR invited the Committee to note the reports contained in documents A76/13 and A76/14.

**The Committee noted the reports.**

**Mr Ndoutoumou Essono took the Chair.**

**PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE** (continued)**2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:** Item 13 of the agenda

**Universal health coverage:** Item 13.1 of the agenda

- **Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage** (documents A76/6, A76/7 Rev.1 and EB152/2023/REC/1, decisions EB152(3), EB152(4), EB152(5) and EB152(6))

**Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health:** Item 13.2 of the agenda

- **Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases** (documents A76/7 Rev.1, A76/7, Add.1 Rev.1, and EB152/2023/REC/1, decision EB152(11))

The CHAIR drew attention to the reports contained in documents A76/6, A76/7 Rev.1 and A76/7 Add.1 Rev.1. He also invited the Committee to consider the draft resolution on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies, contained in decision EB152(3), the draft resolution on increasing access to medical oxygen, contained in decision EB152(4), the draft resolution on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage, contained in decision EB152(5), and the draft resolution on strengthening diagnostics capacity, contained in decision EB152(6), as well as the draft decision on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health, contained in decision EB152(11). During the discussion, the members of the Committee were invited to consider and provide guidance on the specific priority areas for action, as indicated in document A76/6.

A representative of the EXECUTIVE BOARD summarized the Board's discussions of the relevant agenda items and said that it recommended that the Committee adopt the draft resolution on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies contained in decision EB152(3), the draft resolution on increasing access to medical oxygen contained in decision EB152(4), the draft resolution on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage contained in decision EB152(5) and the draft resolution on strengthening diagnostics capacity contained in decision EB152(6), and the draft decision on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health contained in decision EB152(11).

The representative of SWEDEN, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, Republic of Moldova and Bosnia and Herzegovina, the potential candidate country Georgia, the EFTA country Norway, member of the European Economic Area, as well as Armenia, aligned themselves with his statement. Addressing the subject of universal health coverage, he called for coherence and synergies between the relevant United Nations high-level meeting and the priorities set by WHO in Geneva. Strong, equitable, accessible, climate-resilient and sustainably financed health systems were the backbone of quality primary health services and global health security. Measures to strengthen health systems needed to address financing, governance, human resources, infrastructure, information and communication systems, access to quality commodities and services, health monitoring and service



provision, and community participation. Health care services should be person-centred, gender-responsive and rights-based, and should cover preventive, curative, rehabilitative and palliative care, along with sexual and reproductive health and rights, among other subjects.

Turning to the draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases, contained in Appendix 3 to WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030, he expressed support for best buys adapted to national contexts but concern about the lack of progress towards the voluntary global targets. It was vital to step up efforts to prevent and control noncommunicable diseases and mental health conditions throughout the life course. In that regard, equitable and affordable access to essential health services, especially for underserved populations, was fundamental. Ambitious and sustainable Health in All Policies strategies, following a One Health approach and taking environmental issues into account, were critical to addressing the underlying risk factors of noncommunicable diseases and mental health conditions. Those diseases had to be tackled together, given their shared social, economic and environmental determinants and risk factors, but further efforts should be made to focus specifically on mental health conditions since ensuring stigma-free access to high-quality, person-centred mental health services was key to achieving universal health coverage.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, said that achieving universal health coverage was a critical step towards ensuring affordable access to quality health services. Despite the progress made, growing sectors of the population were spending more than 10% of their income on health care. She supported reorienting health systems towards primary care so as to improve the affordability of health services. With regard to preparations for the high-level meeting of the United Nations General Assembly, she supported a coordinated approach to engaging with governments, the private sector, civil society, United Nations bodies and other partners to review progress and advocate for action. Targeted measures and investment were vital to support country-specific priorities and national plans to accelerate progress towards achieving universal health coverage and other health-related targets by 2030.

The draft updated menu of policy options would help to control the obesity epidemic affecting the Region. In that regard, she welcomed the proposed identification of 28 front-runner Member States and encouraged the Secretariat to help countries in the Region to control the marketing of unhealthy foods by international food manufacturers and introduce legislation on levels of fats and salt in food. She urged the Secretariat to help Member States to mobilize financial and technical resources for regular population surveys, including regular STEPS surveys, on risk factors. The prevalence of obesity among children and young people should be measured in order to inform efforts to curb obesity. The Secretariat should also continue providing financial and technical support to frontline Member States through intercountry dialogue and clear implementation pathways to achieving the targets for control and prevention of noncommunicable diseases.

The representative of JORDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the Secretariat's work to reorient health systems towards primary health care and to highlight the importance of the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases; he also welcomed the draft updated menu of policy options interventions to tackle those diseases. Despite the disruptions caused by the COVID-19 pandemic, Member States in the Region had begun to adapt and implement WHO guidance to build back better by strengthening health systems to ensure continuity of service and emergency preparedness. He welcomed the support provided by the Secretariat in that regard. Many Member States in the Region had adopted multisectoral strategies and set national targets on noncommunicable diseases; they had conducted studies with a view to expanding investment in prevention and control, adopted measures to enhance coordination and allocated additional resources to programmes on noncommunicable diseases. He commended efforts to update the best practices for the prevention and management of noncommunicable diseases on the basis of the latest evidence and advances in the field and in line with the changing health landscape. He called on the Director-General to consider enhancing capacity across all levels of the Organization so as to provide more focused

support to Member States and step up advocacy to promote multisectoral engagement and the adoption of whole-of-government and whole-of-society approaches. Support should be provided to Member States to strengthen national mechanisms, include noncommunicable diseases in national emergency response plans, promote investment and identify external sources of funding for prevention efforts. Stressing the importance of primary health care as a resilient foundation for the delivery of interventions on noncommunicable diseases and other essential health services, he drew attention to the regional priorities set out in the resolution<sup>1</sup> adopted during the sixty-ninth session of the WHO Regional Committee for the Eastern Mediterranean Region on building resilient health systems to advance universal health coverage and ensure health security in the Region.

The representative of the REPUBLIC OF KOREA, speaking on behalf of the Member States of the Western Pacific Region, said that Member States in the Region had made significant progress towards strengthening primary health care, which was key to achieving universal health coverage, notably by improving access to water, sanitation and hygiene, reducing communicable diseases and increasing vaccine coverage. However, they faced a range of challenges, including with respect to economic growth, demographic change and dynamic social contexts. The burden of noncommunicable diseases continued to grow in ageing societies, and it was vital to improve access – including by removing financial barriers – to health services, including sexual and reproductive health care and rights. She stressed the need to transform health systems to ensure funding for primary health care, which was often underfunded, resulting in poor quality services and staff shortages, and ultimately placing more pressure on hospitals. System-wide inefficiencies, misaligned incentives and inequalities had an impact on national health budgets and plans. Unless existing problems were addressed, health systems would become financially unsustainable in the near future. It was essential to prioritize primary health care, improve financial protection and ensure that the health care workforce was equipped to meet changing health needs by training nurses, midwives and community health workers. In October 2022, the thirty-seventh session of the Regional Committee for the Western Pacific had agreed on a new framework for primary health care transformation that included measures to adapt delivery models, increase domestic funding, enhance accountability and focus on community empowerment. Investing in primary health care would not only ensure the provision of essential services, but also mitigate the financial burden of health care on individuals. Lessons learned from the COVID-19 pandemic highlighted the importance of primary health care for health security and the need to engage with and empower communities to participate in decision-making relating to health, including caregiving. It was important to continue to innovate and adapt when developing new approaches to primary health care. It was time to reorient health systems to promote equity and provide the highest level of health and well-being throughout the life course.

The representative of BANGLADESH, speaking on behalf of the Member States of the South-East Asia Region, encouraged all Member States to enhance integrated emergency, critical and operative care for universal health coverage and protection from health emergencies, increase access to medical oxygen and work to prepare for the high-level meeting of the United Nations General Assembly on universal health coverage. Universal health coverage was a priority for the Region and key to sustainable development. The COVID-19 pandemic had revealed pervasive gaps in emergency, critical and operative care services, including with regard to access to medical oxygen, with a global impact on mortality and morbidity. She welcomed the WHO South-East Asia Strategy for Primary Health Care: 2022–2030 and encouraged Member States to implement it and improve cross-country collaboration and knowledge-sharing. She also called for additional assistance from the Secretariat for the Strategy's implementation, to ensure integrated, people-centred, primary health care models, as enshrined in the Declaration of Astana; for the roll-out of national policies for sustainable financing, effective governance and universal access to needs-based emergency and critical medical devices on national lists of essential medicines, and equitable and timely access for all to diagnostics technologies and products; and for Member States' efforts in the field of primary health care, through the Special Programme on

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<sup>1</sup> Resolution EM/RC69/R.2 (2022).

Primary Health Care. The Secretariat should also develop guidelines, technical specifications and forecasting tools, including to help Member States to establish integrated emergency, critical and operative care services, and to integrate access to medical oxygen into primary health care and referral systems; and to provide strengthened support for the implementation of national primary health care approaches through the Universal Health Coverage Partnership. She urged the Health Assembly to adopt the four draft resolutions concerning universal health coverage.

The representative of IRAQ provided an overview of measures at the national level to improve primary health care services to achieve universal health coverage, focusing on equitable access, vulnerable settings and the health insurance system. Her Government had sought to mitigate the impact of the COVID-19 pandemic on the health system by implementing a response plan and ensuring continuity through new approaches such as mHealth and dynamic dashboards, and was working to update the national health policy. Further cooperation with WHO was needed to update strategies and plans and to strengthen primary care services and data collection. She welcomed the draft updated menu of policy options and encouraged the accelerated implementation of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030. Attaining the Sustainable Development Goal targets on noncommunicable diseases required further engagement and accountability from other sectors to accelerate implementation of cost-effective interventions on risk factors. Further cooperation with the Secretariat was also required to strengthen national capacity, update the national action plan and enhance the national surveillance system.

The representative of JAMAICA expressed support for the priorities for action and provided an overview of primary health care reforms at the national level. She encouraged the Organization to continue to prioritize primary health care for universal health coverage and to provide support for achieving universal health coverage by 2030. Her Government reaffirmed its commitment to that goal.

The representative of BULGARIA welcomed the draft updated list of best buy interventions, and commended WHO and United Nations efforts to prioritize the prevention and control of noncommunicable diseases as part of progress towards achieving the Sustainable Development Goals. The goals and perspectives presented in the documents aligned with the values and principles, policies and current health priorities of his country. Improving the prevention and control of noncommunicable diseases and enhancing international cooperation in the field of health would enhance the overall health and well-being of people throughout the European Region.

The representative of BRUNEI DARUSSALAM said that in many countries, the COVID-19 pandemic had hampered progress, restricted health systems' capacity to deliver primary health services and threatened progress on global and national health agendas, including achieving universal health coverage. Three years on, many countries continued to report disruptions to at least one essential service, with those to the Expanded Programme on Immunization a particular concern. Given the financial cost of combating COVID-19, many governments were restricting budgets and investment in health. While no perfect model for delivering universal health coverage existed, a system built on primary health care could effectively deliver high-quality services, reduce waste and eliminate inequalities. The reforms implemented by her country to reorient services towards primary health care had led to significant improvements in access to care and quality of service. It was also important to ensure that care delivery was sustainable and high value, with a focus on outcomes rather than managing costs. Demographic change gave rise to more complex care needs, hence the need to reform national health care financing models and, to ensure continuity of care, to scale up the workforce and adopt an integrated approach to workforce planning, financing, policy and organizational development. Changing the profile of the workforce was a long-term task and not the sole responsibility of health ministries. She stressed the need to maintain the focus on pre-pandemic commitments to ensure sustainable gains. She looked forward to the series of high-level meetings of the United Nations General Assembly on universal health coverage, pandemic preparedness and response, and ending tuberculosis, but stressed that the issues should be discussed synergistically, rather than as a series of competing priorities. The primary lesson to be learned

from the pandemic was that sustainably financed, resilient and accessible health systems remained the cornerstone for protecting people, including in times of crisis.

The representative of BHUTAN said that the draft updated menu of policy options would address a range of challenges in the Region, if implemented effectively. Although mortality from noncommunicable diseases had been falling, intensified efforts were needed to meet the voluntary targets within the agreed time frames. He commended the updated Appendix 3 to WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 but stressed that remote communities and small island developing States faced unique challenges that required tailored solutions and support. He expressed support for the measures proposed, including integrating noncommunicable disease services into primary health care systems to provide prevention and treatment, and maximizing the use of digital technology while increasing the cost of products harmful to health. It was important to engage with youth leaders to raise awareness of noncommunicable diseases and mental health problems in communities and address the commercial determinants of noncommunicable diseases. To that end, good governance was critical to safeguarding the health of the population and preventing interference from the business sector. At its seventy-fifth session, in 2022, the WHO South-East Asia Regional Committee had adopted a declaration reaffirming Member States' commitment to achieving universal access to people-centred mental health care and services. He proposed that a side event on that topic be organized at the relevant United Nations General Assembly high-level meeting. The event would provide a platform to share experiences and forge partnerships on effective policies and strategies promoting mental well-being through multisectoral and multidisciplinary approaches. It was important to take advantage of the current momentum to drive comprehensive action, strengthen cooperation and champion action on noncommunicable diseases and mental health, so as to pave the way for a transformative and inclusive future.

The representative of the PHILIPPINES expressed support for the priorities for action to reorient health systems towards primary health care as a foundation for universal health coverage, and for the draft resolutions on integrated emergency, critical and operative care, increasing access to medical oxygen and strengthening diagnostic capacity. Member States would benefit from guidance on non-hospital emergency care, financing programmes to expand access to diagnostics and medical device capacity for routine and emergency care, strengthening health care provider networks, navigating patients from community care to hospitals, and evidence-based interventions to close supply gaps for primary health care facilities. She welcomed the updated Appendix 3 to WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030, which contained best buy interventions, and stressed that it was important to continue to update technical guidance to prioritize scarce resources. The draft updated menu of policy options should have a stronger mental health component, including supplemental guidance on non-pharmaceutical mental health interventions and measures to train non-specialists in delivering mental health care. It should also incorporate interventions relating to environmental determinants of noncommunicable diseases, such as air pollution, and the inclusion of nutrition services in universal health coverage benefit packages. Global strategies and technical guidance had to be developed to manage conflicts of interest relating to the commercial determinants of health, to ensure unbiased and transparent public policies that strengthened health systems, fostered public trust and mitigated commercial influence on public health. In the lead-up to the high-level meeting of the United Nations General Assembly, her Government was committed to prioritizing noncommunicable diseases and cost-effective priority services in primary care-oriented health systems, as part of efforts to achieve universal health coverage.

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIR and also on behalf of the Aga Khan Foundation, the Global Self-Care Federation, the International Federation on Ageing, the International Hospital Federation, the International Pharmaceutical Federation, The International Society for Quality in Health Care Company Limited by Guarantee, the International Society for Telemedicine & eHealth, the World Federation of Occupational Therapists and the World Federation of Public Health Associations, said that universal

health coverage targets would remain unmet unless urgent steps were taken to reorient health systems towards primary health care and to promote self-care. Strong primary health care was key to achieving universal health coverage and ensuring resilient and sustainable health systems, better outcomes at a lower cost and a frontline workforce committed to universal health coverage. It also improved health literacy and empowered decision-making, enhanced awareness of the social and economic value of self-management and self-monitoring, and optimized patient interaction time and the management of limited health care resources. The COVID-19 pandemic had disrupted progress towards universal health coverage, and failure to prioritize primary health care had increased public health risks, leading to fragmented care, crucial shortfalls in services and increased inequity. Promoting self-care by empowering self-management and self-monitoring played a pivotal role in enhancing individual and collective ownership of health decisions and actions. Combining self-care with stronger primary health care systems was crucial to achieving universal health coverage. It was essential to unite all patient advocacy and health professional organizations behind investment in health promotion, disease prevention and improved management of noncommunicable diseases.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA welcomed the Secretariat's efforts to achieve universal health coverage and described several aspects of the national health care system, which, thanks to its robust nature, had enabled his country rapidly to overcome the national health crisis resulting from the COVID-19 epidemic. His Government would pursue its efforts to achieve the health-related Sustainable Development Goals by further improving and standardizing the content and scope of universal health care services, including through the expanded roll-out of the WHO Package of Essential Noncommunicable Disease Interventions for Primary Health Care in low resource settings.

The representative of NAMIBIA said that while encouraging progress had been made towards universal health coverage over the previous two decades, especially in the African Region, there were concerns that the service coverage index minimum threshold would not be achieved by 2030. A multisectoral approach was needed to achieve universal health coverage targets by that date. She called on the Secretariat to increase support to Member States to address gaps and challenges relating to the social determinants of health, including by improving food security and access to safe water, sanitation and hygiene; promoting universal primary and secondary education, especially for marginalized groups; and ensuring legal and policy environments that protected the right to the highest attainable standard of health for everyone. The COVID-19 pandemic had served as a stark reminder of the urgent need to strengthen health systems by prioritizing primary health care as the foundation for progress towards universal health coverage. The prevention and control of noncommunicable diseases and the promotion and provision of mental health services were vital in that regard. The Secretariat should support Member State efforts to prioritize action on noncommunicable diseases and mental health, including by strengthening the mental health workforce, establishing mental health and substance abuse rehabilitation programmes, and reducing financial hardship and out-of-pocket payments.

The representative of OMAN said that, as part of its efforts to achieve universal health coverage, his Government had introduced a range of measures to improve health care services. In previous decades, efforts had focused on improving health indicators relating to communicable diseases, and prioritizing measures to combat those diseases. More recently, the focus had shifted to chronic, lifestyle-related diseases. To ensure continuity, he encouraged regional and international cooperation and the exchange of expertise among Member States.

The representative of DENMARK welcomed the focus on mental health and suggested that, going forward, the subject should be treated as a separate agenda item, to ensure it received the priority attention it deserved. The prevalence of mental health conditions was growing, including among children and adolescents. When responding to emergencies and crises it was important also to take into account external factors affecting mental health, such as war and conflict. Mental health was currently an underfunded field and people with mental health conditions experienced stigma and discrimination,

including from health and social care professionals. It was essential to acknowledge inherent biases in approaches and in society, systematically tackle stigma and listen to those with lived experiences of mental health conditions in order to move towards a more inclusive society. There should also be a greater focus on mental health in discussions on reorienting systems towards primary health care as a foundation for universal health coverage. He urged all Member States to use the opportunities provided by the Health Assembly and the upcoming United Nations General Assembly high-level meeting to significantly strengthen the collective voice on mental health.

The representative of the RUSSIAN FEDERATION welcomed the draft updated menu of policy options. Referring to the decision taken at the initiative of 40 Member States from the European Region to close the WHO European Office for the Prevention and Control of Noncommunicable Diseases in Moscow, he observed that for 10 years the office had been an effective tool for implementing relevant WHO policies. It had continued its work during the COVID-19 pandemic, as confirmed in the documents of the Standing Committee of the Regional Committee for Europe. He welcomed the statement from the WHO Regional Office for Europe to the effect that it had not recommended the closure of the Moscow office. The decision to do so would have a negative impact, especially for countries with high levels of morbidity and mortality relating to noncommunicable diseases, as the Member States who had initiated the process had submitted no financial plans or programme documents for continuing the office's work. His Government remained committed to assisting Member States with a high burden of noncommunicable diseases, and would continue to do so on a bilateral basis. On the issue of universal health coverage, he noted that the current monitoring system for the indicator relating to coverage of essential health services (target 3.1 of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages)) did not fully reflect the progress made by countries in that area. The procedure for calculating and processing national indicators had to be improved in order to ensure transparency and comprehensibility.

The representative of THAILAND said that achieving universal health coverage required multisectoral cooperation, including with civil society and the private sector. She supported proposals to add an agenda item and draft resolution on social participation and engagement to the agenda of the Seventy-seventh Health Assembly in 2024. She expressed support for the draft resolution on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage and called for its immediate implementation. To address emerging health risks, especially relating to the commercial determinants of health, the Secretariat was encouraged to continue its work on best buys within the framework of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030. Given that IARC had recently classified alcohol as a group 1 carcinogen, she called for the Organization, as a global health leader, to stop selling and serving alcoholic beverages on its premises, including at all WHO conferences. She encouraged Member States to participate in the drafting of a political declaration for the upcoming United Nations General Assembly high-level meeting on universal health coverage.

The representative of SOLOMON ISLANDS said that his Government had begun to implement the Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030) in order to increase access to surgical services and mitigate the harm of delayed treatment. With support from the Secretariat, the Ministry of Health had reviewed sterilization services, developed an action plan to reduce infections and introduced a checklist to assess diabetes patients and avoid foot amputations. With support from both the Secretariat and the European Union, measures had been taken to ensure access to oxygen in hospitals and clinics. He welcomed the outlined priority areas, noting the need for effective, evidence-based advocacy, adequate funding, technical assistance and a multistakeholder approach.

The representative of SLOVENIA commended the Organization's efforts to promote universal health coverage, which was an essential component of sustainable development. While it was universally agreed that primary health care was the foundation for universal health coverage, and crucial

to ensuring comprehensive, integrated and people-centred care, further investment was needed to address new challenges and demands, for example relating to digitalization and strengthening and retraining the health workforce. All Member States needed to improve their primary health care systems; sharing the many good practices instituted and working together to develop innovative solutions would help to accelerate progress to that end. The lessons learned at the national level had highlighted the need for social participation, community-based approaches, and engagement with other sectors and nongovernmental organizations. Following discussions at a side event co-hosted by her Government on the importance of social participation, a draft resolution would be submitted for discussion at the Seventy-seventh Health Assembly. She commended the updated Appendix 3 to WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030; it would be up to Member States to ensure its implementation at the national level. It being particularly important to address risks relating to the commercial determinants of health, she urged the Secretariat to provide evidence-based, technical advice on best buys and noted that additional staff and human resources were needed for that purpose. She reaffirmed her Government's commitment to achieving universal health coverage and tackling noncommunicable diseases, and encouraged other Member States to work together towards that goal, under the leadership of the Organization.

The representative of SLOVAKIA, observing that noncommunicable diseases continued to pose a major challenge for health and development, said that recent crises had hampered progress in all areas of programme implementation and reduced the health and social workforce at the national level, with a negative impact on diagnostics, treatment and supportive care. She welcomed the leadership of the WHO Regional Office for Europe and its help in co-organizing the subregional high-level consultation in the context of the Ukraine crisis in April 2023 in Slovakia, which had allowed intersectoral agencies to share their experiences in various fields, with a view to identifying best buys and strengthening cooperation. A side event co-organized by her Government during the current Health Assembly on delivering cancer care for all had identified that there was still room for improvement, especially regarding the collection of disaggregated health data. She thanked the Secretariat for taking into account her Government's request to support the mapping of good practices, gaps, models and tools to achieve equality and better outcomes in the field of childhood cancer and the delivery of cancer care for all.

The representative of SINGAPORE stressed the need for a renewed focus on primary care-system strengthening. In that regard, it would be helpful for the Secretariat to facilitate the exchange of best practices and lessons learned, taking into account the need to adapt measures to national contexts. The draft updated menu of policy options interventions would also help to accelerate progress with regard to national strategies on noncommunicable diseases. At the national level, the lessons learned from the national pandemic response had been incorporated into primary health care programmes to promote universal health coverage and prevent and control noncommunicable diseases. Those lessons included the importance of public–private partnerships and of resilient health systems underpinned by public health expertise; and the need to adopt digital health tools, including telemedicine and health tracking apps, in order to ensure access to health care services and build resilience during periods of strain on health systems. He also expressed support for efforts to ensure that the draft political declaration to be adopted at the forthcoming United Nations high-level meeting should align with, and be guided by, the important ongoing negotiations within the Organization on strengthening health system resilience.

The representative of SENEGAL said that his country's national nutrition policy contained measures to combat obesity and noncommunicable diseases. As part of efforts to accelerate the fight against obesity, he recommended that the Secretariat should enrol a second group of front-runner countries in order to accelerate progress and support the implementation of plans for healthy nutrition and physical activity.

**Dr Hassan resumed the Chair.**

The representative of SAUDI ARABIA welcomed the focus on primary health care and commended efforts to achieve universal health coverage. His Government sought to ensure access to health care to all and include health in all policies; to that end, it had undertaken studies and established indicators relating to health. He recommended maintaining the focus on primary health care, in line with the specific needs of specific Member States. As noncommunicable diseases and their risk factors remained a considerable burden, despite all efforts, more needed to be done to achieve Sustainable Development Goal 3 and other related objectives. It was also important to continue to prioritize noncommunicable diseases, to provide services and develop eHealth care for improved follow-up. He also expressed support for the draft updated menu of policy options.

The representative of CANADA, speaking on behalf of her country's youth delegate, said that it was important to integrate sexual and reproductive health services into primary health care and to ensure universal access to such services. Unfortunately, progress had been insufficient and inequities remained with regard to both sexual and reproductive health and gender equality; she called for Member States to take urgent action to address those negative trends. Stronger multisectoral collaboration to support country efforts and Health in All Policies approaches were needed to achieve universal health coverage. The high-level meeting of the United Nations General Assembly would provide an opportunity to work together on a concise, action-oriented and consensus-based political declaration. Both universal health coverage and efforts relating to the noncommunicable disease agenda were essential to achievement of the Sustainable Development Goals and ensuring health throughout the life course.

The draft updated menu of policy options was welcome. When developing tools to support those interventions, an assessment should be made of how they might take into account populations without equitable access to health. The update on the WHO acceleration plan to stop obesity was also welcome; progress reports on the implementation of its recommendations and the possibility to exchange best practices with front-runner countries would also be appreciated. It was essential to integrate mental health into broader noncommunicable disease prevention strategies and apply multidisciplinary approaches to mental health promotion. It was also important to collectively address stigma, which remained a barrier to mental well-being globally, especially among younger people. It was hoped that the lead-up to the fourth high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases would provide an opportunity to reflect on evolving concerns, including COVID-19 and environmental factors with an impact on prevention and control programmes.

The representative of COMOROS provided an overview of progress at the national level towards universal health coverage, including measures to ensure access to health services; increase investment in health care; improve care for mothers and children; combat malaria; and improve health care delivery and health insurance coverage. Stressing the fact that strengthening primary health care was key to equitable and sustainable health system strengthening, he welcomed the Director-General's commitment to focusing on technical and financial support for health sector reforms.

The representative of the BAHAMAS said that achievement of Sustainable Development Goal 3 would depend on national efforts to introduce universal health coverage; the ongoing assistance provided by the Secretariat to support Member State efforts to that end was therefore of paramount importance. It was essential to redouble efforts to maximize resources from all sectors to provide people-centred, comprehensive, high-quality care, delivered in a timely manner and without undue financial hardship for patients. Her Government was committed to tackling challenges at the national level and to implementing the recommended measures and looked forward to the ongoing support of the Secretariat and fellow Member States in those endeavours.

The representative of BAHRAIN welcomed the Organization's efforts to achieve universal health coverage. Her Government sought to provide a wide range of services through accessible primary health care centres, including health promotion, prevention, early detection, diagnosis, treatment, rehabilitation and nutrition programmes, and regular check-ups for children. She welcomed the support provided to Member States to meet their commitments under the political declaration of the third high-level meeting



of the General Assembly on the prevention and control of non-communicable diseases. She commended the leadership of the Regional Office for the Eastern Mediterranean, in particular with regard to the regional framework for action on noncommunicable diseases.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR and also on behalf of Amref Health Africa, Fondation Botnar, the International Federation of Medical Students' Associations, the International Society for Telemedicine & eHealth, IntraHealth International, Inc., the International Planned Parenthood Federation, the International Pharmaceutical Students' Federation, PATH, The Albert B. Sabin Vaccine Institute, Inc., the Save the Children Fund, the United Nations Foundation Inc., WaterAid international, Women Deliver, Women in Global Health, Inc. and the World Hepatitis Alliance, said that in order to achieve universal health coverage, governments needed to prioritize primary health care and provide a comprehensive health benefits package ensuring universal access to a full range of quality health care services; strengthen the health and care workforce and ensure gender equality and safe and dignified working conditions, including by closing the gender pay gap and ensuring fair pay for all health care staff; prioritize health in government spending and implement comprehensive and equitable health financing policies to expand coverage and improve affordability; and strengthen health data governance through a global framework with common regulatory standards, to inform national legislation and guide the sharing of health data. Governments should also support more equitable and responsible data management, safeguard rights and improve public trust; and disaggregate, analyse and securely use health data to identify and address health needs, especially of underserved groups. It was essential to institutionalize and fund social participation mechanisms; to design, implement and monitor gender-transformative universal health coverage programmes, policies and frameworks focusing on vulnerable populations; to make health systems more equitable and resilient; and to reinforce primary health care by increasing investment in health and approving the draft resolution on strengthening diagnostic capacity. Those actions would build community trust, reduce poverty and promote equity, social cohesion and resilience.

The representative of MALAYSIA endorsed the draft resolution on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies and requested that her country be added to the list of sponsors. Her Government supported initiatives to align care, including emergency services, with the needs of communities. She welcomed the focus in the Director-General's reports on strengthening primary health care as a resilient foundation for universal health coverage, an approach that aligned with her Government's own strategy. She also welcomed the draft updated menu of policy options. She stressed the importance of oral health and expressed support for the draft global oral health action plan (2023–2030). She commended the Secretariat's efforts to help Member States to implement recommendations on preventing and managing noncommunicable diseases throughout the life course and to accelerate progress by developing tailored country road maps but stressed the need for culturally appropriate, evidence-based approaches and for alignment with national policies and priorities. It was vital to ensure accountability and to take action to achieve mid- and long-term targets.

The representative of LEBANON expressed support for the draft resolution on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage. In the face of the challenges currently facing her country and its health system, including a dire economic crisis, severe staffing gaps in the health care sector, shortages of medications and medical supplies, and the closure of health facilities, her Government had sought to adapt the health care system to ensure access to care through a participatory governance approach and by fostering collaboration and partnerships with local and international organizations. As part of measures to implement WHO guidance on building back better, a health sector strategy had been launched that emphasized a primary health care approach to the achievement of universal health coverage. Although her country and its people were adaptable and resilient, efforts to guarantee a sustainable and stable health system, and to achieve universal health coverage, faced a range of challenges and required extensive support from the Secretariat. Her Government was committed to improving primary health care to ensure quality, affordable services;

expanding the accreditation of primary care centres; accelerating staff training programmes and performance-based assessments; and moving towards the use of standardized electronic health records as essential tools for health care integration and case management.

The representative of PERU stressed the need to strengthen primary health care, which formed the cornerstone of national and international health strategies, in order to facilitate the provision of integrated, comprehensive care, promote health and prevent disease. Emergency, critical and operative care were key to ensuring continuity in primary health care systems. The COVID-19 pandemic had hampered progress and impeded efforts to recover primary health care capacity and services. Indeed, given the surgical and medical backlogs, there was a need to enhance capacity beyond pre-pandemic levels and prioritize efforts. Her Government was working to strengthen capacity and reduce waiting times for care. She stressed the usefulness of establishing warning systems, in order to ensure a timely response to public health emergencies, enhance preparedness and improve resource management. She welcomed the Secretariat's efforts in the field of emergency response and expressed support for the draft resolution on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies.

The representative of LIBYA said that his Government took note of the documents on reorienting health systems towards primary health care and the preparations for the high-level meeting of the United Nations General Assembly. At the national level, the Ministry of Health had established a primary health care institution to oversee the provision of services. In addition to programmes on communicable and noncommunicable diseases, the Government had established a public social insurance fund to facilitate access to health care without discrimination or financial hardship. He thanked the Secretariat for providing ongoing technical support aimed at helping Member States to achieve universal health coverage.

The representative of BARBADOS said that her Government remained committed to advancing cost-effective interventions and policies that ensured effective and sustainable prevention and management of noncommunicable diseases using a multistakeholder approach. It was also involved in hosting a high-level regional meeting on noncommunicable diseases and mental health and looked forward to a strong, negotiated outcome document that contributed to enhancing health. As a front-runner country in the WHO acceleration plan to stop obesity, Barbados encouraged the development of country road maps and advancing agreed interventions. The Government had introduced a range of priority actions in that regard, including a national school nutrition strategy, a tax on sugar and sweetened beverages, and measures to improve food packaging. She stressed the importance of cost-effective health interventions, such as low-cost measures for blood pressure control.

The representative of KENYA said that his Government remained committed to accelerating progress towards universal health coverage based on a primary health care approach, mainly by strengthening community health services. He called for additional regional and national support to scale up primary health care to achieve universal health coverage by 2030. He encouraged the approval of the draft resolutions on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies, on increasing access to medical oxygen and on strengthening diagnostics capacity. He welcomed the Director-General's consolidated report and the draft updated menu of policy options and cost-effective interventions for preventing and controlling noncommunicable diseases. The rising burden of noncommunicable diseases was a national priority, alongside the issue of access to childhood cancer medicines; he recommended that Kenya be designated as one of the focus countries for the Global Platform for Access to Childhood Cancer Medicines. He also proposed that the management of mental health and oral health conditions should be included in the draft updated menu of policy options.

The representative of KAZAKHSTAN noted that it was vital to strengthen primary health care. At the national level, a multidisciplinary approach had been adopted to provide continuity of care; he

expressed appreciation for the Secretariat's support in that regard. Kazakhstan was proud to host the WHO Primary Health Care Demonstration Platform for the WHO European Region, which had been launched in 2022. He stressed the need to focus on primary health care during the United Nations General Assembly high-level meeting on universal health coverage, during which an interactive panel discussion should be held on primary health care to achieve universal health coverage and the Sustainable Development Goals.

The representative of TUNISIA observed that achieving universal health coverage was all the more urgent in the wake of the COVID-19 pandemic, which had put health systems to the test. In that regard, he called on Member States to implement the priority areas for action. In order to ensure quality health care for all without financial hardship, his Government had embarked on the path towards universal health coverage through the establishment of a comprehensive, integrated primary health care system and a One Health approach. He welcomed the Organization's efforts to promote health systems and called for further assistance to develop, implement and assess financing reforms to achieve universal health coverage and sustainable and inclusive growth.

The representative of MONACO expressed support for the draft resolution on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage. The COVID-19 pandemic had hampered progress towards Sustainable Development Goal 3, which was a priority for her Government. Efforts must be redoubled to make up for lost time. To that end, she welcomed the Secretariat's efforts to strengthen action to achieve universal health coverage. Her Government would continue to support that work through strong political engagement and funding for projects implemented by WHO and its partners throughout the world. At the national level, a significant proportion of the State budget was allocated to health care and universal health coverage was a reality.

The representative of the INTERNATIONAL SOCIETY OF RADIOLOGY, speaking at the invitation of the CHAIR and also on behalf of the International Organization for Medical Physics, The International Society of Radiographers and Radiological Technologists, RAD-AID International, Inc., the World Federation of Nuclear Medicine and Biology, the World Federation for Ultrasound in Medicine and Biology, the Global Diagnostic Imaging, Healthcare IT and Radiation Therapy Trade Association, the Global Medical Technology Alliance, Humatem and the International Federation for Medical and Biological Engineering, expressed support for the draft resolution on strengthening diagnostics capacity. Timely, equitable access to diagnostic testing and medical imaging should be an essential component of the WHO primary health care and universal health coverage initiatives and required a strategy that delivered trained health care providers, the medical devices and equipment they required, and the capacity to apply health technologies where they were most needed. National strategies should facilitate the procurement of innovative medical devices, ensure regulatory harmonization and enhance the infrastructure to support their deployment, and ensure that the health workforce was appropriately trained. The Secretariat should facilitate the development of national strategies and create a responsive regulatory and guidance environment that promoted patient access to innovations and research and development, and the manufacturing of innovative medical devices for use in underserved regions. An expanded diagnostics strategy that covered access to medical imaging devices would also be needed for the early diagnosis and treatment of noncommunicable diseases.

The representative of MALDIVES highlighted the consideration of the different needs of rural and urban communities when designing frameworks, tools and guidelines for service delivery. While she valued the efforts made to safeguard vulnerable communities, including migrant workers, further efforts were needed to raise awareness of harmful cultural norms and preconceived notions that contributed to exclusion and marginalization and pushed communities to avoid seeking health care. To achieve universal health coverage, it was vital to build capacity and strengthen the workforce through a multisectoral approach and to improve acceptance of primary health care initiatives and health literacy. She recommended taking action to: strengthen primary health care strategies, with initiatives adapted to the specific needs of rural and urban communities; enhance alternative mechanisms such as digital health

services; increase the accessibility of health settings and boost health literacy and health-seeking behaviours among vulnerable communities; implement capacity-building programmes focusing on service delivery; raise awareness among service providers; and strengthen capacity-building programmes by fostering interdisciplinary and intersectoral collaboration and knowledge-sharing.

The representative of NEW ZEALAND commended efforts to achieve universal health coverage and tackle noncommunicable diseases. His Government had introduced health care reforms to improve equity with regard to access, affordability and service quality, including for underserved communities and rural communities. Member States needed priority technical support to build a sustainable workforce, with a view to strengthening their national plans, achieving universal health coverage and reorienting health systems towards primary health care. Noting the existing implementation gap in that regard, it would be helpful for the Secretariat to provide further guidance on the concrete operational steps required. His Government welcomed engagement with the Secretariat on the draft menu of policy options and supported its endorsement, and looked forward to the United Nations General Assembly high-level meeting on universal health coverage later in the year.

The representative of NEPAL said that universal health coverage entailed equal access to quality health services, whenever needed and without financial hardship. Describing the measures taken in her country to tackle the low level of health service coverage, she noted that, in order to achieve universal health coverage, it was vital to: guarantee equitable access to high quality basic health services, including for vulnerable groups and those living in extreme poverty; expand social health insurance coverage; reduce out-of-pocket expenditure for health care; and increase investment and ensure the effective use of funding.

The representative of NORWAY said that corruption and poor governance undermined progress towards universal health coverage and prevented health systems from responding to people's needs, thus undermining trust. There was a need to mainstream and strengthen anti-corruption measures, transparency and accountability to ensure better health outcomes and sustainability. Global health initiatives must support Member States on the path towards universal health coverage. International financing must be balanced and coordinated. A human rights-based approach to health emphasized not only outcomes but also decision-making processes, which should be open and inclusive, and involve the people affected – especially marginalized groups. With regard to progress on noncommunicable diseases, the draft updated menu of policy options provided excellent guidance on selecting relevant and scalable initiatives for prevention and management of noncommunicable diseases. She supported proposals to incorporate in the draft updated menu regular Secretariat updates – which must be evidence-based and free of undue political and commercial influence.

The representative of the UNITED STATES OF AMERICA applauded efforts to advance universal health coverage and welcomed the emphasis in the report on the health workforce. He stressed the critical role of political leadership in building strong, comprehensive and resilient health systems. Member States faced a critical opportunity to recommit to investing in essential health services, including sexual and reproductive health services, in order to accelerate progress towards universal health coverage. Achieving the relevant targets would require cooperation and coordination and the inclusion of historically marginalized and excluded populations. Achieving universal health coverage was critical to addressing health needs and strengthening pandemic response and health security. He welcomed the call for coordination across the high-level meetings of the United Nations General Assembly concerning health in 2023 in order to promote a coherent, ambitious and action-oriented health agenda. He also welcomed the focus on the connection between climate change and health and noted that the COVID-19 pandemic had laid bare the urgency of access to medical oxygen. Diagnostic services had a key role to play in the prevention, diagnosis, management, monitoring and treatment of diseases, and in combating antimicrobial resistance. In the lead-up to the high-level meetings, he stressed the need to engage with all stakeholders and sectors to get back on track to achieving the Sustainable

Development Goals. The targets relating to noncommunicable diseases required continued collaboration with other sectors and civil society to reduce disability and promote health and well-being.

The representative of POLAND welcomed efforts to achieve universal health coverage by reorienting health systems towards primary health care. To meet the Sustainable Development Goals for everyone across the life course, it was essential to achieve universal health coverage through robust, accountable, integrated and community based, people-centred health systems supported by a skilled workforce, appropriate infrastructure, modern, affordable medicines and products, appropriate legislative frameworks and adequate and sustainable funding. A further priority should be preventing catastrophic out-of-pocket spending on basic health care services. Challenges at the national level included the millions of Ukrainian refugees that were being hosted in her country. Universal health coverage was a component of social justice and dignity.

The representative of the PLURINATIONAL STATE OF BOLIVIA detailed the efforts being made in his country to expand access to health care, including for vulnerable and marginalized groups, with a view to meeting the Sustainable Development Goals and achieving universal health coverage by 2030.

The representative of SWITZERLAND welcomed the draft resolution on strengthening diagnostics capacity and highlighted the importance of diagnostics in the wake of the COVID-19 pandemic and in relation to universal health coverage, antimicrobial resistance and global health security. Tackling those challenges required better, more sensitive and less invasive diagnostics, including field kits. She stressed the need to strengthen laboratory networks and capacity, especially in low- and middle-income countries.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIR and on behalf of the NCD Alliance, the World Heart Federation, the Framework Convention Alliance on Tobacco Control, the International Association for Hospice and Palliative Care, Inc., the International Diabetes Federation, PATH, the International Pharmaceutical Federation, the International Society of Nephrology, The Royal Commonwealth Society for the Blind – Sightsavers, the Union for International Cancer Control, the World Stroke Organization and World Cancer Research Fund International, said that efforts to achieve universal health coverage and tackle noncommunicable diseases needed to focus on expanding service, population and financial coverage. She called on Member States to: invest in essential services relating to noncommunicable diseases across the continuum of care and the life course and include those services in national health benefits packages – in line with the best buy interventions on noncommunicable diseases, the HEARTS technical package and taking all health care providers into account; align global and national development and health priorities to achieve universal health coverage and break down silos between funding and implementation in health systems; and ensure that universal health coverage remained people-centred by engaging with people living with noncommunicable diseases and formalizing opportunities for the meaningful involvement of civil society in governance and decision-making on policies and services. Noncommunicable diseases were a national, global development and equity issue.

The representative of VIET NAM welcomed the focus on reorienting health systems towards primary health care for universal health coverage, and the work in the lead-up to the high-level meeting of the United Nations General Assembly on that topic. She stressed the importance of moving to a primary health care based delivery model to achieve universal health coverage and the Sustainable Development Goals. Noting the measures taken at the national level for universal health coverage, she highlighted the importance of training and multisectoral action to address the social determinants of health and the need to improve health literacy. She endorsed the draft updated menu of policy options.

The representative of the UNITED REPUBLIC OF TANZANIA expressed support for the draft updated menu of policy options. Like other developing countries, her country faced the double burden

of communicable and noncommunicable diseases. Despite a domestic review of the health sector and a multisectoral strategic plan on noncommunicable diseases, much remained to be done at the national level to strengthen primary health care, improve prevention measures, enhance early screening and improve the management of noncommunicable diseases.

The representative of AUSTRALIA said that improving universal health coverage by strengthening primary health care was a key priority at the national level. In that context, his Government had implemented a range of measures to improve access, strengthen the nursing workforce and build stronger digital health systems and records. In the lead-up to the high-level meeting of the United Nations General Assembly on universal health coverage, it was important to reaffirm the high-level political commitment to strengthen universal health coverage as the world recovered from the COVID-19 pandemic. Coordinated, multisectoral approaches were vital to delivering strong outcomes. Protecting and advancing the right to access quality sexual and reproductive health services was key to achieving universal health coverage.

Concerning the draft resolution on increasing access to medical oxygen, he stressed the need to strengthen infrastructure to address access gaps identified during the COVID-19 pandemic. With regard to the draft resolutions on strengthening diagnostics capacity and on integrated emergency, critical and operative care, he noted the importance of building on resolution WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage. Within the scope of operative care, he stressed the role of surgical, obstetric and anaesthesia care.

To achieve universal health coverage, it was essential to ensure the coordinated provision of high quality, affordable, disability-inclusive, accessible and age- and gender-responsive services for all, without discrimination. He expressed support for the draft updated menu of policy options. He supported the development of an evidence-based action plan that covered measures to tackle diet, alcohol use and lack of physical activity. People-centred primary health care, including a palliative care policy, was also important to achieve universal health coverage. Strong primary health care systems were the cornerstone of universal health coverage.

The representative of CHINA welcomed efforts to promote primary health care as a resilient foundation for achieving universal health coverage. The Secretariat was urged to provide evidence-based guidance to help Member States to adapt their primary health care services to the needs of target groups and ensure that the allocation of resources was informed by national realities so as to uphold the effective provision of services. The related high-level meeting of the United Nations General Assembly would provide an opportunity for countries to accelerate progress towards achieving universal health coverage and the Sustainable Development Goals. He recommended adopting innovative service delivery methods and making full use of digital technology, including telemedicine and mobile applications, to improve access to health services and information. Expressing support for the draft resolution on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage, he noted that his Government stood ready to participate in the preparations and to share its experience in that field.

He welcomed the Organization's efforts to promote the prevention and control of noncommunicable diseases, in particular the acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course, and the best buy and other recommended interventions to address noncommunicable diseases based on the draft updated menu of policy options. He stressed the importance of empowering people to take responsibility for their own health. To that end, he recommended that health services should focus on improving personal health literacy and called for guidance to improve the prevention and control of noncommunicable diseases.

The representative of CHILE noted that her Government had embarked on a reform of the health care system to facilitate access to a comprehensive range of health care services, without discrimination or financial restrictions, and advance the international commitments on universal health coverage.

The representative of GERMANY proposed that in the draft updated menu of policy options the words “programme targeted to high-risk populations” should be included in the critical non-financial considerations for oral cancer. That would enhance coherence with the draft Global Oral Health Action Plan (2023–2030) and the policy options in the draft updated menu. Turning to the scope of Secretariat support to achieve universal health coverage, she stressed that sustainable financing was crucial to ensuring strong and resilient health systems. The Secretariat should offer guidance on leveraging domestic resources for universal health coverage in diverse national contexts, with a particular emphasis on horizontal health programmes. To ensure a strong health workforce, the Secretariat should assist Member States in ensuring both the availability of well-trained health workers and support for their physical and mental health. Secretariat support should also cover sexual and reproductive health services as part of universal health coverage. It was important to include emergency, critical and operative care, rehabilitation services for healthy ageing and preventive health care in efforts to strengthen primary health care and achieve universal health coverage. To ensure coordination across the three high-level meetings of the United Nations General Assembly concerning health in 2023, she recommended that the Health Assembly should discuss in advance and follow up on the topics of the respective high-level meetings and the Organization should be involved throughout preparations for them.

The representative of PARAGUAY welcomed the information on priority areas of action provided in the report on reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparation for the high-level meeting of the United Nations General Assembly on universal health coverage. Her Government had embarked on a range of measures to orient the national health system towards primary health care and develop strategies and actions to provide optimal care for all. Nevertheless, the disruption caused by the COVID-19 pandemic, coupled with the climate crisis and other challenges, required joint efforts at the national, regional and global levels to achieve progress towards universal health coverage. The forthcoming high-level meetings of the United Nations General Assembly – on universal health coverage, pandemic prevention, preparedness and response, and the fight against tuberculosis – offered an opportunity to commit to accelerating action in those areas and address current pressures on national health systems. She supported the best buy interventions. Continued cooperation was needed to achieve the goals set out in the Comprehensive mental health action plan 2013–2030.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the report on noncommunicable diseases, in particular the draft updated menu of policy options. She expressed support for the four resolutions on universal health coverage, yet noted concerns regarding global progress in that area, particularly on financial protection in the context of increasing numbers of people being pushed into poverty by high health expenditure. She endorsed the proposal to convene global health and international financing partners to discuss long-term, sustainable investment in universal health coverage; that work was urgently needed. The upcoming high-level meeting would provide an opportunity to reinvigorate commitments to universal health coverage, including sexual and reproductive health, and drive progress towards the Sustainable Development Goals. She welcomed the zero draft of the political declaration on universal health coverage and looked forward to achieving consensus on an action-oriented draft that set out a global road map with enhanced monitoring and accountability. Pathways to universal coverage included increasing domestic resource mobilization and prioritizing increased public financing of primary health services. Scaling up primary health care was the most inclusive, equitable and cost-effective means of achieving universal health coverage. It was vital for global health and international financing institutions to align behind national health plans to deliver universal health coverage. In that context, she stressed the importance of access to surgical and anaesthesia care.

The representative of TOGO said that his Government’s efforts to achieve universal health coverage had begun with compulsory health insurance for civil servants, and health coverage had subsequently been extended to other sections of the population. The draft updated list of policy options was timely and would reinforce the gains already made in his country. The main remaining challenges

at the national level included strengthening sentinel surveillance and integrated notification mechanisms for noncommunicable diseases, alert and reception systems for patients with mental health disorders, and health data and research systems. He called for further support for Member States in the African Region.

The representative of SOUTH AFRICA expressed concern regarding the regression in progress on Sustainable Development Goal indicators 3.8.1 and 3.8.2, which could only be addressed through a focus on the six core components of health system strengthening, underpinned by global solidarity and concerted action. Member States must be encouraged to develop resilient health systems through sustainable investment and the allocation of financial and human resources for the sustained provision of essential health services. At the national level, her Government was implementing health financing reforms to facilitate the progressive realization of universal health coverage. She expressed support for all four draft resolutions on universal health coverage: all were important and would contribute to strengthening primary health care to achieve universal health coverage.

She expressed support for the draft updated menu of policy options, noting that her Government had applied some of the best buys, and concurred with the recommendation that interventions should be based on the latest scientific evidence. Strengthening the non-economic considerations set out in the draft updated menu would support efforts relating to equity, acceptability and ethics, as part of work to build integrated, people-centred health systems. The increasing prevalence of mental health disorders, particularly following the COVID-19 pandemic, required urgent action to enhance surveillance at the population level for noncommunicable diseases as well as for risk factors and disability levels to facilitate the assessment of interventions. She supported proposals to request the Director-General to submit a further update to the menu of policy options for consideration by the Eightieth World Health Assembly, through the Executive Board at its 160th session. She urged the Secretariat to engage with Member States to ensure coordination across the three high-level meetings of the United Nations General Assembly concerning health in 2023 in order to promote a coherent approach and a commitment to universal health coverage.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIR and also on behalf of Alzheimer's Disease International, the Anesvad Foundation, CBM Christoffel Blindenmission Christian Blind Mission e.V., The Fred Hollows Foundation, the Handicap International Federation, the International Association for Hospice and Palliative Care Inc., the International Federation on Ageing, the International Federation of Anti-Leprosy Associations, the International League of Dermatological Societies, the Royal Commonwealth Society for the Blind – Sightsavers, and the Worldwide Hospice Palliative Care Alliance, said that many people with disabilities still lacked access to high quality, affordable health care. Universal health coverage could only be achieved through concerted action to tackle inequities across the continuum of care, with specific investment to reach those at greatest risk of being left behind. To that end, it was essential to develop more inclusive health systems through people-centred, rights- and community-based and whole-of-society approaches founded on primary health care. Ageing populations and the growing prevalence of noncommunicable and poverty-related communicable diseases made those efforts an urgent priority. She urged Member States to champion health equity for persons with disabilities and older people and uphold their right to health. Access should be provided to people-centred primary health care close to home, with essential service packages that enabled persons with disabilities to enjoy their right to health-related goods, facilities, services and information that met their physical and mental health needs across the continuum of care throughout the life course and on an equal basis with others. That approach must involve, inter alia, expanded coverage and improved accessibility of mental health services, sexual and reproductive health services and health information. It was also necessary to strengthen political leadership and ownership of the fight against eye- and skin-related noncommunicable diseases as part of universal health coverage; ensure the availability of health-related data disaggregated by gender, age, disability and other characteristics to inform equity-based decision-making; ensure training on disability inclusion for the health and care workforce; and meaningfully engage with persons with disabilities of all ages and at all levels.



The representative of MADAGASCAR said that despite progress in expanding basic health coverage, the remaining inequalities in access to care could only be addressed through multisectoral action at the national and international levels. In some countries in Africa, the commitments undertaken did not cover all three dimensions of universal health coverage owing to a lack of clearly defined objectives on financial protection. In his country, 41% of health care costs were still borne directly by households. Efforts to remove financial barriers to health care and investment in that area were insufficient, as was the financing of efforts for mental health and noncommunicable diseases. He welcomed work on reorienting national health systems to primary health care as the foundation for universal health coverage and health security and the strengthening of national plans to increase public financing for evidence-based universal health coverage. He urged the Secretariat to promote the South–South and North–South exchange of experience and multilateral and multisectoral action by all relevant stakeholders to achieve the triple billion targets.

The representative of MAURITANIA said that universal health coverage was a priority for her Government, which had introduced national insurance programmes to expand coverage in line with Sustainable Development Goal 3. In the context of preparations for the related high-level meeting of the United Nations General Assembly in 2023, she called for further action – including support from the Secretariat – to help Member States to achieve universal health coverage.

The representative of INDIA, detailing the efforts taken by his Government to achieve universal health coverage and provide inclusive primary health care, welcomed the reorienting of health systems to primary health care as a resilient foundation for universal health coverage. He advocated a holistic approach to noncommunicable diseases through: health screening in primary care settings; strengthening of health infrastructure, human resources, diagnosis and the management of noncommunicable diseases; healthy diets and lifestyles; digitization of health records; and integrated delivery of mental health services through primary health care. His Government was committed to preventing and controlling noncommunicable diseases through a holistic, whole-of-society and whole-of-government approach based on well-being and welcomed global efforts to that end. The challenges posed by noncommunicable diseases required global efforts driven by strong and strategic leadership, cost-effective interventions and a multisectoral approach.

The representative of ZAMBIA said that health was part of the development agenda in her country, with a focus on strengthening primary care and community participation. Her Government was committed to strengthening surgical, anaesthesia and obstetric care services. The term “operative care” in the draft resolution on integrated emergency, critical and operative care should be understood to cover surgical, anaesthesia and obstetric care and a clear definition of the term should be provided. She urged the Secretariat to fulfil all its responsibilities and obligations under resolution WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage. On the issue of noncommunicable diseases, she looked forward to working with the Secretariat on the prevention and management of obesity, particularly given the double burden of obesity and malnutrition in her country.

**Mr Ndoutoumou Essono took the Chair.**

The representative of the DOMINICAN REPUBLIC said that in her country strategies to support community-based prevention and promote healthy lifestyles had benefited thousands of people, as had measures to support mental health. Nevertheless, despite investment in mental health services and the development of new tools, it was difficult to meet increasing demand in that area. It was necessary to enhance social security coverage and develop policies on mental health throughout the life course, as well as initiatives on substance abuse and training for staff in mental health, including on the prevention of exclusion and stigma. Both developing and developed countries faced the same challenges in that regard. She called on the Secretariat to include mental health as a separate agenda item at future Health Assemblies. She supported the draft resolutions concerning universal health coverage and the draft

decision on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health.

The representative of BRAZIL welcomed the draft updated menu of policy options and described the action taken to tackle noncommunicable diseases in her country. Stressing the importance of national action and international cooperation to achieve progress towards universal health coverage, she noted that her Government had introduced a programme to increase the number of doctors working in primary health care and was reviewing the mental health care system. With regard to the high-level meeting of the United Nations General Assembly on universal health coverage, she stressed the importance of drafting a strong political declaration that would find consensus.

The representative of the SYRIAN ARAB REPUBLIC said that universal health coverage entailed access to health services without discrimination or financial hardship. Health systems must be reoriented towards primary health care to bring services closer to citizens, promote health and prevent, detect and treat diseases. During the COVID-19 pandemic, the quality of health care services had declined, with an impact on progress towards Sustainable Development Goal 3. At the national level, work had begun to update the national strategy in line with the regional objectives for the Eastern Mediterranean Region. She reaffirmed her Government's commitment to strengthening primary health care for universal health coverage and supporting the Organization's efforts in that regard, and to access to health for all without discrimination. In that regard, she called for an end to the unilateral sanctions imposed on the Syrian Arab Republic and other countries, which hampered efforts to strengthen health systems and deliver health for all, and for support to rehabilitate the health infrastructure in her country that had been damaged by conflict and the earthquake of February 2023. Given the urgent need to invest in health, she called for international support to strengthen national strategies and build capacity to achieve universal health coverage, leaving no one behind.

**Dr Hassan resumed the Chair.**

The representative of NCD ALLIANCE, speaking at the invitation of the CHAIR and also on behalf of the Framework Convention Alliance on Tobacco Control, the Global Health Council, the Handicap International Federation, the International College of Surgeons, the International Diabetes Federation, the International Federation of Medical Students' Associations, the International Society of Nephrology, PATH, the Royal Commonwealth Society for the Blind – Sightsavers, the Union for International Cancer Control, Vital Strategies, Inc., World Cancer Research Fund International and the World Heart Federation, welcomed the draft updated menu of policy options, highlighting the impact of cost-effective analyses of healthy diet interventions and the changes made to tobacco control interventions. She urged Member States to: support the draft updated menu of policy options; secure resources for and integrate in universal health coverage benefit packages the noncommunicable disease prevention and care interventions included in the draft updated menu; and raise awareness among government sectors about the health, social and economic returns on investment of those interventions. She encouraged the Secretariat to: establish a clear and inclusive regular update mechanism for Appendix 3 to WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030, which contained the draft menu of policy options, that was protected from undue influence on the part of health-harming industries; shed light on the methodology employed when drafting the menu of policy options, including how reference studies were selected; develop guidance on priority-setting and the benefits of combining the recommended interventions and consider interventions to control common comorbidities; integrate population-wide interventions from the menu of policy options into the WHO Universal Health Coverage Compendium; incorporate existing and planned policy options on mental health, oral health and air pollution into the response to noncommunicable diseases; and retain the term "best buys" as a well-recognized and easily understood signal to policy-makers.

The representative of TIMOR-LESTE said that although progress had been made towards achieving universal health coverage, much remained to be done to improve financial protection. The COVID-19 pandemic had increased income inequality with an impact on health outcomes. In order to

achieve the Sustainable Development Goals and prioritize universal health coverage, it was vital to increase government funding for health, improve access to high quality, affordable medicines and reduce patient out-of-pocket expenditure. To that end, the Secretariat should support efforts to ensure access to medical products and services that were free of charge at the point of delivery. He welcomed efforts to reorient health systems to primary health care. At the national level, a primary health care essential services package had been introduced, along with a flagship delivery system. He urged the Director-General to work together with Member States to reduce persistent inequalities in access to health care.

### **Rights of reply**

The representative of DENMARK, speaking in exercise of the right of reply, said that 40 Member States from the European Region had voted to relocate the WHO European Office for the Prevention and Control of Noncommunicable Diseases to Copenhagen. The move would have no impact on the functioning of the office, and a financial solution had been put in place to safeguard its work. Hosting an office of a specialized agency of the United Nations was a privilege not a right, and entailed certain obligations, including compliance with the Charter of the United Nations. Those obligations had been violated by the Government of the Russian Federation in Ukraine.

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, said that it was only a matter of opinion that the operationality of the WHO European Office for the Prevention and Control of Noncommunicable Diseases would be assured in Copenhagen; that assertion was not based on any documents or any analysis carried out by the Organization. The same applied to claims concerning funding, which were not backed up by a business plan. There was no economic basis for the decision. Moreover, current staff were concerned about their future and it was not clear what would happen to the projects implemented by the office. The decision to move the WHO office was clearly not a neutral one, and that lack of neutrality called into question the location of the WHO Regional Office for Europe.

**The meeting rose at 19:30.**

## TENTH MEETING

Friday, 26 May 2023, at 11:50

Chair: Dr J. S. J. HASSAN (Bahrain)

### **PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE** (continued)

#### **REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:** Item 13 of the agenda (continued)

##### **Universal health coverage:** Item 13.1 of the agenda (continued)

- **Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage** (documents A76/6, A76/7 Rev.1 and EB152/2023/REC/1, decisions EB152(3), EB152(4), EB152(5) and EB152(6)) (continued)

##### **Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health:** Item 13.2 of the agenda (continued)

- **Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases** (documents A76/7 Rev.1, A76/7 Add.1 Rev.1 and EB152/2023/REC/1, decision EB152(11)) (continued)

The CHAIR invited the Committee to resume its consideration of the draft resolutions on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies, contained in decision EB152(3); on increasing access to medical oxygen, contained in decision EB152(4); on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage, contained in decision EB152(5); and on strengthening diagnostics capacity, contained in decision EB152(6), as well as its consideration of the draft decision on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health, contained in decision EB152(11).

The representative of PORTUGAL urged Member States to intensify national efforts to implement the acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course and said that the Health Assembly should endorse the draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases. Given the long-overlooked significance of mental health for individual well-being, she welcomed the recognition of mental disorders as contributors to the global burden of noncommunicable diseases in the implementation road map 2023–2030 for WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030. It was imperative to prioritize and enhance mental health support, especially in view of the exacerbating effect of the pandemic of coronavirus disease (COVID-19) on the global mental health emergency, in particular among women, young people and other vulnerable groups. Her Government commended the comprehensive mental health action plan 2013–2030 and supported WHO's QualityRights Initiative.

The representative of TONGA, highlighting some of the specific challenges faced by Pacific island countries in achieving universal health coverage, said that tailored, context-specific and culturally sensitive approaches that involved communities in health care delivery were essential. In addition, safe and affordable surgery should be part of essential packages of health services for universal health coverage to help countries to reduce surgical disparities, improve surgical outcomes and provide accessible, affordable and high-quality surgical services. The draft resolutions on strengthening diagnostics capacity and on integrated emergency, critical and operative care would also advance important elements of universal health coverage. An explicit reference to surgical care should be included in the draft resolution on integrated emergency, critical and operative care, or a glossary with set definitions should be added. Recalling resolution WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage, he underlined the importance of strengthening surgical, obstetric, anaesthesia, nursing and trauma care as components of universal health coverage; strong surgical systems were an indispensable component of universal health coverage and supported disaster risk reduction efforts and climate change adaptation.

The representative of PAKISTAN welcomed the priority areas for action to reorient health systems towards primary health care, which was crucial in building resilient health systems. Outlining national efforts to address the growing burden of noncommunicable diseases and to achieve universal health coverage, he called for investment in technology, human resources, infrastructure, health promotion and disease prevention, and for the efficient and effective use of available resources.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, and also on behalf of the European Society for Medical Oncology, HelpAge International, the International Association for Hospice and Palliative Care, Inc., the NCD Alliance, the Royal Commonwealth Society for the Blind – Sightsavers, the World Federation of Societies of Anaesthesiologists, the World Heart Federation and the Worldwide Hospice Palliative Care Alliance, said that robust evaluation, investment and action to further integrate policies on noncommunicable diseases were critical. Member States should use the draft updated menu of policy options to develop and scale up universal health coverage benefit packages; invest in core noncommunicable disease interventions and comprehensive surveillance systems; collect and use data disaggregated by gender, age and disability to properly address health inequities; integrate noncommunicable disease, palliative and rehabilitation services into health provider education to promote rights-based and person-centred care; include noncommunicable diseases in national health emergency strategies to ensure the continuation of essential service packages; leverage the resources of civil society to ensure implementation; and provide inclusive and accessible health services.

The representative of GHANA said that the increase in catastrophic health spending was of concern. Describing her Government's efforts in the areas of universal health coverage and noncommunicable diseases, she requested technical and financial support to harmonize primary health care payment systems and quality assurance across networks of practice and improve facility-level financial management capacities. Impact should be maximized through multisectoral action and effective leadership and partnerships with civil society and the private sector. Member States should sign the Global Noncommunicable Disease Compact 2020–2030 and join the Global Group of Heads of State and Government on Prevention and Control of Noncommunicable Diseases. Lastly, she acknowledged the support provided by the Regional Office for Africa to develop a regional framework for resilient health systems.

The representative of ZIMBABWE, expressing concern at the increase in catastrophic out-of-pocket health spending, said that her Government had taken a range of actions to make progress towards universal health coverage and scale up primary health care. She acknowledged the support provided by WHO and other partners in those areas and encouraged the Secretariat and Member States to boost investment in noncommunicable diseases, especially mental health.

The representative of the UNITED ARAB EMIRATES, stressing the need to accelerate progress towards target 3.4 of the Sustainable Development Goals on noncommunicable diseases, outlined the various measures implemented by her Government to scale up action towards universal health coverage and prevent and control noncommunicable diseases.

The representative of NIGER said that Member States must rethink how they invested in health in order to achieve universal health coverage, focusing on improving health systems rather than on individual medical interventions. Recent epidemics, increasing numbers of health emergencies and the spread of novel and drug-resistant pathogens highlighted health system vulnerabilities and the need to redefine strategies. Primary health care – supported by community mobilization and education, a focus on the availability of human resources, high-quality medicines, rational prescribing and essential public health functions, such as surveillance and rapid response – was crucial to address current challenges, improve health security and build resilience. It was important for Member States to work together to achieve universal health coverage.

The representative of JAPAN said that her Government, building on the outcomes of the recent meetings of the G7 on universal health coverage held in her country, remained committed to working with Member States to ensure harmonious and impactful outcomes at the forthcoming high-level meetings of the United Nations General Assembly on health.

The representative of ETHIOPIA said that better coordination, country support and political commitment were essential to get back on track to achieve the Sustainable Development Goals. Highlighting the importance of primary health care in achieving health equity, she called for increased support to implement national plans and priorities in that area, develop cross-sectoral coordination and partnerships, and strengthen health information systems and local evidence generation. It was also important to invest effectively in unified national plans for universal health coverage to ensure local accountability to communities and reach the entire population.

She thanked Member States for their support and commitment for the draft resolution on integrated emergency, critical and operative care, which had been proposed by her Government, and urged coordinated action to ensure its effective implementation. The continuum of emergency, critical and operative care should be understood as a broad and inclusive concept encompassing a range of emergency, critical, surgical and anaesthesia services, including emergency and surgical obstetric care. The draft resolution built on earlier Health Assembly resolutions, addressed the gaps identified and lessons learned from the COVID-19 pandemic and would improve preparedness for future global health challenges, while also contributing to the realization of universal health coverage. Member States should strengthen the planning and provision of emergency, critical and operative care services as part of universal health coverage so as to meet health needs, improve health system resilience, and ensure public health security. She expressed support for the other draft resolutions under discussion and welcomed the draft updated menu of policy options. She supported WHO's call for concerted action on noncommunicable diseases and mental health and requested more support and collaboration to ensure that no one was left behind.

The representative of SPAIN said that universal health coverage must be underpinned by person-centred primary health care that provided universal and integrated access to quality services and products throughout the life cycle and facilitated participation in decision-making. She looked forward to building on the 2019 political declaration of the high-level meeting of the United Nations General Assembly on universal health coverage at the forthcoming high-level meeting. There was a need to reduce suicide rates and strengthen the prevention and treatment of substance abuse by focusing on mental health, improving early detection and fighting stigma. Furthermore, it was important to reduce the impact of noncommunicable diseases and obesity on society by promoting healthy eating from childhood, physical activity and healthy environments, and reducing tobacco and alcohol consumption.

The representative of VANUATU said that her Government was implementing a range of policies and strategies to get back on track to achieve Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and universal health coverage. Thanking the Secretariat, other entities of the United Nations system and Member States for their support following recent cyclones, she requested capacity-building support to strengthen provincial health care, enhance multisectoral coordination, recruit quality health personnel and boost the efficiency of public health expenditure.

The representative of ROMANIA said that effective prevention and care for noncommunicable diseases required integrated and coordinated approaches with collaboration among all health system stakeholders, including patients, health professionals, legislators and academic institutions. To accelerate progress towards universal health coverage, it was essential to investment in health care infrastructure and develop long-term health workforce training strategies. Health systems must, as a matter of urgency, be reoriented towards primary and outpatient health care as a resilient foundation for achieving universal health coverage, in order to ensure equitable access to essential health services for all and address global challenges.

The representative of ECUADOR called for greater Member State commitment and international cooperation to achieve the Sustainable Development Goal targets relating to the prevention and control of noncommunicable diseases. Highlighting his Government's actions to address obesity by promoting healthy diets and lifestyles and prioritizing efficient and low-cost interventions for cardiovascular diseases, he encouraged the implementation of multisectoral public policies that comprehensively addressed the social determinants of health.

The representative of TÜRKİYE said that investment in proven, cost-effective interventions was critical to tackle noncommunicable diseases and their risk factors. More resilient, effective and flexible mechanisms were necessary to boost prevention and control of noncommunicable diseases, including mental health conditions and to achieve global targets in that regard. Her Government welcomed WHO's work on noncommunicable diseases and supported stronger approaches to tackling noncommunicable diseases that were based on medical, ethical, economic and public health grounds.

The representative of the INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS, speaking at the invitation of the CHAIR, and also on behalf of The Fred Hollows Foundation, the Organisation pour la Prévention de la Cécité, the Royal Commonwealth Society for the Blind – Sightsavers, the World Blind Union, the CBM Christoffel Blindenmission Christian Blind Mission e.V. and the International Diabetes Federation, said that health care services must be strengthened to ensure timely diagnosis and treatment to prevent potential vision loss, especially given the higher risk of depression, anxiety and dementia among people with vision loss. She welcomed the draft updated menu of policy options, particularly the inclusion of diabetic retinopathy screening for all diabetes patients, and laser photocoagulation for prevention of blindness and the early diagnosis and comprehensive treatment of the six index cancers of the Global Initiative for Childhood Cancer. Member States should adopt and implement the draft updated menu of policy options, with specific commitments to integrating eye health services into the care system.

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

**The meeting rose at 12:45.**

## **ELEVENTH MEETING**

**Friday, 26 May 2023, at 14:45**

**Chair:** Dr J.S.J. HASSAN (Bahrain)

**later:** Mr M. NDOUTOUMOU ESSONO (Gabon)

### **PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES** (continued)

#### **1. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:** Item 15 of the agenda (continued)

**Global Health for Peace Initiative:** Item 15.3 of the agenda (documents A76/7 Rev.1, A76/7 Rev.1 Add.2 and A76/7 Rev.1 Add.3) (continued from the sixth meeting)

The CHAIR invited the Committee to resume its consideration of the draft decision on the Global Health for Peace Initiative contained in document A76/7 Rev.1 Add.2. Following further informal Member State consultations, it had been decided, among other changes, that the title of the initiative would be changed to “Global Health and Peace Initiative”. The first paragraph of the draft decision would therefore read: “to adopt the Road map for the Global Health and Peace Initiative”.

The representative of SWITZERLAND said that, in collaboration with the delegation of Oman, her delegation had sought to finalize a draft road map for the Global Health and Peace Initiative that would be acceptable to all. Both delegations were committed to its implementation, which would be guided by Member States’ comments on the next steps.

The representative of PAKISTAN, noting that peace, security and social issues were domestic matters, said that the draft road map would continue to evolve and be refined through further consultations. His Government had submitted additional comments on the draft road map. As any new initiative in a conflict-affected region should avoid further complicating the conflict or creating misconceptions regarding WHO’s work, phased implementation of the draft road map would be preferable. Compliance with existing and future United Nations mandates should also be ensured. Greater clarity on the mandate supporting the inclusion of references to the social determinants of health in the Global Health and Peace Initiative was also required. To enhance Member State involvement in the process, a committee of interested Member States could be established to develop the action framework under the draft road map. A review mechanism should also be created to enable the Health Assembly to monitor implementation of the draft road map following its approval.

The representative of EGYPT, concurring with the comments made by the representative of Pakistan, supported the addition of a paragraph in the draft road map and in the draft decision providing for the periodic review of the draft road map, which would address a number of concerns raised without obstructing efforts to move forward.

The representative of BRAZIL sought clarification as to whether the Health Assembly would be invited to approve the draft decision with the addition of the amendments proposed by the representatives of Pakistan and Egypt, even though the amended text had not been circulated for consideration.



The CHAIR clarified that the Health Assembly would be invited to approve the text of the draft decision as amended through the informal Member State consultations.

The representative of SWITZERLAND reiterated that Member States' comments on the next steps would be considered following the approval of the draft road map. As the suggestions made by the representatives of Pakistan and Egypt related to that process, the text of the draft decision as amended through the Member State consultations therefore remained unchanged.

The representative of the RUSSIAN FEDERATION said that his Government was not ready to take a final decision since the document setting out the amendments to the text had not been made available sufficiently far in advance to enable its examination. He requested that consideration of the draft decision should be deferred pending further consultations on the text.

The representative of PAKISTAN clarified that his comments and suggestions related to the draft road map, not to the text of the amended draft decision. Further time was needed to examine those suggestions.

The CHAIR took it that the Committee wished to suspend consideration of the draft decision pending further informal Member State consultations.

**It was so agreed.**

## **PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE** (continued)

### **2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:** Item 13 of the agenda (continued)

**Universal health coverage:** Item 13.1 of the agenda (continued from the tenth meeting)

- **Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage** (documents A76/6, A76/7 Rev.1 and EB152/2023/REC/1, decisions EB152(3), EB152(4), EB152(5) and EB152(6)) (continued)

**Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health:** Item 13.2 of the agenda (continued from the tenth meeting)

- **Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases** (documents A76/7 Rev.1, A76/7 Add.1 Rev.1 and EB152/2023/REC/1, decision EB152(11)) (continued)

The CHAIR invited the Committee to resume its consideration of agenda items 13.1 and 13.2 and the draft resolution on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies recommended in decision EB152(3), the draft resolution on increasing access to medical oxygen recommended in decision EB152(4), the draft resolution on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage recommended in decision EB152(5), the draft resolution on strengthening diagnostics capacity recommended in decision EB152(6) and the draft decision on the political declaration of the third high-

level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health recommended in decision EB152(11), as contained in document EB152/2023/REC/1.

The representative of BOTSWANA, expressing support for the four draft resolutions under consideration, said that primary health care remained the cornerstone to achieving universal health coverage. Despite positive developments in the prevention and control of noncommunicable diseases and mental health, global attention and national action had been insufficient and no country was on track to achieve all nine voluntary global targets by 2025. Current investments in the implementation of the menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases and WHO packages continued to lack the scale needed to accelerate progress towards achieving target 3.4 of the Sustainable Development Goals. The additional evidence-based interventions contained in the draft updated Appendix 3 to WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 would strengthen the draft updated menu of policy options.

The representative of ARGENTINA said that the coronavirus disease (COVID-19) pandemic had revealed the need for intersectoral linkages and the importance of using new health information technologies, case tracking and epidemiological control. He outlined the action taken by his Government, including to reorient the health system towards primary care as a foundation for universal health coverage, based on the principles of equity and solidarity. He hoped that the fifth Global Mental Health Summit on the theme of mental health in all policies, to be held in Buenos Aires in October 2023, would strengthen mental health promotion at the regional and global levels.

The representative of INDONESIA said that his Government was committed to improving the quality of and services provided through universal health coverage, including access to safe, affordable and quality-assured medical oxygen, and to supporting implementation of the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. His Government endorsed the draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases. He welcomed the technical support provided by the Secretariat to accelerate action on obesity and encouraged the Secretariat to highlight the issue of transparency and inclusivity during the finalization process.

The representative of the ISLAMIC REPUBLIC OF IRAN said that progress towards universal health coverage targets was lagging behind owing to the COVID-19 pandemic and other crises, including climate change. In order to reduce out-of-pocket spending, especially for inpatient services, health services should be provided on the basis of clinical guidelines and through an online referral system. Increasing health literacy among the public and using new methods of service delivery were also priority areas. Despite some positive changes, a reorientation of public and individual policies and interventions on noncommunicable diseases would be necessary to achieve target 3.4 of the Sustainable Development Goals. In view of lifestyle changes that had occurred following the COVID-19 pandemic, a STEPwise survey should be carried out as soon as possible, and the results used to update interventions to achieve the nine voluntary global targets. To reduce the burden of such diseases, the implementation of interventions should begin in childhood to avoid premature deaths in adulthood.

The representative of EGYPT said that the COVID-19 pandemic had emphasized the need for an inclusive strategy that prioritized access to basic health care services and financial security for people in vulnerable situations. To achieve universal health coverage, health systems should be reoriented towards primary health care in order to facilitate integrated access to quality health services and products. He outlined the initiatives implemented and progress made in his country. Equity-oriented research, data and information systems were vital to identifying and addressing barriers, prioritizing action and monitoring progress towards universal health coverage. A focus on population and environmental health was also important, in addition to the use of digital health technologies and multisectoral, multilateral action by all relevant stakeholders. Public–private partnerships could enhance

health care delivery, innovation and resource mobilization and ultimately benefit public health outcomes. The prevalence and impact of noncommunicable diseases on individuals and communities could be reduced by prioritizing prevention, early detection and comprehensive management.

The representative of BELGIUM said that it was regrettable that political attention, investments and international funding for mental health still lagged behind. The mental health of young people was of particular concern. It was hoped that a draft resolution on mental health for consideration at the United Nations General Assembly would help to highlight the issue. She encouraged WHO to support a rights-based approach, addressing the needs of people with mental health conditions while avoiding stigmatization, ableism and over-medicalization. Mental health care must be integrated into a continuum of coordinated and multisectoral people-centred services, providing quality care for all, with full user involvement and priority given to community-based approaches. It was also necessary to promote mental health and develop public mental health policies in all settings, such as a “right to disconnect” for workers outside working hours to prevent excessive pressure and preserve a separation between home and work. To support public mental health policies at the national level, the Secretariat should develop evidence-based, cost-effective and consistent multisectoral best buys that would become standard policy options.

The representative of the CONGO said that although efforts had been made in his country to improve access to health services, it remained in need of human resources, particularly specialists, and further work was needed to develop health districts. He expressed appreciation for the support provided in establishing health districts throughout the country but called on the Secretariat to provide greater leadership in ensuring the provision of people-centred health care nationwide. Community health would be improved by training and deploying community health workers to provide primary care. Diseases and their risk factors could also be effectively tackled by promoting health at the district level. The provision of primary health care at the district level was key to effective epidemiological surveillance and, together with universal health insurance, would help to advance progress towards the targets of the Sustainable Development Goals. To raise the profile of primary health care, he suggested that 12 September, the anniversary of the Declaration of Alma-Ata, should be established as the international day of primary health care.

The representative of COLOMBIA said that reorienting health systems towards primary health care remained the greatest challenge at the national and regional levels. Describing the situation and progress made in his country, he highlighted that to overcome inequalities and prepare for new health emergencies, a continuum of integrated health services based on primary care and intersectoral action must be ensured. The necessary health coverage would be achieved when health was accepted as a fundamental right without any barriers to access or discrimination. The universal primary health care model should prioritize actions to reduce preventable and avoidable morbidity and mortality, contribute to climate change adaptation and mitigation, and strengthen mental health.

The representative of SUDAN said that despite several setbacks, a national road map on health system recovery had been developed with support from the Secretariat and partners, and progress had been made towards universal health coverage. However, those efforts had been halted since the onset of the conflict in her country, which was having a devastating effect on the lives and health of the population, including through attacks on health facilities and the health care workforce. With no access to electricity or water, diminishing medical supplies and almost no safe passage for health workers to access health facilities, it was uncertain whether those facilities could continue to function, even at the basic level of providing first aid services. The lack of access to basic and routine services was expected to significantly increase the risk of early death from noncommunicable diseases. She thanked neighbouring countries for welcoming over 250 000 Sudanese people who had fled the country as a result of the conflict; the resulting strain on those countries’ health systems made the conflict in Sudan a regional emergency. She called on WHO and others to continue to intensify their support in order to

maintain her country's basic health services and ensure continuity of care and access to life-saving services.

The representative of NIGERIA, outlining the action taken by her Government to strengthen the primary health system, drew attention to the issue of noma, which was a neglected disease linked to poor nutrition with a mortality rate of up to 90%. Recalling resolution WHA74.5 (2021) on oral health, she thanked the Member States that had supported the call to consider the classification of noma within the road map for neglected tropical diseases 2021–2030 and called on other Member States to support that campaign, which would generate increased attention to the issue of noma, improve containment measures, and contribute to the mental health of and health coverage for those affected by it.

The representative of CÔTE D'IVOIRE described the measures implemented by her Government towards achieving universal health coverage and the progress made in improving access. Ensuring the availability of essential medicines, providing capacity-building to health care providers and enrolling the population in the universal health insurance scheme nevertheless remained challenging. Her Government had also implemented a number of initiatives to tackle noncommunicable diseases, addressing aspects such as nutrition, overweight and obesity, and mental health. Remaining challenges included strengthening the involvement of persons with noncommunicable diseases in the design and implementation of programmes, investing in digital health platforms and further strengthening the capacities of primary health care actors to combat such diseases. She called on the Secretariat to provide technical support for the implementation of recommendations on the prevention and management of obesity throughout the life course.

The Observer of PALESTINE said that noncommunicable diseases among the populations in the occupied Palestinian territory, including east Jerusalem, resulted from several factors, notably the long-standing Israeli occupation, ongoing wars and effects of aerial and other bombing. Palestine bore the largest burden of mental disorders in the Eastern Mediterranean Region and Palestinian households reported at least one member showing signs of distress. Palestine faced challenges in responding to mental health because of the ongoing shortage of psychotropic drugs and limited human resources, which had been exacerbated by the COVID-19 pandemic and the financial crisis caused by the confiscation of Palestinian tax revenue by the Government of Israel. He thanked the Secretariat for its close cooperation with Palestine, which should be strengthened in order to enhance the capacity of the health institutions and health system in the occupied Palestinian territory to control noncommunicable diseases. He called for increased technical assistance in the implementation of WHO recommendations on health conditions in Palestine to ensure the continuity of mental health services.

The Observer of GAVI, THE VACCINE ALLIANCE said that between 2019 and 2022, 48 million children worldwide had not received a single vaccine. Despite consensus around the role of routine immunization in advancing universal health coverage efforts, it was not mentioned in the text of the draft resolution on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage. She encouraged Member States and partners to: prioritize reaching zero-dose children and missed communities with routine immunization; leverage routine immunization as a platform to build resilient primary health care systems that led to universal health coverage; ensure that health workers, especially community health workers, were appropriately remunerated and granted safe and decent work conditions, including by implementing gendered policies on equal pay, ensuring safeguarding including against sexual harassment and providing leadership opportunities for women to succeed; and include civil society, communities and local partners in the design and implementation of national universal health coverage policies to foster trust and make health systems more transparent and accountable.

The representative of UNFPA said that comprehensive access to sexual and reproductive health and rights was essential to achieving universal health coverage. Coverage gaps in access were largest among disadvantaged and marginalized populations. Investing in universal health coverage by

prioritizing sexual and reproductive health and rights through primary health care improved health outcomes, promoted health and gender equality and spurred economic growth. All components of sexual and reproductive health and rights should therefore be integrated into national universal health coverage benefits packages to be delivered through primary health care. Achieving universal health coverage also meant reaching young people and ensuring that adolescents benefited from the improved health outcomes seen among younger children, including through adequate levels of resourcing. Addressing the social determinants of health and mobilizing engagement beyond the health sector were also critical. UNFPA played a leading role in advancing gender equality and was committed to supporting countries to meet their universal health coverage commitments and targets.

The representative of the INTERNATIONAL DEVELOPMENT LAW ORGANIZATION said that effective and coordinated action was needed now more than ever before to capitalize on the efforts made to date. Through cost-effective legal, policy and fiscal measures, countries could accelerate progress towards meeting the voluntary global targets on noncommunicable diseases. An enabling environment was key to that process and to delivering sustainable results. Key lessons learned from his organization's work with WHO and other partners included the need to: support multistakeholder collaboration to identify shared and sustainable interventions that responded to country-specific contexts and needs; engage civil society to create momentum for policy reforms and educate communities to understand and support the proposed interventions; and strengthen collaboration among academic institutions between legal and public health departments to facilitate interdisciplinary understanding and teaching of legal approaches to prevent noncommunicable diseases.

The representative of IAEA said that her organization contributed to progress in the area of cancer control by enhancing Member States' capabilities to establish sound policies on radiotherapy in cancer management. It also supported low- and middle-income countries to improve access to radiation-based medical technologies through needs assessments, training, expert advice and the procurement of equipment. Together with partners such as WHO and IARC, IAEA worked to assess the needs and capacities of Member States and integrate radiation medicine services into national cancer control plans, with the resulting assessments used to inform the planning and resource mobilization of large-scale cancer control projects. She looked forward to continued collaboration with WHO and other partners in tackling noncommunicable diseases.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, strongly encouraged governments to make urgent efforts to follow the UHC2030 Action Agenda on transforming commitment to action in order to achieve universal health coverage by 2030. Governments, together with other country-level leaders, must embed universal health coverage in their national health policy frameworks and budgets. It was critically important to support, build and protect the global nursing and health care workforce. Nurses were essential in rebuilding the strong and resilient health systems needed to deliver care in all situations and ensure health security.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that it was crucial to act now by ensuring larger health budgets at all levels to strengthen the health system infrastructure, provide more and better job opportunities and ensure equitable access to quality health care services for all. National capacity to measure health data and health management systems must be reinforced so that action-oriented outcomes provided a solid road map for implementation of the principles of universal health coverage on the ground. Robust multisectoral strategies on prevention and treatment of noncommunicable diseases, based on a holistic approach encompassing socioeconomic considerations, were also required so that risk factors could be effectively addressed.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, emphasized the importance of implementing the draft resolution on strengthening diagnostics capacity. He encouraged Member States to develop national diagnostics

strategies and ensure nationwide access to essential diagnostics at all health care levels and for all diseases relevant to the local context. Donors and global health actors must support Member States towards implementation of the commitments in the draft resolution, including by enhancing local production of diagnostics in low- and middle-income countries and ensuring affordable prices of diagnostics. Actions and investments should not be reactive to pandemic threats alone but should address all diseases affecting low- and middle-income countries.

The representative of the INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS, speaking at the invitation of the CHAIR, expressed concern that patients with rare diseases had been left behind. She urged Member States to implement the provisions of United Nations General Assembly resolution 76/132 (2021) on addressing the challenges of persons living with a rare disease and their families in order to strengthen health systems and primary health care and empower patients with rare diseases to access the full continuum of universal health coverage services so that they could realize their full right to health. Particular attention should be paid to ensuring equity and equality and to implementing the global patient safety action plan 2021–2030.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that universal health coverage was fundamental to global health security, economic security and health equity. The perfect storm created by chronic conditions and pandemics underscored the need for strong and resilient health systems. No single government, organization or sector could achieve universal health coverage alone. Expressing support for the UHC2030 Action Agenda, she highlighted that prevention, treatment, diagnosis and care must be prioritized in essential benefits packages for noncommunicable and communicable diseases, with primary health care as the foundation of universal health coverage.

The representative of the WORLD FEDERATION OF HEMOPHILIA, speaking at the invitation of the CHAIR, said that haemophilia and other bleeding disorders should be integrated into national plans on noncommunicable diseases, universal health coverage and primary health care, and called for a coordinated global framework to address health inequities. Access to safe and effective therapies remained inequitable, particularly in low- and lower-middle-income countries, and huge disparities existed in the identification rate for people with bleeding disorders, especially among women and girls. She welcomed the draft resolution on strengthening diagnostics capacity and called on Member States and the Secretariat to take tangible steps to ensure more equitable access to diagnosis, safe treatment and care for people with bleeding disorders.

The representative of THE ROYAL NATIONAL LIFEBOAT INSTITUTION, speaking at the invitation of the CHAIR, said that drowning was a largely overlooked public health problem that must be included within efforts to achieve universal health coverage. Children and adolescents accounted for half of all drowning deaths, and the greatest burden was felt in low- and middle-income countries. Preventing drowning required multisectoral action, with the health sector playing a key role, and would lead to a reduced strain on the resources of health systems.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, said that the lack of progress towards the fulfilment of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) was of concern. Access to medicines was crucial to the right to health and universal health coverage. With out-of-pocket procurement of medicines causing economic hardship for too many people, WHO must support policy-makers to improve access to affordable and sustainable medicines and health technologies. Greater transparency of procurement schemes, health-oriented intellectual property management and consistent investment in health systems were also needed.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, said that countries had demonstrated how non-liver specialists could deliver

hepatitis vaccination, testing and treatment in resource-constrained settings, yet many health systems still did not provide such services. Only one in five newborns in Africa received a hepatitis B vaccine, and 80% of people with hepatitis B or C remained undiagnosed. Hepatitis elimination and universal health coverage shared the common goal of health equity. He called on WHO and the United Nations General Assembly to recognize hepatitis elimination as a key step on the path to achieving universal health coverage.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had revealed major deficiencies in the integration and delivery of patient care worldwide. He urged Member States to: adopt and implement the draft resolutions on integrated emergency, critical and operative care and on increasing access to medical oxygen; address chronic anaesthesia and surgical workforce deficiencies through sustainable physician-led training and education; and harmonize partnerships between policy-makers, clinicians and their professional bodies.

The representative of THE INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY, speaking at the invitation of the CHAIR, said that childhood cancers were a high-need group of diseases in the oncology and broader noncommunicable disease landscape. The Global Initiative for Childhood Cancer was a key catalyst for action across low- and middle-income countries. Incorporating childhood cancer in best buy interventions in WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 reinforced the call for further concerted efforts. Member State engagement was key to mapping childhood cancer services and establishing an evidence base for actions that advanced care in a strategic and cost-effective manner.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, called for meaningful civil society participation in developing a political declaration for the forthcoming high-level meeting of the United Nations General Assembly on universal health coverage. Member States should use the political declaration to acknowledge that decades of structural adjustment and austerity had shaped existing gaps in universal health coverage and reaffirm the importance of public health systems centred on comprehensive primary health care. In addition, further mention should have been made of obesity-related interventions, reflecting the action taken at the Seventy-fifth World Health Assembly. He urged WHO not to fragment health care into discrete, cost-effective products that were easily billable by insurance schemes but failed to provide holistic patient-centred care or address the social and commercial determinants of noncommunicable diseases.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR, welcomed the strengthened evidence and research conducted on oral diseases and noncommunicable disease prevention and care. Member States should: integrate oral health and research into national agendas on noncommunicable diseases and universal health coverage; ensure access to a basic package of essential oral health services at the primary care level; include dental care coverage in health insurance packages; integrate oral health in existing and emerging national health surveillance by fully implementing the draft global oral health action plan (2023–2030) and its monitoring framework; and plan for reporting on oral health from 2024.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, highlighted the need for conflict-of-interest safeguards, clear terminology and the protection of breastfeeding and sound child feeding. The Framework of Engagement with Non-State Actors had led to confusion about identities and responsibilities. Corporations had no democratic accountability, and multistakeholder partnerships with health-harming corporations delayed effective legislation, especially on labels and marketing. With deaths from unhealthy food now exceeding those caused by tobacco, WHO must develop a global definition of ultra-processed products.

The representative of the MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION, speaking at the invitation of the CHAIR, said that cardiovascular disease was often undiagnosed and undertreated, in particular among women, thereby highlighting the need for greater investment in prevention and management, especially at the primary health care level. Screening for high cholesterol was also less common among women. If diagnosed, the availability of generic medications meant that treatment options for cardiovascular disease were increasingly affordable. Increased screening for risk factors for cardiovascular disease in women was critical to reducing the burden of noncommunicable diseases among women and ensuring gender-responsive prioritization of health care investments.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, said that in 2021 the WHO Expert Committee on the Selection and Use of Essential Medicines had recommended that her organization explore voluntary licences so that medicines for noncommunicable diseases, including biotherapeutics, could be listed and made available in the future. Her organization remained committed to working with WHO to identify priorities and create a favourable environment for licensing to improve access to essential medicines, which was key to achieving universal health coverage.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, said that the true test of universal health coverage was whether it addressed the needs of vulnerable and marginalized populations. Too often, existing health tools for noncommunicable diseases had serious limitations that hampered the provision of care, could cause catastrophic health expenditure and impeded disease elimination. Research and development could support universal health coverage by creating new tools for use at the primary health care level, thus avoiding hospitalization, but progress depended on sustainable investments and public leadership to drive such investments. Without government intervention, unmet medical needs linked to a lack of commercial return would not be addressed by the profit-driven biomedical research and development system. Member States should therefore promote a coherent, integrated action plan for people-centred research and development.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, said that efforts to combat noncommunicable diseases began at the community level, where health was affected by social and commercial determinants. A community-focused approach was therefore needed, including the implementation of local pharmacy-led lifestyle programmes and effective strategies on the availability of commercial goods, including tobacco, alcohol and sugary drinks, to minimize their adverse impact on communities. A sustainably financed environment was also needed to support young leaders who could spearhead such programmes.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC., speaking at the invitation of the CHAIR, said that more equal access to new medical technologies was dependent on affordable prices, which in turn depended on business models for research and development. Incentives to invest in research and development should be progressively de-linked from temporary monopolies and high prices. WHO should investigate ways of replacing legal monopolies with market-entry rewards for successful and useful products, which could start with treatments for rare diseases, where high prices created unequal access.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, urged Member States to: halt the privatization of health; spearhead actions to remove institutional and structural constraints on the fiscal policy space of low- and middle-income countries; and take bold steps to undercut large profits on medical products and services in order to ensure equal access. The listed monitoring and accountability tools should include implementation of the recommendations of the United Nations High-level Commission on Health Employment and Economic



Growth in order to dramatically scale up health and care worker employment, as well as implementation of the global health and care worker compact.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that alcohol harm placed a severe burden on health systems globally, undermining their strength, resilience and capacity, particularly in some low- and middle-income countries. Alcohol policy and taxation were therefore powerful tools in achieving health for all by increasing fiscal space and reducing the avoidable health care burden and spending. Country best practices on how to improve the functioning of health systems through alcohol policy should be an integral part of discussions on universal health coverage.

The representative of the WORLD FEDERATION OF NEUROSURGICAL SOCIETIES, speaking at the invitation of the CHAIR, expressed support for the draft resolution on integrated emergency, critical and operative care. As the COVID-19 pandemic had drastically reduced essential surgical care service delivery worldwide, there was a need for aggressive, innovative growth of operative care as an integral component of health systems strengthening and to manage the massive number of surgical case backlogs. He called on Member States and the Secretariat to ensure that the necessary staff, policies, frameworks and mechanisms were in place to support such services, which would ultimately benefit all patients.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR, said that comprehensive action to address obesity was vital to achieving targets on universal health coverage and noncommunicable diseases by 2030. Although the WHO recommendations for the prevention and management of obesity over the life course recognized the need for equitable access to a continuum of care as part of universal health coverage, the updated draft set of actions contained in Appendix 3 to WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 lacked obesity-oriented actions aimed at tackling comorbidities. Primary health care must include obesity and noncommunicable diseases as the cornerstone of a people-centred, integrated health system and the foundation for achieving universal health coverage. The experience of front-runner countries could be used to inform and spearhead action for all Member States.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIR, said that evidence suggested that the projected cost of dementia to the global economy could be reduced through risk reduction measures, and that up to 40% of dementia cases could be delayed or reduced by addressing 12 modifiable risk factors. Given the clear and evidence-based economic and human benefits related to dementia risk reduction policy, Member States should consider implementing specific policy options and cost-effective interventions for the prevention and control of dementia as a noncommunicable disease.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA, speaking also on behalf of the Americas, European, Eastern Mediterranean and Western Pacific Regions on item 13.1 of the agenda, welcomed the draft resolution on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage and, in particular, the increased global focus on reorienting health systems towards primary health care. Since 2017, the Regional Office for South-East Asia had been producing an annual report on progress towards universal health coverage and the health-related Sustainable Development Goals, and in 2021 had launched the Regional Strategy for Primary Health Care: 2022–2030, complemented by a regional forum for primary health care-oriented health systems to facilitate knowledge and experience-sharing. Between 2015 and 2019, the average service coverage index in the Region had increased to 62%, while between 2014 and 2020, out-of-pocket spending as a share of health spending had decreased to 37.9%. Since 2014, the density of doctors, nurses and midwives in the Region had also improved.

In 2022, the Member States of the Eastern Mediterranean Region had adopted an ambitious agenda to rebuild their health systems to advance universal health care and health security through a

primary health care-centred approach. The Regional Office for Europe was organizing an international conference on the theme of primary health care policy and practice: implementing for better results, to be held in October 2023, commemorating the fifth anniversary of the Declaration of Astana and the 45th anniversary of the Declaration of Alma-Ata. In view of the increasing burden of noncommunicable diseases, a rapidly ageing population and health care systems threatened by climate change and natural disasters, the Member States of the Western Pacific Region had endorsed a regional framework on the future of primary health care in 2022, which recognized that strengthening primary health care was essential to building resilient health care systems that could deliver universal health coverage. In the Region of the Americas, five strategic priorities had been identified based on the lessons learned from the COVID-19 pandemic to build better health systems that were more inclusive, expansive and resilient. The primary health care strategy lay at the core of those priorities as the foundational approach to recuperating lost public health gains, accelerating recovery and achieving the Sustainable Development Goals.

All regions remained fully committed to achieving universal health coverage and had identified a clear strategic path forward, namely by reorienting health systems towards quality accessible, affordable and comprehensive primary health care. She assured Member States of the unwavering support of the Secretariat in building evidence, providing strategic guidance, facilitating operational learning and providing support to Member States before, during and after the forthcoming high-level meeting of the United Nations General Assembly, including in the drafting of the planned political declaration. She called on all Member States to engage proactively in those activities. Now was the time for action.

The REGIONAL DIRECTOR FOR THE WESTERN PACIFIC, speaking on behalf of all WHO regions on item 13.2 of the agenda, said that noncommunicable diseases were a major concern in every region, with suicide a leading cause of death among young people and depression among the top causes of disability. Greater investment in prevention and control was needed to address the growing burden of noncommunicable diseases, which threatened sustainable development, increased health care costs and reduced productivity.

In 2022, the Member States of the Western Pacific Region had endorsed a regional action framework for noncommunicable disease prevention and control and a regional framework for the future of mental health. The forthcoming small island developing States ministerial conference on the prevention and control of noncommunicable diseases and mental health, to be co-hosted by WHO and the Government of Barbados in June 2023, was aimed at helping small island developing States, which faced some of the biggest challenges, in transforming capabilities to improve health outcomes. In the South-East Asia Region, Member States had endorsed an implementation road map for accelerating the prevention and control of noncommunicable diseases. The Regional Office for Africa was supporting Member States in implementing a comprehensive, decentralized and integrated approach to prevention, treatment and care for noncommunicable diseases using the WHO Package of Essential Noncommunicable Disease Interventions for primary health care in low resource settings and the HEARTS technical package. Member States were also being supported in implementing global cancer initiatives, a regional strategy to address severe noncommunicable diseases at first-level referral facilities and a regional framework to strengthen implementation of the comprehensive mental health action plan.

In the Eastern Mediterranean Region, several Member States had introduced new policies and were focusing on improving noncommunicable disease management in the context of emergencies. The Regional Office was also supporting countries to scale up cancer prevention and care, including through the Regional Cervical Cancer Elimination Strategy for the Eastern Mediterranean. In the European Region, countries were eliminating trans-fats and novel tobacco products and closely tracking data on the noncommunicable disease burden, and signature initiatives had been launched to reduce inequalities in the prevalence of cardiovascular diseases and hypertension. The Regional Director for Europe had established the Advisory Council on Innovation for Noncommunicable Diseases, while a pan-European coalition was supporting countries to transform their mental health systems. In the Region of the Americas, a new policy was being discussed on interventions to prevent and control noncommunicable

diseases in children, adolescents and young adults. The Regional Office was working closely with Member States to scale up noncommunicable disease prevention and control in primary care packages, update clinical guidelines, train providers and provide essential noncommunicable disease medicines and technologies through the PAHO Regional Revolving Fund for Strategic Public Health Supplies.

Those regional frameworks and initiatives aligned with the call in WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 for governments to implement evidence-based, cost-effective policies to counter noncommunicable diseases. The draft updated menu of policy options would reinvigorate implementation of WHO's global action plan and regional initiatives.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Life Course), thanking Member States, non-State actors, youth delegates and others for their contribution to the rich discussions, said that their guidance and comments had been taken on board. There was clear consensus on reorienting health systems towards primary health care; Member States had provided many specific examples of transformative actions that were already under way. Such a major policy shift was underpinned both by the reality that progress towards achieving the Sustainable Development Goals was not on track and by the enthusiasm to take such an approach forward. The areas of emphasis highlighted in the discussions were vital and would be taken forward to the high-level meeting of the United Nations General Assembly, such as domestic financing, transformation of the workforce, digital technology, the integrated, multisectoral nature of elements on the systems side, and the need for a comprehensive approach, from promotion to prevention, treatment, rehabilitation and palliative care. Additional priority areas included sexual and reproductive health and rights, noncommunicable diseases, mental health, substance abuse and neglected tropical diseases, as well as the need to ensure that all population groups were covered.

The strong support for the draft resolutions on integrated emergency, critical and operative care, increasing access to medical oxygen and strengthening diagnostics capacity demonstrated their centrality to primary health care approaches. He appreciated in particular the emphasis placed on the draft resolution on emergency, critical and operative care, and its connection to resolution WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a central component of universal health coverage. Welcoming the helpful comments and guidance, he confirmed that the Secretariat would follow up on the suggestion of publishing a glossary to provide further clarity. The Secretariat would also share experiences and best practices with Member States and provide the specific guidance requested, including in the areas of sustainable financing, the health workforce and the transformation of health systems to primary health care. He had taken on board the call to ensure that tangible action was taken to advance the agenda of reorienting health systems to primary health care. Close collaboration between the Secretariat and Member States would be crucial in the preparation for the forthcoming high-level meeting of the United Nations General Assembly and to ensure that the areas raised in the discussions anchored the related draft resolution.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases), thanking delegates for their comments, said that the Secretariat would continue to support national implementation plans and priorities, as well as data-driven action and integrated solutions. The Secretariat was delivering key pathways for accelerated action on cardiovascular disease, diabetes, obesity, chronic respiratory disease, cancer, oral health and mental health and their risk factors and, together with partners, would provide Member States with the support required for implementation. Investment in resilient health systems and universal health coverage for noncommunicable diseases and mental health must increase. Ensuring delivery of the contextualized essential package of health services with sustainable funding should be seen as a key priority.

Noncommunicable diseases and mental health should be included in primary health care and universal health coverage to ensure equity, leave no one behind, increase financial protection, and contribute to preparedness and the health security agenda. The Secretariat would continue to provide tailored support to meet the targets under the WHO Global Diabetes Compact and to address the burden of cardiovascular diseases through the HEARTS technical package and WHO Package of Essential

Noncommunicable Disease Interventions for primary health care in low resource settings. The Global Breast Cancer Initiative Implementation Framework was an important contribution to the normative work and standards developed to support global cancer initiatives, while the draft Global Oral Health Action Plan (2023–2030) was a concrete response to the oral health situation.

No country was on track to achieve the global targets to stop overweight and obesity among children under 5 years of age nor to stop obesity among adolescents and adults, although 28 countries had developed road maps to accelerate action. Most noncommunicable diseases could be prevented if Member States implemented interventions to reduce tobacco and alcohol consumption and supported measures to increase physical activity. Such actions would unlock major resources in clinical care and contribute to counteracting the health worker shortage and enable primary health care to be delivered to those who needed it. More needed to be done to increase the accessibility and affordability of noncommunicable disease essential medicines and technologies, although the recent prequalification of the first ever human insulins was a step in the right direction.

On mental health, important progress had been made over the past year, with the approval of the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and the Global Alcohol Action Plan 2022–2030. In 2022, WHO had launched the *World Mental Health Report* and established the WHO/UNICEF Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents, and the first resolution on mental health and psychosocial support had been adopted by the United Nations Security Council. Developments must be sustained in order to achieve the global objectives of the Comprehensive Mental Health Action Plan 2013–2030. The protection and care of mental health must be integrated into primary health care, and advocacy and action were required to combat stigma and reduce the treatment gap. The links between mental health, public health and socioeconomic development meant that transforming policy and practice in mental health would deliver benefits for individuals and communities everywhere.

He thanked Member States for their active participation throughout the consultative process on updating Appendix 3 to WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030. The Secretariat would ensure that it was implemented in alignment with the draft Global Oral Health Action Plan (2023–2030) and the global strategies and menus of policy interventions developed on mental health, air pollution and oral health. The opportunity to incorporate revised interventions in Appendix 3 when data became available was appreciated. Many of the technical questions on Appendix 3 were addressed on the dedicated online platform, with access to all technical products. The Appendix contained 58 out of 90 interventions for which cost-effectiveness estimates had been produced, while 28 were considered best buys, representing an increase of nearly 50% in the number of interventions analysed compared to 2017, and all interventions had an average cost-effectiveness ratio that could be considered good value for money. Countries were able to choose from the range of policy options while developing their national benefits package, taking into consideration their national contexts. Non-economic considerations, such as acceptability, sustainability, scalability, equity and ethics, must be considered during the prioritization and implementation of the proposed interventions in line with specific country contexts.

The fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases would provide an opportunity to adopt an ambitious political declaration and place countries on a sustainable path into the next decade. He thanked the Government of Barbados for organizing the small island developing States high-level technical meeting on noncommunicable diseases and mental health in January 2023 and the forthcoming small island developing States ministerial conference on the prevention and control of noncommunicable diseases and mental health to be held in June 2023 and looked forward to further regional meetings to inform the agenda.

The CHAIR took it that the Committee wished to note the reports contained in documents A76/6 and A76/7 Add.1 Rev.1 and the relevant sections of the report contained in document A76/7 Rev.1.

**The Committee noted the reports.**

The CHAIR took it that the Committee wished to approve the draft resolution on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies recommended in decision EB152(3), as contained in document EB152/2023/REC/1.

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

The CHAIR took it that the Committee wished to approve the draft resolution on increasing access to medical oxygen recommended in decision EB152(4), as contained in document EB152/2023/REC/1.

**The draft resolution was approved.<sup>2</sup>**

The CHAIR took it that the Committee wished to approve the draft resolution on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage recommended in decision EB152(5), as contained in document EB152/2023/REC/1.

**The draft resolution was approved.<sup>3</sup>**

The CHAIR took it that the Committee wished to approve the draft resolution on strengthening diagnostics capacity recommended in decision EB152(6), as contained in document EB152/2023/REC/1.

**The draft resolution was approved.<sup>4</sup>**

The CHAIR took it that the Committee wished to approve the draft decision on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health recommended in decision EB152(11), as contained in document EB152/2023/REC/1.

**The draft decision was approved.<sup>5</sup>**

**Mr Ndoutoumou Essono took the Chair.**

**Substandard and falsified medical products:** Item 13.3 of the agenda (documents A76/7 Rev.1 and EB152/2023/REC/1, decision EB152(9))

**Strengthening rehabilitation in health systems:** Item 13.4 of the agenda (documents A76/7 Rev.1 and EB152/2023/REC/1, decision EB152(10))

**Draft global strategy on infection prevention and control:** Item 13.5 of the agenda (documents A76/7 Rev.1 and EB152/2023/REC/1, decision EB152(7))

The CHAIR drew attention to the relevant sections of the report contained in document A76/7 Rev.1 and invited the Committee to consider the draft decision on substandard and falsified medical products recommended in decision EB152(9), the draft decision on the draft global strategy on infection prevention and control recommended in decision EB152(7), and the draft resolution on strengthening

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA76.2.

<sup>2</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA76.3.

<sup>3</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA76.4.

<sup>4</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA76.5.

<sup>5</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA76(9).

rehabilitation in health systems recommended in decision EB152(10), as contained in document EB152/2023/REC/1.

A representative of the EXECUTIVE BOARD summarized the outcome of the related discussions at the 152nd session of the Executive Board. With regard to substandard and falsified medical products, concerns had been raised over recent incidents of poor-quality medicines causing harm, especially to children. Participants had welcomed WHO's efforts to combat substandard and falsified medical products. The Executive Board had adopted decision EB152(9) (2023) in which it had recommended that the Director-General facilitate an independent evaluation of the Member State mechanism on substandard and falsified medical products.

On strengthening rehabilitation in health systems, Member States had expressed grave concern about the increasing global need for rehabilitation and had supported efforts to make rehabilitation an essential component of universal health coverage, with an emphasis on its integration into primary health care. The Executive Board had adopted decision EB152(10) (2023) on strengthening rehabilitation in health systems to address that matter.

Turning to the draft global strategy on infection prevention and control, Member States had in general been highly satisfied with the quality and comprehensiveness of the document and had appreciated the extensive consultation process undertaken to develop it. Several Member States had noted that the COVID-19 pandemic provided an unprecedented opportunity to strengthen infection prevention and control and had mentioned the silent pandemic of antimicrobial resistance as an urgent reason to do so. They had also highlighted the need for political commitment, multisectoral action and a strong One Health approach. Some Member States had noted that the language in the statement on the guiding principles had not been adopted by consensus, while others had requested the addition of language. The Executive Board had adopted decision EB152(7) (2023) on the draft global strategy on infection prevention and control and the Secretariat had subsequently held three consultations with Member States and published a revised version of the draft global strategy.

The representative of SWEDEN, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova and Bosnia and Herzegovina, the potential candidate country Georgia, as well as Armenia, aligned themselves with his statement. He supported the activities of the Member State mechanism on substandard and falsified medical products and acknowledged the important role played by the Secretariat in helping Member States to address the harm caused by such products in both the legal and illegal distribution chain. It was important to share existing web-based tools and platforms with a view to setting up a single platform, thereby creating a stronger, coordinated and shared system to implement existing good practices at a broader level and tackle emerging trends in substandard practices, diversion and falsification. With respect to streamlining the use of resources, he strongly supported the proposal to report on the outcome of the independent evaluation of the Member State mechanism to the governing bodies and expressed support for the draft decision on substandard and falsified medical products.

Noting with satisfaction that rehabilitation was becoming a priority in health services, he supported full and timely access to comprehensive rehabilitation services for all. Rehabilitation should not be limited to assistive technologies but should instead address physical and mental factors and be integrated into a continuum of people-centred services, including in emergency situations. It was essential to ensure the continuity of rehabilitation services and to include psychological and medical support for sexual recovery in rehabilitation services. The importance of synergy between rehabilitation services and social services should be emphasized. The Member States of the European Union remained committed to sexual and reproductive health and rights, which were essential to the realization of the enjoyment of human rights and the highest attainable standard of physical and mental health. He encouraged the Secretariat and Member States to continue considering rehabilitation as a combination of many intersectoral activities that helped people to strengthen or regain their functional capacity, including in the sphere of mental health.

The representative of NIGERIA, speaking on behalf of the Member States of the African Region, welcomed the support provided but requested further support from the Secretariat for the countries of the Region that were yet to integrate medical devices into national health programmes, including those without a national list of medical devices or those that were yet to secure technical specifications for local production and procurement. Some countries also needed support to establish or strengthen regulatory frameworks for medical devices and to carry out quality control for medical products, including through the establishment of laboratories. He supported the proposal to reschedule the twelfth meeting of the Member State mechanism on substandard and falsified medical products to the week of 13 November 2023.

The unmet need for rehabilitation services, particularly assistive technologies, was disproportionately high in the African Region and more pronounced among vulnerable populations. Public health emergencies had revealed the unacceptable underinvestment in rehabilitation services in the Region's health systems. Investing in rehabilitation services was cost-effective and saved resources in view of the severe budgetary constraints faced. Some Member States of the Region were not making optimal use of WHO guidelines and tools to prioritize rehabilitation services in their national plans and were not prioritizing resource allocation, including for the training, recruitment and deployment of the rehabilitation workforce. He called for increased support from the Secretariat in its coordination role and for the mobilization of resources for capacity-building, training and support to build the evidence base for investment in rehabilitation by working with the Member States of the Region to develop robust databases on rehabilitation services. Concrete efforts were also needed in the area of technology transfer for assistive technologies to enable countries to develop the capacity to manufacture and sustain supplies.

The African Region continued to experience outbreaks of infectious diseases and significant gaps remained in infection prevention and control practices, which were key to breaking the chain of transmission. The huge burden of endemic health care-associated infections and antimicrobial resistance among patients and health workers in developing countries was exacerbated by the low level of human and financial resources allocated to programmes on infection prevention and control. As antimicrobial resistance occurred in private and public health facilities, regulatory policies and support should be universally provided. He welcomed the progress made on the draft global strategy on infection prevention and control but highlighted that the impact of its implementation would depend on strong political commitment and leadership, adequate human and financial resources, and adequate infrastructure, the availability of personal protective equipment for health care workers and functional surveillance systems for the detection of health care-associated infections. He expressed support for the draft decision on substandard and falsified medical products and the draft resolution on strengthening rehabilitation in health systems and for the adoption of the draft global strategy.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, endorsed the draft global strategy on infection prevention and control and welcomed the consultations held to agree on its wording. With the Secretariat's support, 14 of the 22 countries and territories in the Region had set up the required organizational structure for infection prevention and control and 17 had developed national guidelines. The draft global strategy would lead to greater attention to and accountability for infection prevention and control at all levels.

Rehabilitation was a core component of effective health that should be available to the whole population, not only those with disabilities or physical impairments. However, the Member States of the Region struggled to assign the right level of priority to rehabilitation, which led to disparities in access that had grave implications for equity. Rehabilitation was not integrated across health planning and governance was often fragmented, although the Governments of Jordan, the Islamic Republic of Iran and Pakistan had developed national strategic action plans using WHO tools. The integration of rehabilitation was ongoing in Jordan and in the occupied Palestinian territory, including east Jerusalem, and as part of the response to the earthquakes in the Syrian Arab Republic and Türkiye. Member States were using the Strategic action framework to improve access to assistive technology in the Eastern Mediterranean Region and had participated in the development of the WHO *Global report on assistive technology*. Developing guidance to strengthen rehabilitation services, focusing on interventions such

as physiotherapy, occupational therapy and speech therapy, would sharpen the focus on assistive technology and contribute to achieving universal health coverage. She requested the Secretariat to continue supporting Member States to strengthen rehabilitation within health systems.

Substandard and falsified medical products posed a danger to public health, especially in low- and middle-income countries. Both the COVID-19 pandemic and conflicts in the Eastern Mediterranean Region had contributed to the proliferation of falsified medicines, vaccines and in vitro diagnostics. Field detection technologies and legal measures were needed to control advertisements and sales. She requested the Secretariat to provide training on the prevention and detection of substandard and falsified medical products and strengthen coordination with Member States in that area.

The representative of SLOVAKIA, speaking also on behalf of Argentina, Brazil, Colombia, Croatia, Israel, Kenya, Morocco and Rwanda, said that the first step in strengthening rehabilitation in health systems was to acknowledge it as an integral part of health services. Early and comprehensive rehabilitation determined how quickly and to what extent patients could return to active life and participate in society and was essential to achieving universal health coverage, increasing health and well-being, improving quality of life, delaying the need for long-term care and empowering people to achieve their full potential.

For most people, rehabilitation services were often an out-of-pocket expense, resulting in financial and psychological hardship. It was thus essential for rehabilitation to be part of universal health coverage and the continuum of care provided at all levels. The critical role of the rehabilitation workforce must also be acknowledged. The draft resolution on strengthening rehabilitation in health systems was a call for WHO to set the highest standard in promoting access to rehabilitation services for all populations in need and ensure that rehabilitation became a policy priority in health, sending a strong message on the need to accelerate action and setting a clear path for the work of WHO on the topic for the years ahead.

The representative of BAHRAIN described the steps taken by her Government to limit the entry of substandard and falsified medical products into the country and strengthen rehabilitation services at all levels. It was important to use assistive technology and information technology, conduct medical research on rehabilitation in health systems and involve the international community in national efforts aimed at meeting the long-term needs of those affected by health emergencies. Her Government had adopted a national strategy on infection prevention and control and had launched a number of related initiatives with the collaboration of international and regional organizations.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the technical documents crafted by the working groups established under the Member State mechanism on substandard and falsified medical products. His Government had spearheaded the piloting of the Epione information technology data collection tool for managing risk-based post-marketing surveillance of medicines available at different levels of the supply chain. In collaboration with the Secretariat, his Government had used the tool to collect samples from antimalarial and antiparasitic agents and antibiotics and had tested them in its quality control laboratory. The tool had proven to be helpful and its adoption by other Member States was strongly recommended. The evaluation of the Member State mechanism should measure and document the benefits accrued to date.

The representative of NORWAY said that it was necessary to strengthen the regulatory authorities working to ensure the quality of medicines, and that equal access to affordable health services, including surgery and rehabilitation, was essential. Rehabilitation and affordable assistive technologies should be an integrated part of primary health care services in order to achieve universal health coverage. Expressing support for the draft global strategy on infection prevention and control, she highlighted that the implementation of effective measures tailored to local settings required further work to ensure their suitability. The draft global strategy should lay the foundation for infection prevention and control across all settings, allowing countries to focus on the issues most relevant to their own health care systems. Countries should focus on behavioural change, implementing evidence-based measures and building



economic arguments and incentives. As personal protective equipment was generally designed for men even though 70% of health care workers were women, she welcomed the draft global strategy's promotion of an equitable and gender-responsive approach.

The representative of GERMANY expressed support for the draft global strategy on infection prevention and control. The need for well-functioning infection prevention and control programmes had been demonstrated by the COVID-19 pandemic. At the Fifth Global Ministerial Summit on Patient Safety held in February 2023, the importance of patient safety for the resilience of health care systems had been highlighted and increased international collaboration in basic research and the implementation of science and practice had been urged. She therefore welcomed the initiative to link the draft global strategy with parallel global and regional patient safety initiatives, such as those under the global patient safety action plan 2021–2030. The exchange of best practice examples and research on behavioural change would help to drive investment and multisectoral action and strengthen infection prevention and control.

The representative of the BAHAMAS said that the battle against substandard and falsified products remained a persistent challenge and it was crucial to identify and monitor such products to safeguard public health and safety. Eliminating substandard and falsified medical products would require additional support from WHO. She outlined her Government's efforts to strengthen its national infection prevention and control programme, which included the establishment of a multisectoral body to support implementation through a One Health approach. Accessible rehabilitation services were an integral part of the health care continuum and should be available for chronic conditions as well as acute medical events; her Government was therefore working to strengthen rehabilitation at the national level.

The representative of DENMARK said that the COVID-19 pandemic had demonstrated the importance of effective infection prevention and control, which needed to be strengthened in hospital and primary health care settings through health education, vaccination and measures to prevent transmission of infection between humans and animals. The draft global strategy on infection prevention and control was a necessary step in ensuring the investment and multisectoral action needed in all countries and would play an important role in the fight against antimicrobial resistance. It should be implemented using evidence-based approaches, with the ambitious goal of eliminating the risk of infection in all societal groups. He thanked the Secretariat for providing Member States with strategic guidance on how to fulfil all requirements of the core components of infection prevention and control.

The representative of SENEGAL welcomed the regularity of the meetings of the Member State mechanism on substandard and falsified medical products. She emphasized the importance of quality in supply chain management for resilient health systems and shared information about her Government's efforts to combat the threat posed by substandard and falsified medical products, including the enactment of legislative and regulatory measures.

The representative of TUNISIA said that combating the spread of substandard and falsified medical products required the concerted efforts of all countries and stakeholders. His Government had taken several steps in that regard, including regulating the manufacture and import of medicines. He expressed appreciation for the WHO Global Surveillance and Monitoring System for substandard and falsified medical products, which contributed to the fight against international counterfeiters through the global exchange of knowledge and data.

The representative of ROMANIA, sharing information about the measures taken in his country to improve infection prevention and control, commended the work done on the draft global strategy on infection prevention and control and supported international efforts on the subject.

The representative of THAILAND expressed appreciation for the eight prioritized activities to implement the workplan of the Member State mechanism on substandard and falsified medical products

for the period 2022–23. He supported the call for an independent evaluation of the mechanism, suggesting that it should cover achievements at the country level – particularly in countries with weaker regulatory authorities – and challenges such as the sustainable financing of the mechanism. The independent evaluation should also contain recommendations and a five-year workplan. Capacity-building at the country level and measures addressing online sales and informal markets should continue to be prioritized. He supported the draft decision on substandard and falsified medical products.

Describing the community-based rehabilitation system in his country, he expressed support for the draft resolution on strengthening rehabilitation in health systems. He also supported the draft decision on the draft global strategy on infection prevention and control and requested the Secretariat to monitor and evaluate its implementation.

The representative of SOLOMON ISLANDS said that the recent incident regarding contaminated cough syrup was of grave concern and looked forward to further support from the Secretariat in strengthening the post-market surveillance of medicines. She noted the need to strengthen financing mechanisms for rehabilitation; expand rehabilitation across all levels of care; develop strong multidisciplinary rehabilitation skills in line with country contexts; and enhance health information systems and rehabilitation research. She called on the Secretariat to support her Government in integrating rehabilitation services and standards into its national health policy.

The representative of the RUSSIAN FEDERATION welcomed the work of the Member State mechanism on substandard and falsified medical products and supported the proposal for an independent evaluation. However, attempts to politicize that work had disrupted activities to strengthen health care and should be avoided in future. The decision of Member States of the European Union to suspend the Russian Federation and Belarus from the Council of Europe Convention on the Counterfeiting of Medical Products and Similar Crimes involving Threats to Public Health had violated the Vienna Convention on the Law of Treaties and caused intentional harm to the health and safety of Russian patients. Her Government would continue to participate in other international and bilateral platforms.

She supported the draft resolution on strengthening rehabilitation in health systems. She also expressed support for the draft global strategy on infection prevention and control, noting the need to strengthen national programmes on topics such as antimicrobial resistance and epidemiological monitoring and enhance awareness-raising activities.

The representative of NAMIBIA underscored the vital role of Member States in raising awareness of the fight against substandard and falsified medical products, describing measures implemented in her country in that regard. She encouraged the Secretariat to provide further support to Member States in integrating medical devices into their national health programmes and in establishing and strengthening regulatory frameworks for such devices.

She agreed on the need to strengthen rehabilitation services and integrate them into national health systems, outlining interventions carried out by her Government to that end. Rehabilitation services were crucial in supporting disease recovery, improving quality of life and restoring productivity, particularly given the rising incidence of mental health issues and noncommunicable diseases around the world. The Secretariat should maintain its support for institutionalizing strong rehabilitation programmes within primary health care interventions in order to achieve universal health coverage. She expressed support for the draft decisions under discussion.

The representative of the REPUBLIC OF KOREA supported the call for an independent evaluation of the Member State mechanism on substandard and falsified medical products. Such products were a serious threat to public health as they had entered the complex global value chain and were accessible online, making it difficult to respond in a timely and effective manner. It was therefore crucial to have close collaboration between national regulatory authorities and diverse stakeholders and to enhance cooperation and coordination between international initiatives. She commended the development of the draft global strategy on infection prevention and control and outlined relevant interventions implemented in her country. Her Government looked forward to exchanging experiences

in implementing the draft global strategy and would provide any necessary support to the Secretariat and Member States in that regard.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the global burden of health care-associated infections should be addressed through a multisectoral approach, highlighting the central importance of safe water, sanitation and hygiene interventions. Infection prevention and control was a key component of her Government's national action plan on antimicrobial resistance. She supported the adoption of the draft global strategy on infection prevention and control.

The representative of NEPAL supported the proposals on strengthening rehabilitation in health systems. The demand for rehabilitation services had increased as a result of demographic shifts and crises such as the COVID-19 pandemic. There was also a large unmet need for rehabilitation services and assistive technologies in the South-East Asia Region owing to inadequate financing and a lack of high-quality services in health facilities. He therefore emphasized the need to strengthen rehabilitation and assistive technology in health systems, particularly in low- and middle-income countries, and shared information about relevant developments in his country in that regard. Providing rehabilitation and assistive technology services as part of universal health coverage was a complex issue; nevertheless, adequate health financing for high-quality, affordable, accessible and gender-sensitive rehabilitation and assistive technology services should be prioritized, including during times of conflict.

The representative of the PHILIPPINES supported the draft resolution on strengthening rehabilitation in health systems in the light of the increasing need for rehabilitation among ageing populations and the rising prevalence of noncommunicable diseases. She called for the development of further guidance and a menu of evidence-based interventions to support the implementation of rehabilitation strategies, especially at the subnational level. Integrated guidance on community-based rehabilitation interventions targeting children and young adults was also needed and should include a specific menu of activities relating to learning disabilities, mental health and substance abuse. Her Government advocated for affordable and equitable access to innovations in assistive devices and the need to tailor their design according to national contexts, especially those of low- and middle-income countries.

She supported the adoption of the draft global strategy on infection prevention and control. The COVID-19 pandemic had underscored the importance of the issue, and the rise of drug-resistant pathogens constrained the dwindling antimicrobial options available. Good infection prevention and control practices were necessary to mitigate the emergence and spread of infections. She supported the call for an independent evaluation of the Member State mechanism on substandard and falsified medical products, which would strengthen national mechanisms monitoring the distribution and sale of medical products by providing the evidence needed to develop new regulatory policies and collaborative approaches.

The representative of JAPAN described her Government's approach to the promotion of rehabilitation. Given the unmet need for rehabilitation services in low- and middle-income countries, the Secretariat should support Member States in establishing and strengthening appropriate rehabilitation services and developing human resources to manage such services.

It would be important to strengthen efforts on antimicrobial resistance as a component of infection prevention and control. Existing frameworks – such as the global action plan on antimicrobial resistance and WHO-led water, sanitation and hygiene initiatives – should be employed effectively in the implementation of the draft global strategy on infection prevention and control, and the Secretariat should ensure that its internal efforts to support its implementation would be carried out in a complementary manner.

The representative of KENYA, sharing developments on the issue of substandard and falsified medical products in his country, called for increased support to strengthen risk-based post-market

surveillance activities and improve the capacity of national quality control laboratories to carry out the prequalification of medical products. He outlined his Government's efforts to strengthen rehabilitation services nationally and expressed support for the draft resolution on strengthening rehabilitation in health systems. High-level advocacy would be needed to ensure that infection prevention and control would be prioritized. It would also be important to secure sustained investment in technical, human and financial resources for infection prevention and control programmes at the national and health facility levels at all times, not just during health emergencies.

The representative of MALDIVES expressed support for the draft decision on substandard and falsified medical products since such products were causing extensive humanitarian and economic harm. The issue was more acute in developing countries with poor monitoring and regulatory capacities, particularly those that depended on imports, and demanded a coordinated cross-border response, including improved regulatory surveillance, reporting capacities and risk communication across the supply chain. She commended the ongoing efforts of the Regional Office for South-East Asia to spearhead relevant interventions in the Region, including capacity-building initiatives aimed at Member States. To overcome the threat posed by the increase in the illegal manufacture and online sale of substandard and falsified medical products, it would be crucial to train and make the necessary human resources available and enhance local action and regional and global coordination on the matter. Adequate mechanisms should be established to promote timely information-sharing between national regulatory authorities in all regions to facilitate coordinated responses. It was encouraging that the priority areas for action at the global level included tracking and tracing. She reaffirmed her Government's commitment to a unified regulatory system to combat falsified and substandard medical products globally. Identifying the capacity and resources available in Member States would further strengthen efforts to ensure the quality of medicines. Her Government looked forward to learning of the outcome of the independent evaluation of the Member State mechanism on substandard and falsified medical products.

The representative of AUSTRALIA expressed support for an independent evaluation of the Member State mechanism on substandard and falsified medical products and thanked the Secretariat for working with the mechanism and Member States to address the issue of contaminated cough syrup. She expressed appreciation for the support provided by the Secretariat to help governments to increase surveillance in order to detect, and remove from circulation, substandard medicines identified in WHO medical alerts.

She commended the Secretariat for promoting improved access to rehabilitation services and supporting Member States in embedding rehabilitation into health systems. She expressed support for the draft resolution on strengthening rehabilitation in health systems and said that rehabilitation services should be adequately integrated into primary health care systems underpinned by universal health coverage. Affordable, high-quality rehabilitation was essential for achieving the Sustainable Development Goals and contributed to improved function, quality of life and inclusion. All countries should strive to address the unmet need for rehabilitation, especially among groups facing additional barriers to access.

Welcoming the draft global strategy on infection prevention and control, she said that infection prevention and control measures should be connected to the One Health approach and antimicrobial resistance programmes and encouraged the Secretariat to scale up its support to low-income countries facing challenges in developing such programmes. All health strategies should be underpinned by the principle of equity in health care in order to deliver on the commitment to leave no one behind. To that end, efforts should be focused on vulnerable and marginalized groups.

The representative of JAMAICA described strategies implemented in her country to strengthen infection prevention and control and said that the COVID-19 pandemic had demonstrated how disease outbreaks could spread rapidly through communities and health care settings. Her Government considered rehabilitation to be a core aspect of essential health care and universal health coverage but was facing challenges related to the need for an expanded and diversified rehabilitation workforce

following the pandemic. Her Government was committed to the implementation of a functional infection prevention and control programme and a strengthened rehabilitation programme; however, adequate resources of all types would be needed to achieve sustained outcomes.

The representative of INDIA expressed appreciation for the work of the Member State mechanism on substandard and falsified medical products and the WHO Global Surveillance and Monitoring System for substandard and falsified medical products. The development of the Epione tool for risk-based post-market surveillance was testament to the mechanism's technological prowess. The Secretariat should continue to work with the mechanism's Steering Committee and other relevant bodies to facilitate collaboration and avoid duplicating efforts. A global initiative should be established to support Member States in developing a transdisciplinary rehabilitation task force to strengthen national rehabilitation services on the basis of strategic frameworks.

Regarding the draft global strategy on infection prevention and control, she offered several suggestions. Digital platforms could be used to raise public awareness of disease transmission pathways and infection prevention, and gaps in infection prevention and control should be examined and documented in consultation with Member States. The Secretariat should prioritize investment in the sustainable implementation of WHO's infection prevention and control strategy. Infection prevention and control interventions should be consistently aligned with health priorities such as antimicrobial resistance and water, sanitation and hygiene, as well as programmes on topics such as immunization, communicable diseases, and maternal and child health. Regular and effective surveillance of infection prevention and control activities should be conducted at all levels of the Organization, and a digital platform should be created to facilitate robust monitoring and evaluation of relevant strategies.

The representative of MALAYSIA supported WHO's efforts to combat substandard and falsified medical products and supported the call for an independent evaluation to identify and address the strengths and weaknesses of the Member State mechanism on substandard and falsified medical products. He expressed appreciation for Member States' commitment to the 10 areas for action in the Rehabilitation 2030 initiative and strongly supported the development of a multidisciplinary rehabilitation workforce and comprehensive rehabilitation service delivery models. He shared information about initiatives implemented in his country and expressed support for the draft resolution on strengthening rehabilitation in health systems. He commended the draft global strategy on infection prevention and control and highlighted the importance of incorporating behavioural science and multimodal strategies into infection prevention and control interventions.

The representative of INDONESIA said that the recent case of contaminated cough syrup was a strong reminder of the importance of addressing substandard and falsified medical products. Sharing information about the response in his country, he said that communication with both the public and stakeholders had been key to those efforts. To ensure that the world was better protected against substandard and falsified medical products, the Member State mechanism on substandard and falsified medical products must remain relevant to realities on the ground; he therefore supported an independent evaluation of the mechanism.

Rehabilitation was best approached through a multisectoral and multistakeholder approach. Rehabilitation services in primary health care should be strengthened by increasing the number of professional social and health workers in social service, hospital and community health care settings.

Infection prevention and control should be addressed through multisectoral collaboration and integrated into programmes on a wide range of health topics, such as newborn and maternal health and antimicrobial resistance. In order to achieve that objective, the Secretariat should provide guidelines on developing a legal framework on infection prevention and control, improving human resources and surveillance, and providing standardized training and certification for infection prevention and control personnel in all sectors. He supported the draft global strategy on infection prevention and control.

The representative of LEBANON commended the Secretariat's guidance on addressing substandard and falsified medical products. She welcomed the list of prioritized activities to implement

the workplan of the Member State mechanism on substandard and falsified medical products for the period 2022–2023, especially those concerning the development and promotion of training materials and guidance documents. She supported the call for an independent evaluation of the mechanism, which would ensure transparency. Sharing information about her Government's efforts to ensure the safety and quality of medical products, she stressed the importance of networking among regulatory authorities. She expressed support for the three key objectives of the draft global strategy on infection prevention and control and described recent steps taken by her Government to prevent the spread of infectious diseases. In the light of significant challenges facing her country, it would be difficult to make progress on infection prevention and control at the national level without support from WHO and a comprehensive multisectoral and multistakeholder approach.

The representative of CHINA welcomed the work of the Member State mechanism on substandard and falsified medical products to promote coordination among regulatory bodies. Strengthened cooperation and information exchange among such bodies would improve their capacity to prevent and control substandard and falsified medical products in line with national legislation. Expressing support for the draft resolution on strengthening rehabilitation in health systems, he said that his Government would share its experiences with the Secretariat and Member States in that regard.

He supported the draft global strategy on infection prevention and control. However, architects and other professionals involved in designing health facilities should be added to its target audiences to ensure that the health impacts of health facility architecture could be addressed. It should also be made clear in the draft global strategy that country contexts should be taken into account in data-sharing, collaborative research and research capacity-building activities. Establishing infection surveillance systems and ensuring access to infection prevention and control indicators would allow countries to take any necessary action. He encouraged the Secretariat to strengthen research on infection surveillance systems and provide examples of successful models of such systems to support countries with limited experience in that regard, with a view to promoting accurate data collection and analysis and creating the foundations for adequate infection prevention and control.

The representative of the UNITED STATES OF AMERICA expressed support for the Member State mechanism on substandard and falsified medical products and any reforms needed to improve it, including the proposed independent evaluation. He also supported efforts to make the mechanism more agile in responding to evolving situations such as the recent issue of contaminated cough syrup and suggested developing a working group focused on responding to high-impact incidents.

His Government prioritized strengthening access to and the availability of high-quality, sustainable rehabilitation services, including assistive technology, for all people within health systems. Rehabilitation services promoted community participation, inclusion and more equitable health outcomes. Assistive technology services were a component of comprehensive rehabilitation services and should be integrated into efforts to achieve universal health coverage. Expressing support for the draft resolution on strengthening rehabilitation in health systems, he encouraged the Secretariat and Member States to coordinate increased financing for rehabilitation and engage with specialist organizations to increase technical competencies.

He thanked the Secretariat for developing the draft global strategy on infection prevention and control and ensuring a coordinated multisectoral approach to the topic. His Government had supported the version of the draft global strategy submitted to the Executive Board at its 152nd session; however, in the interest of consensus, he expressed support for the latest version of the draft global strategy. Infection prevention and control products and services should be designed and delivered in a gender-responsive and disability-inclusive manner. He encouraged WHO and Member States to turn investments channelled towards infection prevention and control during the COVID-19 pandemic response into sustainable capacity gains to ensure a strong recovery from the pandemic and improve prevention and response to future health emergencies.

The representative of ZIMBABWE expressed appreciation for the Secretariat's efforts to address substandard and falsified medical products and shared information about her country's response to the

issue. In the light of new and emerging rehabilitation needs, particularly those arising during and after health emergencies, she called on WHO to strengthen workforce capacities and financing mechanisms for rehabilitation services at all levels of health care. The COVID-19 pandemic had reinforced the importance of infection prevention and control practices in pandemic prevention, preparedness and response; her Government had therefore strengthened such practices at the national level, including by enhancing training.

The representative of BRAZIL said that the COVID-19 pandemic had exposed serious gaps in infection prevention and control programmes in all countries. It was therefore of the utmost importance to have an action plan and a monitoring framework within a solid architecture for health emergencies, especially given the increasing burden of health care-associated infections. He was pleased to note that the draft global strategy on infection prevention and control was equity-driven and said that his Government would focus on the most vulnerable groups in its implementation.

The Member State mechanism on substandard and falsified medical products was an important tool for fostering international cooperation and strengthening the regulatory capacities of Member States. He welcomed the call for an independent evaluation of the mechanism and said that a structured, strategic plan should be developed to guide its long-term activities. Such actions could help in tracking progress and prioritizing the mechanism's work to make it even more effective. He supported the draft resolution on strengthening rehabilitation in health systems.

The representative of ZAMBIA said that the COVID-19 pandemic had adversely affected the supply chain of medical products, leading to a rise in the online procurement of such products and increasing the threat of exposure to substandard and falsified medical products. To address the issue, his Government had implemented interventions such as regulatory system strengthening and laboratory testing. He called for continued support and collaboration among Member States to fight the scourge of substandard and falsified medical products. He expressed concern about the relaxation of infection prevention and control measures following the end of the COVID-19 pandemic, as such measures were key to the prevention of other infectious diseases. He therefore welcomed the draft global strategy on infection prevention and control, calling on the Secretariat and all stakeholders to support its implementation, and supported the associated draft decision.

The representative of the ISLAMIC REPUBLIC OF IRAN expressed appreciation for the list of prioritized activities to implement the workplan of the Member State mechanism on substandard and falsified medical products for the period 2022–2023, as well as the information provided on the progress made on each activity. All Member States possessed different capabilities from which the mechanism could benefit; accordingly, his Government stood ready to work with Member States on the prioritized activities. Despite efforts to address the issue of assistive technologies at the national level, the limited availability of such technologies – a consequence of unilateral coercive measures imposed on his country – remained a challenge. In order to streamline progress on strengthening rehabilitation in health systems, he suggested developing quantitative indicators for rehabilitation services and conducting national surveys to measure country-level progress. The wide scope of the infection prevention and control agenda made it difficult to successfully implement relevant interventions, a challenge exacerbated by factors such as non-compliance of health workers and lack of capacity in hospital settings. A step-by-step approach to implementation would be helpful in that regard, especially for health care facilities in lower-income countries.

The representative of BOTSWANA said that the COVID-19 pandemic had demonstrated that infection prevention and control played a critical role in the response to public health risks and other emergencies. Member States needed a framework that could support them in protecting health workers, caregivers and patients through infection prevention and control as well as highlighting the role of health care facilities in controlling emerging infectious diseases; she therefore called on the Health Assembly to adopt the draft global strategy on infection prevention and control, which responded to the call from Member States for accelerated progress and monitoring in that area. She outlined steps taken in her

country to strengthen infection prevention and control in her country, including efforts to develop a national plan.

The representative of COLOMBIA said that his Government attached particular importance to the issue of substandard and falsified medical products and had been working to strengthen its capacities to prevent and detect such products. While regulatory harmonization was a worthwhile goal, it would be inadvisable to require countries to undergo certification in order to engage in activities to combat substandard and falsified medical products given the variance in capacities and resources of national and international regulatory agencies. Agencies with fewer resources did not necessarily have lower standards.

It would be crucial to strengthen rehabilitation in health systems, especially given the current public health landscape. He emphasized the importance of rehabilitation throughout the continuum of care and requested further information about the World Rehabilitation Alliance.

The draft global strategy on infection prevention and control should be guided by the principle of equity. He suggested establishing goals that would widen the scope of the draft global strategy by strengthening key components, such as surveillance of health care-associated infections and antimicrobial resistance. Doing so would help to inform an analysis of the situation, which would in turn support the establishment of infection prevention and control programmes, and prompt countries to set short- and medium-term goals. The draft global strategy should also give greater prominence to the role of the environmental sector in waste and wastewater management; include information on the composition and functions of teams responsible for infection prevention and control; and incorporate a public education component to ensure the involvement of all in decision-making on antimicrobial use.

The representative of PANAMA welcomed the draft global strategy on infection prevention and control, underscoring the need for commitment from all stakeholders, institutional and financial support, and continued efforts at all levels of the health care system in order to achieve its objectives. Her Government was taking steps to train health workers in infection prevention and control and would keep up to date with WHO guidance on the subject.

The representative of CHILE, sharing information about the situation in her country, said that global collaboration among authorities would be essential to eliminating substandard and falsified medical products from the supply chain. The Member State mechanism on substandard and falsified medical products had become an inclusive and transparent tool for collaboration, enabling countries to combine efforts to prevent, detect and respond to the problem. She welcomed the draft global strategy on infection prevention and control and described measures implemented in her country to reduce health care-associated infections.

The representative of ARGENTINA underscored the urgent need to establish and strengthen rehabilitation services and integrate them into health systems through a human rights-based and gender-sensitive approach, especially since vulnerable population groups often encountered greater obstacles to access to rehabilitation services, which hindered their enjoyment of their rights and their full participation in society. Drawing attention to the growing burden of infection and antimicrobial resistance linked to health care-associated infections, she shared information about her Government's efforts to tackle the issue through a One Health approach.

The representative of VANUATU welcomed the timely draft global strategy on infection prevention and control. The COVID-19 pandemic had highlighted the importance of infection prevention and control as well as the gaps in coverage in health care and community settings. Despite the progress made in her country with the support of WHO, challenges persisted, such as staff shortages and financing gaps.

The representative of TÜRKİYE said that the need for rehabilitation services was increasing daily owing to global challenges such as climate change, conflicts and health emergencies. She welcomed the



Secretariat's efforts to support Member States to develop country-specific strategic action plans on rehabilitation, and thanked Member States for their efforts to reach consensus on strengthening rehabilitation in health systems. She supported the draft decision on the draft global strategy on infection prevention and control, expressing appreciation for the comprehensive Member State-led consultations held during its development and the consensus demonstrated regarding the importance of equity. Her Government looked forward to the development and implementation of the associated action plan and monitoring and evaluation framework.

The representative of SOUTH AFRICA described her Government's efforts to address substandard and falsified medical products, strengthen rehabilitation programmes and improve infection prevention and control. She expressed support for the draft global strategy on infection prevention and control, emphasizing the importance of equity in that regard.

The representative of ETHIOPIA expressed appreciation for efforts to highlight the importance of access to safe, high-quality medical products as a pillar of universal health coverage and called for joint efforts to combat the persistent prevalence of substandard and falsified medical products. Despite making progress on the matter, her Government faced challenges due to inadequate regulatory capacity at the national and subnational levels. She called on all stakeholders to enact a multisectoral approach involving regulatory authorities, health workers, law enforcement agencies and international partners. She supported the draft decision on substandard and falsified medical products, calling on all Member States to combat the problem and promote access to safe and high-quality medical products.

She supported the draft resolution on strengthening rehabilitation in health systems, which highlighted that rehabilitation was integral to universal health coverage and was not only needed by persons with disabilities. She expressed support for efforts to ensure the timely integration of rehabilitation services into emergency preparedness and response and critical and perioperative care and called on all policy-makers to advocate for and give greater attention to rehabilitation services when setting health priorities.

Her Government was taking steps to improve infection prevention and control capacities in her country, although such efforts were often hampered by challenges such as infrastructure constraints. She highlighted the importance of increasing public awareness of infection prevention and control practices and promoting behavioural changes. Increased support from WHO and enhanced collaboration with partners would be needed to support implementation of the draft global strategy on infection prevention and control.

The representative of EGYPT thanked the Secretariat for preparing the draft global strategy on infection prevention and control, which would help countries to integrate relevant interventions in line with national contexts. He described the progress made in his country in that regard, including the implementation of capacity-building and surveillance activities, and said that his Government would work to overcome various challenges in order to achieve the goals of the draft global strategy.

The representative of SAUDI ARABIA commended WHO's efforts on the issue of substandard and falsified medical products, a matter that required the international community to work together in solidarity, and provided details of his Government's efforts to engage in regional and international cooperation. He expressed appreciation for the Organization's work on strengthening rehabilitation in health systems and outlined the approach taken in his country. He urged WHO to continue providing support to ensure the availability of affordable rehabilitation services and to facilitate the development of partnerships, efficient use of resources, creation of digital communication solutions, promotion of innovation, and incorporation of modern technologies in the development of assistive devices.

Preventing infection and controlling infection risk factors constituted a major health priority. Activities implemented to strengthen infection prevention and control in his country included surveillance, outbreak response and research initiatives. Global efforts should be focused on developing strategies, preventing associated risks and promoting infection prevention and control; it was therefore important to have a global strategy on infection prevention and control.

The representative of SINGAPORE said that infection prevention and control was an important factor in preparedness and response to outbreaks and in ensuring resilience across all sectors of society. Member States could work with national experts and global and regional organizations working in infection prevention and control to train relevant personnel in line with WHO technical guidance, and external experts could provide technical knowledge to help Member States to establish committees to oversee the development of guidelines and standards. Infection prevention and control had become routine in many industries following the COVID-19 pandemic, and robust standards helped to safeguard health resources and improve the resilience of the economy and society as a whole; policy-makers might therefore wish to consider incorporating infection prevention and control programmes into certain sectors with a view to building overall resilience. Robust surveillance systems, information-gathering functions and data fidelity were vital to the success of infection prevention and control programmes; national and global capabilities in those areas could be enhanced through collaboration with national health care providers and international partners. She supported the draft global strategy on infection prevention and control.

The representative of PARAGUAY said that her Government would be interested in participating in a number of the prioritized activities to implement the workplan of the Member State mechanism on substandard and falsified medical products for the period 2022–2023. She supported the draft decision on substandard and falsified medical products.

Rehabilitation was often undervalued in health systems. Demand for rehabilitation services in her country was growing; it was therefore essential to strengthen such services and provide adequate financing to that end. She called on the Secretariat and regional offices to support national efforts to strengthen rehabilitation and to provide resources to ensure that national interventions could be harmonized with global initiatives. She supported the draft resolution on strengthening rehabilitation in health systems.

The draft global strategy on infection prevention and control provided solid foundations for countries with limited financial resources and few trained health workers to strengthen infection prevention and control. However, to bolster those efforts and ensure the sustainability of actions taken, greater international cooperation was needed to support the establishment of effective outbreak preparedness and response mechanisms within health systems and the development of surveillance capacities. She supported the draft decision on the draft global strategy on infection prevention and control and said that her Government would actively participate in the development of the associated action plan.

The representative of BARBADOS said that infection prevention and control programmes were fundamental to achieving patient safety, reducing health care-associated infections and antimicrobial resistance, and preventing the transmission of infectious diseases that posed global threats. He therefore requested the Secretariat to support countries in assessing their infection prevention and control capacities to help them in identifying gaps and providing training. In addition, the Secretariat should continue its work to promote precautions regarding antimicrobial resistance and outbreak management. His Government would welcome additional support to enable infection prevention and control personnel to participate in international forums with a view to building country capacities. Turning to the topic of substandard and falsified medical products, he said that investment and technical support should be provided to the regulatory division of the Caribbean Public Health Agency to facilitate the registration of medicines entering the region. He called on the Secretariat to bolster post-market surveillance in the Caribbean to ensure that high-quality medicines would remain on the market.

The Observer of PALESTINE encouraged WHO to continue its efforts to reach the goal of one billion more people benefiting from universal health coverage and to strengthen its support to governments and health institutions. Strengthening health systems required effective cooperation, as the goal of leaving no one behind would never be achieved without international solidarity. Technology transfer was needed to address the persistent technological gap between developed and developing countries. A strategy had been developed to achieve universal health coverage in the occupied

Palestinian territory, including east Jerusalem; however, nothing could be achieved without funding, and the withholding of taxes by the Government of Israel and the failure to transfer funds had resulted in financial difficulties. Much remained to be done to address inequalities in access to health services, and the Palestinian authorities did not have the means to achieve the objectives in question. He called on WHO to identify and analyse challenges related to access so that recommendations appropriate to each Region could be devised and implemented.

The CHAIR took it that the Committee wished to suspend consideration of the current agenda items.

**It was so agreed.**

(For continuation of the discussion and approval of the draft decision and two draft resolutions, see the summary records of the twelfth meeting, section 2.)

## **PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES (resumed)**

### **3. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 15 of the agenda (resumed)**

**Global Health for Peace Initiative:** Item 15.3 of the agenda (documents A76/7 Rev.1, A76/7 Rev.1 Add.2 and A76/7 Rev.1 Add.3) (resumed)

The CHAIR invited the Committee to resume its consideration of the draft decision contained in document A76/7 Rev.1 Add.2, as amended.

The representative of OMAN expressed appreciation for the comments made by the representatives of Pakistan and Egypt; however, on reviewing those comments, his delegation and the delegation of Switzerland did not consider them to constitute amendments to the draft road map for the Global Health and Peace Initiative. He welcomed the suggestions made by the representative of Pakistan but was of the view that they were already reflected in the draft road map. He thanked Member States for the proposals on the next steps following approval of the draft road map, which would guide implementation.

The representative of the RUSSIAN FEDERATION said that it appeared that further work was needed before the draft road map for the Global Health and Peace Initiative could be finalized; he therefore proposed amending the draft decision to replace the word “adopt” with “take note and continue consultations on”.

The representative of OMAN said that there was no scope for further consultations on the matter. The draft road map had been amended as much as possible without affecting its core substance. He therefore called for a vote on whether to approve the draft decision.

The representative of SWITZERLAND expressed disappointment that the draft road map could not be adopted by consensus given the hard work that had gone into the development process and the balanced text that had been achieved. If the decision was made to take a vote, she suggested that it should be held on Tuesday, 30 May to allow time for internal consultations and ensure that any remaining questions on the draft road map could be answered in advance of the vote.

The representative of the UNITED STATES OF AMERICA expressed support for the Secretariat's work and the leadership of the delegations of Switzerland and Oman on the subject. Several Member States had not given detailed views on the subject because it had been assumed that the draft road map would be adopted by consensus. She stressed the importance of achieving consensus on the matter and said that more time would be needed to garner support for the draft road map.

The representative of the RUSSIAN FEDERATION said that if there was to be a vote, the proposal made by the representative of Switzerland would ensure that Member States would have sufficient time to resolve the issue.

The representative of OMAN reiterated that, given that multiple rounds of consultation had already taken place, avenues for consultation had been exhausted. He did not object to delaying a vote until Tuesday, 30 May to allow time for countries to prepare.

The representative of MONACO supported the proposal made by the representative of Switzerland as Monday, 29 May was a public holiday in many Member States, meaning that many delegations would not be able to hold internal consultations on the matter before Tuesday morning.

The CHAIR said that, in the absence of consensus, the Committee would proceed to a vote on the draft decision. He took it that the Committee wished to suspend discussion of the item until Tuesday, 30 May to give Member States time to prepare for a vote by show of hands.

**It was so agreed.**

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

**The meeting rose at 20:30.**

## TWELFTH MEETING

Saturday, 27 May 2023 at 09:15

Chair: Dr J.S.J. HASSAN (Bahrain)

### 1. THIRD REPORT OF COMMITTEE A (document A76/56)

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

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

### PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM BETTER HEALTH COVERAGE (continued)

### 2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 13 on the agenda (continued)

**Substandard and falsified medical products:** Item 13.3 of the agenda (document A76/7 Rev.1 and EB152/2023/REC/1, decision EB152(9)) (continued from the eleventh meeting, section 2)

**Strengthening rehabilitation in health systems:** Item 13.4 of the agenda (document A76/7 Rev.1 and EB152/2023/REC/1, decision EB152(10)) (continued from the eleventh meeting, section 2)

**Draft global strategy on infection prevention and control:** Item 13.5 of the agenda (document A76/7 Rev.1 and EB152/2023/REC/1, decision EB152(7)) (continued from the eleventh meeting, section 2)

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that key manufacturing countries – particularly low- and middle-income countries – should participate in the WHO Regulatory Systems Strengthening programme to establish their maturity level for medicines and vaccines, working towards becoming WHO-listed authorities. For medical products outside of the WHO Prequalification of Medicines Programme's scope, maturity level 1 and 2 countries should consider relying on authorities becoming WHO-listed affiliates. The links between the Member State mechanism on substandard and falsified medical products and the WHO Global Surveillance and Monitoring System for substandard and falsified medical products, Regulatory Systems Strengthening programme, Global Benchmarking Tool and Prequalification of Medicines Programme were unclear and should be strengthened to ensure a significant decrease in substandard medical products.

The representative of the HANDICAP INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIR, and supported by the World Federation of Chiropractic, called on WHO

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<sup>1</sup> See page 323.

Member States to adopt and implement the draft resolution on strengthening rehabilitation in health systems, recommended in decision EB152(10), as contained in document EB152/2023/REC/1, in particular to integrate rehabilitation at all health system levels and close to where people lived; to strengthen rehabilitation and assistive technology-related professions; to ensure access for people left further behind, including those living in low-income countries, in fragile contexts, persons with disabilities, and women and girls; and to incorporate rehabilitation in emergency preparedness and response and in emergency medical teams in line with the comprehensive approach to victim assistance.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, urged Member States to ensure the full continuum of care, including health promotion, prevention, diagnosis, treatment, rehabilitation and palliative care, by integrating rehabilitation services into universal health coverage, public health care and emergency preparedness plans. Member States should also accelerate their efforts in tackling the ever-growing issue of substandard and falsified medical products, which not only threatened patient safety but eroded trust in health care systems, fuelled antimicrobial resistance and hindered the achievement of universal health coverage.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, recalled her organization's collaboration with WHO on combating substandard and falsified medicines and antimicrobial resistance. She encouraged Member States to leverage pharmacists' expertise and accessibility not only to combat substandard and falsified medicines but also to mitigate antimicrobial resistance by educating patients, supporting health care providers, ensuring the safe and responsible use of antimicrobials, and providing convenient and safe access to vaccinations.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, called for an increased focus on rehabilitation as a health service integral to universal health coverage. A service delivery model combining palliative care and rehabilitation would have workforce and cost efficiencies. He urged Member States to increase their commitment to rehabilitation within universal health coverage for individuals with disabilities and other health-related suffering that compromised functioning.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR, noted her organization's award-winning antimicrobial working group and its support for WHO efforts in infection prevention and control and guidance to health professionals on addressing antimicrobial resistance. She urged governments to leverage her organization's expertise, resources and network in developing and implementing national infection prevention and control policies.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, welcomed the draft global strategy on infection prevention and control. Her organization recognized the important role of nurses in integrating infection prevention and control measures into patient pathways and health service delivery across the continuum of care. It strongly promoted the leadership role of nurses in supporting infection prevention and control teams and initiatives in applying infection prevention and control principles and best practices.

The representative of the NCD ALLIANCE, speaking at the invitation of the CHAIR, and supported by the World Stroke Organization and the International Diabetes Federation, called for rehabilitation services to be included in universal health coverage benefit packages; the meaningful involvement of people living with noncommunicable diseases in developing policies and services to enable cost-effective, locally relevant and timely interventions; and for the targets to be aligned with other global health priorities, including at the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and the third Global Disability Summit, both in 2025.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIR, urged WHO Member States and Secretariat to urgently invest in increasing access to water, sanitation and hygiene (WASH) services in health care facilities as an essential part of infection prevention and control and primary health care; to ring-fence financing for those services in health care facilities as a primary prevention tool for pandemic preparedness, antimicrobial resistance, quality of care and patient safety; to strengthen the use of WASH data on the services to improve health system performance – especially on infection prevention and control and women’s health outcomes; and to ensure a multisectoral action plan and accountability framework for the strategy to drive meaningful implementation.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIR, said that rehabilitation must be integrated into palliative care across all settings, including telehealth, and therefore required a skilled workforce with an expanded scope of practice, interdisciplinary teams and supported by policy and guidelines. She urged Member States to invest in new models of service delivery and in training programmes for health workers to ensure resilient, responsive and cost-effective rehabilitative palliative care for all.

The representative of the REGIONAL DIRECTOR FOR THE WESTERN PACIFIC REGION said that access to high-quality, safe and efficacious medical products was essential to achieving universal health coverage. In 2022, contaminated syrups and medicines had been detected in three countries of the Western Pacific Region. Substantial progress had been made in strengthening regulatory oversight. By working together to strengthen national regulatory systems and share information on substandard and falsified medicines through the WHO Global Surveillance and Monitoring System for substandard and falsified medical products, the international community could reduce the impact of substandard and falsified medicines and protect the public.

Expanding access to rehabilitation – a key part of universal health coverage – through health systems was vital to enable people to lead fulfilling lives. Many countries in the Western Pacific Region were strengthening and transforming primary health care to provide a comprehensive range of health services, including rehabilitation, to ensure the continuum of care. The Secretariat would continue to support Member States in integrating rehabilitation into health systems based on a primary health care approach.

Infection prevention and control was vital to prevent avoidable morbidity and mortality, and integral to all aspects of health care and how hospitals and primary health care facilities operated during both normal conditions and emergencies. Effective infection prevention and control required action throughout the health system, both at the health care facility level and through broader systems of financing and regulation. The Secretariat had been working with Member States in the Western Pacific Region to develop and strengthen a health systems-based approach to improving infection prevention and control. Lastly, programmes to support effective infection prevention and control could not function without water, sanitation and hygiene services.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines and Health Products) thanked Member States for addressing the strong concern for responding to substandard and falsified medical products. She also thanked stakeholders and colleagues for their continuous support for and commitment to access to safe and high-quality medical products through the Member State mechanism on substandard and falsified medical products established by resolution WHA65.19 (2012). The Secretariat was working with Member States to increase reporting through the WHO Global Surveillance and Monitoring System for substandard and falsified medical products and encouraging them to take ownership of the Member State mechanism and participate in activities, especially in working groups, by providing technical expertise. The Secretariat had also supported Member States in strengthening their regulatory capacity, as representatives had mentioned. Following the welcome recommendation from the Steering Committee of the Member State mechanism on substandard and falsified medical

products to the World Health Assembly, the Secretariat would facilitate an independent evaluation of 10 years of the Member State mechanism, the draft terms of reference for which had been prepared and would soon be finalized.

Regarding the issue of contaminated cough syrups raised by some Member States, the Secretariat had received reports from several countries identifying harmful contaminated medicines. More than 300 children had reportedly died after consuming the potentially contaminated products. WHO had already taken action, including issuing global medical alerts to address reported incidents and disseminating them to Member States' national health authorities. Moreover, in January 2023, WHO had published a call to action to key stakeholders such as governments, regulators, manufacturers, suppliers and distributors to protect children from contaminated medicines. It had continued working with experts and technical groups to review and update the necessary standards guidelines on production, storage, distribution, regulatory control, testing and market surveillance. It was also supporting regional discussion and collaboration to establish short-, medium- and long-term strategies to combat substandard and falsified medical products. As for the database and tools for post-market surveillance called for by some Member States, WHO encouraged the sharing of national and regional databases. The matter of rolling out electronic tools for reporting and monitoring would be put before the Member State mechanism for consultation and action.

The Secretariat had noted Member States' suggestions and comments for future activities and would take those forward in its continued work with the Member State mechanism in implementing its mandate to promote effective collaboration on prevention, detection and response to medical products, as well as on strengthening national and regional regulatory capacities.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) expressed appreciation for Member States' support for the draft resolution on strengthening rehabilitation in health systems. It was significant since it was the first-ever resolution proposed on rehabilitation and because its robust provisions had the potential to improve the everyday life and well-being of the 2.4 billion people who could benefit from rehabilitation, an essential health service integral to universal health coverage. In many countries, however, a large unmet need for rehabilitation existed. The proposed resolution provided key pathways for accelerated action.

He particularly noted Member States' requests to publish a WHO baseline report by the end of 2026 with information on Member States' capacity for responding to existing and foreseeable rehabilitation; to develop feasible global health rehabilitation targets and indicators for effective rehabilitation service coverage for 2030; to support national efforts to implement the actions of the Rehabilitation 2030 initiative, building on national situations; to ensure appropriate resources for WHO institutional capacity; and to support Member States in systematically integrating rehabilitation and assistive technology into emergency preparedness and response. He acknowledged Member States' strong mandate to the Secretariat to maintain its leadership and technical work on rehabilitation, as well as to strengthen its capacity at the three levels of the Organization to support Member States in that area.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Life Course) thanked Member States for their strong endorsement of the first-ever global strategy on infection prevention and control and their inputs over recent months and years. He appreciated suggestions on how the work could be further enhanced in future, as well as joining Member States in thanking members of the Secretariat for their coordinating efforts.

Strong comments had been made on the draft strategy's importance in the context of the coronavirus disease (COVID-19) pandemic and Ebola virus crisis but even more important was the huge burden that many had referred to as a "silent pandemic" in terms of health care-associated infections to be tackled with the infection prevention and control strategy, along with antimicrobial resistance.

The Secretariat had also appreciated the recognition of the many crucial enabling factors for infection prevention and control strategies to be successfully translated into action and taken forward, including the necessary political commitment, financing, and water, sanitation and hygiene capacities; it was already looking at how to translate the draft global strategy into a global action plan and



monitoring framework, as many had asked. He appreciated and noted the comments and suggestions within the global action plan to further strengthen that work. He expressed the hope that the historic draft decision would be adopted to be able to move forward to make health systems safer for those they served and for the people working in them.

The CHAIR took it that the Committee wished to note the relevant sections of the report contained in document A76/7 Rev.1 on substandard and falsified medical products, on strengthening rehabilitation in health systems, and on the draft global strategy on infection prevention and control.

**The Committee noted the relevant sections of the report contained in document A76/7 Rev.1.**

The CHAIR took it that the Committee wished to approve the draft decision recommended in decision EB152(9) on substandard and falsified medical products, as contained in document EB152/2023/REC/1.

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

The CHAIR drew the Committee's attention to the fact that, in relation to agenda item 13.3, the twelfth meeting of the Member State mechanism on substandard and falsified medical products had been scheduled for the week beginning 30 October 2023. The date conflicted with the forthcoming session of the Regional Committee for South-East Asia, which had been moved from September 2023 to the week beginning 30 October 2023, for logistical reasons. To ensure that all Member States had an equal opportunity to participate in the Member State mechanism, it was proposed, in consultation with the Chair and Vice-Chairs of the Member State mechanism, to reschedule the twelfth meeting of the mechanism to the week beginning 13 November 2023.

She took it that the Committee wished to agree to the rescheduling of the twelfth meeting of the Member State mechanism on substandard and falsified medical products to the week beginning 13 November 2023.

**It was so agreed.**

The CHAIR took it that the Committee wished to approve the draft resolution on strengthening rehabilitation in health systems recommended in decision EB152(10), as contained in document EB152/2023/REC/1.

**The draft resolution was approved.<sup>2</sup>**

The CHAIR took it that the Committee wished to approve the draft decision recommended in decision EB152(7) on the draft global strategy on infection prevention and control, as contained in document EB152/2023/REC/1.

**The draft decision was approved.<sup>3</sup>**

The representative of EGYPT said that his Government wished to disassociate itself from the wording of paragraph 6 of the guiding principles of the draft global strategy on infection prevention and control (page 9 of the English version) in which the term "gender- and disability-responsive" was used.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as decision WHA76(10).

<sup>2</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA76.6.

<sup>3</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as decision WHA76(11).

The representative of NIGERIA said that his Government also wished to disassociate itself from the wording “gender- and disability-responsive” used in paragraph 6 of the guiding principles of the draft global strategy on infection prevention and control (page 9 of the English version). While his Government welcomed the draft global strategy overall and considered it helpful, it objected to the use of words that had not been agreed by consensus. While he noted that certain words had been used from previous multilateral meetings, he said that, going forward, new realities and sensitivities must be taken into consideration when developing future documents for WHO Member States.

**3. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:** Item 13 of the agenda (continued)

**Global road map on defeating meningitis by 2030:** Item 13.6 of the agenda (document A76/7 Rev.1)

**Standardization of medical devices nomenclature:** Item 13.7 of the agenda (document A76/7 Rev.1)

The CHAIR drew attention to the relevant sections of the report contained in document A76/7 Rev.1 on the global road map on defeating meningitis by 2030 and on the standardization of medical devices nomenclature.

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the global road map on defeating meningitis by 2030. The Region was increasingly benefiting from the progress made by the WHO Technical Taskforce on defeating meningitis by 2030 in strengthening advocacy, strategic leadership and coordination with partners. The Secretariat’s appointment of a colleague from the Saudi Ministry of Health to the Strategy Support Group would provide strong support given Saudi Arabia’s experience with administering meningitis vaccines to people before the Hajj pilgrimage. The governments of the Region looked forward to the subsequent steps, including the dissemination of the investment case and the upcoming pledging event.

Turning to the standardization of medical devices nomenclature, he said that, in several Member States of the Eastern Mediterranean Region, the absence of an official nomenclature system or the development of individual systems had led to challenges in regulation, procurement and management of medical devices. A harmonized nomenclature system would enable the streamlining of regulatory processes and foster international cooperation, leading to smoother market access and timely availability of safe and effective medical devices. It would also improve procurement and supply chain management while serving as a common language for recording and reporting medical devices across all levels of health care. WHO’s ongoing efforts to map and cross-reference different nomenclature systems were an excellent initial step towards achieving a harmonized system freely accessible to all Member States and stakeholders. He called for the mapping process to continue and for the integration of diverse nomenclature systems into WHO platforms, including WHO’s Priority Medical Devices Information System (MeDevIS), the WHO Model List of Essential In Vitro Diagnostics and the list of priority medical devices.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, said that the highest burden of meningitis remained in Africa, especially in the so-called “African meningitis belt”. Implementation of the global road map on defeating meningitis by 2030 had resulted in commendable outcomes in the Region. Nevertheless, challenges remained, including inadequate resources to implement national plans; limited access to affected communities in remote areas; lack of care for meningitis survivors; and the negative effects of COVID-19 on meningitis control. Moreover, given the low coverage and often unavailability of vaccines, she called for full implementation of the Immunization Agenda 2030. The African Region recommended: providing support for the 15 African Member States that had not yet developed and implemented their national strategic plans to defeat meningitis by 2030; ensuring robust monitoring and evaluation systems; integrating meningitis control into primary health care; providing support to Member States to mobilize

resources for effective national strategies to achieve a world free of meningitis; and providing support to Member States towards higher-quality meningitis case management and care to reduce death and disability and improve quality of life after meningitis.

Turning to the standardization of medical devices nomenclature, she said that none of the 16 countries in the African Region with national medical devices policies had included the use of an official national nomenclature system across the products value chain. Key challenges facing the Region were compounded by Member States' limited representation during discussions of the standardization of medical devices nomenclature and the shortage of trained people, with few biomedical engineers participating in the decision-making process. However, there had been significant progress in improving the availability and quality of medical devices in the African Region, such as the establishment of the African Medicines Regulatory Harmonization programme; the strengthening of national regulatory systems; the development of national medical device policy; and the launch of national assistive technology and rehabilitation programmes, policies and strategies. African governments therefore endorsed the Secretariat's recommendation to keep monitoring implementation progress, emphasizing the need to create an enabling environment nationally for implementing an official naming system for medical devices led by ministries of health. She called for resources to ensure the availability of skilled staff and to meet maintenance needs for medical devices, reiterating the importance of local manufacturing capacity and innovation in the design and production of medical devices.

The representative of COLOMBIA, sharing information on the situation in her country, supported WHO's efforts to standardize medical devices nomenclature and especially its encouragement of Member State involvement in the process.

The representative of BRAZIL highlighted the need to strengthen the integration of meningitis prevention, diagnosis, treatment and care into comprehensive primary health care by strengthening service coverage, enhancing access to essential medicines and vaccines, and improving surveillance and critical research. The main goals of the global road map on defeating meningitis by 2030 were aligned with her Government's efforts to achieve universal health coverage and expand primary health care, ensuring equitable access.

She emphasized that a single global nomenclature for medical devices, while desirable, should take into consideration the possible impact of and required commitment to achieve implementation at the global level in order to optimize efforts and results.

The representative of the PHILIPPINES emphasized the importance of exploring how strategies could integrate guidance across all elimination efforts to support local implementation, recognizing similarities, and interventions such as immunization, surveillance of vaccine-preventable diseases and health emergency response. Moreover, elimination efforts and guidance should include specific alignment with efforts to strengthen universal health care systems and integrate the life course approach into service delivery.

Her Government continued to support the creation of a standardized international classification for medical devices available to all Member States, which should go beyond standardization to enable development of tangible interventions for Member States, especially for low- and middle-income countries, thereby ensuring affordability and access to essential medical devices in community primary care and hospitals as part of routine health care delivery. The Philippines was developing an essential medical devices list and frameworks for pricing policies for devices needed for preventive, diagnostic, therapeutic or rehabilitative purposes in national health facilities, for which ongoing technical guidance from the Secretariat would be crucial. The Secretariat should also ensure continued information sharing and organize consultations with Member States and related stakeholders.

The representative of SAUDI ARABIA said that the only way to ensure progress in defeating meningitis was through concerted efforts and international cooperation to develop the global road map on defeating meningitis by 2030, including by supporting countries in assessing the risks of meningitis

and increasing their capacity for implementation, surveillance and best practice for diagnosis, treatment and preventive measures. He welcomed the Secretariat's efforts towards the standardization, classification, coding and unification of medical devices nomenclature internationally and expressed his Government's readiness to share its scientific and technical expertise with other Member States.

The representative of SENEGAL said that the strategic plans for the global road map on defeating meningitis by 2030 should include prevention, treatment, detection, follow-up and care for meningitis and its sequelae, the use of emergency supplies, and the integration of meningitis into universal health coverage and primary health care. Follow-up efforts should include case-by-case monitoring of meningitis at all district and hospital care service-delivery levels; early detection of epidemics and appropriate response; mapping of areas at risk; strengthening of service-provider capacities, including systematic lumbar puncture for suspected cases; and the use of rapid diagnostic tests. At the laboratory level, he called for molecular diagnosis at meningitis laboratories and capacity-building for laboratory staff. Vaccination should include the introduction into routine expanded programmes on immunization of the combined meningococcal vaccine and improved vaccine coverage for the pentavalent and pneumococcal conjugate vaccines.

The representative of CHINA, sharing details of steps taken to defeat meningitis in his country, welcomed WHO efforts to reduce cases and eliminate the epidemic and expressed the hope that efforts would continue to support countries in need of better access to vaccines to reduce meningitis morbidity and deaths. He thanked the Secretariat for its promotion of standardized medical devices nomenclature; its creative mapping of different naming systems and effective response to the challenges and technical difficulties in the process provided a strong foundation for high-quality regulation of medical devices worldwide. His Government would support the Secretariat's ongoing efforts and pay close attention to progress made, and stood ready to share information on the terms and descriptions of its medical device naming to the WHO platform and participating in associated technical work where necessary.

The representative of SWEDEN, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, and Bosnia and Herzegovina, the potential candidate country Georgia, the European Free Trade Association countries Iceland and Norway, members of the European Economic Area, as well as Armenia, aligned themselves with her statement. She thanked the Secretariat for its continued excellent work on the development of a WHO standardized medical devices nomenclature in implementation of decision WHA75(25) (2022). In particular, she welcomed that the Secretariat had updated MeDevIS to include European Medical Device Nomenclature codes and terms for more than 2000 priority medical devices and encouraged the Secretariat to continue its work in that area. She emphasized that all such information was publicly available worldwide as the European Medical Device Nomenclature principles of accessibility were fully in line with WHO's policy of open access, and reaffirmed that the nomenclature was clear, completely accessible, available to all States and met the criteria for a global public good. Finally, the European Union and its Member States reiterated its firm request for the allocation of sufficient resources to ensure timely and smooth implementation and sustainability of nomenclature, which was of high importance to all health institutions.

The representative of NAMIBIA agreed that defeating meningitis by 2030 would require sufficient resources at all levels, which could only be mobilized through focused and practical collaboration between Member States and non-State actors to integrate meningitis prevention and management into universal health coverage and primary health care. Her Government therefore requested the Secretariat to support countries in integrating meningitis prevention and control into primary health care and essential services packages under universal health coverage. Noting gaps in the area of surveillance, early case detection and laboratory diagnosis, she encouraged the Secretariat to support countries that had not yet developed and implemented their national strategic plans to defeat meningitis by 2030.

The representative of the BAHAMAS expressed her Government's appreciation for the Secretariat's continuous efforts towards a globally standardized nomenclature for medical devices, supporting the Director-General's remarks during the 145th session of the Executive Board recognizing the initiative as a prime example of WHO's pivotal role in normative standard-setting. The nomenclature should be regarded as a universal public asset and be easily accessible through WHO platforms and other relevant health-related databases. She endorsed a simplified approach to characterizing and presenting information to remove the risk of confusion, error and suboptimal results from multiple nomenclature systems. Until such time, Member States required the Secretariat's technical support and effective tools.

Her Government looked forward to the release of the monitoring evaluation plan for the global road map on defeating meningitis by 2030. The expected clear indicators for the global road map and synergies with plans to strengthen primary health care and health systems were expected to: benefit immunization coverage, global health security and the fight against antimicrobial resistance; support the implementation of the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031; and promote the rights of persons with disabilities. Her Government remained committed to collaborating closely with all stakeholders in pursuit of the vision, goals and pillars of the pivotal road map.

The representative of THAILAND, recognizing that severe diseases such as meningitis and high vaccine costs tended to have a greater impact on vulnerable populations in low- and middle-income countries, expressed concern about the limited interest of investors in developing affordable vaccines. Despite increasing global vaccine demand and a sufficient supply, the three manufacturers dominating the market had failed to lower prices in the absence of a generic vaccine. Furthermore, preventive strategies were not always effective. To address the challenge, she urged the Secretariat to call on partners such as Gavi, the Vaccine Alliance, UNICEF and vaccine manufacturers in developing countries in the meningitis belt to increase supplies of affordable vaccines, through transfer of technology and know-how. In parallel, developing countries should prioritize budgets to meet the demand for vaccines.

Turning to the standardized medical devices nomenclature, she emphasized the importance of data accuracy and continual updating of MeDevIS, which should cover all essential types of medical devices and serve as the bridge between the different existing nomenclature platforms. The Secretariat should provide adequate technical and financial support to accelerate the mapping process and the continual updating of MeDevIS, as well as providing technical support to Member States in using MeDevIS for regulating medical devices and assessing outcomes.

The representative of VIET NAM, sharing details of initiatives taken to defeat meningitis in his country, called for support from the international community to accelerate the progress of pneumococcal conjugate vaccine introduction in Viet Nam and worldwide as part of WHO's Immunization Agenda 2030 to close immunity gaps.

The representative of ESWATINI, sharing information on the situation in her country, welcomed the call by African governments for the Secretariat to provide technical and financial support to Member States such as her own that had not yet developed national strategic plans to defeat meningitis by 2030.

As medical devices were key to ensuring proper prevention, diagnosis, management and rehabilitation of various conditions, her Government further supported the African governments' position on facilitating information sharing through enhancing intercountry and WHO African Region collaboration on a single, official nomenclature system, reliance mechanisms and tracking of medical devices within the Region.

The representative of BAHRAIN, speaking in her national capacity, stressed the importance of providing support to Member States through the concerted efforts of the international community,

donors and relevant organizations to address the ongoing challenge of defeating meningitis. She called for the promotion of scientific research and innovation in combating meningitis and for strengthened international cooperation and coordination in the exchange of information, experience and technology.

In order to achieve Sustainable Development Goal 3 vis-à-vis access to safe medicines and vaccines, the establishment of a global mechanism to standardize the coding of medical devices for Member States would support the management of medical devices at all stages of their lifespan, from manufacturing, registration and marketing to their use and disposal. Such a mechanism would also help to accelerate responses to regulators' electronic global safety warnings for medical devices. She urged the Secretariat to continue its efforts and share information on the progress made towards the development of a suitable mechanism, including by holding consultations with and taking into account the challenges faced by Member States and stakeholders owing to the diversity of global coding for medical devices.

The representative of IRAQ, sharing information on the situation in her country, said that the global road map on defeating meningitis by 2030 had an important role to play in supporting Member States, which must in turn support each other to achieve the global road map's goals. She requested more support from the WHO Technical Taskforce on defeating meningitis by 2030 in implementing the actions needed to achieve those goals and urged the Secretariat to keep the item on the agenda until the goals were achieved.

The representative of INDIA acknowledged the importance of collaborative efforts between governments, international organizations, civil society and other stakeholders in addressing meningitis, particularly in scaling up meningitis vaccine coverage through a combination of targeted immunization campaigns and routine immunization programmes. Given the importance of research and innovation in addressing meningitis, there was a need for greater collaboration between Member States to enhance research and development on meningitis, with a focus on new vaccines and treatments. The global road map on defeating meningitis by 2030 should be prioritized and integrated into country plans to ensure enhanced advocacy and engagement.

He found it unsettling that at the current phase of global collaboration a standardized medical devices nomenclature still remained elusive. The lack of a nomenclature system had hampered the development of the evidence- and web-based health technologies database to provide guidance on appropriate medical devices. Standardized medical devices qualification could link to WHO's other international qualification systems to support organized and standardized information for policy-makers and managers. The standardized nomenclature of medical devices would serve as a common language for recording and reporting medical devices across the whole health system, at all levels of health care and for a range of uses. His Government therefore welcomed the initiative to move forward with consultations with Member States and related stakeholders.

The representative of AUSTRALIA reiterated the importance of robust medical nomenclature for patient safety, device tracing, better research, development, procurement and trade in devices. He thanked the Secretariat for its continued efforts in that area, including providing assistance to Member States in identifying relevant medical device nomenclature. As it had stated at the 152nd session of the Executive Board, his Government stressed its strong preference for WHO to allow Member States to use existing, reliable, trusted and comprehensive nomenclature information, which was already publicly available at no cost through existing platforms developed in cooperation with regulators, health care providers and manufacturers. The Global Medical Device Nomenclature system was one such example used by over 70 countries globally, including his own. His Government looked forward to receiving further information from the Secretariat and contributing more towards meaningful consultations on the best way forward.

The representative of the UNITED REPUBLIC OF TANZANIA, sharing information on initiatives in his country, commended the Secretariat's efforts towards standardizing medical devices

nomenclature. His Government supported the proposed international nomenclature system, which would affirmatively streamline and converge the nomenclature and coding of devices globally, resulting in accelerated marketing authorization and access to good-quality and safe medical devices.

The representative of MALAYSIA said that political will, participation, policy and perseverance were key to successfully implementing the global road map on defeating meningitis by 2030. It was therefore crucial to establish a strategic support group to strengthen coordination and engagement and raise the profile of meningitis on the global public health agenda. Defeating meningitis by 2030 would reduce the global and economic burden of vaccine-preventable diseases and benefit countries and the global community. Her Government therefore supported the global road map and was committed to achieving a high standard of comprehensive care for patients with meningitis. Region-to-region and country-to-country collaboration were imperative.

Her Government supported WHO's initiative to create a standardized international classification, coding and nomenclature for medical devices. It would benefit stakeholders and regulatory bodies globally and would support patient safety and enhance access to medical devices for universal health coverage, emergency preparedness and response, and efforts to increase the quality of health care. MeDevIS was an excellent platform for compiling and integrating existing nomenclature systems for medical devices.

The representative of the REPUBLIC OF KOREA recognized the critical importance of standardized medical device nomenclature worldwide. Given that nomenclature was the basis for regulatory systems, WHO-led standardization, once established, would be a good reference for Member States currently without a firmly established regulatory system. Moreover, efforts to make the nomenclature system more accessible would enable international harmonization and enhance global public health. Sharing information on the situation in his country, he called on the Secretariat to continue its collaboration and information sharing with Member States, industry stakeholders and other relevant partners.

The representative of KENYA, outlining some of the steps taken by his Government to tackle meningitis, said that the burden of meningitis was a leading cause of morbidity, mortality and disability in sub-Saharan Africa and that further support – particularly funding – was required to defeat it by 2030.

Setting up a medical device classification, coding and nomenclature system would have a far-reaching impact on patient safety, lowering care costs and improving access to help. His Government appreciated WHO's work in narrowing down the process to the four main nomenclature systems, and concurred with the Executive Board's recommendation at its 152nd session for the Secretariat to continue sharing information on its work in that area and increase consultations with Member States and related stakeholders. As Kenya was Chair of the African Medical Devices Forum, he requested additional support from the Secretariat for staff capacity-building, as well as for developing local manufacturing capacity and a sustainable system for the management and maintenance of medical equipment and devices at the national and regional levels.

The representative of the RUSSIAN FEDERATION, sharing information on initiatives in her country to defeat meningitis, welcomed the global road map on defeating meningitis by 2030. Her Government looked forward to the completion of the WHO Technical Taskforce on defeating meningitis by 2030's plans on health care and on investments to combat meningitis, and supported the Secretariat's plans to develop guidance on issues including epidemiological oversight, diagnosis, treatment and reduction of meningitis, strategies to lower transmission risks, and support for primary health care services. All could serve to guide the development of national strategic plans to eliminate meningitis by 2030.

Her Government continued to oppose the creation of a single nomenclature for medical devices. There were currently alternate nomenclature systems embedded in various jurisdictions at the highest level and those systems must not be excluded from the single regulatory system to be created. Some

regulatory bodies doubted the effectiveness of comparing the global and European medical device nomenclatures, with their differing structures and levels of detail. Moreover, comparing nomenclatures on MeDevIS should take place continually rather than on a one-off basis to allow changes to be tracked in real time.

The representative of EGYPT, sharing details of action being taken by his Government to tackle meningitis, welcomed the global road map on defeating meningitis by 2030 as a pioneering global strategy that represented an essential component in the quest to achieve universal health coverage. Expressing his Government's commitment to the global action plan, he emphasized the need for joint efforts by Member States, partners and donors to achieve a world free of meningitis.

The representative of INDONESIA, sharing information on the situation in her country with regard to defeating meningitis and its adoption of the Global Medical Device Nomenclature system, welcomed WHO's efforts in both those areas. It was essential to have global harmonization and standardization of nomenclature of medical devices, and mapping existing nomenclatures would strengthen local and regional medical products and medical device production. She emphasized that the mapping should consider not only the devices used by Member States but also their regulation systems and manufacturing conditions.

The representative of the ISLAMIC REPUBLIC OF IRAN welcomed the global road map on defeating meningitis by 2030 as a basis for strengthening regional and national programmes to intensify the fight against the disease. To increase accessibility and affordability of effective vaccines against bacterial meningitis agents, he called for international support and further cooperation in technology transfer to expand vaccine production capacity in developing countries, which would lead to improved equity in access. He stressed that the meningitis surveillance system was mainly hospital-based; primary health care's only role was prophylaxis of contact cases and vaccination, such as in closed crowded settings. Many essential data points were missing in developing countries. His Government therefore suggested strengthening hospital and laboratory surveillance systems to address the missing data and developing clinical guidelines to strengthen clinical management of the disease.

The representative of PAKISTAN, describing the current situation in his country in terms of medical device nomenclature, welcomed WHO's work to standardize such nomenclature, including its support for making organized and standardized information for policy-makers available to enable the identification of all medical devices and related health products. A standardized classification and nomenclature of medical devices would serve as a vital common language for recording and reporting medical devices at all levels across the health system.

The representative of NIGER, providing information on the situation in his country concerning meningitis and the steps being taken to combat the disease, said that meningitis was a disease with serious socioeconomic and health consequences that was rife in every country worldwide but particularly vehement in the sub-Saharan meningitis belt. He welcomed the global road map on defeating meningitis by 2030 and the Secretariat's ongoing technical and financial support to Member States, including his own. He called on the Secretariat to facilitate access to vaccines for countries that continued to experience meningitis epidemics.

The representative of GHANA, outlining the steps being taken by his Government to tackle meningitis, welcomed the global road map on defeating meningitis by 2030 and called for strong collaboration among Member States to achieve the global road map's goals.

The representative of the REGIONAL DIRECTOR FOR AFRICA said that meningitis was a deadly, debilitating disease that affected around 2.5 million people globally. Outbreaks occurred throughout the world, and mainly in countries in the meningitis belt in sub-Saharan Africa. In May 2023



alone, four of those countries had recorded outbreaks causing a total of 663 deaths in 11 000 aggregate cases. Vaccination had accelerated progress in reducing the burden of meningitis; for example, meningitis A had been eliminated from the meningitis belt as an epidemic threat thanks to Member States' strong leadership and engagement. Similarly, roll-out of vaccines against *Haemophilus influenzae* and type B and pneumococcal conjugate vaccines had significantly reduced the burden of meningitis. Despite such progress, the rate at which that burden was decreasing remained below that of other vaccine-preventable diseases. For example, between 2000 and 2019 deaths due to meningitis had decreased by 39%, while deaths due to tetanus and measles had fallen by twice as much.

The COVID-19 pandemic and meningitis had highlighted the close link between epidemics and noncommunicable diseases, and the enormous neurological consequences of meningitis occurring in around 10% of cases compelled the international community to take concrete preventive, curative and rehabilitative action. In 2021, the Governments of the African Region had approved the framework for the implementation of the global strategy to defeat meningitis by 2030 in the African Region, and in November 2022, 15 of them had begun to develop and effectively implement their national plans to defeat meningitis, with significant impact. Increased financial support and sustained ongoing commitment were needed to make further progress. Similarly, efforts to combat the disease must be embedded in primary health care. Progressive implementation of such visionary goals and the provisions of the global road map on defeating meningitis by 2030 would lead to a reduction in deaths and disability in the coming years.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Life Course), thanking Member States for their comments, said that substantial progress had already been made on implementing the global road map on defeating meningitis by 2030 and on driving real change in the fight against meningitis, especially across the meningitis belt. Despite the challenges of COVID-19, progress had continued, even though immunization programmes in particular had suffered a blow. Key to moving forward with the global road map had been the 2023 immunization campaigning collaboration with Member States entitled "The Big Catch-up" and targeting children who had missed vaccinations, including as a result of COVID-19.

It was reassuring that many comments from Member States on what areas should be emphasized in future coincided closely with those already prioritized by the Secretariat. Comments on the importance of the investment case and moving forward with resource mobilization corresponded to the "defeating meningitis" investment case that was already under finalization and planned for release in 2023, if possible on World Meningitis Day. Regarding the comments about monitoring and evaluation, steps had been taken to finalize the new framework and take account of the comments received on the draft, which should be ready in September 2023. On the importance of ensuring the implementation of national plans in countries, especially the 15 African countries as yet without one in place, he noted that a workshop had been planned for mid-June 2023, to be led by WHO African Region colleagues. He paid tribute to WHO country and regional offices that were driving the support not only in Africa but also in the Region of the Americas and the Eastern Mediterranean Region, where most countries had put national plans in place. Regarding the diagnosis and treatment of meningitis, the WHO guidance on diagnosis, treatment and care was being updated and expected for release in 2024.

Turning to vaccination, he drew attention to the significant development of the new pentavalent meningococcal meningitis vaccine as a result of collaboration between PATH, the Serum Institute of India and WHO. Literature had showed the promise and non-inferiority of the new pentavalent vaccine compared with existing quadrivalent vaccines. The vaccine should soon advance to be assessed for prequalification. The Strategic Advisory Group of Experts on Immunization would review the situation in September 2023, after which it was expected that an important new vaccine could be introduced globally – but in Africa in particular – to tackle new and emergent serogroups, hopefully as early as 2024. Other comments had highlighted the importance of technology transfer for expanded manufacturing of vaccines, and WHO was working very closely in that area with the Coalition for Epidemic Preparedness Innovations and Gavi, the Vaccine Alliance. He assured Member States of the Secretariat's support of that agenda, both to expand production and to try to reduce costs.

Other issues had included integration with primary health care – a great priority – and the mobilization of resources, which WHO would continue to support, recognizing that domestic investment would be crucial for the broad, comprehensive global road map, which had finally put humanity on track to defeating by 2030 what had been a tremendous global health challenge over the years.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines and Health Products) thanked Member States for their supportive comments and suggestions and sharing of their experiences on standardizing medical device nomenclature. While medicines and medical devices were both health products, medical devices differed because they encompassed thousands of types and categories used for prevention, diagnosis, treatment and rehabilitation, and were indispensable for all activities using technology for health service delivery. In order to ensure and expand access to priority medical devices, standardized product names were required that harmonized information on regulatory approval, tracking systems, procurement, inventories, pricing, market surveillance and patient safety. Biomedical engineers should also be involved in those activities to make medical devices work appropriately.

At a previous governmental meeting, the Secretariat had noted Member States' request not to develop a new WHO nomenclature system but to use existing nomenclature systems for medical devices used in multiple jurisdictions. Four nomenclature systems had been proposed by Member States, but there was no consensus on which system to use in WHO publications and by Member States without an official nomenclature system. The Secretariat had therefore facilitated meetings with the four nomenclature system holders to reach agreement on using their codes, terms and definitions in WHO publications, including the WHO list of priority medical devices published on MeDevIS. That list was being produced first using the European Medical Device Nomenclature and would be available by August 2023. All nomenclatures used by Member States could coexist, however. The Secretariat was therefore considering other systems, including the Global Medical Device Nomenclature, for incorporation in the following phase, depending on publicly available information and permission from system holders.

She recognized the importance to Member States of having official standardized nomenclature for all medical devices and would continue to work to standardize medical device nomenclature in line with their suggestions. The Secretariat would organize consultations and information sessions with Member States in the coming months.

The CHAIR took it that the Committee wished to note the relevant sections of the report contained in document A76/7 Rev.1 on the global road map on defeating meningitis by 2030 and on the standardization of medical devices nomenclature.

**The Committee noted the relevant sections of the report contained in document A76/7 Rev.1.**

**The meeting rose at 11:30.**

## **THIRTEENTH MEETING**

**Monday, 29 May 2023, at 09:15**

**Chair:** Dr J.S.J. HASSAN (Bahrain)

### **1. FOURTH REPORT OF COMMITTEE A (document A76/57)**

The representative of the SECRETARIAT, speaking on behalf of the RAPPORTEUR, read out the draft fourth report of Committee A.

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

### **PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING**

### **2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 16 of the agenda**

**The highest attainable standard of health for persons with disabilities:** Item 16.4 of the agenda (document A76/7 Rev.1)

**Behavioural sciences for better health:** Item 16.6 of the agenda (documents A76/7 Rev.1 and EB152/2023/REC/1, decision EB152(23))

The CHAIR drew attention to the report contained in document A76/7 Rev.1.

A representative of the EXECUTIVE BOARD, recalling the discussions held at the 152nd session of the Executive Board, drew attention to the draft resolution on behavioural sciences for better health recommended in decision EB152(23), as contained in document EB152/2023/REC/1.

The representative of SWEDEN, speaking on behalf of the Member States of the European Union, said that the candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova and Bosnia and Herzegovina, the potential candidate country Georgia, the European Free Trade Association country and member of the European Economic Area Norway, and Armenia aligned themselves with his statement. Many of the estimated 1.3 billion people living with mental or physical disabilities continued to experience poor health and challenges in their daily lives. Highlighting the importance of ensuring that persons with disabilities enjoyed the highest attainable standard of health without discrimination, he called on health ministries to take the lead in ensuring universal and equal access to health services for all persons with disabilities, including during health emergencies. Such services should be gender-sensitive and include vaccination, screening and preventive care for noncommunicable diseases, while also taking into consideration sexual and reproductive health and rights in accordance with the Beijing Platform for Action, the Programme of Action of the International

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<sup>1</sup> See page 324.

Conference on Population and Development, and Article 34 of the New European Consensus on Development.

Persons with complex rehabilitation needs should receive specialized and differentiated intensive rehabilitation services. Public health authorities should consider the experiences and perspectives of persons with disabilities and their representative organizations in all health-related matters, including by actively facilitating their full and meaningful participation in decision-making processes and in the planning and implementation of programmes and policies. Member States should cooperate with the Secretariat to implement the recommendations and actions proposed in the global report on health equity for persons with disabilities and resolution WHA74.8 (2021) on the highest attainable standard of health for persons with disabilities.

The representative of the ISLAMIC REPUBLIC OF IRAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that in addition to addressing the “five Ps”, countries should undertake an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing the root causes of disease. The application of behavioural insights to key initiatives had been identified by the Secretariat as a key innovation accelerator. Behavioural sciences could be used to promote health, well-being and community engagement and inform the development of public health policies, programmes and interventions. Furthermore, the cross-cutting nature of behavioural sciences favoured their application in all areas of public health. Behavioural insights could facilitate an understanding of how to tackle behavioural influences and improve public health decision-making. He urged the Secretariat to continue supporting Member States in using behavioural insights to promote health and serve vulnerable groups.

The systematic inclusion of disability services in mainstream health care services, public health interventions and emergency preparedness and response planning was imperative and should draw on data disaggregated by disability. Action on disability inclusion benefited everybody since it ensured that population-wide barriers to access to health care could be addressed; the Secretariat should therefore accelerate the development of practical guidance for action on disability inclusion in the health sector.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, commended the global report on health equity for persons with disabilities. While disability was a global issue, persons with disabilities in the Region faced additional challenges connected to poverty, conflict and limited access to basic services. Furthermore, the pandemic of coronavirus disease (COVID-19) had exacerbated existing inequalities, disproportionately affecting persons with disabilities; an inclusive pandemic response and recovery was thus needed. The implementation of the United Nations Disability Inclusion Strategy should be accelerated across WHO country offices, and the Secretariat should facilitate national policy dialogue to increase political commitment to tackling health inequalities experienced by persons with disabilities. National strategic planning tools should be developed and financial and technical support mobilized so as to implement the recommendations of the global report on health equity for persons with disabilities and address country-specific factors contributing to health inequalities, which should be done in cooperation with organizations of persons with disabilities.

Behavioural sciences could play a role in the development of effective health interventions and could enhance health-seeking behaviours. He outlined initiatives to increase the use of behavioural science approaches in health programming in the Region, including the development of a data collection tool and the execution of pilot studies in several countries. He called on the Secretariat and stakeholders to provide more funds to support efforts to institutionalize behavioural science initiatives in the Region and promote the collection and use of data regarding behavioural insights to facilitate policy-making.

The representative of MEXICO said that the global report on health equity for persons with disabilities contained alarming data on the harmful societal impact of weak disability inclusion in health systems. The basic principles and specific measures set out in the global report would help the international community in tackling that issue. The technical support provided to Member States by WHO was vital to improving inclusion as a central pillar of health systems; she therefore looked forward to the publication of the proposed guide for action on disability inclusion in the health sector, which

should take into account national circumstances, adopt a gender perspective, serve the best interests of children and address all aspects of the right to health, including sexual and reproductive health. She encouraged the Secretariat to implement the United Nations Disability Inclusion Strategy and welcomed the high-level commitment to its objectives. She requested information on plans to ensure the systematic participation of organizations of persons with disabilities in WHO's technical work, as their involvement would support the mainstreaming of disability across the Organization in areas such as recruitment, adaptation of physical and digital infrastructure, staff training and the integration of a disability perspective across WHO programmes.

The representative of BARBADOS, outlining measures taken by her Government to increase inclusivity within the national health care system, highlighted the need to increase the number of trained health workers capable of providing secondary and tertiary care for persons with disabilities; improve access to rehabilitation goods and services, including through duty-free concessions for equipment and supplies; and engage in partnerships to strengthen the sharing of resources.

The representative of the UNITED STATES OF AMERICA commended the Secretariat on the global report on health equity for persons with disabilities, as well as its consultative development process and systemic approach. Persons with disabilities continued to face barriers to equitable access to health services, including sexual and reproductive health services. She strongly supported the proposed actions for mainstreaming disability across WHO programmatic areas and strengthening disability inclusion.

The incorporation of behavioural sciences into the design, implementation and evaluation of public health policy and programming was essential to achieving positive health and well-being outcomes, in particular in emergency, fragile, vulnerable and conflict-affected contexts, and should be integrated in such contexts to overcome barriers to access to services and to reduce inequities. Expressing support for the adoption of the draft resolution, she called on the Secretariat to continue supporting Member States to integrate behavioural sciences systematically across public health functions and agreed on the need to establish behavioural science capacity in regional offices. Where appropriate, the Secretariat and Member States should coordinate with academic institutions, the private sector, other organizations in the United Nations system and organizations with behavioural science expertise to leverage a multidisciplinary approach.

The representative of INDONESIA described measures taken in his country to make health care more inclusive of persons with disabilities. Behavioural sciences provided important insights to inform the design of policies and programmes and should be mainstreamed across most areas of public health; he thus welcomed the draft resolution. To help Member States in strengthening capacities in behavioural sciences, the Secretariat could assemble an expert team and develop a strategic plan focused on capacity-building. He requested further WHO support to accelerate disability inclusion in the health sector and the application of behavioural sciences to public health.

The representative of DENMARK, noting that human behaviour was closely interlinked with all aspects of health and had directly affected the course of the COVID-19 pandemic, said that science, behavioural data and cultural insights had been systematically integrated into the pandemic responses of many countries. Trust in the State and in fellow citizens had been a core aspect of successful responses and was key to the achievement of global public health goals; however, building that trust was a slow process, requiring deep insights and a structural approach. Countries should prioritize efforts to build trust using science, data and best practices to address distrust in public health initiatives, a global public health concern that also demanded stronger global collaboration. He commended WHO's work to integrate cultural and behavioural science insights into public and global health, and applauded the Secretariat for recent efforts to support Member States in building public trust in the context of health emergency preparedness.

The representative of BAHRAIN outlined measures taken by his Government to support persons with disabilities, a group that had a key role to play in society and in the achievement of the Sustainable Development Goals. Describing national efforts to gather behavioural data, he stressed the importance of having high-quality data to support the integration of health initiatives into national policies in order to reduce risk factors, address health determinants, promote healthy behaviours and develop behavioural interventions. He called for the implementation of recommendations on the use of behavioural sciences to improve health, develop health systems, build capacity and develop health policies in line with national visions and plans.

The representative of TOGO expressed appreciation for the recommendation to integrate a behavioural sciences approach to health services and health emergency responses. She described national initiatives to incorporate behavioural sciences into health care interventions, including in response to national disease outbreaks.

The representative of SINGAPORE said that new technologies should be leveraged to identify and improve opportunities to integrate behavioural sciences into public health policy-making. Given the vital role of the private sector to such efforts, strong public–private partnerships should be established. Member States should also embrace digital health technology, including by deploying nudges to prompt and sustain healthy behaviour changes. She described a public–private initiative implemented in her country to incentivize healthy behaviours.

The representative of the BAHAMAS said that persons with disabilities experienced persistent exclusion and neglect in health agendas and initiatives and outlined measures taken in her country to promote inclusivity in health care. She looked forward to the development of technical materials and resources that would guide Member States in improving the health of persons with disabilities and enhancing equity, including the proposed guide for action on disability inclusion in the health sector, and thanked WHO/PAHO for providing tailored technical support to Member States on mental health interventions.

She expressed support for the integration of behavioural sciences into health initiatives. The COVID-19 pandemic had highlighted the need to address the behaviours of health workers and other health system stakeholders to improve health outcomes; her Government was thus taking steps to identify, understand and evaluate certain behaviours.

The representative of JAPAN, expressing support for the draft resolution, said that behavioural insights were important for health promotion, disease prevention, treatment and rehabilitation, and described behavioural science approaches applied in her country. Regarding the establishment of permanent behavioural science units, it was important to ensure transparency through discussions on the topic and a systematic approach to implementation based on a long-term vision. Public health leaders, particularly administrators, were unaware of the potential and practical application of behavioural sciences; the Secretariat should therefore organize awareness-raising workshops for public health leaders and behavioural scientists and should support Member States to do the same.

The representative of SAUDI ARABIA outlined measures taken in his country to improve access to health care among persons with disabilities. He called on the Secretariat to provide more technical support to help countries to implement the most cost-effective interventions, launch partnerships and take advantage of available resources to support persons with disabilities. He commended the call to leverage behavioural sciences to promote health and described the work of the national behavioural sciences unit. The Secretariat should seek to increase international cooperation among behavioural science experts by holding regular workshops aimed at building capacities and exchanging experiences.

The representative of the PHILIPPINES expressed appreciation for the global report on health equity for persons with disabilities and affirmed her Government's commitment to its implementation. More needed to be done globally to promote affordable and equitable access to essential innovations

such as assistive devices, especially custom-made devices and those made for children, in low- and middle-income countries. The Secretariat should develop evidence-based normative guidance and a menu of interventions to help countries to provide financial risk protection for persons with disabilities, which should cover not just health services but also indirect costs such as social protection programmes and reasonable accommodations.

She strongly supported the draft resolution. National experiences had underscored the importance of integrating behavioural sciences in measures to address nutrition, physical activity, environmental health, immunization, tobacco prevention and control, alcohol control, drug misuse, mental health, sexual and reproductive health, and prevention of violence and injuries. Member States should strategically implement such measures in schools, workplaces and communities in order to deliver comprehensive, evidence-based behaviour changes in target populations.

The representative of JAMAICA commended WHO's work to advance the behavioural sciences for better health initiative and expressed her Government's commitment in that regard, highlighting its participation in a relevant pilot project. She welcomed the Secretariat's efforts to build capacity to provide technical guidance and support to Member States and recommended establishing partnerships with academic institutions to offer training opportunities and scholarships. The review and gap analysis conducted by the Secretariat to investigate how behavioural sciences contributed to health promotion and the social determinants of health could be extended to other public health functions. She endorsed the proposed way forward, in particular the prioritization of dialogue with academic institutions to reduce the gap between behavioural scientists and public health leaders; arranging conferences, workshops and pilot studies could prove useful to that end.

The representative of FINLAND said that understanding the underlying factors that influenced behaviour and individual health decisions could be valuable in informing the development of public health policies and interventions. Behavioural sciences could enhance the promotion of health and well-being by informing a Health in All Policies, whole-of-government and whole-of-society approach that addressed the social determinants of health and reduced risk factors. However, interventions addressing behavioural changes constituted just one public health approach, and evidence showed that developing health-conducive environments that guided people towards healthy behaviours was an important factor in health promotion. A multidisciplinary approach, therefore, continued to provide the most solid and comprehensive evidence base for public health policies.

The representative of CHINA said that improving the health of persons with disabilities was key to achieving the Sustainable Development Goals and implementing the United Nations Convention on the Rights of Persons with Disabilities. The disparity in health outcomes between persons with and without disabilities was largely avoidable, and all stakeholders should work together to enable persons with disabilities to exercise their right to the highest attainable standard of health. He welcomed the proposed actions to address health inequities and supported the development of a guide for action on disability inclusion in the health sector. He emphasized the importance of strengthening rehabilitation services for persons with disabilities and said that his Government was willing to share its experience in that regard.

The behavioural sciences for better health initiative should focus on supporting Member States in training human resources, implementing evidence-based health promotion interventions and strengthening international cooperation in behavioural science research. He supported the draft resolution.

The representative of THAILAND said that the rights of persons with disabilities should be addressed through supportive multisectoral policies. She called on the Secretariat to work with the United Nations to ensure equal opportunities for persons with disabilities in areas such as education, employment and access to public facilities. Progress in the application of the Convention on the Rights of Persons with Disabilities had been erratic, and inequality and discrimination in employment continued to deprive persons with disabilities of their rights. She expressed appreciation to the

Secretariat for arranging a sign language interpreter to cover the opening of the current session of the Health Assembly and looked forward to greater participation of persons with disabilities in future WHO initiatives. Recognizing the potential of behavioural sciences to inform policies and strengthen society, she expressed support for the draft resolution.

The representative of BRAZIL said that her Government was working to broaden access to specialized health care for persons with disabilities and remove barriers to their full participation in society. In recent years, new diseases had emerged that had caused temporary or permanent disabilities, and social changes had created new barriers for persons with disabilities as well as opportunities to widen access to innovative rehabilitation services and affordable, high-quality assistive technologies. Her Government was committed to working with WHO to enhance access to effective health services, protection during health emergencies and access to cross-sectoral public health interventions for persons with disabilities.

The representative of KENYA provided details of initiatives implemented in his country to strengthen rehabilitation and access to assistive technologies for persons with disabilities. Additional support was needed to facilitate the implementation of resolution WHA74.8 (2021) on the highest attainable standard of health for persons with disabilities at the national and regional levels. The United Nations Disability Inclusion Strategy should be applied across all levels of the Organization.

He welcomed the Secretariat's efforts to apply behavioural sciences to public health. The COVID-19 vaccination roll-out had highlighted the need to incorporate behavioural and social sciences when designing public health interventions; his Government was therefore identifying opportunities to do so. He supported the draft resolution.

The representative of GERMANY called for the full implementation of Article 25 of the Convention on the Rights of Persons with Disabilities, emphasizing the need for barrier-free, securely financed and nationwide access to existing health services for persons with disabilities as well as the provision of disability-specific health services. The Secretariat should support countries in achieving those goals and should regularly provide information on the implementation of Article 25, as well as examples of best practices. Governments should consider appointing commissioners for matters relating to persons with disabilities.

The representative of NAMIBIA said that improving health equity for persons with disabilities was fundamental to their inclusion and participation in society and highlighted achievements and challenges in his country in that regard. He welcomed the recommendations and 40 targeted actions contained in the global report on health equity for persons with disabilities. The Secretariat should work with organizations of persons with disabilities to develop a road map to guide the regional and national implementation of those recommendations and to address country-specific factors contributing to health inequities for persons with disabilities.

The representative of MALAYSIA expressed support for the global report on health equity for persons with disabilities and its proposed actions to reduce health inequities for persons with disabilities. The availability of disability-inclusive health services and trained health workers in primary health care settings should be improved. Caregivers also had a crucial role to play in supporting the needs of persons with disabilities. Addressing gaps and challenges in providing health care services to persons with disabilities was key to progress; the Secretariat should therefore provide technical expertise and examples of best practices from other Member States to enable countries to customize such approaches to their local contexts.

The draft resolution reflected a strong commitment to prioritizing the incorporation of behavioural sciences in promoting optimal health outcomes. He urged continuous support and further implementation of behavioural science approaches across all WHO programmes and activities, and called for continued advocacy for the adoption of an approach informed by evidence and behavioural sciences in efforts to shape health policies and address global health issues. It was necessary to invest



in sustainable human and financial resources in order to strengthen technical capacity to enhance behavioural sciences for better health. Mainstreaming behavioural science approaches at the country level and at WHO would lead to the development of more efficient, cost-effective and impactful health policies and programmes and would contribute to better health outcomes for populations worldwide.

The representative of the RUSSIAN FEDERATION supported efforts to improve the health of persons with disabilities and ensure timely medical assistance, including rehabilitation services; that goal would require a systemic and multisectoral approach at the country level. As mental disorders were increasingly becoming a cause of disability, psychiatric care should be more accessible and of a higher quality.

It was important and timely to incorporate behavioural sciences and cultural factors into public health programmes. However, such approaches should only be integrated in line with national and cultural norms, which varied greatly. Organizational and ethical issues relating to data handling should also be addressed. He noted that official documents had contained unacceptable terminology, particularly regarding gender, which could not be fully applied at the national level.

The representative of ARGENTINA said that the 40 targeted actions for disability inclusion contained in the global report on health equity for persons with disabilities would greatly facilitate the mainstreaming of disability across WHO. The proposed guide for action on disability inclusion in the health sector would be an essential tool in advancing that work. The working groups created to advise the Secretariat on the topic and the consultations conducted with Member States had provided important insights into strengthening disability inclusion and had created a dynamic that should be sustained in the long term. He underlined the importance of palliative care for persons with physical and mental disabilities, especially in preventing suffering among people aged 70 years and over.

The representative of COLOMBIA welcomed the publication of the global report on health equity for persons with disabilities. In addition to the proposed guide for action on disability inclusion in the health sector, Member States would require technical support to implement the recommendations of the global report and to strengthen health systems through a disability perspective. The global report should be made widely available in all official languages of the Organization and in formats accessible to persons with disabilities.

The relevance of a behavioural sciences approach to health issues, particularly food and nutrition, was clear. Given the increasing consumption of ultra-processed foods, a sharper focus was needed on the impact of environments on decisions to purchase and consume certain products. Developing an understanding of children's and parents' environments and behaviours could inform the development of models, and a macro-environmental perspective would drive sustainable short-, medium- and long-term behavioural changes. An intersectional and determinants-based approach was the most effective way to help people and communities to identify problems and participate in the health agenda.

The representative of CANADA thanked the Government of Malaysia for its leadership on the draft resolution. Behavioural sciences contributed to effective public health interventions and should be applied as part of an interdisciplinary approach to improving health and well-being. She supported efforts to mainstream behavioural science approaches across WHO and Member States, enhance behavioural science practices in public health and establish a mechanism for compiling and disseminating evidence that Member States could use to improve public health outcomes.

The representative of AUSTRALIA welcomed the global report on health equity for persons with disabilities, which would help Member States to address barriers facing persons with disabilities and ensure their full and equal participation in society. Member States should prioritize consideration of intersectional needs and the needs of persons with psychosocial and intellectual disabilities when addressing health inequities. The Secretariat should continue to work with Member States to implement the recommendations contained in the global report. He supported WHO's efforts to strengthen accountability for disability inclusion in the health sector and welcomed the Secretariat's focus on

gender-responsive actions, which would help to ensure that women and girls with disabilities could participate fully, equally and meaningfully in decision-making. Persons with disabilities must have equitable access to health information, particularly regarding sexual and reproductive health. He commended the Secretariat's efforts to mainstream the United Nations Disability Inclusion Strategy across all levels of the Organization and called for the full implementation of its requirements.

The representative of TIMOR-LESTE described steps taken by his Government to promote the equal rights of persons with disabilities. He expressed appreciation for the integration of disability into the results framework of the Thirteenth General Programme of Work, 2019–2025, which would allow progress to be evaluated and reported. Efforts to foster an inclusive organizational culture at WHO should continue, and disability mainstreaming should be incorporated into WHO guidance and operations at the country and regional levels, taking into account local cultures and contexts.

The representative of QATAR said that his Government was keen to pilot approaches aimed at the systematic application of behavioural sciences in public health, outlining relevant initiatives implemented recently in his country. His Government would play a leading role in promoting and implementing the draft resolution in the Eastern Mediterranean Region.

The representative of UGANDA, speaking in his capacity as a member of the Committee on Victim Assistance and Socio-Economic Reintegration under the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and their Destruction, welcomed the global report on health equity for persons with disabilities. WHO Member States should ensure the implementation of resolution WHA74.8 (2021) on the highest attainable standard of health for persons with disabilities and, where appropriate, integrate the victim assistance obligations under the Convention into their efforts. The international community needed to scale up efforts to uphold the rights of persons with disabilities, including mine survivors, and ensure that their needs were met. He expressed appreciation for the *Global report on assistive technology* and noted that mine-affected States had reported difficulties in making rehabilitation and assistive technology available in an affordable and accessible manner. The Secretariat should support States Parties to the Convention in fulfilling their obligations to provide mental health and psychosocial support to mine victims. He invited all States that had not joined the Convention to do so.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that his Government supported all efforts to promote the health of persons with disabilities and detailed national initiatives implemented to that end.

The representative of SOUTH AFRICA expressed support for the draft resolution and called for strengthened collaboration with key stakeholders to advance research on behavioural sciences.

The representative of ISRAEL commended WHO's work to set high standards regarding the health of persons with disabilities, who often experienced health inequalities as well as stigma, discrimination and exclusion from education and employment opportunities. In many societies, adjusting health systems to respond to their needs was deemed a luxury or even a burden, leaving many persons with disabilities feeling undervalued. Achieving the highest attainable standard of health for persons with disabilities therefore required a change in mindset, with a view to fostering an inclusive approach to their participation in society. It was essential to address the factors that led to the inequities outlined in the global report on health equity for persons with disabilities, as well as the recommendations contained therein. Health equity could be advanced through integrated health services, in particular in primary and essential health care, and through multisectoral action and efforts to empower people and communities. Access to effective health services, protection during health emergencies and access to cross-sectoral public health interventions must be ensured. The perspectives and experiences of persons with disabilities must be considered when designing and implementing relevant policies.

The representative of MALDIVES said that unhealthy behaviours that contributed to the development of noncommunicable diseases, the mental health crisis and climate change were increasing. Through behavioural sciences, it was possible to identify why people made choices that generated adverse health and environmental outcomes. For decades, health-harming industries had used behavioural sciences to design promotional activities to market unhealthy products; the health sector should therefore step up the application of behavioural sciences to counter the activities of those industries and inculcate healthier behaviours. She expressed support for the draft resolution, in particular the references to capacity-building. Partnerships to further that work would be especially useful. However, it would be important to avoid overreliance on homogeneous global approaches; instead, interventions should be tailored to specific contexts, given that human behaviours were influenced by cultural norms and beliefs that differed across communities and countries. The Secretariat and other global partners should create platforms to share experiences and opportunities through global forums to bridge the gap between behavioural scientists, policy-makers, regulators and health experts.

The representative of UKRAINE said that the work of the WHO Regional Office for Europe and the WHO country office in Ukraine had laid the groundwork for the integration of behavioural sciences in the health system to respond to emergency health care situations. It could help improve epidemiological surveillance, address behaviour-related and chronic noncommunicable diseases, and assess the quality of education and service provision in the field of mental health.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that her Government would continue to invest in developing assistive technology approaches to enhance access for persons with disabilities to health care services. Persons with disabilities, and their perspectives and experiences, should be included in the policy-making processes of public health authorities.

Behavioural sciences should be incorporated in all WHO activities and a behavioural sciences function should be established in WHO regional offices. A global repository of tools and case studies, a global registry of requests and support, and regional knowledge-sharing communities could support Member States in mainstreaming behavioural sciences and her Government was willing to continue sharing lessons it had learned. There should be more opportunities for behavioural science experts to sit on advisory boards, attend meetings with public health leaders, and contribute to training and education. The Secretariat should generate or collate evidence of the value of behavioural science teams within governmental organizations and develop a template business case to support the work of behavioural science experts in public health. In the long term, the Secretariat could also support the development of behavioural sciences within public health curriculums.

The representative of PAKISTAN said that it was imperative to strengthen rehabilitation services and strive for universal access to them, which had the potential to transform the global approach to health care. He welcomed the increased focus on rehabilitation services, with particular regard to their role in combating noncommunicable diseases. Member States should prioritize such services and invest in associated training and equipment for health workers. Strengthening rehabilitation services was essential to achieving universal health coverage and the Sustainable Development Goals but required the collaboration of all stakeholders.

The representative of ETHIOPIA said that health inequities for persons with disabilities were rooted in structural and other risk factors, social determinants of health and barriers to accessing the health system. Addressing those inequities required comprehensive and multisectoral action. He called for improved coordination, political commitment, leadership and governance to promote health equity for persons with disabilities. He took note of the role of assistive and digital technologies and commitment needed to meet international accessibility standards and ensure inclusivity for persons with disabilities. He expressed support for the draft resolution on behavioural sciences for better health.

The representative of ZIMBABWE, outlining national initiatives to ensure the highest attainable standard of health for persons with disabilities and emphasizing the importance of rehabilitation, called on WHO to facilitate national policy dialogue to increase political commitment to addressing health inequities for persons with disabilities. The Secretariat should also support Member States in collecting and disaggregating data on disability in the health sector and in promoting disability-inclusive research practices. His Government would work with stakeholders to identify opportunities to improve the integration of behavioural theories, methods and approaches in public health.

The representative of GHANA expressed appreciation for the Secretariat's investments and efforts to promote behavioural sciences for better health. It was important to focus on social, behavioural and cultural well-being as well as disease prevention. That required a multisectoral approach and collaboration with all stakeholders. He urged the Secretariat to help to build capacity for the social and behavioural insights COVID-19 data collection tool for Africa and to ensure cooperation between Member States and research institutions to boost behavioural science research and develop innovative and relevant solutions to health challenges.

The representative of URUGUAY outlined national initiatives to ensure the highest attainable standard of health for persons with disabilities and to comply with the Convention on the Rights of Persons with Disabilities. She expressed her Government's support for the proposed measures on behavioural sciences for better health and detailed national initiatives to change health-related behaviours.

The Observer of PALESTINE said that there were many cases of disability in occupied Palestinian territory – some of which had been directly caused by Israeli military attacks and had led to permanent disability – but few centres to treat those disabilities. He called on WHO, in cooperation with other relevant United Nations specialized agencies, and intergovernmental and nongovernmental organizations, to work with the Palestinian authorities to strengthen Palestinian programmes and provide technical support to identify gaps requiring future research and interventions.

The representative of UNFPA said that ensuring persons with disabilities enjoyed sexual and reproductive health rights, and a life free from gender-based violence, required a health-equity, intersectional and life-course perspective. Pregnancy, labour and postpartum complications were more common among women with disabilities, particularly mental disabilities. It was possible that some of those complications were due to lack of health worker training or experience and lack of access to inclusive sexual and reproductive health services. Stigmatization and discrimination, as well as limited access to sexual and reproductive health services, perpetuated health inequalities and should be tackled. UNFPA would work with WHO and other stakeholders to develop guidelines on the health equity of persons with disabilities.

The representative of CBM CHRISTOFFEL BLINDENMISSION CHRISTIAN BLIND MISSION E.V., speaking at the invitation of the CHAIR, urged Member States to support cross-sectoral health equity approaches and to implement the recommendations and resolutions on the highest attainable standard of health for all.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, said that 80% of those living with significant disabilities lived in low- and middle-income countries. Persistent health inequities meant that they suffered from poorer health than the general population. Effective universal health coverage required full access to all health services, and she urged Member States to acknowledge palliative care as integral for persons with disabilities.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the disproportionate focus of the Global report

on health equity for persons with disabilities on assistive technologies could lead to the prioritization of market-driven interventions. Additional research should focus on the sexual and reproductive health of persons with disabilities. The draft resolution on behavioural sciences for better health should not urge Member States to allocate resources to mainstream behavioural sciences in public health when primary health care services remained underresourced. To avoid creating biased data sets, the Secretariat should compile evidence on the positive and negative outcomes of behavioural science interventions. Furthermore, the draft resolution did not refer to regulatory frameworks that should govern the use of personal data in behavioural interventions, which raised privacy concerns.

The representative of the HANDICAP INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIR, called on Member States to follow the recommendations of the Global report on health equity for persons with disabilities by ensuring that efforts to strengthen health systems were inclusive, prioritized the collection and analysis of disaggregated data, and addressed barriers to the highest attainable standard of health for persons with disabilities.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC., speaking at the invitation of the CHAIR, said that older persons with physical or intellectual disabilities usually required round-the-clock care and disproportionately experienced informational, attitudinal and physical barriers to care, especially during public health and humanitarian emergencies. She therefore urged Member States to provide holistic palliative care.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that although health systems should alleviate health inequities, they often exacerbated them through inaccessible health facilities. However, Member States should address those inequities as they worked towards universal health coverage. The Global report on health equity for persons with disabilities outlined targeted and inclusive actions and recommendations to tackle those inequities. He urged Member States to implement them and said that the Secretariat stood ready to provide technical and capacity-building support. He said that organizations of persons with disabilities had been closely involved in the development of the Global report at the international, regional and global levels. WHO continued to work with those organizations to share information and recommendations and develop national guidance. He acknowledged the request for a road map at the regional and country levels. The Secretariat had begun working with Member States to develop national guidance to address specific country contexts but more needed to be done.

The CHIEF SCIENTIST said that in public health responses, there were few simple solutions. Rather, they were invariably the integration of multiple complementary approaches that took account of local, contextual and cultural experiences. Understanding behavioural barriers and drivers that impacted health outcomes was integral to designing trusted, effective and results-driven policies and programmes. Behavioural sciences should complement efforts to promote health, gather information, apply biomedical sciences, understand social and environmental determinants of health, and build trust. Scientifically robust behavioural evidence and data-informed approaches were important to deepening understanding of behaviours. The Secretariat stood ready to work with Member States, regional offices, academic institutions and external partners to increase opportunities to learn and to develop tools to support the implementation of the draft resolution on behavioural sciences for better health. A training programme on technical topics had been developed and piloted in five regions and work on behavioural sciences would be carried out alongside the WHO Academy and all external expert partners.

The DIRECTOR-GENERAL commended the staff members who had promoted the inclusion of behavioural sciences in the work of WHO and said that although integrating behavioural science insights into public health measures was not a magic solution, it should be part of a comprehensive approach to public health. The Secretariat would continue to support Member States to that end. Persons with disabilities should not be guaranteed equal opportunities out of sympathy; rather, it was important to understand that persons with disabilities could and should contribute actively and positively to society.

He hoped that every Member State would bridge inequality gaps and implement the vital resolutions to support persons with disabilities.

The CHAIR took it that the Committee was ready to note the relevant sections of the report contained in document A76/7 Rev.1.

**The Committee noted the report.**

The CHAIR took it that the Committee wished to approve the draft resolution on behavioural sciences for better health recommended in resolution EB152(23), as contained in document EB152/2023/REC/1.

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

**The meeting rose at 11:45.**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA76.7.

## **FOURTEENTH MEETING**

**Tuesday, 30 May 2023, at 09:30**

**Chair:** Dr J.S.J. HASSAN (Bahrain)

### **1. FIFTH REPORT OF COMMITTEE A (document A76/59)**

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

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

## **PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES (continued)**

### **2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD: Item 15 of the agenda (continued)**

**Global Health for Peace Initiative:** Item 15.3 of the agenda (documents A76/7 Rev.1, A76/7 Rev.1 Add.2 and A76/7 Rev.1 Add.3) (continued from the eleventh meeting, section 3)

The CHAIR invited the Committee to resume its consideration of the draft decision on the Global Health and Peace Initiative, as contained in document A76/7 Rev.1 Add.2, which had been suspended pending further Member State consultations.

The representative of BRAZIL, speaking also on behalf of India and South Africa, said that although the main focus of the draft road map for the Global Health and Peace Initiative was on health and health workers, it touched on the delicate issues of peace and security, peace missions and State sovereignty. Doubts remained on the language of the current version of the draft road map and how it would affect the work of health workers in conflict zones; Member States should not risk turning health into a security issue. To ensure agreement among all parties and in the spirit of avoiding further politicization of the work of the Health Assembly, he suggested that the draft decision should be amended to the effect that further consultations with Member States and other relevant stakeholders would be held with a view to adopting the draft road map at the Seventy-seventh World Health Assembly. The proposed amendment, if accepted, would deliver a better outcome for the Secretariat and all Member States in terms of both process and content.

The representative of OMAN requested that discussion of the item be suspended to allow time for further informal consultations with a view to reaching consensus.

The representative of the CENTRAL AFRICAN REPUBLIC, expressing support for the suggestion put forward by the representative of Oman, said that initiatives similar to the one under discussion were already being implemented by countries in crisis and conflict situations. Further

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<sup>1</sup> See page 325.

informal consultations could help to reach a compromise based on evidence and to strike a balance between the need for action on the ground and investment in resilient health systems, while taking into consideration the risks related to such an initiative.

The CHAIR took it that the Committee wished to suspend consideration of the agenda item pending further informal consultations.

**It was so agreed.**

**The meeting was suspended at 09:40 and resumed at 12:05.**

The representative of SLOVENIA said that following further informal consultations on the text of the draft decision on the Global Health and Peace Initiative, consensus had been reached.

At the invitation of the CHAIR, the SECRETARY read out the proposed amendments to the draft decision on the Global Health and Peace Initiative. Paragraph 1 would be amended to read: “to take note of the Road map for the Global Health and Peace Initiative as referenced in document A76/7 Rev.1”.

Paragraph 2 would be amended to read: “to request the Director-General to report on progress made on strengthening the Road map, as a living document, through consultations with Member States and observers and other stakeholders, as decided by Member States, to the Seventy-seventh World Health Assembly through the Executive Board at its 154th session, for consideration”.

The first footnote in paragraph 2 would contain the standard language used in reference to regional economic integration organizations. The second footnote would read: “As described in paragraph 3 of document EB146/43”.

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

### **3. SIXTH REPORT OF COMMITTEE A (document A76/60)**

The SECRETARY read out the draft sixth report of Committee A.

**The report was adopted.<sup>2</sup>**

#### **Right of reply**

The representative of CHINA, speaking in exercise of the right of reply, objected to the irresponsible remarks made by a small number of Member States in reference to Taiwan, China, during the Health Assembly. The one-China principle had long enjoyed broad consensus among the international community. The Chinese central Government had made arrangements for experts from Taiwan, China, to participate in global health affairs. There had been no gaps in epidemic prevention efforts and no shortage of channels through which to exchange information. The continued rejection of a proposed supplementary agenda item on inviting Taiwan, China, to participate in the Health Assembly as an observer reflected the stance of the international community. He urged the countries concerned not to abuse the platform of the Health Assembly and to work together in a spirit of cooperation to safeguard the common interests of all Member States.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee’s sixth report and adopted as decision WHA76(12) (2023).

<sup>2</sup> See page 325.



#### **4. CLOSURE OF THE MEETING**

After the customary exchange of courtesies, the CHAIR declared the work of Committee A completed.

**The meeting rose at 12:20.**

## **COMMITTEE B**

### **FIRST MEETING**

**Wednesday, 24 May 2023, at 11:45**

**Chair:** Dr C.G. ALVARENGA CARDOZA (El Salvador)

#### **1. OPENING OF THE COMMITTEE:** Item 17 of the agenda

The CHAIR welcomed the participants.

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

**Decision:** Committee B elected Mrs Katarzyna Drażek-Laskowska (Poland) and Dr Walaiporn Patcharanarumol (Thailand) as Vice-Chairs and Ms Lucy Cassels (New Zealand) as Rapporteur.<sup>1</sup>

#### **Organization of work**

The representative of SWEDEN, speaking on behalf of the European Union and its Member States, recalled that, following an exchange of letters in the year 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.**

#### **PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES**

#### **2. BUDGET AND FINANCE MATTERS:** Item 19 of the agenda

**Results Report 2022 (Programme budget 2022–2023: performance assessment) and Financial report and audited financial statements for the year ended 31 December 2022:** Item 19.1 of the agenda (documents A76/16, A76/17, A76/41, A76/INF./2 and A76/INF./3)

**Financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025:** Item 19.2 of the agenda (documents A76/18, A76/19 and A76/42)

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<sup>1</sup> Decision WHA76(3).

The CHAIR OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD presented the reports on the Committee's deliberations on the Results Report 2022 and Financial report and audited financial statements for the year ended 31 December 2022 (A76/41), which also contained a draft decision to accept the Results Report 2022 and the audited financial statements, and the financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025 (document A76/42).

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

**The meeting rose at 12:05.**

## SECOND MEETING

Wednesday, 24 May 2023, at 14:40

**Chair:** Dr C.G. ALVARENGA CARDOZA (El Salvador)

### **HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM, AND IN THE OCCUPIED SYRIAN GOLAN:** Item 18 of the agenda (document A76/15)

The CHAIR drew attention to a draft decision proposed by Algeria, Bolivia (Plurinational State of), Cuba, Djibouti, Egypt, Iraq, Jordan, Lebanon, Libya, Mauritania, Morocco, Oman, Pakistan, Palestine, Somalia, South Africa, Syrian Arab Republic, Tunisia, Venezuela (Bolivarian Republic of) and Yemen, which read:

The Seventy-sixth World Health Assembly, taking note of the report by the Director-General requested in World Health Assembly decision 75(10) (2022), decided to request the Director-General:

- (1) to report based on field monitoring and assessment conducted by WHO on progress in the implementation of the recommendations contained in the report on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan by the Director-General, to the Seventy-seventh World Health Assembly, bearing in mind the legal obligation of the occupying power;
- (2) to support the Palestinian health sector, using a health system strengthening approach, including through capacity-building programmes by improving basic infrastructures, human and technical resources and the provision of health facilities, and of ensuring the accessibility, affordability and quality of health-care services required to address and deal with structural problems emanating from the prolonged occupation 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 ensure non-discriminatory, affordable and equitable access to medical countermeasures such as vaccines, therapeutics and diagnostics to the protected occupied population in the occupied Palestinian territory including east Jerusalem and in the occupied Syrian Golan in compliance with the International Law and WHO norms and standards;
- (5) to ensure unhindered and safe passage for Palestinian ambulances as well as respect and protection of medical personnel, in compliance with international humanitarian law and to facilitate the access of Palestinian patients and medical staff to the Palestinian health institutions in occupied east Jerusalem and abroad;
- (6) to identify the impact of barriers to health access in the occupied Palestinian territory including east Jerusalem, as a result of movement restrictions and territorial fragmentation, as well as progress made in the implementation of the recommendations contained in the WHO reports on the occupied Palestinian territory including east Jerusalem;

- (7) to ensure the respect and protection of wounded populations and the injured, health and humanitarian aid workers, the health care systems, all medical and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities in compliance with The Geneva Conventions and their Additional Protocols;
- (8) to assess, in full cooperation with UNICEF and other relevant UN agencies and the WHO Eastern Mediterranean Regional Office and WHO country office in the occupied Palestinian territory, including east Jerusalem, the extent and nature of psychiatric morbidity, and other forms of mental health problems, resulting from protracted aerial and other forms of bombing among the population, particularly children and adolescents, of the occupied Palestinian territory, including east Jerusalem;
- (9) to continue strengthening partnership with other UN agencies and partners in the occupied Palestinian territory including east Jerusalem and in the occupied Syrian Golan to enhance humanitarian health response capacities by delivering aid and protection in an inclusive and sustained manner before, during and after pandemic crisis;
- (10) to report, based on field assessments conducted by WHO, on health conditions of the Syrian populations in the occupied Syrian Golan including prisoners and detainees and ensure their adequate access to mental physical and environment health, and to report on ways and means to provide them with health-related technical assistance;
- (11) 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;
- (12) 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
- (13) 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 revised Programme budget 2022–2023</b>
<b>1.</b>	<b>Output(s) in the approved revised Programme budget 2022–2023 under which this draft decision would be implemented if adopted:</b>
	2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated
	2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities
	2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings
	4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform
	4.2.4. Planning, allocation of resources, monitoring and reporting based on country priorities, carried out to achieve country impact, value-for-money and the strategic priorities of GPW 13
	4.3.4. Safe and secure environment, with efficient infrastructure maintenance, cost-effective support services and responsive supply chain, including occupational health and safety

<p><b>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:</b></p> <p>Not applicable.</p>
<p><b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:</b></p> <p>Not applicable.</p>
<p><b>4. Estimated time frame (in years or months) to implement the decision:</b></p> <p>One year (May 2023–May 2024).</p>
<p><b>B. Resource implications for the Secretariat for implementation of the decision</b></p>
<p><b>1. Total budgeted resource levels required to implement the decision, in US\$ millions:</b></p> <p>US\$ 21 million.</p>
<p><b>2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions:</b></p> <p>US\$ 14 million.</p>
<p><b>2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US\$ millions:</b></p> <p>Not applicable.</p>
<p><b>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions:</b></p> <p>US\$ 7 million.</p>
<p><b>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</b></p> <p>Not applicable.</p>
<p><b>5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions</b></p> <ul style="list-style-type: none"> <li>– <b>Resources available to fund the decision in the current biennium:</b> US\$ 13 million.</li> <li>– <b>Remaining financing gap in the current biennium:</b> US\$ 1 million.</li> <li>– <b>Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:</b> Fund raising is ongoing.</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>B.2.a.</b> 2022–2023 resources already planned	Staff	0.00	0.00	0.00	0.00	3.00	0.00	0.00	3.00
	Activities	0.00	0.00	0.00	0.00	11.00	0.00	0.00	11.00
	Total	0.00	0.00	0.00	0.00	14.00	0.00	0.00	14.00
<b>B.2.b.</b> 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>B.3.</b> 2024–2025 resources to be planned	Staff	0.00	0.00	0.00	0.00	2.00	0.00	0.00	2.00
	Activities	0.00	0.00	0.00	0.00	5.00	0.00	0.00	5.00
	Total	0.00	0.00	0.00	0.00	7.00	0.00	0.00	7.00
<b>B.4. Future bienniums resources to be planned</b>	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The representative of LEBANON, speaking on behalf of the Arab Group, said that the draft decision was based on the principles of the Constitution of the World Health Organization, which affirmed health as a basic human right and its crucial role in achieving peace and security, and was aligned with the strategic priorities of the Thirteenth General Programme of Work, 2019–2025. The Director-General should report to the Seventy-seventh World Health Assembly on the implementation of the recommendations in the report contained in document A76/15. The Secretariat should continue to provide technical health-related support and capacity-building to ensure health care for the Syrian population in the occupied Golan and for the Palestinian population, including the wounded and detainees, in cooperation with the International Committee of the Red Cross and relevant United Nations organizations.

The Arab Group appreciated the excellent coordination and communication between key actors to facilitate the movement of vaccines and medicines in the occupied Palestinian territory, including east Jerusalem. Restrictions imposed by the Israeli occupation authorities on the movement of patients, health workers and medical products impeded health care. It was also of concern that the occupying power continued to block WHO's access to the occupied Syrian Golan to assess health conditions there.

As the draft decision was procedural, technical and based on agreed language derived from United Nations and Health Assembly resolutions and decisions and from the recommendations in the Director-General's report, a vote should not be necessary.

The representative of ISRAEL said that the annual proposal of a decision had been used by the Palestinians and Syrians for decades with the sole purpose of attacking her Government and whitewashing the crimes of the Syrian regime. The politicized decision had not benefited a single Palestinian and did not contribute to WHO's long-running vital assistance programme for the Palestinian health system – a programme that her Government both supported and facilitated. Member States should refrain from misusing WHO for political gain by supporting the draft decision, which had no place in a professional body such as WHO. She objected to the draft decision and called for a roll-call vote.

The representative of the SYRIAN ARAB REPUBLIC, condemning the reported continuation of Israeli attacks against civilians, health workers and health infrastructure in the occupied Palestinian territory, said that it was imperative to protect the Palestinian people and mobilize international support for the weakened Palestinian health sector. In flagrant violation of its obligations and of the Constitution of the World Health Organization, the occupying power also prevented the population of the occupied Syrian Golan from exercising the right to health.

He expressed surprise that WHO continued to marginalize the health situation in the occupied Syrian Golan in its reports, which it allowed the Israeli occupation authorities to manipulate for political ends. Despite his Government having done its utmost to ensure the unobstructed assessment of the health situation in the occupied Syrian Golan in accordance with its legal obligations, the occupying power persistently refused to cooperate. WHO must be granted unconditional, unhindered and unrestricted access to the area to conduct the assessment and propose ways to provide humanitarian and technical assistance. Moreover, it was crucial to reopen the Quneitra crossing to connect Syrian citizens in the occupied Syrian Golan with their families inside the Syrian Arab Republic.

Finally, he said that the Israeli regime should not be permitted to whitewash its violations of international law and United Nations and Health Assembly resolutions and decisions.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, said that WHO's continued efforts to provide technical health-related cooperation to the population in the occupied Palestinian territory, including east Jerusalem, and to support the achievement of universal health coverage were appreciated. She expressed concern about the serious impact of the continuing Israeli occupation on determinants of health in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan and called for the lifting of restrictions on freedom of movement, including the travel permit system, in order to facilitate access to health services.

Condemning the occupying power's reported acts of violence against Palestinian civilians and health facilities, she called for full respect for international law and relevant United Nations and African Union resolutions in order to safeguard the right to health. It was urgent to bolster WHO's life-saving support for the health service and facilitate the delivery of humanitarian aid to meet the basic health needs of the Palestinian and Syrian populations in the occupied areas. She expressed support for the draft decision.

The representative of MAURITANIA said that discriminatory measures and restrictions on the movement of people, goods and services limited the development of health infrastructure in the occupied Palestinian territory, including east Jerusalem, contributing to poor health and health inequality. Israel had a responsibility to respect and protect Palestinians' right to health. It must stop targeting health facilities, end the arbitrary delay and detention of ambulances and health workers and enable the Palestinian health authorities to operate unhindered throughout the occupied Palestinian territory.

The representative of ZIMBABWE said that the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan remained a source of great concern, especially in the light of the recent hostilities, the disproportionate use of force and the destruction of property. Commending WHO's critical technical cooperation to provide health services and humanitarian aid and to strengthen emergency preparedness and response, he called on the Organization to intensify its efforts to address all vulnerabilities and barriers to health access. Rebuilding a resilient economy in both occupied areas required peace, security and international investment and support. The international community should address the illegality, brutality and tragedy of the occupation as a critical component of any solution to the complex situation in those troubled lands. He expressed support for the draft decision.

The representative of INDONESIA, noting the record number of Palestinian fatalities in the West Bank in 2022, said that the occupying power's continued attacks, illegal policies and unilateral measures had negatively affected health infrastructure and financing in the occupied Palestinian territory and prevented access to essential medical and emergency services. He encouraged the Secretariat to continue providing aid and technical support to the authorities and people of Palestine and called on the international community to support the implementation of the Director-General's recommendations. His Government stood ready to work closely with WHO and other multilateral institutions to support the Palestinian health sector and population and to achieve universal health coverage for all nations. His Government wished to join the list of sponsors of the draft decision.



The representative of the ISLAMIC REPUBLIC OF IRAN, noting the severe pressure on the Palestinian health system and the very limited access to basic health services, said that the Palestinian people were being denied their fundamental human right to health as stipulated under the WHO Constitution. Palestinians had long faced terrible health conditions owing to the blockade of the Gaza Strip and attacks against civilians, health workers and health facilities. Moreover, the restrictions on movement of patients, health workers and medical supplies were contrary to WHO's objectives and principles and had hindered the functioning and development of the Palestinian health system, thereby exacerbating the health crisis. The Secretariat should systematically monitor the situation of Palestinian detainees in prisons of the occupying power and regularly report to the Health Assembly. It was of deep concern that WHO still lacked the necessary access to the occupied Syrian Golan to conduct the field assessment as requested in decision WHA75(10) (2022), which prevented direct reporting on the prevailing health conditions there. He expressed reservations concerning those parts of the draft decision and report that might be construed as recognition of the occupying power.

The representative of MALAYSIA, commending WHO's commitment to the right to health of Palestinians and Syrians living under Israeli occupation, said that discriminatory planning policies, the denial of access to health care facilities, and the delay and detention of ambulances and health workers at checkpoints posed grave barriers to health and the health system in the occupied Palestinian territory. It was vital that all parties work to find solutions and to implement the Director-General's recommendations, and that Palestinians had non-discriminatory, affordable and equitable access to medical countermeasures. Her Government supported the draft decision and supported the establishment of an independent sovereign Palestinian State.

The representative of NIGER, appreciative of WHO's continued efforts to strengthen health systems in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, said that the continued occupation and the attacks against persons and services were of concern. He strongly condemned the violations of Palestinians' right to health, and the economic restrictions and discriminatory measures that continued to adversely affect public health financing and the well-being of the populations under occupation. His Government fully supported all actions to improve the health of the Palestinians, which required international support.

The representative of TUNISIA, noting the serious deterioration in the humanitarian and health situation in the occupied Palestinian territory, said that the procedural and technical draft decision should be approved by consensus and without reservation. The denial by the Israeli occupation authorities of the Palestinians' inalienable right to health care and equitable access to treatment constituted a flagrant violation of the right to health. The Secretariat should continue to provide technical support and capacity-building to the Palestinian people to strengthen health care. In addition, WHO and other international health organizations should monitor the health conditions of the Syrian population in the occupied Syrian Golan and provide them with the necessary technical health-related cooperation, in accordance with their mandates and relevant Health Assembly resolutions.

The Observer of PALESTINE said that the Secretariat's continued provision of support for the Palestinian health sector was appreciated. While the former annual resolution on the topic had contained some political elements, the annual decision had a purely technical focus to facilitate unanimous adoption. The draft decision was not a platform for attacking Israel, and the Palestinian authorities were against any attempt at politicization, especially of WHO's work. On the contrary, it was the appeasement of the Government of Israel that had led to politicization and the breakdown of consensus in various forums. Although the report gave some indication of the difficult situation in Palestine, it did not adequately address the brutality of the Israeli attacks against civilians and health workers and facilities or the restrictions that prevented access to specialized health services throughout the occupied Palestinian territory. He urged Member States to vote unanimously in favour of the draft decision.

The representative of NAMIBIA said that Israel, as the occupying power, must be held accountable for the health inequities and dire conditions in the occupied Palestinian territory, resulting from the prolonged, unlawful occupation. He welcomed the recommendations to the Government of Israel and called on the international community to invest in the Palestinian health sector, safeguard the health of the Palestinian people, hold perpetrators accountable for violations of international law and ensure the delivery of depoliticized health services for all. Long-lasting peace could only be achieved by upholding the legitimate and inalienable rights of the Palestinian people and realizing the two-State solution called for in relevant United Nations resolutions. Encouraging Member States to support the draft decision, he requested that his Government be added to the list of sponsors.

The representative of the UNITED STATES OF AMERICA said that her Government seconded Israel's call for a vote.

The representative of KUWAIT said that the international community must take a stand against the occupying power's violations of international conventions. His Government fully supported the draft decision and wished to join the list of sponsors.

The representative of MALDIVES said that disruptions, restrictions, fragmented health governance and numerous barriers to health care access exposed the persistent, deep-rooted discrimination and health inequalities in the occupied Palestinian territory. Constant exposure to violence adversely affected the mental and physical well-being of the Palestinian population, with serious and complex injuries placing further strain on health services. It was disheartening that the Health Assembly needed to highlight the denial of the Palestinians' fundamental human right to health. The implementation of the recommendations in the report would be crucial in improving overall health outcomes for the Palestinian people. Lasting peace was only achievable through a two-State solution. He expressed his full support for the draft decision.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA said that the illegal Israeli settlement activities and discriminatory policies violated basic human rights of the population in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. The recommendations in the report should be fully implemented, and the Israeli authorities should provide non-discriminatory, affordable and equitable access to the health care services and the required humanitarian aid in the occupied areas, in compliance with international law. He expressed support for the draft decision.

The representative of LIBYA, urging Member States to vote in favour of the draft decision, said that the recommendations in the report must be implemented, in particular the recommendation to expand protection of Palestinians from violations and work to uphold accountability under international law.

The representative of LEBANON said that her Government was closely following the implementation of the recommendations contained in the report. Expressing the hope that the Secretariat would further intensify its cooperation with the Palestinian authorities, she called on the international community to redouble its support to improve the health conditions in the occupied Palestinian territory and in the occupied Syrian Golan. Ending the occupation and establishing a Palestinian State was the only way to fully restore the Palestinians' rights, including the right to health.

The representative of IRAQ, condemning the Israeli attacks against civilians, health workers and health infrastructure, said that the recommendations in the report must be implemented. The Palestinian people had the right to access medicines and essential medical services, as well as the right to self-determination and the establishment of an independent State. He called on the international community to exercise its legal and moral responsibility to stop the violations of international instruments committed

by the occupation forces. The Secretariat should strengthen the provision of health-related cooperation and medical aid to the populations of the occupied Palestinian territory and the occupied Syrian Golan, rebuild infrastructure destroyed by the Israeli military and assess health conditions in the occupied Syrian Golan.

The representative of CHINA said that the technical cooperation provided by WHO to improve health systems in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan was appreciated. Firmly supportive of the peace process in the Middle East, his Government encouraged dialogue based on United Nations resolutions and the Arab Peace Initiative, with a view to the swift establishment of an independent Palestinian State and peaceful coexistence between Israel and all Arab countries.

The representative of SAUDI ARABIA said that international cooperation to provide technical support and capacity-building were essential to meet the health needs of the people in the occupied Palestinian territory and in the occupied Syrian Golan. Her Government supported the draft decision and wished to join the list of sponsors.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that the health impact of the serious human rights violations, poor living conditions and discriminatory policies and practices experienced by Palestinians living under the prolonged occupation was of deep concern. WHO must address the constant reports of arbitrary prevention of access to and delivery of health services and the lack of access to essential medicines and medical supplies in the occupied Palestinian territory, including east Jerusalem. Palestinians' right to health and life, as well as health and humanitarian aid workers, their equipment, facilities and means of transport, must be protected in accordance with the Geneva Conventions and their additional protocols.

The representative of TÜRKİYE said that the political situation in the occupied Palestinian territory was driving socioeconomic deterioration and fuelling violence and instability. His Government therefore supported the two-State solution based on the established international borders. Decades of Israeli occupation had seriously weakened the capacity, infrastructure and financing of the Palestinian health sector. The medical services provided to Palestinian detainees in Israeli prisons and the restrictions that obstructed access to and delivery of health care within the occupied Palestinian territory were also a major concern. His Government called on the international community to provide increased support to enable UNRWA to deliver its mandate effectively, and to create a sustainable Palestinian health system. He requested that his Government be added to the list of sponsors of the draft decision.

The representative of EGYPT said that the lack of freedom of movement for patients, health workers and medical products, and the resulting adverse impact on health and the health system in the occupied Palestinian territory, including east Jerusalem, was of grave concern. The mental health of Palestinians, in particular children, was among the worst in the region. He called on all Member States to unreservedly support the draft decision. The Secretariat should continue to provide technical support and capacity-building to the Palestinian people to enhance health care, and all relevant international organizations should monitor the health conditions of the Syrian population in the occupied Syrian Golan and provide the necessary health-related technical cooperation, in accordance with their mandates.

The representative of PAKISTAN expressed concern at the continued attacks against civilians, health workers and health facilities, with the associated long-term physical and mental consequences; and the confiscation of data about the situation of those living under occupation. He welcomed WHO's ongoing support in the region and expressed support for the recommendations in the report. He urged the international community to continue to provide humanitarian aid and technical support to the Palestinians.

The representative of SOUTH AFRICA said that the Palestinian health sector should be fully supported and that non-discriminatory, affordable and equitable access to medical countermeasures should be provided to the population in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, in compliance with international law and WHO norms and standards. The prolonged Israeli occupation precluded the delivery of effective health care to the Palestinian people, hindering the implementation of Palestine's WHO Country Cooperation Strategy. The deteriorating socioeconomic and health conditions in the occupied Palestinian territory, especially in the Gaza strip, were of grave concern. A two-State solution would enable the Palestinians to strengthen their health infrastructure and enhance health conditions. Access to life-saving medical resources should not be politicized. She called on the Government of Israel to ensure full access to essential health care throughout the occupied Palestinian territory and to abandon the policies and measures that had led to dire health conditions and severe shortages of fuel, food and water in the Gaza Strip.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that it was essential to provide resources and ensure accountability to bolster the weakened Palestinian health sector and secure the right to health of the population in the occupied Palestinian territory and in the occupied Syrian Golan as guaranteed by the Constitution of the World Health Organization. He strongly condemned the harsh restrictions on movement that prevented health care access and delivery in the occupied Palestinian territory, the lack of medical care provided to Palestinian detainees in Israeli prisons and the continued attacks against civilians, health workers and health facilities. As the occupying power, Israel must allow the Palestinian people unhindered access to all health services in a manner that preserved their dignity and rights. Urging the international community to do its utmost persuade the Government of Israel to end its occupation, he called on all Member States to assume their moral and legal responsibility and vote in favour of the draft decision.

The representative of CUBA said that international solidarity and multilateralism were needed more than ever. Prequalified vaccines, medicines and medical equipment should be procured for the occupied Palestinian territory in accordance with international humanitarian law and WHO norms and standards. Technical health-related support, capacity-building and resource mobilization were urgently needed to strengthen the Palestinian health system. Member States should therefore vote in favour of the draft decision.

The representative of SUDAN, appreciative of the support provided by the Secretariat to the population in the occupied Palestinian territory and in the occupied Syrian Golan, expressed deep concern about the attacks against civilians, health workers and health facilities and the obstruction of health care access and delivery. His Government called on the international community to assume its legal and moral responsibility to strengthen health services for the populations in the occupied areas. He supported the draft decision and the establishment of an independent Palestinian State.

The representative of the UNITED ARAB EMIRATES called for enhanced cooperation with WHO and for the provision of comprehensive and inclusive public health services to address the deteriorating health situation in the occupied Arab territories. His Government wished to join the list of sponsors of the draft decision.

The representative of the RUSSIAN FEDERATION condemned actions that exacerbated the worsening health situation in the occupied Palestinian territory and in the occupied Syrian Golan. Underlining his Government's position on the indivisibility and uniform legal status for the occupied Palestinian territory, he called upon the Government of Israel to take practical steps to improve the situation of the Palestinian population, and to stop the blockade of the Gaza Strip. He expressed support for the draft decision.

The representative of NIGERIA called on WHO and its Member States to take action to enable the unhindered access to health care by the people of the occupied Palestinian territory and of the occupied Syrian Golan. The right to health should remain beyond politics.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that her Government supported WHO's continued support of the Palestinian health services to build capacity, promote investment and ensure the sustainable procurement of prequalified vaccines, medicines and medical equipment for the occupied Palestinian territory, including east Jerusalem. She welcomed the strengthening of partnerships with other United Nations entities and partners in the occupied Palestinian territory and in the occupied Syrian Golan to improve response capacity through the inclusive and sustained delivery of aid and protection, and the technical cooperation with the International Committee of the Red Cross. The health situation in the occupied Palestinian territory was being aggravated by restrictions on the movement of people and goods. She called for the Palestinian cause to be given greater visibility and drew attention to the situation of highly vulnerable groups, such as women, children and older persons. Her Government backed the legitimate right of the people in the occupied Palestinian territory and the Syrian Golan to health services, medicines and other supplies, and called for the allocation of adequate human and financial resources to that end.

The representative of UNRWA, highlighting the excellent results of the longstanding partnership with WHO, said that his organization had spearheaded digital health in its continued delivery of health care to Palestinian refugees. The incidence of mental health conditions had doubled, with women and children being particularly affected. Given UNRWA's worrying financial situation, he urged the international community to help to mobilize the necessary funding to ensure that the organization could continue to deliver its core services and critical humanitarian support to Palestinian refugees beyond 2023.

The CHAIR asked whether the Committee was ready to note the report contained in document A76/15.

The representative of ISRAEL said that her Government wished to disassociate itself from the report.

**The Committee noted the report.**

The CHAIR said that, at the request of the representative of Israel, the Committee would proceed to a recorded vote on the draft decision.

At the invitation of the CHAIR, the representative of the OFFICE OF THE LEGAL COUNSEL explained that the recorded vote would be taken by roll-call, in accordance with Rule 74 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 Kazakhstan, the letter K 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: Afghanistan, Central African Republic, Comoros, Dominica, Equatorial Guinea, Lebanon, Lesotho, Libya, Micronesia (Federated States of), Myanmar, Niue, Sao Tome and Principe, Somalia, South Sudan, Suriname, Venezuela (Bolivarian Republic of) and Yemen.

**The result of the vote was:**

**In favour:** Algeria, Andorra, Argentina, Armenia, Bahrain, Barbados, Belarus, Belgium, Bhutan, Bolivia (Plurinational State of), Botswana, Brazil, Brunei Darussalam, Chile, China, Costa Rica, Cuba, Democratic People's Republic of Korea, Djibouti, Dominican Republic, Ecuador, Egypt,

El Salvador, France, Ghana, Honduras, India, Indonesia, Iran (Islamic Republic of), Iraq, Ireland, Jamaica, Japan, Jordan, Kuwait, Lao People's Democratic Republic, Luxembourg, Malaysia, Maldives, Mauritania, Mauritius, Mexico, Monaco, Mongolia, Morocco, Namibia, New Zealand, Niger, Nigeria, Oman, Pakistan, Paraguay, Peru, Philippines, Qatar, Republic of Korea, Russian Federation, Saudi Arabia, Senegal, Serbia, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Switzerland, Syrian Arab Republic, Thailand, Tunisia, Türkiye, Uganda, United Arab Emirates, Uzbekistan, Viet Nam, Zimbabwe.

**Against:** Australia, Austria, Canada, Czech Republic, Fiji, Germany, Guatemala, Hungary, Israel, Italy, Netherlands (Kingdom of the), United Kingdom of Great Britain and Northern Ireland, United States of America.

**Abstaining:** Bulgaria, Colombia, Congo, Croatia, Cyprus, Democratic Republic of the Congo, Denmark, Estonia, Eswatini, Finland, Greece, Iceland, Kazakhstan, Kenya, Latvia, Lithuania, Madagascar, Malta, Montenegro, North Macedonia, Norway, Panama, Poland, Portugal, Republic of Moldova, Romania, Rwanda, San Marino, Slovakia, Sweden, Trinidad and Tobago, Ukraine, Uruguay, Vanuatu, Zambia.

**Absent:** Albania, Angola, Antigua and Barbuda, Azerbaijan, Bahamas, Bangladesh, Belize, Benin, Bosnia and Herzegovina, Burkina Faso, Burundi, Cabo Verde, Cambodia, Cameroon, Chad, Cook Islands, Côte d'Ivoire, Eritrea, Ethiopia, Gabon, Gambia, Georgia, Grenada, Guinea, Guinea-Bissau, Guyana, Haiti, Kiribati, Kyrgyzstan, Liberia, Malawi, Mali, Marshall Islands, Mozambique, Nauru, Nepal, Nicaragua, Palau, Papua New Guinea, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Seychelles, Sierra Leone, Solomon Islands, Tajikistan, Timor-Leste, Togo, Tonga, Turkmenistan, Tuvalu, United Republic of Tanzania.

**The draft decision was therefore approved by 76 votes to 13, with 35 abstentions.<sup>1</sup>**

The representative of BRAZIL, speaking in explanation of vote, said that a lack of autonomy and effective sovereignty under occupation prevented the proper operation of the Palestinian health system and access to health care. As a traditional supporter of multilateral instruments aimed at overcoming the humanitarian and human rights crisis in Palestine, his Government had endorsed the draft decision and remained committed to the two-State solution based on the mutually agreed and internationally recognized borders.

The representative of the KINGDOM OF THE NETHERLANDS, speaking in explanation of vote, commended WHO's important work to provide support and health-related technical cooperation to the people in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. He expressed concern regarding the increase in casualties as a result of attacks on health care services and called for the implementation of the recommendations contained in the report. He had voted against the draft decision because his Government was of the opinion that the annual report should be discussed under the agenda item on WHO's work in health emergencies.

The representative of CANADA, speaking in explanation of vote, expressed concern at the continued inclusion of the stand-alone item on the agenda of the Health Assembly while a broader discussion on health emergencies took place in another Committee. The Health Assembly was a technical body that should avoid politicization and focus on improving global health outcomes. Advocating a fair-minded approach and rejecting one-sided solutions and politicization of the issues, her Government was supportive of efforts to obtain a comprehensive, just and lasting peace negotiated directly between the parties. It did not deem the draft decision to be conducive to that goal and had

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA76(13) (2023).

therefore been unable to support it. WHO should continue to support health systems strengthening and ensure medical assistance for the Palestinian people.

The representative of ISRAEL, speaking in explanation of vote, thanked the Member States that had voted against the draft decision, which sought only to politicize the Health Assembly. The draft decision did not reflect the reality on the ground and allowed the Palestinian authorities to continue to target her country for political ends, and the Government of the Syrian Arab Republic to continue whitewashing its own crimes. WHO had visited the Golan in 2017 and had found that the population there had access to the same quality health care as everywhere else in Israel. However, that report had not been published owing to pressure from the Syrian Arab Republic. Although her Government supported WHO's vital work, the approval of the draft decision remained a constant stain on the Organization's credibility.

The representative of the UNITED STATES OF AMERICA, speaking in explanation of vote, said that her Government could not support an agenda item that was inconsistent with the objective of the Health Assembly. The annual decision had repeatedly singled out one country on a clearly political basis, as it did not address a public health emergency or crisis. It was disappointing that certain parties refused to engage in practical, sensible dialogue. While strongly supportive of improving health conditions for Palestinians, her Government had opposed the draft decision because it did not contribute towards a lasting and comprehensive solution.

The Observer of PALESTINE, thanking the Member States that had voted in favour of the draft decision, emphasized that the internal political agendas of certain countries had led to the continued need to vote annually on the draft decision. The occupying power must cease its violations and stop limiting access to medical care. Political statements should be removed from any future decision, in order to protect the credibility and the work of WHO. The international legal system must be respected.

The representative of the SYRIAN ARAB REPUBLIC, speaking in explanation of vote, thanked the Member States that had voted for the draft decision. The false accusations levelled by the representative of the Israeli occupation authorities were a desperate attempt to divert attention from the topic. The occupying power had imposed its own narrative on the 2017 report on health conditions in the occupied Syrian Golan, which was incomplete and inaccurate; and it had since blocked WHO's access to the area.

**The meeting rose at 17:35.**

## THIRD MEETING

Thursday, 25 May 2023, at 09:05

Chair: Dr C.G. ALVARENGA CARDOZA (El Salvador)

### 1. FIRST REPORT OF COMMITTEE B (document A76/51)

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

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

### PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES (continued)

### 2. BUDGET AND FINANCE MATTERS: Item 19 of the agenda (continued from the first meeting, section 2)

**Results Report 2022 (Programme budget 2022–2023: performance assessment) and Financial report and audited financial statements for the year ended 31 December 2022:** Item 19.1 of the agenda (documents A76/16, A76/17, A76/41, A76/INF./2 and A76/INF./3) (continued)

**Financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025:** Item 19.2 of the agenda (documents A76/18 and A76/19 and A76/42) (continued)

The CHAIR invited the Committee to resume its consideration of the results report 2022 and the financial report and audited financial statements for the year ended 31 December 2022, the financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025, and the draft decision recommended by the Programme, Budget and Administration Committee, as contained in document A76/41.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, welcomed the financing level of the Programme budget 2022–2023 and expressed satisfaction regarding the total utilization of available financing. However, it was regrettable that the base segment financing projection and utilization remained low. Additional efforts were needed if the triple billion targets and the Sustainable Development Goals were to be met, particularly in the Region, including the mobilization of additional funds. Financing should be better allocated to tackle the chronic, underfunded pockets of poverty in the Region and the Programme budget should be aligned to Member States' needs. The results of the Programme budget should be reported in accordance with the results framework of the Thirteenth General Programme of Work, 2019–2025, to enable Member States to assess the progress made. He called for a sustainable financing model, with an appropriate balance between assessed and voluntary contributions in order to ensure WHO's independence.

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<sup>1</sup> See page 325.



Turning to the outlook on financing of the Programme budget 2024–2025, he thanked the Secretariat for the analysis of the return on investment for each budget line. The lessons learned from evaluating the current mechanisms for the strategic allocation of funds should be accompanied by specific and innovative recommendations for a more equitable financing distribution. An annual report on operational efficiencies would enable Member States to monitor the implementation of the Thirteenth General Programme of Work.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said lessons learned should be used to strengthen WHO's results-based management and contribute to the development of the fourteenth general programme of work. A strong results framework would support a compelling investment case and ensure accountability for flexible funds. As some of the issues around staffing and recruitment at country level were linked to funding quality country-level activity and demonstration of results should remain visible.

The representative of PARAGUAY, welcoming the introduction of the malaria vaccine and other successes resulting from the current Programme budget, said that the detailed information provided would facilitate informed decision-making. She noted that specified voluntary contributions continued to make up the majority of the base budget despite repeated calls for more flexible financing. She expressed concern that strategic priorities 1 to 3 were not covered by flexible funds despite their importance and the current funding gap, and called for a more equitable and efficient distribution of flexible funding. The Region of the Americas continued to be considerably under-financed compared to other regions, and she requested that the Secretariat review financing mechanisms in order to address that inequity. Some strategic priorities were also over-financed, particularly at headquarters, and some funds were yet to be distributed. The significant cost of salaries of short- and long-term staff should be evaluated to determine whether it was sustainable and would contribute to WHO's objectives being met. Funding should be redistributed to strengthen capacities at country level.

The representative of the PHILIPPINES expressed concern regarding recurring funding gaps across programmes and regions. Little had changed in the proportions of assessed and voluntary contributions since the previous biennium and the level of flexible financing remained insufficient to cover the gaps. Despite a consistent call for core voluntary contributions, specified voluntary contributions were set to occupy an increased share of the financing in the biennium 2024–2025 which would mean unequal financing of programmes and less predictability and flexibility. Her Government continued to support the increase in assessed contributions, especially as the next programme cycle should focus on the least served and most marginalized populations. Regarding the report on operational efficiencies contained in document A76/19, an annual report reflecting a five-year comparison of cost and time savings would be sufficient. She welcomed the qualitative detail in the Annex, which demonstrated the Secretariat's commitment to environmental and cost savings, and the information on innovative cost-saving work.

The representative of MEXICO appreciated that the technical cooperation priorities established by the Region of the Americas had been taken into account in the proposed Programme budget for 2024–2025. The low financing levels for the Region were a concern, in particular given that other programmes had financing levels above 100%. He proposed that programmes should not be allowed to receive further contributions once they were fully funded. He thanked the Secretariat for including information on PAHO on the budget's web page.

The representative of INDIA said that, despite progress towards attaining the target of one billion more people enjoying better health and well-being, an assessment should be made in areas where the situation was worsening and inequities widening. Health care systems should prioritize primary health care, which promoted healthier lifestyles alongside providing treatment. Using technology in health service delivery would significantly improve the accessibility and quality of health care. WHO could maximize the value of its resources by focusing on results, managing risks, being transparent and

fostering collaborations. In order to mitigate the lack of flexible, predictable and sustainable financing, innovative financing models and efficient utilization of resources were required. While the modern business management system was an important step towards improving the efficiency and accountability of WHO, her Government recommended enhancing transparency in decision-making, resource allocation, and programme implementation and embracing innovation to further improve the system. Performance indicators should be included in future reports on the financing and implementation of Programme budgets in order to measure the effectiveness of WHO's programmes and activities.

The representative of CHINA welcomed the comparison provided of financing in the previous and current bienniums, the analyses of why expectations had not been met and the solutions proposed. He appreciated the increase in thematic voluntary contributions from some Member States, and noted the improved coordination of the Secretariat and the support of various donors. He expressed concern regarding the low utilization rate in the Programme budget 2022–2023 and the low level of funding for the base segment of the proposed programme budget for 2024–2025. He asked why the expected share of specified voluntary contributions in the proposed base budget segment for the biennium 2024–2025 was 35%, when that proportion had been only 15% in the biennium 2022–2023. Furthermore, it was regrettable that wage levels were likely to be affected by the increase in assessed contributions, as that increase had not been improved the predictability and flexibility of the budget.

The representative of GERMANY expressed appreciation for the light shed on the historic funding challenge that WHO faced. While he was hopeful that the decision to increase the assessed contributions would be a first step towards changing the situation, it would not be sufficient. Only ten donors had provided 72% of WHO's funding, only five of which were Member States, meaning that the remaining 189 Member States contributed only 28%. The Organization was therefore at financial risk, and all Member States and the Secretariat had a responsibility to address that by ensuring that their voluntary contributions were greater, more flexible and more predictable. While the increase in assessed contributions would help to strengthen country offices, there was also a governance gap that was not being discussed. Furthermore, no explanations were provided for varying staffing levels in country offices. A strategy was required to address performance gaps, and the Health Assembly should urgently provide oversight and guidance in that regard.

The representative of THAILAND said that the long-standing funding gap would continue unless WHO adopted an approach to financing and budget allocation that was sustainable, adequate, fair and efficient. Efficiency presented the greatest challenge, as a result of high levels of bureaucracy and inadequate leadership. The total budget of WHO three decades before had been a quarter of the size of the current budget and the Organization had been able to function extremely well, whereas it was currently struggling to deliver results. WHO's most valuable asset was its name, and it should be able to deliver results efficiently with a much lower budget by using its social and intellectual capital, thereby also reducing its dependency on donors. She requested that the Secretariat review the use, outcome and performance of the budget of the previous biennium in order to facilitate budget reallocation to programmes addressing the five priorities of the proposed programme budget 2024–2025.

The representative of AUSTRALIA expressed concern regarding the ongoing funding gap in the base Programme budget, which particularly affected strategic priorities 2 and 3. That undermined WHO's ability to meet the triple billion targets and the Sustainable Development Goals; a situation that could only be resolved with sustainable financing. He reiterated the importance of sustainably financing the Organization in order to reduce existing pockets of poverty and allow the Organization to fulfil its core mandate. While he commended the efforts to implement cost-saving initiatives that had led to considerable improvement, the Secretariat nevertheless should continue to strive for greater efficiency. The reform proposals identified by the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance would contribute to that goal. Strong and responsive country offices with adequate human and financial resources were critical to achieving sustainable health outcomes at the country level. He encouraged the Secretariat to maintain its focus on

increasing flexible funding to country offices, achieving gender parity in country-level leadership positions, streamlining recruitment to address lengthy vacancies at the country level, and making country offices accessible to staff with diverse needs.

The representative of MALAYSIA expressed appreciation for the Secretariat's comprehensive and transparent financial reporting structure which upheld WHO's integrity and credibility. The increase in assessed contributions would ensure more impactful progress towards achieving the triple billion targets. She noted that, after including projections of voluntary contributions, there was still a US\$ 443.8 million funding gap, which demonstrated the urgent need for more sustainable financing. That was vital for the continuity of the activities and programmes in all the regions. She commended the Secretariat for the collaboration at the regional and country levels.

The representative of ARGENTINA expressed concern regarding the funding gap, the low utilization rate of the Programme budget 2022–2023 and the persistent pockets of poverty in the budget. The fact that the majority of the contributions to the base Programme budget were voluntary meant that they could be redirected from specific allocations to the base programmes. The underfunding of the strategic priorities was worrying because it endangered the attainment of the triple billion targets and the Sustainable Development Goals. She expressed concern over the very low level of financing for the Region of the Americas, and called on the Secretariat to address that issue and ensure geographical equity.

The representative of PANAMA supported the increase in the proposed programme for budget 2024–2025 and urged the Secretariat to ensure the equal geographical allocation of funds, as the Region of the Americas had the lowest regional allocation despite the significant challenges it faced. Resources should be handled in an efficient and transparent manner, and she therefore supported the call for regular updates on the implementation of the budget. It was essential that Member States paid their assessed contributions in order to fund technical support from country and regional offices.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed appreciation for the Secretariat's work on emergency preparedness and response, despite several remaining challenges. The financing for emergency operations and polio eradication in the Region had previously masked the funding gap in the Region's base programmes. He therefore welcomed the heatmap which provided more details of the financing allocations, providing Member States with a better understanding of the areas requiring greater support. He asked the Secretariat to provide more detailed information on the scope of the Resource Allocation Committee and the resources it had allocated. He expressed the hope that the report on operational efficiencies would lead to more similar initiatives being implemented in the Region. He urged the Secretariat to further improve the monitoring of the Programme budget implementation by better integrating it into the Programme budget portal.

The representative of NAMIBIA said that he commended the overall increase in financing of emergency operations and appeals, but expressed grave concern regarding the underfunding of the base programme segment globally and in the African Region, especially considering that the base segment of the headquarters budget had a financing level of 112%. Moreover, it was unacceptable that all three strategic priorities depended heavily on specified voluntary contributions, which resulted in unequal funding of major offices and chronic underfunding of important programmes. The pockets of poverty within the Region had resulted from its colonial past and the earmarking of voluntary contributions. He noted with deep concern that the outcomes of strategic priority 3 were the least funded. Funding country and regional offices should be prioritized, especially in regions that had been underfunded previously. The Secretariat should commit to implementing the recommendations of the working group on sustainable financing. Welcoming the increase in assessed contributions, he called on the Secretariat to distribute the increase of approximately US\$ 200 million for the biennium 2024–2025 to countries first,

in order to bridge the funding and expertise gap. He requested the Secretariat to evaluate the effectiveness of current mechanisms for improving the situation outlined in the heatmap.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that, although the Programme budget 2022–2023 had seen a considerable increase on the previous biennium, it was not enough. The Region of the Americas was chronically underfunded, and he called for a more balanced and equitable allocation of resources across all the Regions. That would require a discussion of the criteria used for allocation. Furthermore, it was important to measure the contribution of PAHO in achieving results, which would enhance reporting.

The representative of FINLAND reiterated her Government's repeated call for the governing bodies to engage in meaningful and strategic discussions on WHO's work at country level in light of the significant shift in budget allocation. Attaining the triple billion targets at country level was the at the heart of WHO's work.

The representative of SOUTH AFRICA expressed concern over the funding gap, in part due to the majority of the base Programme budget being financed by specified voluntary contributions, which underscored the urgent need for more sustainable financing. She hoped that the increase in assessed contributions would be a key driver in improving projected financing and the budget itself. She noted that strategic priorities 2 and 3 remained underfunded. She expressed appreciation for donors that were continuing to provide flexible and predictable financing.

The representative of COLOMBIA reiterated that any increase in voluntary contributions should lead to more flexible financing and a more equitable distribution of budgetary allocations by region. She called for more effective financing of the strategic priorities in the Region of the Americas, which was significantly underfunded. The Member States of the Region needed more financial resources to meet their diverse health needs.

The representative of MALDIVES, noting the funding gap and the persistent pockets of poverty, said that, in an ideal situation, all funds should be flexible and not specified. All Member States should take on the burden of adequately funding WHO, as the burden of funding currently lay with too few donors. She commended the work of the Agile Member States Task Group and the Programme, Budget and Administration Committee, and emphasized the importance of sustainable financing mechanisms. The proposed increase in assessed contributions would be a key driver in improving financing the proposed programme budget for 2024–2025 and the additional income should be focused on improving country level programme interventions.

The representative of INDONESIA commended the Secretariat's improved presentation of the reports on budget and financing. The comparative presentation of flexible funds based on geographical and technical outcomes was helpful, however, reporting on the Programme budget 2022–2023 should also be linked with the cost-savings and efficiency gains depicted in the report on operational efficiencies. The Secretariat should continue to improve efficiency gains to increase the value for money of the current Programme budget. The frequency and scope of reporting should be adjusted to ensure accountability. Enhanced collaboration between the Secretariat and Member States ensure that the priorities of individual countries were met while also addressing regional and global needs.

The DIRECTOR (Planning, Resource Coordination and Performance Monitoring) said that the Secretariat agreed with the need for a more equitable allocation of resources and more sustainable financing. However, the majority of resources were still specified voluntary contributions and could not therefore be redistributed to underfunded areas. The agreed increase in assessed contributions was an important step towards financing the base programmes with more flexible funding, but he cautioned that the income raised from that increase would not provide a quick fix. The Secretariat would continue to investigate other means to increase flexible financing, including the proposed replenishment mechanism

and investment runs, and internal resource allocation mechanisms. He highlighted that the overall level of financing had improved over the previous decade, and he expressed the hope that such improvements would continue.

He noted that the lack of flexible funding had an impact on the allocation for the Region of the Americas. However, in the case of that Region, the heatmap only represented funding coming from WHO headquarters and did not include funding raised in the Region. Moreover, more than 80% of the funding allocated to the Region was flexible, which was much higher than in other major offices.

Turning to the expected share of specified voluntary contributions in the biennium 2024–2025, he said that the percentages provided in fig. 6 of the outlook on financing of the Programme budget for 2024–2025 represented the total share of the projected financing. He was pleased to note that the predicted funding, including voluntary contributions, for the Programme budget 2024–2025 was higher than at the same time in the previous biennium.

He welcomed the comments and suggestions made on the report on operational efficiencies. He welcomed the proposal to include performance indicators in the Secretariat's regular reporting on financing and implementation of future Programme budgets. That would particularly help to monitor the impact of the increase in assessed contributions.

The ASSISTANT DIRECTOR-GENERAL (Data, Analytics and Delivery for Impact) welcomed the comments made by Member States to improve future reporting. She noted that Member States recognized that the Results Report was an accountability tool which was vital for achieving the triple billion targets and the Sustainable Development Goals and said that the Secretariat would better link outputs to outcomes in future. That work had begun through the systematic application of the Delivery for Impact approach, recognizing the positive practices being implemented by Member States in that regard. Timely and comprehensive data would be essential for monitoring the progress made towards achieving the Sustainable Development Goals and closing the inequality gaps. The Secretariat would continue to provide updates on the progress made towards the triple billion targets.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) said that in order to improve reporting of country-level results, performance indicators were being established for country offices. The Action Results Group was considering how country office capacity could be reinforced; its scope included the implementation of the core predictable country presence model across the Organization alongside a suitable accountability mechanism. He took note of the comments on the equitable allocation of financing across regions and priorities, and said that the Secretariat would continue to improve financing across the heatmap. However, the journey to sustainable financing would take time.

The CHAIR took it that the Committee wished to note the reports contained in documents A76/16, A76/17, A76/18 and A76/19.

**The Committee noted the reports.**

The CHAIR took it that the Committee wished to approve the draft decision recommended by the Programme, Budget and Administration Committee, as contained in document A76/41.

**The draft decision 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 decision WHA76(14).

**Scale of assessments for 2024–2025:** Item 19.3 of the agenda (documents A76/7 Rev.1 and EB152/2023/REC/1, resolution EB152.R3)

**Amendments to the Financial Regulations and Financial Rules:** Item 19.4 of the agenda (documents A76/7 Rev.1, A76/20, A76/20 Add.1, A76/45 and EB152/2023/REC/1, resolution EB152.R4)

**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 19.5 of the agenda (documents A76/21 and A76/44)

The CHAIR drew the Committee's attention to the draft resolution on the scale of assessments for 2024–2025, contained in resolution EB152.R3; the draft resolution on amendments to the Financial Regulations and Financial Rules, contained in document A76/20; and the draft resolution on the status of collection of assessed contributions, contained in document A76/44.

The CHAIR OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD recommended that the Assembly note the relevant reports, and adopt the two draft resolutions.

The representative of LIBYA, speaking on behalf of the Member States of the Eastern Mediterranean Region, emphasized the importance of paying assessed contributions in order to properly fund the work of WHO. She noted the exceptional measures that took account of the difficulties facing some Member States, such as the impact of the COVID-19 pandemic, which would enable Member States, including some in the Region to pay their arrears as soon as possible. He commended the Secretariat's efforts to update the Financial Regulations and Financial Rules to bring them fully in line with previous resolutions and current practice. He welcomed efforts to reach consensus on the approach to the application of Article 7 of the Constitution of the World Health Organization on the suspension of voting privileges. Such a suspension should not be automatic, and should result from a decision made by the Health Assembly. That allowed for flexibility and recognized that the Health Assembly was the supreme decision-making body of WHO.

The representative of JAPAN expressed the concern that a higher number of Member States may struggle to pay their increased assessed contributions, which would lead to the suspension of their voting privileges. He asked the Secretariat to comment on the impact of the increase in assessed contributions.

The representative of SEYCHELLES, speaking on behalf of the Member States of the African Region, expressed support for the adoption of the scale of assessments for 2024–2025 in line with the progressive increase in assessed contributions. He noted the need for the Health Assembly to compel Member States to pay their outstanding contributions in a timely manner. Recognizing the need to amend the Financial Regulations, he recommended streamlining the process of applying Article 7 of the Constitution in the event that a Member State reached a defined level of arrears in the payment of their assessed contributions, thus aligning WHO's application of Article 7 with equivalent procedures followed by other United Nations organizations.

The representative of INDIA said that the scale of assessments needed to be equitable and fair, such that the contribution of each Member State was proportional to its ability to pay. WHO programmes and activities should be aligned with countries' priorities and needs. The budget allocation and utilization should be transparent and accountable, with appropriate mechanisms in place to monitor and evaluate the impact of programmes and activities. Funds should be disbursed in a timely manner to support the implementation of health programmes and activities at the national level.

The representative of GHANA supported the proposed changes to the Financial Regulations and Financial Rules, which would enhance accountability, clarity and transparency in the application of Article 7 of the Constitution. The successful implementation of the proposed amendments would require the availability of relevant guidelines for effective financial administration, which should be developed immediately.

The COMPTROLLER thanked Member States for their support of the draft resolutions. He said that the collection rate of assessed contributions had increased in 2022, which demonstrated that Member States were able to pay their assessed contributions. The scale of assessments was created based on Member States' capacity to pay, as determined by the Committee on Contributions of the United Nations General Assembly. The Secretariat would carefully monitor and report on the impact of the increase in assessed contributions.

The CHAIR took it that the Committee wished to note the sections of the report contained in document A76/7 Rev.1 on the scale of assessments, amendments to the Financial Regulations and Financial Rules, and the 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.

**The Committee noted the reports.**

The CHAIR took it that the Committee wished to approve the draft resolution on the scale of assessments of Members and Associate Members for the biennium 2024–2025 recommended in resolution EB152.R3, as contained in document EB152/2023/REC/1.

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

The CHAIR took it that the Committee wished to approve the draft resolution on amendments to the financial regulations and financial rules, as contained in document A76/20.

**The draft resolution was approved.<sup>2</sup>**

The CHAIR took it that the Committee wished to approve the draft resolution on the 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, recommended by the Programme, Budget and Administration Committee, as contained in document A76/44.

**The draft resolution was approved.<sup>3</sup>**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA76.8.

<sup>2</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA76.9.

<sup>3</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA76.10.

**3. AUDIT AND OVERSIGHT MATTERS:** Item 20 of the agenda**Report of the External Auditor:** Item 20.1 of the agenda (documents A76/22 and A76/46)**Report of the Internal Auditor:** Item 20.2 of the agenda (documents A76/23 and A76/46)**External and internal audit recommendations: progress on implementation:** Item 20.3 of the agenda (documents A76/24 and A76/46)

The CHAIR invited the Committee to consider the reports and the draft decision recommended by the Programme, Budget and Administration Committee contained in paragraph 10 of document A76/46.

The CHAIR OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD drew attention to the draft decision and proposed guidance recommended by the Programme, Budget and Administration Committee, contained in paragraphs 10 and 11 of document A76/46, respectively.

The representative of the EXTERNAL AUDITOR introduced the report of the External Auditor set out in document A76/22. Noting that, because the first two years of the audit had been conducted remotely, the Office of the External Auditor had gained the necessary skills and experience to undertake future audits remotely. The External Auditor had issued an unqualified opinion on WHO's financial statements for the financial year ending on 31 December 2022. The Organization had a sound liquidity position, with assets more than three times its current liabilities. Issues relating to objectivity in the selection of service providers during procurement processes meant that WHO was at risk of not getting the best value for money, which could be addressed by strengthening processes for evaluating and awarding complex consultancy contracts. WHO should establish a mechanism to minimize controllable delays in procurement and thus improve inventory management.

In addition to the financial statements, the 2021 audit had examined the management and operations of WHO from a compliance and value-for-money perspective. An information technology audit had been conducted of the new Business Management System, and a performance audit had been carried out of the Global Service Centre, the WHO Regional Office for Europe and the WHO Country Office in Moldova. Lessons learned from the audit of the Business Management System must be implemented. Efforts should be made to improve the responsiveness of the operations and maintenance team to issues raised. Any outstanding documentation to accompany the implementation of the new System should be completed in a timely manner.

Areas for improvement had been identified at the Global Service Centre, which included the need to improve turnaround times when processing administrative requests and to reduce costs in procurement and travel services. The process of collecting and tracking declarations of interest should be improved, and a mechanism should be established to track compliance with established ethics advice in identified conflicts of interest. At the Regional Office and Country Office, the lack of Country Cooperation Strategies and Biennial Collaborative Agreements should be addressed, the output scorecard system and donor reporting mechanism should be improved. He was pleased to note that 12 of the 62 external audit recommendations that had remained outstanding at the end of 2021, had been implemented in 2022, and two had been overtaken by events.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, said that it was important to regularly audit the security and confidentiality of the Organization's sensitive data in terms of risk management and institutional security. Noting the outcomes of the audits conducted, he commended the increase in WHO's assets over the previous year, despite that increase being linked primarily to short-term investments, cash and cash equivalents and current receivables and noted the reduction in WHO's liabilities. Turning to the work of the Office of Internal Oversight



Services, he noted the slight increase in the operational effectiveness of internal controls for audits carried out in 2022 compared to 2021.

The representative of INDIA urged the Secretariat to implement the recommendations set out in the report of the External Auditor relating to the Business Management System, procurement and inventory management. She urged the Secretariat to embrace the recommendations of the External Auditor to enhance its financial and administrative processes and demonstrate a commitment to transparency and accountability. She recommended that WHO prioritize the regular participation of Member States in the audit process to ensure its authenticity. She encouraged the Secretariat to implement the recommendations of the Internal Auditor. She strongly condemned the increase in reports of sexual harassment in 2022 in comparison to the previous year. The Secretariat should investigate all cases of sexual harassment and the reasons behind that increase. Only by implementing the recommendations of the External Auditor and the Internal Auditor could systemic shortcomings be addressed.

The representative of the RUSSIAN FEDERATION noted the importance of holding a briefing on oversight and of regular briefings with the Independent Expert Oversight Advisory Committee, which would strengthen dialogue between Member States and experts, and enhance WHO's oversight function. He encouraged the External Auditor and the Internal Auditor to continue to focus on the systemic problems of fraud and corruption, and requested that the Auditors should prepare recommendations to further minimize the risks related to those problems. He requested a detailed opinion from the External Auditor on the state of the risk management system and how it could be strengthened, as well as an opinion on the Secretariat's approach to reporting on operational efficiencies. Publishing the workplans for the Auditors would strengthen accountability to WHO's governing bodies. He welcomed the consolidated platform for tracking recommendations, which should be translated into all official WHO languages.

The representative of GERMANY expressed concern about the backlog facing WHO's investigations function and asked how the staffing level of WHO's Office of Internal Oversight Services compared to those of other United Nations organizations and whether more investment was needed. The audits had revealed issues that had been recurrent for many years, and he expressed surprise that one of the root causes for non-compliance was a lack of knowledge among staff of the regulatory framework. Linking unsatisfactory audit findings to performance management would incentivize compliance, and he requested clarification on how regional and country offices were held accountable for non-compliance and unsatisfactory audit reports.

The COMPTROLLER welcomed the feedback provided by Member States. The ten audit priorities outlined in document A76/24 had been selected to provide a better understanding of the root causes of recurring audit observations so that they could be addressed at all three levels of the Organization. He welcomed Member States' support for the consolidated platform for tracking audit observations and the transparency it provided on the status of audit observations. The platform would continue to serve as a key tool for monitoring the progress of audit observations in the future. He welcomed the support by Member States for the recent briefing held with the External Auditor and the Internal Auditor, which was one of the recommendations made by the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance. He hoped that the Independent Expert Oversight Advisory Committee would participate in similar meetings in the future. The Secretariat was examining ways to improve its systems and processes for tracking inventory life cycles to ensure that stocks did not expire and consider how to better forecast supply and demand. Tackling fraud and corruption remained an audit priority. The Compliance, Risk Management and Ethics Office had revised the WHO policy on prevention, detection and response to fraud and corruption. The implementation of that policy would improve internal awareness and strengthen anti-fraud and anti-corruption controls.

The representative of the RUSSIAN FEDERATION requested that both the External Auditor and the Internal Auditor assess the risks associated with the unilateral closure of the WHO European Office for the Prevention and Control of Noncommunicable Diseases in Moscow and the budgetary and programmatic implications of the relocation of that Office.

The DIRECTOR (Office of Internal Oversight Services) said that the 2023 plan of work for the Office of Internal Oversight Services included an audit item on third-party contract management in information technology, which should address concerns relating to vendor selection. Regarding the increase in the number of cases of sexual exploitation and abuse and sexual harassment, the Secretariat would apply lessons learned from investigations and analyses of root causes and then modify prevention and response initiatives accordingly. It was true that reporting of such cases had likely increased because of the raised awareness of the issue and a greater level of trust in the Organization; however, there was still a need to address the fundamental issue holistically.

He noted the positive reaction to the first Member State briefing of the External and Internal Auditors, and said that similar initiatives would be undertaken in future to support Member States in the exercise of their governance and oversight. He said that every audit mission carried out by his Office included a fraud risk assessment component. All staff were surveyed as part of routine procedures, providing an opportunity for confidential discussions and ensuring their awareness and understanding of appropriate policies. Staff awareness of the integrity hotline and their responsibility to report suspected misconduct were also evaluated. Any fraud issues arising from an audit were referred to the investigation function.

Previously, the annual plan of work of the Office of Internal Oversight Services had been discussed by the Programme, Budget and Administration Committee meetings. That was no longer the case due to a general reduction of items discussed during governing bodies meetings and the fact that the plan of work incorporated recommendations from the Independent Expert Oversight Advisory Committee made during the planning stage. Information in that regard could be included in Member State briefings in the future.

Ensuring that the investigation function was adequately resourced was an ongoing concern, and he welcomed the allocation of additional resources. Progress had been made to integrate and recruit fixed-term staff members, and to formalize the relationship with external consultants. While the function was still operating with insufficient capacity, a review would be undertaken at the end of 2023, and resources would be adjusted accordingly. Reports of concern had increased across the United Nations system. Internal oversight functions had been expanded in other organizations already, restructuring their investigation functions and recruiting more staff, which led to competition for experts. He would continue to monitor the situation and lessons learned from other organizations.

The failure of managers to identify and correct non-compliance and the insufficient implications for non-compliance were major causes of non-compliance. The new Business Management System would enable managers to strengthen internal controls, but behaviours would not change if non-compliance was not sanctioned. It had to be made clear that non-compliance was no longer acceptable.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) said that non-compliance measures should be considered as a package. The tools were in place to begin monitoring non-compliance, and the Secretariat's approach was to start with incentives before turning to penalties. Staff would first be trained to behave in accordance with the rules and only then would the Secretariat apply penalties for non-compliance as part of a strong performance management consequence table. He firmly believed that it was more important to change the culture and mindset of staff than issue punishments. Working closely with the Independent Expert Oversight Advisory Committee would provide Member States with greater insight into the work of WHO across all levels and opportunities for feedback. Briefings and information sessions would continue to strengthen the governance framework. WHO had not been in possession of sufficient sustainable financing to ensure that every country with a significant WHO presence had adequate capacity. However, establishing core predictable country presence would strengthen capacity and ensure an adequate first line of defence at the country level. Finally, he said that

anti-fraud and anti-corruption activities were taken very seriously at the highest levels of the Organization and there was active participation across all levels.

Concerning the closure of the WHO European Office for the Prevention and Control of Noncommunicable Diseases in Moscow, he said that it was a relatively recent development and that he was not yet in a position to respond. However, the event would not have been seen as requiring an internal or external risk assessment.

The representative of the EXTERNAL AUDITOR agreed that the first briefing session with the External Auditor and the Internal Auditor had been useful as it had provided an opportunity to better understand Member States' concerns. Finally, he said that closure of the European Office in Moscow would be subject to an audit, if the assessment of the associated risks deemed it to be necessary.

The CHAIR took it that the Committee wished to note the reports contained in documents A76/22, A76/23 and A76/24.

**The Committee noted the reports.**

The CHAIR took it that the Committee wished to approve the draft decision recommended by the Programme, Budget and Administration Committee, as contained in paragraph 10 of document A76/46.

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

**4. STAFFING MATTERS:** Item 21 of the agenda

**Human resources:** Item 21.1 of the agenda (documents A76/26, A76/47 and EB152/2023/REC/1, resolution EB152.R5)

**Amendments to the Staff Regulations and Staff Rules:** Item 21.2 of the agenda (documents A76/7 Rev.1 and EB152/2023/REC/1, resolution EB152.R7)

**Report of the International Civil Service Commission:** Item 21.3 of the agenda (documents A76/7 Rev.1, A76/27, A76/27 Add.1 and A76/47)

**Reform of the global internship programme:** Item 21.4 of the agenda (documents A76/28 and A76/28 Add.1)

The CHAIR drew attention to the draft resolution on the housing allowance for the Director-General recommended in resolution EB152.R5; the draft resolution on the confirmation of amendments to the Staff Rules recommended in resolution EB152.R6; the resolution on the salaries of staff in ungraded positions and of the Director-General recommended in draft resolution EB152.R7. He also drew attention to the draft resolution on the amendments to the statute of the International Civil Service Commission adopted by the United Nations General Assembly at its seventy-seventh session on 30 December 2022 in resolution 77/256 A–B, contained in document A76/27, and the draft decision on the reform of the global internship programme, contained in document A76/28, the financial and administrative implications for the Secretariat of which were set out in documents A76/27 Add.1 and A76/28 Add.1, respectively. He also drew attention to the relevant recommendations by the Programme, Budget and Administration Committee of the Executive Board contained in document A76/47.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA76(15).

The CHAIR OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD said that the Programme, Budget and Administration Committee's full reports were contained in document A76/47. The Programme, Budget and Administration Committee recommended that the Assembly should note the relevant reports and adopt the draft resolution contained in document A76/27.

The representative of SWEDEN, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, and Bosnia and Herzegovina, the European Free Trade Association country and member of the European Economic Area Norway, as well as Armenia, aligned themselves with his statement. He said that the decision to streamline the senior leadership team would improve effectiveness and accountability. The ongoing efforts for transparency, efficiency, gender balance, a respectful working environment and staff health and well-being should continue. Strengthening and improving the human resource management system was therefore fundamental, through reforms such as strengthening advocacy of competencies; merit-based, open and transparent recruitment processes; and the need to improve the management of staff development. He expressed concern that the proportion of staff members holding long-term appointments had remained the same. Long sequences of time-limited contracts should be prevented and a mechanism implemented so that salaries were not affected by hyperinflation of a local currency. The current system for recruiting and managing WHO Country Representatives should be further improved, to ensure that had relevant expertise. He requested more detailed information on the discussions and proposed actions about how to increase the impact of WHO's work at the country level. WHO's technical work should be more efficient and avoid silos and duplication. Moreover, an adequate level of awareness and timely official reporting needed to be established, especially regarding sensitive topics. He therefore welcomed the high completion rate of mandatory training and the future mandatory training initiatives.

The representative of MALAWI, speaking on behalf of the Member States of the African Region, said that the Secretariat needed to ensure that the new WHO Gender Parity Policy (2023–2026) met its targets. Significant improvements were still required to achieve gender parity in the national and international professional categories. Structures should be established to ensure the advancement of women and to support them in senior roles. There should be equal gender and geographical representation in leadership positions. Gender equality should also be a priority when selecting participants for the Young Professionals Programme. She noted that the global internship programme had been relaunched in October 2022, and encouraged the Secretariat to complete the future steps outlined in document A76/28. Country offices should closely monitor the global internship programme. That programme should be accessible to all, and there was a need to improve gender and geographical representation, encouraging in particular the participation of candidates from low- and middle-income countries. She supported the draft decision on the global internship programme. The Secretariat should fully implement all policies that would ensure the total prevention of sexual misconduct and harassment and other forms of abusive conduct within WHO. She expressed support for the draft resolution contained in document A76/27.

The representative of AUSTRALIA said that staff health and well-being should be at the forefront of WHO's human resources strategy. All staff should have access to resources to support their mental health and well-being and the recently adopted WHO Policy on Preventing and Addressing Sexual Misconduct should be implemented. Welcoming the adoption of the WHO Gender Parity Policy (2023–2026), he said that particular attention should be paid to the percentage of women in professional and higher categories. Efforts to meet WHO's gender equity objectives should be accompanied by flexible working arrangements, particularly to support staff with caring responsibilities. WHO should establish mechanisms to address unconscious bias in its recruitment and promotion practices, publish diversity statistics for all staff in a transparent manner, and encourage a focus on building diverse teams. The focus on improving geographical distribution of staff in all offices, as well as ensuring feasible entry

pathways into the Organization in all regions, would also contribute to a diverse and inclusive workplace.

The representative of the RUSSIAN FEDERATION said that the main factors in the recruitment of candidates should be competency and equitable geographical representation. It was important to bear in mind that Member States had different educational systems and that no one educational system should be considered the standard to be applied across the Organization. The Secretariat should take steps to reduce the length of the recruitment process. Performance management systems should include incentives as well as real penalties. Career advancement should be closely related to performance. He expressed the hope that a course on fraud and corruption would be included among the training courses that were mandatory for staff. While he appreciated the efforts to develop the global internship programme, he hoped that in the future the Secretariat would improve the gender parity among interns. With a view to further enhancing transparency, he requested that the data provided in the new human resources portal could be disaggregated by country, as well as by region. Finally, the proposed programme and budget for 2024–2025 should include the proposed staffing table for that biennium.

The representative of CHINA commended the overall gender balance achieved in the Organization, but asked what steps the Secretariat would take to address the decrease in the percentage of women at the P4 grade and above. She expressed the concern that little progress had been made in increasing the number of applications from unrepresented or underrepresented Member States. Geographical representation should be a human resources priority and measures should be taken to further enhance data transparency. She requested that the Secretariat report on the progress made to establish assessment centres for recruiting WHO Representatives and to develop new tools for candidate assessment.

The representative of INDIA noted the decrease in the number of staff in regional offices, and emphasized that strengthening robust teams of committed experts would support WHO's agenda. While the number of female heads of country offices had decreased since the previous year, as had the percentage of women at various grades, she was confident that the new WHO Gender Parity Policy (2023–2026) would encourage retention and inclusion in the WHO workforce. The Young Professionals Programme should be expanded in future to include more participation in the coming years. WHO's recruitment process should be reviewed to ensure that it could be completed more quickly. She supported the recommendations relating to measuring employee welfare practices.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that further efforts were required to improve gender parity, particularly at the country level. She welcomed the introduction of the new WHO Gender Parity Policy (2023–2026) and the updates provided on other inclusion statistics in the report on human resources, such as lesbian, gay, bisexual and transgender staff. Recognizing that staffing gaps at the country level were related to the lack of sustainable and predictable financing, she expressed the hope that staffing levels would improve as funding quality improved. The full implementation of an effective global mobility programme would ensure that WHO had the agility to respond to the global health situation. She commended the Secretariat's efforts to support and promote mental health in the workplace.

The representative of TIMOR-LESTE commended the efforts to address mental health of staff across all countries, and not just in countries experiencing health emergencies. She expressed support for initiatives to address the well-being of staff, such as those deployed in the South-East Asia Region. She expressed appreciation for the focus on staff development and learning. She commended the increased compliance with the mandatory training policy, including the training on the prevention of and response to sexual exploitation, abuse and harassment and on cybersecurity. She encouraged the Secretariat to continue to implement WHO's mobility policy and to develop global rosters for further career development. She expressed support for WHO's efforts to attain gender parity and greater diversity in its workforce.

The representative of NAMIBIA encouraged the Secretariat to empower country offices to publicize the global internship programme through regular Member State information sessions to ensure transparency and equal opportunity. It was regrettable that the COVID-19 pandemic had hindered efforts to increase the percentage of interns from low- and middle-income countries. The COVID-19 pandemic had widened inequalities relating to the health workforce, and the global internship programme should therefore target young people from low- and middle-income countries. While he supported the revised deadline of 31 December 2025 for the target of at least 50% of accepted interns originating from low- and middle-income countries, he proposed a more ambitious target of at least 75%. He asked whether there was a framework for determining which low- and middle-income countries should be given priority in case of limited resources. Furthermore, the target should be measured in terms of the number of interns, not the percentage of interns from those countries. Finally, he proposed that every Member State be accorded the opportunity to recruit at least one intern per year, which would increase the total number of internships and have a bigger overall impact.

The representative of GHANA welcomed the relaunch of the global internship programme and the decision to revise the deadline for the target of 50% of accepted interns coming from low- and middle-income countries by 2025. He urged the Secretariat to continue monitoring progress towards the targets established in resolution WHA71.13 (2018) on the reform of that programme. He welcomed the mechanisms to promote transparency and accountability in the programme's application process and noted the plan to make the programme more engaging and rewarding in future. However, he called on WHO to consider expanding the programme to involve Member States that had the capacity to improve dialogue. In addition, he requested a review of the eligibility criteria in order that national institutions could be given opportunities to nominate interns for the programme. He encouraged WHO to widely advertise internship opportunities.

**The meeting rose at 12:05.**

## FOURTH MEETING

Thursday, 25 May 2023, at 14:30

**Chair:** Mr C.G. ALVARENGA CARDOZA (El Salvador)

### **PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES** (continued)

#### **1. STAFFING MATTERS:** Item 21 of the agenda (continued)

**Human resources:** Item 21.1 of the agenda (documents A76/26, A76/47 and EB152/2023/REC/1, resolution EB152.R5) (continued)

**Amendments to the Staff Regulations and Staff Rules:** Item 21.2 of the agenda (documents A76/7 Rev.1 and EB152/2023/REC/1, resolution EB152.R7) (continued)

**Report of the International Civil Service Commission:** Item 21.3 of the agenda (documents A76/7 Rev.1, A76/27, A76/27 Add.1 and A76/47) (continued)

**Reform of the global internship programme:** Item 21.4 of the agenda (documents A76/28 and A76/28 Add.1) (continued)

The CHAIR invited the Committee to resume its consideration of agenda items 21.1, 21.2, 21.3 and 21.4, including the draft resolution on the housing allowance for the Director-General recommended in resolution EB152.R5, as contained in document EB152/2023/REC/1; the draft resolution on salaries of staff in ungraded positions and of the Director-General recommended in resolution EB152.R7, as contained in document EB152/2023/REC/1; the draft resolution on the report of the International Civil Service Commission, contained in document A76/27; and the draft decision on reform of the global internship programme, contained in document A76/28.

The representative of TÜRKİYE said that human resources were the most valuable resource of any organization. She expressed concern about the challenges posed by short-term contracts and noted the concerns raised by other Member States regarding fixed- and long-term contracts. Additional details and relevant statistical data should be included in future reports to provide a more in-depth picture of the situation and facilitate solutions.

The representative of JAMAICA asked how the Secretariat intended to improve the training curriculum for interns in order to deliver on the goal of building leaders in public health in accordance with resolution WHA71.13 (2018). The amount of financial assistance available to interns should be clarified on the WHO website for each internship position, including for travel costs. Information on the amount of funding provided by external donors for the year 2023 to support the global internship programme would be welcome, in addition to information on how the Secretariat planned to mobilize additional resources to ensure the programme's financial sustainability. He welcomed efforts to reform the Organization and looked forward to continued reporting on progress in that regard. He supported the proposed revised deadline of 31 December 2025 to achieve the target of at least 50% of accepted interns to originate from low- and middle-income countries.

The representative of ICELAND said that human resources were the key asset of any organization and therefore welcomed the attention given by the Secretariat to the matter. She shared the concerns voiced by other Member States with regard to the declining gender parity in higher-level positions and called for dedicated efforts to achieve gender parity at all levels of the Organization. The emphasis placed on the prevention of abusive conduct and sexual harassment was welcome.

The representative of CANADA said that the success of WHO hinged on a skilled, diverse workforce supported by a working culture that promoted staff health and well-being. He welcomed the new WHO Gender Parity Policy (2023–2026) and looked forward to future updates on its impact. The progress made towards closing the gender gap at the P5 level was also welcome. However, more needed to be done to ensure the equal representation of women at the P6 to D2 levels and to promote gender parity among WHO Representatives and Heads of WHO country offices. Attracting skilled women to fill positions at all levels of the Organization must remain a priority. Merit-based hiring, workforce diversity and gender parity across all grades and levels should be guiding principles in recruitment.

The representative of INDONESIA welcomed the progress made in achieving gender parity but highlighted the need for further efforts to reach a desirable level of geographical representation in the WHO workforce, in particular in the professional and higher categories. A long-term strategy was needed to support the recruitment and selection process, as well as broader access to information on vacant positions and a more transparent selection process. It was important to attract talent from geographically diverse regions, particularly from developing and low- and middle-income countries. The physical and mental health of Secretariat staff and Member State delegations must not be overlooked. To that end, efforts should be made to ensure the effective and efficient organization of meetings, realistic goal-setting and avoidance of overlapping commitments.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that a specific internship initiative for young Indigenous professionals should be established within the global internship programme, with the aim of promoting the rights and development of Indigenous Peoples. Such internships should be focused on empowering Indigenous youth, promoting their inclusion in the workforce and addressing issues impacting Indigenous Peoples. He expressed support for all initiatives that sought to empower Indigenous youth around the world.

The DIRECTOR (Human Resources and Talent Management) thanked Member States for their comments, as well as for their expressions of support and appreciation for the WHO workforce and the acknowledgement of progress made in human resource priority areas. Under the new WHO Gender Parity Policy (2023–2026), specific targets had been set for each grade from the P4 level upwards; temporary recruitment objectives had been developed for underperforming areas; data transparency and reporting frequency had been increased; and outreach activities had been stepped up. As at May 2023, the percentage of women Heads of WHO country offices had increased to 37.3% and the percentage of women in the professional and higher categories holding longer-term appointments had risen to 47.1%. A new parental leave policy and a new policy on flexible working arrangements had also been introduced.

In order to improve data transparency and reporting, human resources data had been added to the Member States Portal, including information on staffing arrangements, gender parity and geographical representation, which would be updated on a monthly basis. Any comments or feedback from users of the Member States Portal would be welcome. The request to further break down human resources data by country in particular areas had been noted. Once the new enterprise resource planning system was fully operational and better tools for collecting and tracking such data became available, information provided on the Portal would be expanded, including on internships. Until that time, the Secretariat would continue to report on the WHO workforce to the governing bodies twice a year. A breakdown of the number of staff holding long-term and temporary appointments as at 31 December 2022 was provided in the workforce data available on the WHO website.



The new enterprise resource planning system would also help to improve recruitment and performance management processes, including the reduction of recruitment times. Merit-based hiring was the primary consideration in recruitment. Tools had been designed to improve outreach, expand access to vacancy notices and improve data collection, including on non-staff and on diversity elements beyond gender and geographical representation. The diversity, equity and inclusion agenda for the WHO workforce had been published in the year 2022. The work on sustainable financing and the roll-out of the core predictable country presence model would help to fill gaps at the country level. Sustainable and more predictable funding would also help to improve employment conditions and address the issues raised by several Member States about the sustained use of non-staff and temporary contract arrangements.

She thanked Member States for their support for the global internship programme and for the proposed revised deadline of 31 December 2025 for the target of achieving at least 50% of accepted interns to originate from low- and middle-income countries. The Secretariat would seek to convene an information session to discuss more specific issues related to the programme, including on improving outreach, recruitment and coordination with Member States. Since the relaunch of the programme in October 2022, 28 of the 70 newly advertised internship positions had been filled; 68% of the selected candidates were women and nearly 70% came from low- and middle-income countries.

It was expected that the request for proposals for the selection of a new partner for the WHO Representative assessment centres would be completed by the end of May 2023. The Secretariat would work with the partner to roll out the new approach and improvements to the assessment centres by the end of the year 2023. Lastly, she confirmed that WHO staff received training on fraud and corruption. Although such training was not part of the mandatory training package, relevant information could be included in future reports on human resources.

The CHAIR took it that the Committee wished to note the reports contained in documents A76/26, A76/27 and A76/28, and the relevant sections of the report contained in document A76/7 Rev.1.

**The Committee noted the reports.**

The CHAIR took it that the Committee wished to approve the draft resolution on the housing allowance for the Director-General recommended in resolution EB152.R5, as contained in document EB152/2023/REC/1.

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

The CHAIR took it that the Committee wished to approve the draft resolution on salaries of staff in ungraded positions and of the Director-General recommended in resolution EB152.R7, as contained in document EB152/2023/REC/1.

**The draft resolution was approved.<sup>2</sup>**

The CHAIR took it that the Committee wished to approve the draft resolution on the report of the International Civil Service Commission, contained in document A76/27.

**The draft resolution was approved.<sup>3</sup>**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA76.11.

<sup>2</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA76.12.

<sup>3</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA76.13.

The CHAIR took it that the Committee wished to approve the draft decision on reform of the global internship programme, contained in document A76/28.

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

**Report of the United Nations Joint Staff Pension Board:** Item 21.5 of the agenda (document A76/29)

**Appointment of representatives to the WHO Staff Pension Committee:** Item 21.6 of the agenda (document A76/30)

The CHAIR invited the Committee to consider agenda items 21.5 and 21.6, including the proposed appointments contained in paragraphs 7, 8 and 9 of document A76/30.

The representative of the CENTRAL AFRICAN REPUBLIC, speaking on behalf of the Member States of the African Region, noted with satisfaction the actuarial surplus of pensionable remuneration. He welcomed the retention of the annual real rate of investment return of 3.5% and encouraged related investments. He expressed support for the recommendation to monitor and report on progress achieved in the implementation of the governance reform plan. The Member States of the Region supported the decision to amend article 1 and insert a new article 24 bis in the Regulations of the Pension Fund to enable the restoration of all or partial, and prior contributory service in the case of deferred retirement benefits, respectively. The proposed establishment of a Risk Management Unit aimed at strengthening the risk management capabilities of the Pension Administration would optimize resources and should therefore be supported.

He welcomed the application of the principle of equitable representation across the six WHO regions when appointing representatives to the WHO Staff Pension Committee and supported the proposals whereby female representatives would account for 55.6% of its composition. He encouraged Member States to support the proposed appointment of representatives to the WHO Staff Pension Committee.

The representative of COSTA RICA expressed support for the proposed appointment of representatives to the WHO Staff Pension Committee.

The CHAIR took it that the Committee wished to note the report contained in document A76/29.

**The Committee noted the report.**

The CHAIR drew attention to the proposal to appoint Mr Tshering Nidup (Bhutan) as an alternate member of the WHO Staff Pension Committee for a three-year term until the closure of the Seventy-ninth World Health Assembly in May 2026.

**It was so decided.<sup>2</sup>**

The CHAIR drew attention to the proposal to renew the mandate of Dr Ahmed Shadoul (Sudan) as a member of the WHO Staff Pension Committee and appoint him for a three-year term until the closure of the Seventy-ninth World Health Assembly in May 2026.

**It was so decided.<sup>2</sup>**

The CHAIR drew attention to the proposal to appoint Mr Gerald Anderson (United States of America), the most senior alternate, as a member of the WHO Staff Pension Committee for the

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA76(16).

<sup>2</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA76(17).

remainder of his term of office until the closure of the Seventy-eighth World Health Assembly in May 2025.

**It was so decided.<sup>1</sup>**

**2. REVIEW AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:**  
Item 22 of the agenda

**Management, legal and governance matters**

**Prevention of sexual exploitation, abuse and harassment:** Item 22.1 of the agenda (documents A76/7 Rev.1 and A76/39)

The CHAIR OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD drew attention to the recommendations proposed by the Committee on prevention of sexual exploitation, abuse and harassment set out in paragraph 5 of document A76/39.

The representative of AUSTRALIA, speaking also on behalf of Argentina, Bangladesh, Brazil, Canada, Chile, Colombia, Costa Rica, Ecuador, Eswatini, the European Union and its Member States, Haiti, Iceland, India, Indonesia, Israel, Japan, Malaysia, Maldives, Mexico, Monaco, Montenegro, New Zealand, Norway, Pakistan, Panama, Peru, the Philippines, the Republic of Korea, South Africa, Switzerland, Thailand, Timor-Leste, Ukraine, the United Kingdom of Great Britain and Northern Ireland, the United States of America and Uruguay, recognized the significant progress made in reforming WHO's organizational policies and culture to take a more strategic approach to preventing and responding to sexual exploitation, abuse and harassment. She commended in particular the recent launch of the new WHO Policy on Preventing and Addressing Sexual Misconduct and the associated three-year strategy. Recognition of the fact that both beneficiaries and WHO personnel could be a victim of sexual exploitation, abuse or harassment and the applicability of the WHO Policy on Preventing and Addressing Sexual Misconduct to all WHO staff was also welcome. Clear, safe and responsive responsibility and accountability lines must be accompanied by adequate training to ensure that all staff and managers understood their obligations and responsibilities and recognized the power differentials and inequalities between survivors and perpetrators that lay at the root of such behaviour.

She welcomed the integration of a victim- and survivor-centred approach across all aspects of WHO's efforts to prevent and respond to sexual exploitation, abuse and harassment. Victims and survivors must be provided with comprehensive support and protected from any risk of reprisals. WHO must engage meaningfully with communities, particularly those most at risk, to promote accountability and ensure that all victims and survivors were identified, understood their options for reporting such behaviour and could access support. Predictable and sustainable funding was crucial to support implementation of the WHO Policy on Preventing and Addressing Sexual Misconduct across all levels of the Organization. WHO should maintain its focus on strengthening its investigative capacity to manage the uptick in reporting and on building its legal and human resources capacities. She welcomed the Director-General's commitment to addressing the issue and called on all WHO leadership to lead by example, continue to meet their obligations and demand accountability at all levels. They should also be proactive, transparent and open in discussing the challenges faced by the Organization with Member States, WHO staff, the media and the public, which would help to restore and build trust in the Organization.

She recognized the progress made in clearing the backlog of cases and operationalizing a zero-tolerance approach, as well as the ongoing reporting through the WHO dashboard on investigations into sexual misconduct. WHO should share the lessons learned from its novel single-policy approach to

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA76(17).

addressing sexual exploitation, abuse and harassment and support its mainstreaming across the United Nations system. Lastly, she acknowledged the hard work of all WHO staff in driving progress on preventing and responding to such behaviour, as well as the bravery of victims, survivors, whistleblowers and all those who supported investigations.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, welcomed the Secretariat's commitment to zero tolerance for sexual exploitation, abuse and harassment. The network of regional and national focal points and the capacity-building measures adopted provided a sound basis for building an institutional culture. She acknowledged the actions taken by the Regional Office for Africa to embed the prevention of sexual exploitation, abuse and harassment in all response and programme mechanisms. Under WHO's leadership, health response teams must adhere to the prevention of and response to such behaviour and, in collaboration with other agencies, provide adequate health care and support to victims and ensure proper case documentation.

Efforts must be accelerated and the implementation of actions monitored by the Secretariat. Closer collaboration with ministries, relevant government agencies and WHO country offices should be encouraged, and the issue should be mainstreamed in the WHO pillars. The Organization should support and strengthen in-country systems for response to gender-based violence, which should be aligned with a victim- and survivor-centred approach. Community engagement and awareness-raising were important elements of ensuring accountability. WHO played a crucial role on the front line in advocating with partners and entities of the United Nations system on the importance of providing leadership and holding perpetrators accountable, including while in office. Efforts across the United Nations system should be strengthened and harmonized, including through predictable resource mobilization and joint reviews. All Member States, organizations of the United Nations system and humanitarian organizations should work closely to ensure a comprehensive and coordinated response to sexual exploitation, abuse and harassment.

The representative of ISRAEL welcomed the new WHO Policy on Preventing and Addressing Sexual Misconduct and the associated three-year strategy and expressed support for a victim- and survivor-centred approach. WHO must focus on prevention, reach out to all staff to promote ownership of its zero-tolerance policy, foster trust in the Organization and protect victims from retaliation. Safeguarding the rights, needs, dignity, safety, privacy and well-being of victims and survivors through a holistic approach must be central to the Organization's response. Community-based reporting mechanisms should also be enhanced. She welcomed efforts to strengthen the capacity and accountability of the WHO workforce, including in the context of health emergencies. Strong leadership was essential to achieving a zero-tolerance approach and cultural change. She commended WHO for establishing the Survivor Assistance Fund and providing comprehensive support to victims and survivors. Addressing such behaviour was a shared responsibility across the United Nations system and close engagement with Member States must be ensured, in particular in countries where WHO programmes and operations needed to be strengthened.

The representative of INDIA said that WHO's policies on sexual exploitation, abuse and harassment should be aligned with domestic legislation. Active engagement with domestic authorities was also needed, in addition to regular training and communications in the local language. A coherent system, streamline reporting, the delegation of authority and the development of context-specific, risk-informed management approaches to prevent and respond to sexual misconduct in field operations were also important. Protection from such misconduct should be mainstreamed among implementing partners in health emergency response operations. Safe, accessible support services and measures to address the sociocultural dimensions of such behaviour were also vital.

Institutional, financial and programmatic resources were needed to prevent and respond to the issue, including in high-risk settings. Predictable resource allocation must therefore be ensured, for example by earmarking funds; appointing dedicated staff in all offices; investing in capacity-building and awareness-raising within and outside the Organization; and establishing a pool of experts for deployment in health emergency operations. A mechanism should also be created to identify and address

incidents at an early stage. While acknowledging the need to suspend Financial Rule XII, 112.1, in part, to fast-track investigations related to sexual exploitation for specific cases, further deliberations on such a mechanism were necessary with a view to ensuring timely completion of investigations.

The representative of INDONESIA expressed support for the recommendations of the Programme, Budget and Administration Committee. She recognized the leadership of the Director-General and the Regional Directors towards achieving zero tolerance of sexual exploitation, abuse and harassment and hoped that transparency and accountability would continue to be ensured when conducting investigations. The issue should be approached from a human rights perspective. Recognizing the urgent need for global efforts to safeguard the rights and safety of all people, she expressed support for WHO's three-year strategy and urged all parties to implement it. The protection of victims and survivors, creation of a transparent and accountable system, implementation of a holistic approach and provision of adequate training must be prioritized. Broad awareness-raising was key to ensuring whole-of-society engagement. Combating such behaviour was a shared responsibility and her Government stood ready to support WHO's efforts in that regard.

The representative of TIMOR-LESTE praised the Secretariat for its commitment to ensuring a zero-tolerance approach to sexual exploitation, abuse and harassment through a unified, Organization-wide response. Collaboration with all stakeholders, in particular United Nations country teams, civil society organizations and health ministries, was crucial. Violence and sexual exploitation, abuse and harassment were often overlooked and not reported owing to fear of retaliation and discrimination. Continued awareness-raising was therefore a vital element of prevention and response. It was important to work with in-country referral systems for gender-based violence. Expressing support for the Organization's victim- and survivor-centred approach, she said that clear standard operating procedures for referrals to safe houses were important to guarantee confidentiality; the Secretariat should provide country-level support in that regard.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the Secretariat's comprehensive approach to tackling sexual exploitation, abuse and harassment was commendable and necessary given the shadow the incidents uncovered in recent years had cast over the Organization. The development of a genuine zero-tolerance culture required a whole-of-organization effort and profound cultural change, which could only be brought about through leadership, resources and commitment across all levels of WHO. The Director-General's personal commitment to addressing the issue had helped to move efforts in the right direction, but more could and must be done. The recommendations of the Independent Expert Oversight Advisory Committee and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme provided valuable guidance in that regard. While the safeguards established in the updated WHO Emergency Response Framework were important, so was genuine accountability. The processes related to investigating allegations of sexual abuse and exploitation during the response to the 10th Ebola outbreak in the Democratic Republic of the Congo must therefore be concluded swiftly and the perpetrators held fully accountable. Efforts to prevent and respond to sexual misconduct must be sustained in cooperation with Member States and partners.

The representative of KENYA acknowledged the Secretariat's efforts to address the issue and welcomed the implementation of a broad, unified policy framework on sexual exploitation, abuse and harassment that was based on a victim- and survivor-centred approach, included victims of sexual harassment within the WHO workforce, and encompassed the entire safeguarding cycle. His Government had established a focal point within the health ministry to address sexual exploitation, abuse and harassment.

The representative of POLAND said that although considerable progress had been made, due consideration must be given to obstacles yet to be overcome, risks to be mitigated and lessons learned. A victim- and survivor-centred approach must be at the heart of the Organization's work in that area;

their rights, privacy and needs must be prioritized at all stages of the process and adequate psychological and other support provided. Meaningful, context-specific engagement with communities was central to ensuring protection. A culture of honesty, openness and responsibility was essential to empower staff and beneficiaries to speak out. WHO management must lead by example, establish clear lines of responsibility and accountability, invest in capacity-building and training for staff, and strengthen systems in order to minimize inequalities between victims and perpetrators.

The representative of the UNITED STATES OF AMERICA expressed appreciation for the progress made in strengthening capacity and improving policies, systems and guidance and welcomed in particular efforts to adopt a victim- and survivor-centred approach. Accountability was essential both for survivors and for effective prevention, as well as for driving cultural change within the Organization. Due attention must be given to addressing the guidance regarding the Secretariat's implementation of existing mandates, for example by ensuring full accountability for all allegations of sexual misconduct, including during the response to the 10th Ebola outbreak in the Democratic Republic of the Congo. Any additional instances of misconduct or mismanagement that might emerge in the context of those ongoing investigations must also be addressed.

Her Government stood ready to support the Organization in implementing the new WHO three-year strategy for preventing and responding to sexual misconduct. A dedicated, trained workforce and clear roles, responsibilities and accountability lines across all three levels of WHO was critical. She looked forward to the finalization of the Emergency Response Framework and its incorporation of the issue of prevention of sexual misconduct. WHO had embarked on critical changes to help to rebuild trust in its ability to address sexual misconduct; those efforts must be sustained to ensure real and meaningful change. All forms of abuse and harassment must be prevented and tackled at all levels of WHO. Member States should be informed regularly of updated policies and protocols to address the issue.

The representative of SOUTH AFRICA said that although WHO had made significant progress in implementing a zero-tolerance approach to sexual exploitation, abuse and harassment, it must continue to reflect on remaining challenges, risks and lessons learned. She applauded the courage of survivors and whistleblowers who had come forward and the efforts of those who had supported investigations. Timely implementation of outstanding recommendations must be ensured. Sustainable funding and attracting staff with the appropriate skillset and capacity would be critical to stabilizing the investigations function for dealing with misconduct. A victim- and survivor-centred approach must be at the core of WHO's work. Building a culture of integrity, transparency and accountability, with clear responsibility and accountability lines, would empower staff and beneficiaries to report such behaviour. Capacity-building and training for WHO staff should raise awareness of the power differentials and inequalities that were at the root of sexual misconduct. Timely processing of complaints, confidentiality and the accountability of perpetrators must be ensured, and robust safeguards built into all WHO operations. Inter-agency coordination, including in the design and operation of complaints mechanisms, must remain a priority.

The representative of MALDIVES welcomed the steps taken by the Secretariat to implement the comprehensive Management Response Plan, which would support efforts to address the findings of the Independent Commission to investigate allegations of sexual exploitation and abuse during the response to the 10th Ebola outbreak in the Democratic Republic of the Congo and help to drive systematic change across the Organization. As the temporary suspension of Financial Rule XII, 112.1, in part, was due to expire, appropriate action should be taken to mitigate the potential risk to the progress achieved. Sexual exploitation, abuse and harassment posed a threat to the attainment of the Sustainable Development Goals, in particular Sustainable Development Goal 5 (Achieve gender equality and empower all women and girls). WHO should lead by example within the United Nations system.

The representative of ECUADOR said that sexual exploitation, abuse and harassment was unacceptable in any context and welcomed the action implemented by the Secretariat to address the

issue. He outlined the steps taken by his Government to tackle gender-based violence. While the progress made in providing a comprehensive response to sexual misconduct was encouraging, the Secretariat must redouble its efforts to eliminate such behaviour, protect victims and survivors, and strengthen complaints mechanisms to end impunity and retaliation. Awareness-raising and training on sexual misconduct, both within WHO and at the country level, were critical and should be stepped up.

The representative of BANGLADESH welcomed the Secretariat's efforts to address sexual exploitation, abuse and harassment. There was a clear need to develop effective measures to reverse the current trend and ensure tangible progress through a sharp drop in the number of incidents. Accountability at all levels of the Organization was essential. A survivor-centred approach must therefore be complemented by robust punitive measures for perpetrators. He hoped that the WHO three-year strategy for preventing and responding to sexual misconduct would play a catalytic role in ending such behaviour.

The representative of PERU said that WHO must ensure zero tolerance towards all forms of sexual misconduct. A victim-centred approach, capacity-building and an organizational culture of awareness must be implemented at all levels of WHO. Reported cases of misconduct and alleged retaliation must be addressed swiftly and effectively. While the reported increase in the number of cases of sexual misconduct might be the result of increased awareness, when added to the backlog of existing cases it was causing delays in the processing of cases and implementation of punitive measures for perpetrators, thereby infringing the rights of victims. The unit established to prevent and respond to cases of sexual misconduct must therefore be adequately staffed in order to handle existing and future cases effectively.

The DIRECTOR (Prevention of and Response to Sexual Misconduct), thanking Member States for their appreciation of the Secretariat's efforts, said that the Organization was only at the beginning of a long journey to tackle sexual exploitation, abuse and harassment and the progress made was not taken for granted. WHO had equipped itself with a strong Policy on Preventing and Addressing Sexual Misconduct and a three-year strategy on preventing and responding to sexual misconduct that must now be translated into practice. The rise in the number of reported cases was largely the result of increased awareness and greater confidence in the Secretariat's ability to investigate cases and to protect and provide support to complainants. Given the size of the WHO workforce, the number of reported cases was likely to increase for some time before it peaked. Despite that uncomfortable situation, efforts to mainstream the WHO Policy on Preventing and Addressing Sexual Misconduct and three-year strategy across the Organization and partners must continue. Early detection and reporting had increased significantly since the year 2021 and most investigations were completed within the established timelines. A time frame had also been established for the completion of due process. Over the past seven months, seven staff, including high-ranking officials, had been dismissed on grounds of sexual misconduct. Awareness that perpetrators would be held accountable for their behaviour, punished, fired and blacklisted was growing. A new accountability framework that clearly defined the accountability of managers, offices, units and officials was expected to be finalized shortly.

Health emergencies were complex, high-risk settings, as WHO did not operate alone, and progress in that area would require additional resources. Government focal points were crucial partners at the country level. The Organization was gradually transitioning from getting its own house in order to working with countries and the wider United Nations and humanitarian systems. The next phase of work was likely to be highly complex given the many gaps that existed, including weak community engagement, unsafe community-based complaint mechanisms, poor or non-existent victim and survivor services, and lack of expertise within the United Nations system.

Although there was no backlog in cases, systems needed to be further refined. Member States' feedback and guidance served as encouragement for the Secretariat, including for the more than 360 part-time volunteer focal points, around 50 full-time staff and all other staff working on the issue across WHO. Efforts were also being scaled up within the WHO Health Emergencies Programme and polio

programme. Risk assessment would continue and additional resources would be allocated to high-risk settings.

The DIRECTOR-GENERAL said that Member States' support for the Secretariat's efforts to tackle sexual exploitation, abuse and harassment had been key to enabling progress. Work had only just begun, and the results obtained paled in view of the challenges ahead. A true organizational culture of zero tolerance and a change of mindset would take time, but doing so would remain a priority. A report on the organizational culture survey carried out by an external entity was expected to be finalized shortly and would help to inform further action and solutions.

Reporting mechanisms must be safe and trusted. The Secretariat had therefore integrated the reporting system. Beyond training and awareness-raising, people must be encouraged to report through action. Swift and balanced investigations with clearly defined deadlines and responsibilities were crucial. Deadlines for processing cases, from the start of the investigation to the implementation of disciplinary action, had been established and were extended only exceptionally. Such an approach was aimed at ensuring a timely and just response. A victim- and survivor-centred approach had also been adopted and continued support would be provided, where necessary. Accountability must be at the core of efforts. An end-to-end process for complaints, investigations and their resolution was therefore being implemented and would be monitored.

Systemic issues must be tackled through strategic solutions. For example, concrete steps were being taken to ensure gender parity across WHO, notably at the leadership level among Heads of WHO country offices. Efforts would be made to ensure implementation of the WHO three-year strategy on preventing and responding to sexual misconduct. He expressed the hope that significant progress would be made and that Member States would continue to support WHO's efforts. The Secretariat would ensure that the issue continued to be included in the agenda and discussed openly and transparently.

The CHAIR took it that the Committee wished to note the relevant section of the report contained in document A76/7 Rev.1 and concur with the proposed recommendations set out in paragraph 5 of the report of the Programme, Budget and Administration Committee contained in document A76/39.

**The Committee noted the relevant section of the report and concurred with the guidance.**

**Matters emanating from the Working Group on Sustainable Financing:** Item 22.2 of the agenda

- **Report of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance** (documents A76/7 Rev.1 and EB152/2023/REC/1, decision EB152(15))
- **Secretariat implementation plan on reform** (documents A76/31 and A76/38)
- **Sustainable financing: feasibility of a replenishment mechanism, including options for consideration** (documents A76/32, A76/40 and A76/40 Add.1)

The CHAIR drew attention to the draft decision on the report of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance recommended in decision EB152(15), as contained in document EB152/2023/REC/1; and the draft decision on sustainable financing: feasibility of a replenishment mechanism, including options for consideration, contained in document A76/40, the financial and administrative implications of which were contained in document A76/40 Add.1.



The Chair of the Programme, Budget and Administration Committee of the Executive Board drew attention to the recommendations proposed by the Committee on the Secretariat implementation plan on reform, set out in paragraph 5 of document A76/38; and the recommendations proposed by the Committee on sustainable financing: feasibility of a replenishment mechanism, including options for consideration, set out in paragraph 5 of document A76/40.

The representative of NORWAY said that the recommendations of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance struck the right balance between enabling Member State oversight and guidance while ensuring the Secretariat's independence. He supported a stricter prioritization of agendas to facilitate a more strategic use of governing bodies meetings. The Secretariat implementation plan on reform bore testimony to the Secretariat's commitment, including at the senior management level, to continue improving financial and programmatic governance and accountability, which must be sustained to maintain Member States' trust in the Organization. The Health Assembly's approval of the Proposed programme budget 2024–2025, with a first increase in assessed contributions, was a historic milestone on the road to a sustainably financed WHO. Expressing support for a new financing model, including the establishment of a replenishment mechanism, he said that the proposed fourteenth general programme of work for 2025–2028 and WHO investment case must be developed in a way that was consistent with WHO's unique mandate as a normative agency.

The representative of NEW ZEALAND said that the approval of the Proposed programme budget 2024–2025 was a milestone and a tangible symbol of the collective commitment to address budgetary issues. The increase in assessed contributions must nevertheless go hand in hand with the implementation of the short- and long-term reforms identified by the Agile Member States Task Group. Integration of the recommendations of the Task Group and those set out in the Secretariat implementation plan on reform into ongoing workstreams was critical. Implementation of the Task Group's recommendations would: strengthen Member States' engagement with, and understanding of, the programme budget development process and reporting; help to ensure transparency regarding the costing of resolutions and new initiatives; and improve oversight of WHO's activities at the regional and country levels. The need for additional flexible funding was clear and the progress made to ensure a sustainably financed WHO was welcome. If the proposed replenishment mechanism was established, early and transparent planning, consideration of Member States' domestic contexts, and awareness of donor realities in an evolving multilateral funding landscape would be important.

The representative of AUSTRALIA looked forward to considering specific proposals related to the Secretariat implementation plan on reform at future governing bodies meetings. Reforms must be tangible and cost-effective and have a measurable impact to enable a more efficient use of resources and complementarity of actions. In conjunction with the report of the Agile Member States Task Group, the Secretariat implementation plan provided a sound basis to address shortcomings in processes and enhance accountability, transparency and efficiency. The Secretariat should proactively engage with Member States, as needed, so that any challenges in implementation could be addressed at an early stage. Ongoing evaluation would be important to avoid duplication of efforts and leverage efficiencies and resources from parallel streams of work.

He looked forward to considering proposals to take forward the final recommendations of the Task Group. The additional information provided in the Proposed programme budget 2024–2025 on the costing of new resolutions and decisions was welcome. Discussions on the structure of governing bodies meetings to ensure they were strategic and fit for purpose were also important. Governance reform must complement and mutually reinforce the consensus to sustainably finance WHO, particularly through increased assessed contributions. Both processes were critical to the delivery of the Organization's mandate as articulated in the programme budget. Member States should be updated regularly on progress made in planning the proposed first WHO investment round.

The representative of GHANA, speaking on behalf of the Member States of the African Region, commended the Secretariat for the steps taken to implement the recommendations of the Seventy-fifth World Health Assembly on sustainable financing and for the Member State consultations during the prioritization process of WHO governance reforms. The Secretariat must develop the investment case, the target funding envelope and a road map for the implementation of the proposed WHO investment round without delay. Swift implementation of governance reforms would generate greater confidence in the Organization among Member States as part of the process of implementing the first tranche of the gradual increase in assessed contributions. More specific reporting was needed on programme budget financing, the application of assessed contributions and the related impact on flexible funding, performance indicators and funding for priority outputs.

She welcomed the proposed first WHO investment round and the planned pledging event and called on all Member States and partners to help to make the initiative a success. Donors should strive to provide unearmarked voluntary contributions. In the event that the Proposed programme budget 2024–2025 was not fully financed, the allocation of funds should be prioritized in line with the new allocation strategy. The development of country-specific investment cases at all levels would help to enhance resource mobilization and financing of health priorities. Additional mechanisms to improve predictable and flexible funding should also continue to be explored. She expressed support for the draft decision on sustainable financing: feasibility of a replenishment mechanism, including options for consideration.

The representative of NAMIBIA said that sustainable financing and the financial independence of WHO must be given utmost priority. He welcomed the decisions to gradually increase assessed contributions and to boost funding through fully flexible or thematic voluntary contributions, which must be sustainable and predictable. The governance reforms recommended by the Agile Member States Task Group should be put into practice and ambitious timelines established for their implementation. The Secretariat implementation plan on reform demonstrated the Secretariat's commitment to enhancing communication, coordination and joint action across all three levels of WHO for a more efficient use of resources, complementarity of actions and improved results. He welcomed the timelines, deliverables and entry points for updating and engaging with Member States outlined in the Secretariat implementation plan; transparency and inclusivity would be critical to that process. The Secretariat must ensure that no Member State was left behind. High-level indicators that could be tracked and reported on over time, including on progress towards medium- and long-term objectives, were also needed. He looked forward to the proposed first WHO investment round.

The representative of INDIA said that a robust and transparent mechanism was needed to monitor and evaluate the effective implementation of the programme budget at the global, regional and country levels. Member States should be involved at the initial stages of developing and costing resolutions and decisions to enable informed decision-making and allow for due consideration of the financial implications. A standard template for proposing resolutions, with recommended timelines, could be designed to that end. Results, outcomes and impacts should be conveyed in a comprehensive, measurable manner. She welcomed the Secretariat implementation plan on reform, with clear timelines and deliverables, and expressed support for Member State-led initiatives aimed at strengthening the Organization's budgetary, programmatic and financial governance.

A future WHO replenishment mechanism must comply with the six principles recommended by the Working Group on Sustainable Financing. Increased cost efficiency and value-for-money were important. The possibility of creating a framework to define accountability and value added could be explored, in addition to a strategic plan to ensure optimal outcomes and a strengthened global health architecture. Lastly, clarification was needed regarding priority budgeting, as priorities varied depending on the demographic, economic and epidemiological situation in each Member State.

The representative of MALAYSIA welcomed the Secretariat's efforts to prepare comprehensive documents that enhanced the Organization's budgetary and financing governance. She expressed support for the establishment of a WHO replenishment mechanism implemented through investment

rounds; that process should be launched without delay in order to secure funding from donors and investors to build the base segment of the proposed fourteenth general programme of work.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed support for the two draft decisions under consideration and for the extension of the mandate of the Agile Member States Task Group. She welcomed the prioritization of actions in the Secretariat implementation plan on reform, noting that implementation of the entire package of actions would have an important role to play in reforming the Organization and making it more efficient. Her Government supported the proposed establishment of a WHO investment round and looked forward to engaging with the Secretariat, other Member States and donors to resolve outstanding questions, shape the proposed first investment round and make it a success. The proposed investment round, along with the increase in assessed contributions, could play a key role in fixing the Organization's broken funding model.

The representative of THAILAND said that rather than relying on voluntary contributions, WHO should explore alternative sources of income to ensure sustainable financing. Conventional sources of funding could be complemented, for example, by domestic health financing for country-level activities, which was more sustainable and better aligned with domestic priorities. Countries could explore the feasibility of introducing taxes on unhealthy products such as tobacco, alcohol and sugar-sweetened beverages which could be used to raise awareness and address the commercial determinants of health. Once assessed contributions made up at least 50% of the base segment of the programme budget, budget expenditure should be more closely aligned with countries' needs and priorities. Any increase in assessed contributions must be distributed and used transparently and effectively. The Organization should harness its intellectual and social capital to mobilize the political and financial commitment of Member States and partners.

The representative of SWITZERLAND said that her Government fully supported the increase in assessed contributions and would continue to advocate for greater transparency and a more efficient use of resources. While she was generally in favour of the proposed new financing mechanism, which could strengthen the predictability and strategic use of funding, voluntary contributions nevertheless remained critical. The proposed financing mechanism would require increased transparency, accountability, traceability and efficient use of resources. Robust multilateral collaboration was needed, with a focus on ensuring the highest possible level of health for all. She looked forward to continuing to work with others to reinforce the global health architecture.

The representative of ECUADOR, recognizing the challenges faced by the Organization in the area of governance, welcomed the proposed process for the formulation and implementation of recommendations and the Secretariat implementation plan on reform. He supported the recommendations of the Programme, Budget and Administration Committee and called for their swift implementation. In order to ensure the sustainable financing of WHO, in addition to the increase in assessed contributions, efforts must continue to increase the efficient use of resources and identify additional funding sources, in particular flexible funding.

The representative of the REPUBLIC OF KOREA said that the recommendations of the Agile Member States Task Group struck the right balance between the respective roles and responsibilities of Member States and the Secretariat. His Government looked forward to working with others on their implementation. He welcomed the Secretariat implementation plan on reform, which complemented those recommendations, and highlighted the need for a phased approach. Member States should be updated regularly on progress in implementing the Secretariat implementation plan and on its impact. WHO reform was closely related to sustainable financing. Consensus on the need for investment was important for the success of the proposed replenishment mechanism, which could play a crucial role, together with the increase in assessed contributions, in ensuring a sustainably financed WHO.

The representative of SOUTH AFRICA supported the recommendations of the Agile Member States Task Group. Equitable resource allocation to countries and regions must serve as the basis of reforms and should be implemented without delay. Her Government also supported the proposed establishment of a WHO replenishment mechanism. The proposed first investment round scheduled for 2024 could provide flexible, predictable and unearmarked funding as a complement to the increase in assessed contributions. She expressed support for the two draft decisions under consideration.

The representative of the UNITED STATES OF AMERICA said that the Secretariat implementation plan on reform and the work of the Agile Member States Task Group were critical to ensuring strong accountability and increased transparency. WHO must be sustainably financed in order to meet global health challenges. Member States must play a continuous, active role in monitoring the implementation of reforms. She welcomed the progress achieved by the Secretariat with regard to completing the actions set out in the Secretariat implementation plan; for the remaining actions, the promotion of accountability and culture change at WHO must be a key priority. High priority must also be given to implementing the remaining actions relating to sexual misconduct.

Future increases in assessed contributions would be contingent on continuous progress towards reform, including the completion of the actions set out in the Secretariat implementation plan and the implementation of the Task Group's recommendations. She supported a streamlined, innovative fundraising approach through investment rounds, rather than the establishment of a WHO replenishment mechanism. Her Government looked forward to working with the Secretariat and Member States to ensure that the proposed first investment round contributed to a sustainably financed WHO.

The representative of the PHILIPPINES said that the Secretariat's work on the Member States Portal testified to its sincere commitment to reform. The Portal would foster stronger relationships between the Secretariat and Member States, thereby ensuring a steady momentum towards reform. Culture management and risk management both contributed to collective accountability and were complementary. Tools and procedures should be updated, especially at the regional level, in order to integrate the lessons learned and ensure that WHO management was able to detect and respond to risks and prevent disruption of important functions. The updated WHO *Country Cooperation Strategy Guide* should serve as a tool to mitigate resource-related risks by ensuring high impact at the country level. Her Government supported the establishment of a replenishment mechanism and would actively engage in the proposed first investment round. It would also continue to contribute to the WHO Contingency Fund for Emergencies.

The representative of JAPAN expressed support for the reform process but highlighted the need for additional efforts to make more efficient use of financial resources and enhance transparency. Any future increase in assessed contributions should be reviewed alongside the progress made towards WHO reform, which her Government would continue to monitor. Member States' views must be properly reflected and considered in decisions taken with regard to the proposed investment round. Her Government would continue to support WHO's efforts in the area of sustainable financing.

The representative of PARAGUAY expressed support for the Secretariat implementation plan on reform and the establishment of a WHO replenishment mechanism. As an innovative mechanism, it would not conflict with previous WHO decisions or resolutions and due consideration could therefore be given to ensuring its effective design. The proposed replenishment mechanism and the Secretariat implementation plan would help to enhance the predictability of WHO's financing, remedy low funding and budget implementation levels and increase efficiency. However, linking the replenishment cycle to the Organization's general programme of work might create difficulties in terms of the attainment of the goals set out therein in the event of an extension to the general programme of work.

The representative of GERMANY said that his Government had repeatedly stressed that WHO must be financed in a way that enabled the Organization to implement its programme of work. He expressed support for additional voluntary mechanisms, including the proposed investment round, that contributed to the sustainable financing of the Organization. His Government stood ready to adopt the draft decision on sustainable financing: feasibility of a replenishment mechanism, including options for consideration.

The representative of DENMARK fully supported the recommendations of the Agile Member States Task Group, whose work should continue in order to strengthen the governance of WHO, and welcomed the Secretariat's work to further refine the actions contained in the Secretariat implementation plan on reform. She expressed strong support for the recommendations of the Programme, Budget and Administration Committee on: ensuring a close link with progress in the area of prevention of and response to sexual exploitation, abuse and harassment; ensuring timely communication on progress made, as well as resource needs and challenges for implementation; and developing a way forward in advancing reforms in close collaboration with Member States. There should be a strong focus on complementarity between the Secretariat implementation plan and further work to enhance governance. With regard to the feasibility of a replenishment mechanism, full alignment with the Framework of Engagement with Non-State Actors should be ensured in the engagement process for the proposed first investment round. In addition, a thorough evaluation of the first investment round should be undertaken to inform further action.

The representative of BANGLADESH said that the two draft decisions under consideration reflected the need for change to ensure an equity-based approach to addressing the needs of people and countries. The extensive discussions on sustainable financing had confirmed that the core programme budget was the cornerstone of efforts to pave the way for a new era. When working towards sustainable financing, it was important not to lose sight of the need for a continued increase in unearmarked voluntary contributions. With the aim of achieving health for everyone, everywhere, country-level priorities must be taken into account in the programme budget. In the pursuit of the common goal of robust governance and a strong global health architecture, transparency, efficiency and accountability were paramount. He therefore encouraged the Secretariat to implement the recommendations aimed at achieving those objectives.

The representative of INDONESIA said that the proposed investment round should fully finance the entire base budget segment of the proposed fourteenth general programme of work, across all programmes. In preparation for the proposed first WHO investment round scheduled for 2024, a comprehensive risk mitigation plan should be prepared and potential issues mapped, including potential conflicts of interest. Mapping potential investors could also help to ensure sufficient funding for each budget segment. Flexible funding was critical to enable the budget to be used in line with the priorities set by Member States. In order to generate a better understanding and make best use of the proposed WHO investment round, the frequency of consultations with Member States should be increased. Member States' continued monitoring of budget implementation would also help to enhance transparency and accountability.

The representative of FRANCE supported the implementation of the recommendations on governance reform made by the Agile Member States Task Group. Those reform efforts were crucial to strengthen the sustainable and flexible funding of WHO. His Government welcomed the consensus reached on the proposed first WHO investment round and looked forward to continuing to work with the Secretariat on the matters set out in the documents under consideration.

The REGIONAL DIRECTOR FOR EUROPE said that good governance could only be achieved if the Secretariat and Member States held each other mutually accountable for its delivery. At the WHO Regional Office for Europe, reform was not considered an option, but rather a prerequisite for sustainable financing and future investment rounds. To improve management accountability and good

governance, the Regional Office's first priority had been to strengthen WHO country offices and give them greater independence and flexibility. Through a comprehensive realignment of the Regional Office with the European Programme of Work, 2020–2025, including by rationalizing high-cost senior staff positions at the Regional Office headquarters in Copenhagen, Denmark, country-level delivery had been prioritized and resources shifted to WHO country offices. The relocation of certain enabling services to Istanbul, Türkiye, would further enhance effectiveness.

An accountability report was currently being prepared, which would chart the Regional Office's performance and delivery and the way it was resourced, structured, managed and governed. The new tool would enable Member States to continuously track management practices while fostering a spirit of mutual accountability. A culture of continuous performance improvement had been mainstreamed across the Region, which had helped to manage a growing workload with limited resources. Almost all business processes had been digitalized and the Organization's footprint at the country level had been increased. He thanked the Agile Member States Task Group for their valuable guidance and the Member States of the European Region for their contribution to those efforts.

The ASSISTANT DIRECTOR-GENERAL (Business Operations), thanking Member States for their comments and feedback, said that the Secretariat implementation plan on reform was a living document and emerging challenges would be addressed at an early stage in close consultation with Member States. The recommendations of the Agile Member States Task Group and the Programme, Budget and Administration Committee were mutually reinforcing, including with respect to the prevention of and response to sexual exploitation, abuse and harassment, and should be considered together. Progress on both sets of recommendations was monitored through the recommendation tracking dashboard. Due note had been taken of the concerns expressed with regard to prioritization. No item would be prioritized to the detriment of another; however, the current resources available would be channelled towards the priorities that had already been defined. Nearly half of the actions set out in the Secretariat implementation plan had been completed, and the Secretariat was committed to implementing the outstanding actions within the established timeline. Comments on prioritizing actions relating to culture change and the prevention of and response to sexual misconduct had been taken on board.

With respect to communication, he had noted Member States' appreciation of the Secretariat's approach to the budget development process. A similar process was expected to be followed in crafting the proposed fourteenth general programme of work, in close consultation with Member States. Work would continue on the Member States Portal and the digital platform for the programme budget. Work on the creation of a secured access portal was under way to facilitate the sharing of more confidential information with Member States.

Key performance indicators associated with the programme budget had been developed, in particular to ensure that the increase in assessed contributions was delivering results and included: a funding target of at least 80% for high-priority outputs; the funding of outcomes at the major office level funded below 40% to be improved by at least 5%; and a target of 60% for the proportion of flexible and semi-flexible funding of the overall funding available for the biennium. Suggestions had been made to develop indicators on the Secretariat implementation plan on reform. The engagement, feedback and guidance of Member States would be crucial to those efforts. All actions would be undertaken through a multilateral approach, in close consultation with Member States.

The ASSISTANT DIRECTOR-GENERAL (External Relations and Governance) thanked Member States for their support for a strong, sustainably financed WHO, their close collaboration in reform efforts and the constructive consultations that had paved the way for the proposed first WHO investment round and the draft decision on sustainable financing: feasibility of a replenishment mechanism, including options for consideration, with the overarching goal of a fully financed budget and greater flexibility and predictability. Member States' valuable guidance had been taken on board. The way forward would be guided by the six principles established by the Working Group on Sustainable Financing and be Member State-driven, with due consideration of the Framework of Engagement with Non-State Actors. A stepwise approach to the tasks ahead would be followed. The

Secretariat would work together with Member States, including regional committees, in developing a full plan for consideration by the Executive Board at its 154th session, which would take account of domestic needs and processes, as well as other elements highlighted by Member States. Increased sustainable financing must go hand in hand with reforms. Calls for increased transparency, accountability, compliance and efficiency had been duly noted. The Secretariat had acted swiftly to drive progress on the Secretariat implementation plan on reform and was fully committed to continuing to work with Member States on moving the recommendations of the Agile Member States Task Group forward.

The CHAIR took it that the Committee wished to note the reports contained in documents A76/31 and A76/32 and the relevant sections of the report contained in document A76/7 Rev.1, and concur with the recommendations of the Programme, Budget and Administration Committee contained in paragraph 5 of document A76/38.

**The Committee noted the reports and concurred with the recommendations.**

The CHAIR took it that the Committee wished to approve the draft decision on the report of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance recommended in decision EB152(15), as contained in document EB152/2023/REC/1.

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

The CHAIR took it that the Committee wished to approve the draft decision on sustainable financing: feasibility of a replenishment mechanism, including options for consideration contained in document A76/40.

**The draft decision was approved.<sup>2</sup>**

**Global strategies and plans of action that are scheduled to expire within one year:** Item 22.3 of the agenda

- **WHO global action plan on promoting the health of refugees and migrants, 2019–2023** (documents A76/7 Rev.1 and EB152/2023/REC/1, decision EB152(17))
- **WHO traditional medicine strategy 2014–2023** (documents A76/7 Rev.1 and EB152/2023/REC/1, decision EB152(18))

The CHAIR drew attention to the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030 recommended in decision EB152(17), as contained in document EB152/2023/REC/1; and the draft decision on the global strategy on traditional medicine recommended in decision EB152(18), as contained in document EB152/2023/REC/1.

A representative of the Executive Board said that the WHO global action plan on promoting the health of refugees and migrants, 2019–2023, should be extended in order to ensure its continued adaptation in line with national and regional needs and improve the provision of health care to refugee and migrant populations. The WHO traditional medicine strategy 2014–2023, should also be extended.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA76(18).

<sup>2</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA76(19).

The representative of COLOMBIA said that his Government had developed a number of initiatives to deal with the large influx of migrants and refugees since the year 2015 and address their diverse needs. With regard to traditional medicine, he would be glad to share the lessons learned from his country's development of an intercultural approach to health that incorporated traditional medicine and ancestral methods. That valuable experience, together with that of other Member States, could usefully feed into the development of the draft WHO traditional medicine strategy for the period 2025–2034.

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

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



## **FIFTH MEETING**

**Friday, 26 May 2023, at 12:05**

**Chair:** Dr C.G. ALVARENGA CARDOZA (El Salvador)

**1. SECOND REPORT OF COMMITTEE B** (document A76/54)

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

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

**PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES** (continued)

**2. REVIEW AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:**  
Item 22 of the agenda (continued)

**Management, legal and governance matters** (continued)

**Global strategies and plans of action that are scheduled to expire within one year:** Item 22.3 of the agenda (continued from the fourth meeting, section 2)

- **WHO global action plan on promoting the health of refugees and migrants, 2019–2023** (documents A76/7 Rev.1 and EB152/2023/REC/1, decision EB152(17)) (continued)
- **WHO traditional medicine strategy 2014–2023** (documents A76/7 Rev.1 and EB152/2023/REC/1, decision EB152(18)) (continued)

The CHAIR invited the Committee to resume its consideration of the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030 recommended in decision EB152(17), as contained in document EB152/2023/REC/1; and the draft decision on the global strategy on traditional medicine recommended in decision EB152(18), as contained in document EB152/2023/REC/1.

The representative of CHINA said that implementation of the WHO traditional medicine strategy 2014–2023 had provided Member States with policy guidance and technical support on the integration of traditional medicine into their health systems, and laid the foundation for strengthening evidence-based research on traditional medicine. She looked forward to the development of a draft new global traditional medicine strategy for the period 2025–2034, which should include the establishment of a global database on traditional medicine, the development of an evidence-based clinical outcome evaluation system that reflected the specificities of traditional medicine, and guidance to enable Member

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<sup>1</sup> See page 326.

States to appropriately integrate traditional medicine into their national health systems and ensure the safe, effective and regulated use of traditional and complementary medicine, to support efforts towards achieving universal health coverage and the Sustainable Development Goals.

The representative of the BAHAMAS welcomed the draft resolution on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030 and the Secretariat's iterative approach to tracking progress on its implementation. With regard to traditional medicine, progress could be made by addressing current challenges, responding to the needs identified by Member States and building on previous efforts. The draft new global traditional medicine strategy for the period 2025–2034 should focus more on prioritizing health services and systems as well as on traditional and complementary medicine products, practices and practitioners. Noting that traditional medicine was an important and underestimated part of health services, he said that the goals and objectives of the current traditional medicine strategy reflected a responsible and transparent approach to work in that area.

The representative of IRAQ supported the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030. Highlighting the steps taken to promote the health of refugees in her country and thanking WHO for its support in that regard, she said that the extension of the global action plan to 2030 was vital to ensure the continued provision of health care in refugee camps, particularly for women, children and adolescents.

The representative of PORTUGAL said that promoting the health of refugees and migrants was a topic of great importance and global reach, and reiterated his Government's commitment to implementing the Global Compact for Safe, Orderly and Regular Migration and the Global Compact on Refugees, particularly in the area of health. The WHO Health and Migration Programme and collaboration with other international organizations, in particular the United Nations Network on Migration, had played a fundamental role in driving the progress made since the adoption of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023. International collaboration had contributed to ensuring leadership and a coordinated approach to refugee and migrant health and to making sure that health systems included refugees and migrants and were sensitive to their needs, thereby helping to achieve universal health coverage and uphold the principle of the right to health for all. Further work was required to integrate the health needs of refugees and migrants across all sectors, promote solutions beyond the health sector and improve data on refugee and migrant health, which remained highly fragmented. He called for the global action plan to be extended to 2030 and for a pragmatic approach to be taken to its implementation.

The representative of MEXICO said that the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 would remain an important guiding document for promoting health as a human right and directing the Organization's activities to protect migrants and refugees. Extending the global action plan to 2030 would help to consolidate work on priority areas. It was important for WHO to continue its work in order to have a positive impact on national policies, as had been the case in her country. She looked forward to the strengthened implementation of the global action plan in the coming years.

The representative of MALI, speaking on behalf of the Member States of the African Region, said that the implementation of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 and the creation of the WHO Health and Migration Programme had allowed the Organization to take on a global leadership role in the area of health and migration. She called for the strengthening of immunization activities to be prioritized within national health programmes by allocating adequate resources to pandemic prevention efforts and making mandatory vaccines available. It was also important for the health needs of refugees and migrants to be integrated into national health programmes and policies in a sustainable manner, and Member States and partners were encouraged to

invest in efforts to include refugees and migrants in future health-related initiatives. She supported the extension of the global action plan to 2030.

The traditional medicine sector had considerable economic potential and required appropriate promotion at the global level. The Organization should encourage the local production of traditional medicines, promote partnerships between the public and private sectors to boost investments in traditional medicine, promote research and development, and strengthen countries' human resource capacity to develop traditional medicine. Member States should mobilize sufficient national resources to tackle epidemics and ensure the maintenance of the basic infrastructure used in traditional medicine. She supported the extension of the WHO traditional medicine strategy 2014–2023 to 2025 and the development of a draft new global traditional medicine strategy for the period 2025–2034.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that it was important for WHO to continue to provide Member States with technical and financial support in the area of traditional medicine and to further promote and strengthen work and research in that area. She therefore supported the extension of the WHO traditional medicine strategy 2014–2023 to 2025 and the development of a draft new global traditional medicine strategy for the period 2025–2034.

The representative of TÜRKİYE welcomed the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030. The Secretariat, Member States and other entities of the United Nations system should strengthen their leadership in the area of refugee and migrant health through strategized, decisive and concrete action and by supporting countries in order to ensure that the burden was shared fairly. She expressed support for the plan's alignment with the Sustainable Development Goals, the Thirteenth General Programme of Work, 2019–2025, the Global Compact on Refugees and the Global Compact for Safe, Orderly and Regular Migration, underscoring the importance of allocating resources across all three levels of the Organization to ultimately achieve impact at the country level. She supported efforts to develop a draft new global traditional medicine strategy for the period 2025–2034 and recommended that the Secretariat should hold consultations with Member States to ensure the draft new global strategy was in line with their needs.

The representative of NEW ZEALAND welcomed the opportunity to discuss the extension of the WHO traditional medicine strategy 2014–2023 to 2025 and the development of a draft new global traditional medicine strategy for the period 2025–2034. Traditional and complementary medicine was not simply a means of dealing with health and wellness, but also an expression of culture. The draft new global strategy should acknowledge the unique and localized contexts of Indigenous Peoples across countries, reflect the diverse resources available to Member States to support traditional medicine, incorporate traditional methods of safety and quality assurance and place greater focus on indigenous data sovereignty, which would be integral to the global strategy's successful implementation.

The representative of the KINGDOM OF THE NETHERLANDS emphasized the importance of WHO's role in supporting the regulation of traditional and complementary medicine practices and the protection and conservation of traditional and complementary medicine resources, particularly knowledge-related and natural resources, in accordance with national legislation. It was essential to underscore the importance of public health and biodiversity protection in the development of traditional medicines.

The representative of ECUADOR said that effective implementation of the extended WHO global action plan on promoting the health of refugees and migrants, 2019–2023 would require long-term action in order to increase the capacity of health systems to meet, and be sensitive to, the specific needs of refugees and migrants. The global action plan should promote the principles of reciprocity and shared responsibility on a global level, acknowledging the health rights of migrants, regardless of their migratory status, and the relevant outcomes should be tracked in order to update and develop policies and related actions. Extending the global action plan would help to strengthen implementation of the

plan's priorities 4, 5 and 6 and to create strategic partnerships involving both national entities and international organizations, with a view to providing integrated health services.

The representative of BRAZIL said that equity must guide the Organization's discussions on global health. Urgent steps were required to ensure that refugees, migrants, asylum seekers and internally displaced people, regardless of their status, had access to the products and services necessary for them to enjoy the highest attainable standard of mental and physical health. She welcomed action-oriented initiatives, such as the WHO global action plan on promoting the health of refugees and migrants, 2019–2023, and expressed strong support for its extension to the year 2030, in order to achieve universal health coverage. The forthcoming Third Global Consultation on the Health of Refugees and Migrants would be a strategic opportunity to discuss ways to improve the health and well-being of refugees and migrants.

She expressed support for the development of a draft new global traditional medicine strategy for the period 2025–2034. The integration of safe and evidence-based traditional and complementary medicine into health systems was particularly important for Indigenous Peoples, who had the right to maintain their traditional health practices and medicine.

The representative of the UNITED STATES OF AMERICA expressed support for the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030. Meeting the full range of health needs of refugees and migrants, including in relation to both their physical and mental health, required sustained and long-term efforts, with continued coordination between WHO, UNHCR and IOM. Ensuring their inclusion in and access to comprehensive health services was essential to achieving universal health coverage and reflected the global community's commitment to better address disparities and promote equity. It was important to recognize UNFPA and UNICEF in the draft resolution on the extension of the global action plan, as those organizations played an essential role in accelerating progress towards Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and Sustainable Development Goal 5 (Achieve gender equality and empower all women and girls). Reaching women and girls, in all their diversity, in conflict-affected and fragile settings was essential to promoting gender equality and improving health outcomes, including ensuring access to life-saving sexual and reproductive health services, preventing and responding to gender-based violence and reducing maternal mortality. He expressed support for the Global Health Cluster Sexual and Reproductive Health Task Team and the leadership role of UNFPA in that area. The period up to the year 2024 would be essential and formative for the Task Team's work. Maintaining momentum at the global level was imperative to ensure progress on the ground, including through strengthening cluster coordination to address the specific health needs of women and girls in emergencies.

He expressed support for the draft decision on the global strategy on traditional medicine, recommended that the draft new global strategy should maintain the focus on scientific rigour and stressed that Member States must adhere to their obligations under the Convention on International Trade in Endangered Species of Wild Fauna and Flora. He noted with satisfaction the progress achieved in strengthening regulatory systems for traditional medicine and the continued development of WHO's technical guidance. The draft new global traditional medicine strategy should continue to foster that progress.

The representative of the RUSSIAN FEDERATION commended the Organization's focus on issues related to the health of migrants and refugees, who were among the most vulnerable in society. He commended the progress achieved through the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 and supported its extension. While he supported the draft decision on the global strategy on traditional medicine, it was important to build traditional medicine capacities, develop safety and monitoring mechanisms and enhance education and training in that area.

The representative of MOROCCO, outlining the measures taken by his Government to promote the health of refugees and migrants, expressed support for the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030.

The representative of TIMOR-LESTE said that the challenges of providing evidence-based traditional medicine services included difficulties in producing evidence for national policies, and the lack of standardized, safe and high-quality medicines and of a trained health workforce. There was a need to integrate traditional medicine into health systems, particularly at the primary health care level, and to include such medicines in national essential medicines lists. She welcomed the leadership of the Regional Office for South-East Asia in the area of traditional medicine.

The representative of EL SALVADOR expressed the hope that PAHO and WHO would continue to support the implementation of integrated strategies to meet the needs of migrants in his country, thereby promoting the right to health for all.

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

## SIXTH MEETING

Friday, 26 May 2023, at 16:40

**Chair:** Mrs K. DRAŹEK-LASKOWSKA (Poland)

### **PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES** (continued)

#### **1. REVIEW AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:** Item 22 of the agenda (continued)

##### **Management, legal and governance matters** (continued)

##### **Global strategies and plans of action that are scheduled to expire within one year:** Item 22.3 of the agenda (continued)

- **WHO global action plan on promoting the health of refugees and migrants, 2019–2023** (documents A76/7 Rev.1 and EB152/2023/REC/1, decision EB152(17)) (continued)
- **WHO traditional medicine strategy 2014–2023** (documents A76/7 Rev.1 and EB152/2023/REC/1, decision EB152(18)) (continued)

The representative of the REPUBLIC OF KOREA agreed on the need to promote the health of refugees and migrants which could be done by improving accessibility to essential health services and boosting special efforts, such as vaccination, during public health emergencies. His Government would support the Organization's efforts to achieve the goals of the WHO global action plan on promoting the health of refugees and migrants, 2019–2030 and to promote traditional medicine. It was particularly important to develop clinical practice guidelines on the use of traditional medicine using strict evidence-based methodology.

The representative of NAMIBIA welcomed the progress made under the WHO traditional medicine strategy 2014–2023. The reorientation of health systems to primary health care was the way to achieve universal health coverage by the year 2023. Recalling the commitments made by Member States under United Nations General Assembly resolution 74/2 (2019), namely, to integrate, as appropriate, safe and evidence-based traditional and complementary medicine services within health systems, he said that those commitments should be implemented according to the national context and priorities. Evidence generation was critical to evaluating the safety and effectivity of traditional and complementary medicine. However, it was unclear whether Member States had been supported in that regard. The Secretariat should support Member States to implement the WHO traditional medicine strategy 2014–2023 and to evaluate traditional and complementary medicines in countries where they had been used for a considerable period of time and reported to be anecdotally safe and effective. Holistic indigenous knowledge was key to identifying local solutions through community involvement, which was a pillar of primary health care. He expressed support for the draft decisions contained under the current item.

The representative of the ISLAMIC REPUBLIC OF IRAN recalled the importance of burden sharing when responding to the health and social care needs of refugees and asylum seekers. All Member States should, in the spirit of international cooperation, global solidarity and shared responsibility, take measures to support countries experiencing a mass influx of refugees and do so in a manner that was compatible with the national laws, policies and plans of the host countries. He called upon the international community to establish an efficient and effective international mechanism to support countries in mass influx situations by ensuring the provision of comprehensive health services for refugees and their host communities. Sustainable international contributions to the national health systems of host countries needed to be enhanced to improve the quantity and quality of health care services, including through the development of broader health insurance schemes.

He expressed support for the WHO traditional medicine strategy 2014–2023 and made a commitment to continue engaging with the Secretariat to further realize the potential of traditional medicine.

The representative of BOTSWANA said that the progress achieved on the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 was commendable although much more work needed to be done. The Secretariat should work with Member States to meet the health needs of refugees and migrants and continue to advocate for their inclusion, especially in ongoing discussions to improve emergency preparedness and response at the global level.

While progress had been made in the implementation of the WHO traditional medicine strategy 2014–2023, more could still be done to assist those Member States that were lagging behind. Recalling the reported use of traditional and complementary medicine during the coronavirus disease (COVID-19) pandemic in several Member States, she called for the regulated use of such medicines to avoid harm. She welcomed the proposal to extend the WHO traditional medicine strategy 2014–2023 to the year 2025 and to develop a draft new global traditional medicine strategy for the period 2025–2034.

Her Government supported the recommendations contained within the draft decision and the draft resolution.

The representative of PERU said that it was important to comprehensively address the health of refugees and migrants. He commended the progress achieved in the implementation of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 and welcomed the draft resolution on its extension. On-the-ground interventions by WHO were a crucial part of the frontline response needed to better attend to the health needs of refugees and migrants. The Secretariat should partner with UNHCR and other specialized institutions to acquire more resources to finance such interventions. In order for public health systems to meet the needs of a growing number of people, it would be necessary to invest in infrastructure and human resources. The Secretariat should support Member States in the identification of sources of investment and in the strategic allocation of resources.

The representative of INDONESIA supported the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 and called for it to be updated to reflect current realities. She looked forward to the draft new global traditional medicine strategy for the period 2025–2034 which should enable the discovery and scientific approval of more traditional medicines. She called for more opportunities to integrate traditional medicines into health care facilities, provided there was sound evidence of efficacy and safety, which should be acquired through scientifically approved, proven research methods.

The representative of PANAMA supported the WHO global action plan on promoting the health of refugees and migrants, 2019–2023.

The representative of the PHILIPPINES said that stronger collaboration and long-term vision were needed to advance the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 and the WHO traditional medicine strategy 2014–2023. It was imperative to provide

continuous and comprehensive technical support to Member States so that they could harness their full potential and ensure sustainability.

The representative of INDIA welcomed the decision to extend the WHO traditional medicine strategy 2014–2023 to the year 2025 and develop a draft new global traditional medicine strategy for the period 2025–2034. It was important to continue working on the existing strategy during the period 2023–2024. The draft new strategy should include preparedness for new health challenges and address the shift in health care towards preventive care and wellness. It should be developed in consultation with Member States and other relevant stakeholders.

The representative of MALAYSIA supported the draft decision on the global strategy on traditional medicine, including the proposals to extend the WHO traditional medicine strategy 2014–2023 to the year 2025 and develop a draft new global traditional medicine strategy for the period 2025–2034. He appreciated the efforts of the Secretariat to provide Member States with technical support to integrate traditional and complementary medicine into their national health systems and services. Traditional and complementary medicine had a great deal of potential to contribute to universal health coverage.

The representative of SOUTH AFRICA supported the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to the year 2030 and the request for the Director-General to submit a progress report on its implementation to the Health Assembly in the years 2025, 2027 and 2029. With regard to traditional medicine, she welcomed the extension of the WHO traditional medicine strategy 2014–2023 to the year 2025 and plans to develop a draft new global traditional medicine strategy for the period 2025–2034. The draft new strategy should take into account new developments in the field of traditional medicine.

The representative of ARGENTINA commended the progress achieved and work done to implement the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 and expressed support for the draft resolution, particularly the extension of the plan to the year 2030.

The representative of IOM was encouraged by the draft resolution to extend the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to the year 2030. To achieve the Sustainable Development Goals, especially Goal 3 on good health and well-being for all, there must be continued collaboration to incorporate migration and human mobility, including cross-border movement, into multisectoral health planning and responses related to universal health coverage and pandemic prevention, preparedness and response. She commended the call to set out a longer-term vision for the global action plan with a robust framework to monitor results and integration of migrant health at the global, regional and national levels.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC., speaking at the invitation of the CHAIR, said that palliative care must be part of the health care continuum for refugees and internally displaced populations who were experiencing advanced or life-limiting illness or disabilities. She urged Member States to follow WHO guidance and partner with competent humanitarian organizations to ensure adequate access to palliative care and essential medicines.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, welcomed the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023. Outlining the heightened threats posed to children during migration and displacement, she called on Member States to ensure the continuity of all essential health and nutrition services for migrant and refugee children and their families, including mental health and psychosocial support, sexual and reproductive health services, breastfeeding and nutrition support.



The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC., speaking at the invitation of the CHAIR, said that the development of a new traditional medicine strategy provided an opportunity to develop a positive vision of health that integrated physical, mental, spiritual and social well-being, as outlined in the Geneva Charter for Well-being. Creating synergies between traditional, complementary and integrative medicine and other WHO strategies could enhance health promotion, prevention and disease management in key areas. He expressed concern that investment in research was not commensurate with the considerable use of traditional medicine. Protection of traditional medicine knowledge remained a priority, and innovative intellectual property management models should be explored.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023. Inclusive and quality public health services and an adequately staffed, trained and fairly compensated workforce were essential. There must be firewalls separating health services from immigration control, access to justice, and compliance with core labour standards for refugees and migrant workers. Noting that detention, expulsion and mass deportation deprived migrants and refugees of their right to health, he urged Member States to establish safe and legal pathways to migration that were child-sensitive, gender-transformative and human rights-based.

The DIRECTOR (Health Systems), REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN urged all Member States to work together to address the migrant crisis in the South-East Asia and the Eastern Mediterranean Regions. To achieve the Sustainable Development Goals by the year 2030, the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 should be renewed. A number of measures had been taken to operationalize the global action plan at a regional level. For instance, Member States in the Region had endorsed a strategy to promote the health and well-being of refugees, migrants, internally displaced persons and other displaced groups while the South-East Asia Region was holding its first global pilot of refugee and migrant health country assessments.

The South-East Asia and Eastern Mediterranean Regions welcomed the draft decision on extending the WHO traditional medicine strategy 2014–2023 to the year 2025 and developing a draft new global traditional medicine strategy for the period 2025–2034. It was critical for WHO to leverage the full potential of safe and effective traditional medicine for the health and well-being of all.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) thanked Member States for their contribution to the realization of the health-for-all vision, including for refugees and migrants, and for their support in connection with the proposed extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023. She took note of the suggestions made to strengthen leadership, concrete action, resource allocation and cooperation across the regions. The extension of the global action plan would allow Member States, the Secretariat and WHO partners to work together in a more strategic and structured manner. The Secretariat would continue providing technical support to Member States in line with the global action plan. Progress monitoring was key to future work as it allowed WHO to update policy actions and strengthen capacity, particularly at the local level. The Secretariat stood ready to work in partnership with Member States and to improve coordination with the rest of the United Nations System and other relevant stakeholders with a view to promoting the health of refugees and migrants.

The DIRECTOR (Integrated Health Services) took note of the comments made underscoring the importance of evidence-based traditional medicine as a part of integrated health care, and the need for an intercultural approach in the field of traditional medicine. He understood the need to protect traditional wisdom for the health of Indigenous Peoples and acknowledged the concerns about data sovereignty, the rights of Indigenous Peoples, equitable access to health care and the protection, conservation and sustainable use of traditional medicine resources. WHO was committed to adhering to

the Convention on Biological Diversity 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. The Secretariat recognized the advances made in the legal and regulatory frameworks on traditional medicine at the national level and would be calling on Member States' experience for the development of guidelines and standards. Scientific rigour would be fully applied in the generation and review of evidence related to traditional medicine. He welcomed collaboration among Member States and the sharing of traditional medicine knowledge, practices and evidence. The Secretariat was committed to developing a draft new global traditional medicine strategy for the period 2025–2034 in consultation with Member States to address challenges, emerging needs and demands and would submit the new strategy to the Health Assembly in the year 2025. It would continue to provide support for the development of traditional medicine in Member States and looked forward to their participation in the third WHO global survey on traditional medicine.

The CHAIR took it that the Committee wished to note the relevant sections of the report contained in document A76/7 Rev.1.

**The Committee noted the relevant sections of the report.**

The CHAIR took it that the Committee wished to approve the draft resolution on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to the year 2030, recommended in decision EB152(17), as contained in document EB152/2023/REC/1.

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

The CHAIR took it that the Committee wished to approve the draft decision on the global strategy on traditional medicine, recommended in decision EB152(18), as contained in document EB152/2023/REC/1.

**The draft decision was approved.<sup>2</sup>**

**2. UPDATE ON THE INFRASTRUCTURE FUND:** Item 23 of the agenda

- **Geneva buildings renovation strategy** (document A76/7 Rev.1)
- **Update on information management and technology** (documents A76/33 and A76/48)

The CHAIR drew attention to the report contained in document A76/7 Rev.1, particularly the sections on the Geneva buildings renovation strategy, and the reports contained in documents A76/33 and A76/48 providing an update on information management and technology.

The CHAIR OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD presented the report of her Committee contained in document A76/48.

The CHAIR took it that the Committee wished to note the relevant section of the report contained in document A76/7 Rev.1, and the reports contained in documents A76/33 and A76/48.

**The Committee noted the relevant section of the report contained in document A76/7 Rev.1 and the reports contained in documents A76/33 and A76/48.**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA76.14.

<sup>2</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA76(20).

**3. PARTICIPATION OF MEMBER STATES IN WHO MEETINGS:** Item 24 of the agenda

- **Voluntary Health Trust Fund for small island developing States (terms of reference)** (documents A76/34 and A76/34 Add.1)
- **Current practices for funding participation of Member States in WHO meetings** (document A76/35 Rev.1)

The CHAIR invited the Committee to consider the draft decision on the voluntary health trust fund for small island developing States (terms of reference) contained in document A76/34. The financial and administrative implications of the draft decision for the Secretariat were set out in document A76/34 Add.1. Current practices for funding participation of Member States in WHO meetings were contained in document A76/35 Rev.1.

The representative of the COMOROS thanked the Director-General and the Secretariat for the impetus towards the development of small island developing States, which faced challenges in areas such as malnutrition, noncommunicable diseases and climate change.

Speaking on behalf of the Member States of the African Region, he expressed support for the actions to be taken by the Health Assembly as described in documents A76/34 and A76/35 Rev.1. and endorsed the draft terms of reference of the voluntary health trust fund.

The representative of FIJI, speaking on behalf of the small island developing States, said that small island developing States faced many socioeconomic and environmental challenges, which were hindering progress towards achieving the SIDS Accelerated Modalities of Action (SAMOA) Pathway and the Sustainable Development Goals. Partnership and support would be required to overcome such challenges. The draft terms of reference of the voluntary health trust fund had been negotiated in an inclusive and transparent manner in line with WHO guidelines and should be endorsed. He thanked Member States and the Secretariat for their support in the development of the terms of reference and looked forward to the fund's implementation.

The representative of MALDIVES welcomed efforts to increase the involvement of small island developing States in WHO meetings and appreciated the proposal for a voluntary health trust fund. The fund would facilitate the participation of small island developing States in WHO meetings and offer technical support and capacity-building opportunities.

Her delegation supported the draft decision but proposed two amendments to the draft terms of reference. In order to ensure that all small island developing States would be informed of funding opportunities, she suggested deleting the words "depending on their needs" from paragraph 7.2 of the draft terms of reference to read: "SIDS that are Member States of WHO will be informed of the available funding opportunity through the WHO established channels of communication and will be advised to submit their application". Subparagraph 8.4 (iv) of the draft terms of reference should be amended as follows to allow ministers of health and ministers for foreign affairs alike to submit applications: "Interested and qualified candidates must submit applications through their Ministry of Health or Ministry of Foreign Affairs, their permanent mission to the United Nations Office at Geneva or their mission accredited to WHO headquarters in Geneva".

The representative of NEW ZEALAND said that the 2021 Small Island Developing States Summit for Health provided an important opportunity to support the health systems of small island developing States and their representation in global health governance processes. It was essential for Member States to continue working in concert with the Secretariat to ensure that the unique health needs of small island developing States were addressed on the global health agenda and considered across the Organization's work.

The representative of MAURITIUS said that it was important to put in place a mechanism that increased the role of small island developing States in decision-making, particularly on issues affecting them. She expressed hope that the adoption of the draft terms of reference would facilitate the participation of small island developing States within the Organization and provide the necessary technical support for their health concerns.

The representative of SAMOA said that small island developing States had unique vulnerabilities that limited their capacity to develop their health systems. They must engage in global health discussions to ensure that multilateral disciplines had meaningful implementation nationally. Although it was costly to participate in the Health Assembly, small island developing States should not be deterred from international engagement. She supported the proposed voluntary health trust fund and called on partners to contribute to the fund and accelerate its operation.

The representative of the BAHAMAS applauded WHO's work to establish the voluntary health trust fund. Broader representation in WHO governing bodies would keep the diversity of Member States at the forefront of deliberations, while listening to all voices would promote solidarity to achieve health for all. However, it could be cost-prohibitive for small island developing States to participate in annual WHO meetings as their health budgets were stretched across multiple priorities. Provision of technical support and capacity-building opportunities on key health concerns was important. It was paramount for small island developing States to sustain the gains achieved during the COVID-19 pandemic despite the socioeconomic problems they faced as a result of climate-related threats. She supported the arrangements for the fund and eagerly anticipated active engagement.

The representative of JAMAICA appreciated the positive step taken towards adopting the draft terms of reference of the voluntary health trust fund and the consultations held to make them consensus-based. She commended the Secretariat for fulfilling its commitment to apply the lens of small island developing States across its programme of work. Developed Member States and other donors were encouraged to contribute to the fund.

The representative of the DOMINICAN REPUBLIC welcomed the consensus reached to adopt the draft terms of reference of the voluntary health trust fund and encouraged all Member States and WHO partners to contribute to the fund.

The representative of the MARSHALL ISLANDS said that the draft terms of reference of the voluntary health trust fund would ensure that small island developing States, which faced grave health and development challenges, were not left behind. She called on all Member States and other parties to support the fund. Without the Organization's support, small island developing States could not have reached such an important milestone. Her Government therefore supported the timely adoption of the draft terms of reference.

The representative of VANUATU supported the draft resolution on the terms of reference of the voluntary health trust fund and recognized the need to provide support to small island developing States. Following inclusive and transparent consultations, the draft terms of reference had sufficient scope to address the needs of those States. She called on all donors and development partners to support the fund.

The representative of PORTUGAL empathized with the challenges small island developing States faced due to their size, remote location and distance. He therefore welcomed all international support to address those challenges, especially to safeguard health care systems in those States and advance the implementation of the Sustainable Development Goals. He commended the adoption of the draft terms of reference of the voluntary health trust fund, which would encourage wider participation from interested States. Solidarity was the basis of an effective multilateral system.

The representative of AUSTRALIA expressed support for the draft decision on the voluntary health trust fund. Small island developing States must participate in negotiations in order for WHO to achieve health for all. Their unique vulnerabilities should be reflected in the Organization's discussions and outcomes. She was pleased that the voluntary health trust fund would support the provision of technical support and capacity-building on issues that were directly relevant to the concerns and challenges of small island developing States. The fund's work should focus on helping the most vulnerable and resource-constrained States and consider gender and geographical balance when allocating funding. It would be considerably valuable to support the engagement of small island developing States in the forthcoming meetings of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (pandemic accord), and of the Working Group on Amendments to the International Health Regulations (2005). Given the May 2024 deadline for their outcomes, she urged the Secretariat to operationalize the fund as soon as possible.

The REGIONAL DIRECTOR FOR THE AMERICAS welcomed the initiative to create a voluntary health trust fund for small island developing States, which would be greatly beneficial, particularly for Caribbean countries in the Region. Small island developing States faced several burdens, including challenges in accessing financing and extreme weather conditions. He noted calls by Member States for increased technical and financial support to strengthen capacities for emergency preparedness and response. It was particularly important to help Member States to improve human resource capacities, build smart and resilient health facilities, ensure access to health technologies and conduct research on the impacts of climate change on health. The establishment of the fund would certainly facilitate the participation of small island developing States in international meetings and deliver the resources that they had requested. It was imperative that the voices of small island developing States were heard in order to help them to reduce the impact of climate change.

The CHAIR invited the Committee to note the report contained in document A76/35 Rev.1.

**The Committee noted the report.**

The CHAIR took it that the Committee wished to approve the draft decision contained in document A76/34 as amended by the representative of Maldives.

The representative of FIJI expressed a preference for retaining the original draft decision given the support it had received from other small island development States. He would be glad to address the issues that those States had raised in order to keep the process inclusive and transparent.

The representative of MALDIVES agreed to withdraw the proposed amendments.

The CHAIR took it that the Committee wished to approve the draft decision on the voluntary health trust fund for small island developing States (terms of reference) contained in document A76/34.

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

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA76(21).

**4. COLLABORATION WITHIN THE UNITED NATIONS SYSTEM AND WITH OTHER INTERGOVERNMENTAL ORGANIZATIONS:** Item 26 of the agenda (document A76/36)

The CHAIR drew attention to the report on collaboration within the United Nations system and with other intergovernmental organizations contained in document A76/36.

The representative of GERMANY, speaking on behalf of Belgium, Denmark, Finland, France, Germany, Ghana, Ireland, the Kingdom of the Netherlands, Norway, Portugal, Slovenia, Spain and the United Kingdom of Great Britain and Northern Ireland, appreciated the close collaboration of WHO with the other signatory agencies of the Global Action Plan for Healthy Lives and Well-being for All on the health-related Sustainable Development Goals. She welcomed the review of the Global Action Plan's effectiveness and supported the six recommendations contained in the 2023 progress report on the Global Action Plan for Healthy Lives and Well-being for All.

Impact at the country level would be best measured by the resilience of health systems, which depended on domestic efforts and agencies' support. The presence of resilient and well-financed systems determined how and whether countries could deliver on Sustainable Development Goal 3. Health systems strengthening should therefore be prioritized. Greater collaboration within the multilateral system, with WHO at its centre, was required in order to ensure coordinated support, action and progress on the health-related Goals. The Future of Global Health Initiatives and the high-level meetings of the United Nations General Assembly on pandemic prevention, preparedness and response, universal health coverage, and the fight to end tuberculosis would be important avenues to improve collaboration.

The representative of the INTERNATIONAL ATOMIC ENERGY AGENCY said that her organization had enjoyed a longstanding partnership with WHO in areas such as noncommunicable diseases, nutrition and vector-borne diseases. She gave details on several collaborations with United Nations agencies, intergovernmental agencies and other partners on cancer and pandemic preparedness and response. Her organization looked forward to strengthening such collaborations to support Member States in driving health for all.

The representative of AUSTRALIA welcomed WHO's continued engagement with the United Nations system to advance the implementation of the 2030 Agenda for Sustainable Development and progress towards the Sustainable Development Goals. The Goals and targets were integrated and indivisible and required collaborative partnership and action. Recognizing the support and technical guidance provided by WHO, she encouraged the Secretariat to draw from other bodies of the United Nations system for specialist advice. It was imperative for the Organization to integrate health risks into preparedness and response planning for positive humanitarian outcomes.

The SPECIAL ADVISOR TO THE DIRECTOR-GENERAL appreciated the support shown for the six recommendations for the Global Action Plan for Healthy Lives and Well-being for All. The Global Action Plan was one important way in which Member States could work with the Secretariat to accelerate the Sustainable Development Goals, as requested by the Director General in his address to the Health Assembly, helping to create a more effective and efficient multilateral system. The Secretariat and partner agencies would be happy to work with all Member States within the framework of the Global Action Plan to address the lagging progress on implementing the Goals.

The representative of MAURITANIA, speaking on behalf of the Member States of the African Region, supported the Secretariat's efforts to coordinate, boost and harmonize global action for health and to encourage engagement with the United Nations system and other intergovernmental organizations. Such collaboration was critical for the Region.

In order to support efforts to achieve the Sustainable Development Goals by 2030, he recommended that the Secretariat should further improve collaboration within the United Nations system and forge more partnerships on health and sustainable development. Collaboration should focus

on public health priorities, such as ensuring equitable access to vaccines and building capacities for pandemic response. Substantial technical and financial support was required at the national level as part of collaboration between WHO country offices and representatives of other United Nations entities. The Secretariat should also take the necessary steps to ensure that the Organization could actively participate in the 2026 high-level meeting of the United Nations General Assembly on improving global road safety. More support and technical guidance should be provided on different United Nations resolutions connected to the topic of health so that Member States could prioritize the health sector when making decisions. Finally, improved transparency and support for Member States were required to make progress towards the health-related Goals.

The CHAIR invited the Committee to note the report contained in document A76/36.

**The Committee noted the report.**

**5. MATTERS FOR INFORMATION:** Item 27 of the agenda

**Progress reports:** Item 27.1 of the agenda (documents A76/37 and A76/37 Add.1)

**PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE**

- A. **Strengthening local production of medicines and other health technologies to improve access (resolution WHA74.6 (2021))**
- B. **Health in the 2030 Agenda for Sustainable Development (resolution WHA69.11 (2016) and decision WHA70(22) (2017))**
- C. **Global action on patient safety (resolution WHA72.6 (2019) and decision WHA74(13) (2021))**
- D. **Antimicrobial resistance (resolution WHA72.5 (2019))**
- E. **Eradication of dracunculiasis (resolution WHA64.16 (2011))**
- F. **Global action plan on the public health response to dementia (decision WHA70(17) (2017))**

**PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES**

- G. **The World Together: Establishment of an intergovernmental negotiating body to strengthen pandemic prevention, preparedness and response (decision SSA2(5) (2021))**
- H. **Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1 (2007))**

**PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING**

- I. **The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond (decision WHA74(25) (2021))**
- J. **WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments (decision WHA74(24) (2021))**
- K. **Decade of Healthy Ageing 2020–2030 (decision WHA73(12) (2020))**
- L. **Water, sanitation and hygiene in health care facilities (resolution WHA72.7 (2019))**
- M. **Prevention of deafness and hearing loss (resolution WHA70.13 (2017) and decision WHA74(17) (2021))**

**N. Plan of action on climate change and health in small island developing States (decision WHA72(10) (2019) and paragraph 29 of document A72/16)**

The CHAIR invited delegates to discuss the progress reports under Pillar 1.

The representative of SWEDEN supported the three proposed focus areas on antimicrobial resistance and would welcome including the topic as an agenda item at the Seventy-seventh World Health Assembly. The 2024 high-level meeting of the United Nations General Assembly on antimicrobial resistance would be a critical opportunity to reverse the negative trend of increasing resistance and address the insufficient and fragile supply of effective antimicrobials. At the meeting, Member States' commitments to securing reliable access to effective treatments would be crucial. It was important to ensure adequate funding, technical support and a monitoring framework in that regard. Evidence-based recommendations by the Secretariat would be a valuable contribution to the meeting's outcome document. While a One Health approach and cross-sectorial coordination and cooperation were critical for antimicrobial resistance response, substantial progress within sectors could be further leveraged by applying sector-specific strategies. He therefore welcomed the plan to develop a costed, strategic and operational framework. The importance of representative and reliable national surveillance data could not be underestimated when it came to detecting risks, monitoring cases and understanding the impact of interventions. He welcomed the work done to pilot certain protocols in selected countries.

The representative of SENEGAL commended the Director-General for the report. He outlined initiatives implemented in his country to promote local production and distribution of medicines.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, congratulated the Secretariat for achieving several milestones related to antimicrobial resistance, which had helped to increase political commitment, raise awareness and mobilize resources in that area. However, key challenges remained concerning implementation and the funding gap. The Secretariat should collaborate with partners to review challenges, develop a global costed operational framework to address drug-resistant bacterial infections, establish global targets in human health and recommend concrete actions on funding, coordination, monitoring and governance. Equally, it should coordinate with all partners to develop concrete inputs for the political declaration of the high-level meeting of the United Nations General Assembly on antimicrobial resistance. She recommended that a substantive agenda on antimicrobial resistance should be discussed at the 154th session of the Executive Board, the outcome of which could contribute to the political declaration.

In her national capacity, she said that increasing local production capacity required comprehensive approaches on the supply and demand side. It was necessary to strengthen pharmaceutical supply chains, including through the processes of sourcing raw materials, manufacturing, distributing and delivering medications, and to secure high demand to support a healthy market through universal health coverage. Factors such as robust national regulatory authorities, conducive ecosystems, a strong workforce, improved research and development capacity, and public-private collaborations, would help to increase production capacity.

The representative of DENMARK said that the rise in out-of-pocket health spending was particularly concerning. The Sustainable Development Goals remained indispensable for achieving universal health coverage, and financial protection from catastrophic health expenditures could not be overlooked. Political commitment to prioritizing fiscal space for national health spending must be promoted at the forthcoming high-level meeting of the United Nations General Assembly on universal health coverage. It was also concerning that progress made in preventing new tuberculosis cases had reversed between 2020 and 2021. She expressed hope that the high-level meeting of the United Nations General Assembly on the fight to end tuberculosis would foster the necessary momentum to get back on track.



Diverse stakeholder engagements should be strengthened to deliver concerted action against antimicrobial resistance. Although access to essential and new antimicrobials, diagnostic tools and vaccines was important, stewardship was also vital. The Secretariat's update on the technical support and actionable policy guidance available in that area was therefore appreciated. Implementation gaps needed to be considered when developing interventions, frameworks and technologies in order to translate outputs into impact. She strongly supported the development of a WHO strategic framework on addressing drug-resistant bacterial infections. She also supported the Secretariat's proposals to move the response forward through the 2024 high-level meeting of the United Nations General Assembly on antimicrobial resistance and by providing enhanced technical support. Antimicrobial resistance should be on the agenda of the next World Health Assembly.

The representative of the BAHAMAS highlighted some of the measures taken in his country to review the consequences of the COVID-19 pandemic and identify barriers to meeting the Sustainable Development Goals. Regarding patient safety, his Government noted the urgent need for policy and resource investment at the national and subnational levels and looked forward to the global patient safety report 2023. Although much work had been done, additional efforts were needed to address the policy and resource allocation requirements to improve patient safety for all.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND was pleased to see increased collaboration on antimicrobial resistance within the quadripartite partnership and supported a Member-State led process. She encouraged leveraging existing funds for antimicrobial resistance interventions and called on WHO and other relevant bodies to facilitate access to funding. She looked forward to further information on the proposal to develop a costed WHO strategic and operational framework. Her delegation agreed that it was imperative to implement and monitor national action plans, adding that evaluation was key to improving and sharing best practices between Member States. She concurred with the request to add antimicrobial resistance to the agenda of the next World Health Assembly.

Patient safety was another priority that deserved urgent and concerted action. Ongoing policy and resource investment at the national level was required to achieve the goals of the global patient safety action plan 2021–2030.

The representative of the UNITED STATES OF AMERICA commended the Secretariat for its efforts in supporting Member States to achieve sustainable local production of medicines and health technologies. Strengthening sustainable global manufacturing of good-quality medical products and increasing coordination and oversight would be critical to timely and more equitable access. Regarding patient safety, she commended the Secretariat on the progress made. Her delegation reiterated its calls for the Secretariat to support Member States, adequately invest in patient safety and improve health care quality, for instance, by enhancing infection prevention and control. As the full impact of the COVID-19 pandemic on antimicrobial resistance was becoming clearer, the Organization must consider how to better adapt national action and pandemic preparedness and response plans toward all threats. Her Government welcomed the Secretariat's dedication to supporting Member States, including in implementing and monitoring their national action plans. Regular consultations with Member States and collaboration with other quadripartite organizations and relevant stakeholder groups should continue. Her delegation appreciated WHO's efforts to eradicate dracunculiasis and was also pleased to see that dementia research and innovation had been prioritized. Dementia research must increase to meet the anticipated rise in cases.

The representative of CHAD, speaking on behalf of the Member States of the African Region, said that, considering the delay in progress caused by the COVID-19 pandemic, all energy must be devoted to strengthening health districts and implementing solidarity mechanisms to reduce inequalities in access to health care. Turning to patient safety, the Region encouraged Member States to note the global patient safety action plan 2021–2030 and requested the Director-General to report back on its

progress in line with resolution WHA74(13) (2021). The Secretariat and its partners should strengthen the financing of interventions on patient safety. On antimicrobial resistance, she called on WHO, FAO, OIE and other partners to help to finance the implementation of national action plans through a One Health approach. Regarding dracunculiasis, she requested that Member States, UNICEF, the Carter Center and other relevant partners support the Central African Republic, Chad, Ethiopia and South Sudan to end its transmission. Given the increase of people with dementia, the Region encouraged Member States to accelerate the implementation of the global action plan on the public health response to dementia 2017–2025 and requested the Director General to report back on progress in that regard. She called on all delegations to note the reports.

The representative of BRAZIL said that strengthening local production guaranteed equitable access and cooperation, which generated autonomy. The lessons learned from the COVID-19 pandemic showcased the need to strengthen the links between health, economy, production and innovation. Enabling and supporting those links, especially in middle- and low-income countries and regions, was perhaps one of the biggest challenges in achieving a sustainable global future. It was crucial that WHO kept engaged in that regard by conducting a thorough evaluation of lessons learned from the pandemic and of the work done by the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response.

The representative of INDIA said that it was important to prioritize capacity-building for Member States in the area of quality assurance of locally produced medicines, including training for local regulatory authorities and support for establishing quality control laboratories. Health care organizations should promote patient safety and encourage staff to report errors without fear of reprisal. Outlining clear policies and procedures was crucial. The Secretariat could support Member States in establishing standard operating procedures for reporting and in developing standard safety guidelines. Support should be provided at all levels of WHO. Turning to antimicrobial resistance, each stakeholder should have a dedicated budget to implement the activities set out in national action plans as it would lead to ownership and sustainable, long-term action.

The representative of the KINGDOM OF THE NETHERLANDS said that local production was crucial for ensuring worldwide access to health products. It was necessary to expand production facilities, diversify supply chains and reinforce regional networks. Strong ecosystems were key. He therefore welcomed the development of the situational analysis tool to help Member States to analyse their eligibility for strengthening production. Exchange was required within WHO and between relevant stakeholders when planning, implementing and evaluating the initiatives under Pillar 1.

He welcomed the work on the global action plan on antimicrobial resistance and strongly supported the development of a WHO strategic framework on addressing drug-resistant bacterial infections. A separate agenda item on antimicrobial resistance should be included at the 154th session of the Executive Board to discuss the proposed framework. Antimicrobial resistance should also be prioritized in national policies and at the World Health Assembly.

Regarding the response to dementia, urgent accelerated efforts were needed across all areas and countries to reach the targets of the global action plan on the public health response to dementia 2017–2025.

The representative of MALDIVES appreciated the technical support provided by the Secretariat on antimicrobial resistance but recognized the need to further enhance surveillance systems to monitor prevalence and trends. It was particularly important to establish mechanisms to collect and analyse data on antibiotic use and resistance patterns. The Global Antimicrobial Resistance and Use Surveillance System offered a standardized approach to collect, analyse, interpret and share data. However, obtaining the data was a major challenge owing to limited laboratory capacity. The insufficient number of well-equipped laboratories and trained staff in his country restricted large-scale testing. Addressing those

challenges required a multifaceted approach, increased investment in laboratory infrastructure, strengthened technical capacity, collaboration between stakeholders, and predictable and sustainable funding. International partnerships and support from Member States with expertise, WHO and other organizations were also necessary. He welcomed the actions contained in the progress report.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC., speaking at the invitation of the CHAIR, thanked the Secretariat for the progress report on strengthening local production of medicines and other health technologies to improve access but noted that it contained no reference to the local production of internationally controlled essential medicines. Such medicines were essential for critical and palliative care but had been out of stock due to fragile supply chains and a lack of local production hubs. The forthcoming World Local Production Forum should include a focus on the local production of controlled medicines with safeguards to prevent diversion and non-medical use.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, urged Member States to leverage pharmacists' contributions to ensure optimal patient outcomes while working for health for all. Pharmacists were uniquely positioned to ensure patient safety by identifying and preventing medication errors, adverse drug reactions and drug interactions. Their interventions saved costs, improved adherence to medication and reduced medication-related problems.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, welcomed the progress on implementing resolution WHA74.6 (2021) on strengthening local production of medicines and other health technologies to improve access. The COVID-19 pandemic demonstrated the importance of distributed health product manufacturing to meet major public health challenges. Licensing and technology transfer could be key ways to achieve that.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIR, said that the global action plan on the public health response to dementia 2017–2025 was a commendable commitment. However, none of the seven targets were set to be achieved by the 2025 deadline. The Organization must retain the global action plan and extend it to 2029. The plan was the best instrument to tackle one of the biggest health and care crises of the century.

The representative of the MMV MEDICINES FOR MALARIA VENTURE, speaking at the invitation of the CHAIR, said that local production of quality-assured medicines required coordinated efforts to upgrade equipment, skills and regulatory procedures and allow manufacturers to present robust dossiers for WHO pre-qualification. There was an urgent need to boost regional pharmaceutical manufacturing in order to: address ongoing epidemics; achieve greater supply chain security; reduce the use of substandard medicines; meet the health needs of growing populations; develop the skills of local manufacturers; enhance national autonomy in health planning; and increase local employment and economic growth.

The representative of the WORLD FEDERATION OF NEUROLOGY, speaking at the invitation of the CHAIR, emphasized the need to prioritize brain health as a key component of the 2030 Agenda for Sustainable Development and to raise awareness about neurological disorders. It was important to recognize the critical role of research and innovation in advancing neurological care and brain health. The implementation of the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and the promotion of brain health were integral components of the 2030 Agenda. She strongly advocated for collaboration and partnerships among all stakeholders.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC., speaking at the invitation of the CHAIR, said that efforts to streamline registration and marketing authorization between

countries were important to achieve decentralized manufacturing. Governments could fund market entry rewards to create incentives for generic manufacturers. The Secretariat was encouraged to publish best practices on disclosure of registration, data and manufacturing to facilitate the design of bioequivalent or biosimilar studies.

The representative of ETHIOPIA welcomed the report on strengthening local production of medicines and other health technologies to improve access and commended the Secretariat for its extensive work. She called on WHO to advance local production and enhance the regulatory system. Better collaboration and coordination in that area was also necessary.

The ASSISTANT DIRECTOR-GENERAL (Antimicrobial Resistance) thanked Member States for their comments on antimicrobial resistance. She fully supported the leadership and actions of Member States, which would be critical to ensure meaningful commitments and develop targets ahead of the high-level meeting of the United Nations General Assembly on antimicrobial resistance. The Secretariat stood ready to develop a costed, strategic and operational framework to address drug-resistant bacterial infections to inform the United Nations General Assembly high-level meeting outcomes and guide the targeted delivery of technical assistance to countries. She noted the requests for substantive discussions on antimicrobial resistance at the 154th session of the Executive Board and Seventy-seventh World Health Assembly.

The CHAIR invited delegates to discuss the progress reports under Pillar 2.

The representative of POLAND thanked the Secretariat for its engagement in negotiations and its efforts to offer advice and support to Member States and the officers of the Intergovernmental Negotiating Body. It was crucial to have a reliable response leader responsible for tackling serious public health threats or emergencies while also maintaining the principle of State sovereignty and national interest. WHO should be that leader. The International Health Regulations (2005) should remain the core instrument of response. He therefore recalled the need for governments to implement and strengthen the core capacities required by the International Health Regulations (2005). All Member States should actively engage in the Intergovernmental Negotiating Body's drafting and negotiation process. The timeline for that process was very ambitious, and the limited time for negotiations should not impact the document's content. Participants should focus on matters that were not covered by other international instruments. The negotiation process should be transparent and accessible to all stakeholders.

The representative of NEW ZEALAND welcomed the progress made during the negotiations of the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005). Both negotiations taking place in parallel were essential steps in preparing for future health emergencies and strengthening prevention and response capabilities. They provided an opportunity to improve the international system for pandemic prevention, preparedness and response, improve equity and highlight the importance of a One Health approach. The work of the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005) were complementary and relied on mutual alignment. He encouraged continued communication and coordination between both bodies and was pleased to see positive and constructive engagement. He looked forward to working towards an agreement before the Seventy-seventh World Health Assembly.

The representative of the BAHAMAS said that establishing an international accord could enhance preparedness through greater collaboration. However, saving lives and health for all must be central to the Organization's efforts, and solidarity must drive collective actions. Although a Member State-led process would foster equity, the inequality in capacities and resources across Member States must be considered for meaningful participation and inclusiveness to be present. Small island developing States

faced significant challenges engaging in the Intergovernmental Negotiating Body due to the scheduling and pace of negotiations, the limited time for national consultations, the complex issues under discussion and restricted technical resources and capacity. She therefore requested targeted support from the Secretariat to small island developing States in order to mitigate unintentional exclusion.

The representative of BRAZIL said that, while significant progress had been achieved since the Intergovernmental Negotiating Body had been established, much work remained to be done to achieve consensus on concrete measures. The pandemic accord must include legally binding provisions to ensure equitable access to pandemic-related products and technologies, decentralized manufacturing capacity and access and benefit-sharing of pathogens. It should also consider the specific needs of developing countries. The Intergovernmental Negotiating Body was the appropriate channel for Member States to agree on a medical countermeasure platform, with an inclusive and transparent governance structure, linked to local and regional production. All Member States should be open during negotiations so that the pandemic accord and revised International Health Regulations (2005) would provide innovative and efficient solutions. She urged the Secretariat and regional offices to support Member States that had expressed concerns regarding the pace of the negotiations. She commended WHO/PAHO for organizing specific sessions on the work of the Intergovernmental Negotiating Body. Given the importance of inclusivity, she appealed for a more transparent process with the participation of all relevant stakeholders.

The representative of JAPAN said that the pandemic accord should equip Member States with health systems that were functional in the face of public health crises and based on resilient, equitable and sustainable universal health coverage. The pandemic accord and the International Health Regulations (2005) must complement each other, avoiding overlaps or contradictions. Both texts should be streamlined at the joint plenary meeting of the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body.

The representative of CÔTE D'IVOIRE, speaking on behalf of the Member States of the African Region, congratulated the Director-General for his support in establishing the Intergovernmental Negotiating Body. The officers of the Body were encouraged to devise a truly legally binding instrument based on human rights, solidarity, inclusivity and transparency while promoting equal access to diagnostic tools, treatments and vaccines. The instrument should be complementary to the International Health Regulations (2005).

He commended the WHO Advisory Committee on Variola Virus Research for the quality of its report. Noting the risk of unknown variola virus stocks, he welcomed the efforts of WHO, the Advisory Committee and global partners to reach a consensus on the date of destruction of live variola virus stocks, which was crucial. The latest proposals for research using live variola virus stocks should be re-examined urgently. The research programme should be conducted in an open and transparent manner under WHO supervision.

The representative of INDONESIA said that the discussions of the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005) were crucial in strengthening the global health architecture. She reiterated the importance of ensuring coherence and interoperability between both bodies. The joint plenary meeting was therefore welcome. Both processes must be based on inclusiveness, transparency, efficiency, consensus and equity. She underscored the need for access and capacity-building support in the development of vaccines, therapeutics and diagnostics tools for developing countries. Priorities for developing countries included pathogen access and benefit-sharing, One Health approaches, capacity-building, technology transfers and financing.

The representative of the RUSSIAN FEDERATION appreciated the consultative process for developing the pandemic accord but expressed concern about the deadline, particularly as the format

and pace of negotiations had not changed. As proposed by several Member States, it would be worthwhile to first develop a shorter framework document that would only contain declarative principles. The remaining content could be completed later.

The representative of NORWAY said that, given the May 2024 deadline, it was important to use the forthcoming meetings on the pandemic accord as constructively as possible. She was grateful that the draft text released on 22 May 2023 offered options for mechanisms that would operate under the accord. The drafting group meeting in June 2023 was an opportunity to determine the most effective way forward to enhance capacities and strengthen equity. Equity and access to countermeasures in scarce supply could best be guaranteed by laying out conditions on equity and procurement when investing in research and development. It was pleasing that the most recent draft had increased emphasis on prevention and surveillance. She looked forward to the high-level meeting of the United Nations General Assembly on pandemic prevention, preparedness and response, which was an invaluable opportunity to consolidate the momentum within the Intergovernmental Negotiating Body.

The representative of the UNITED STATES OF AMERICA sought a pandemic accord that would build capacities, reduce zoonotic disease threats, enable rapid and more equitable responses and strengthen sustainable financing, governance and accountability. It should result in advanced global health security and globally shared commitments and responsibilities. To that end, meaningful participation of external stakeholders, including civil society and the private sector, was required. Her Government looked forward to discussing the latest draft with Member States in the forthcoming drafting group meeting.

The representative of THAILAND commended the Intergovernmental Negotiating Body for the progress made, its due process, including the systematic, transparent and participatory approach taken, and the efforts it had made to align itself with the Working Group on Amendments to the International Health Regulations (2005). Some outstanding issues such as access and benefit-sharing needed to be addressed. It was particularly important to address intellectual property protection and supply and logistics management. He invited the Intergovernmental Negotiating Body to review the text and participate in forthcoming negotiations. Both instruments should be effective in strengthening Member States' capacity for pandemic preparedness, prevention, response and recovery. Regarding smallpox, his Government fully supported the Organization's ongoing efforts to ensure the destruction of variola virus stocks to mitigate the risks associated with accidental or intentional release of the virus.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND thanked the Organization for driving progress within the Intergovernmental Negotiating Body and expressed her appreciation to non-State actors and the public for their work in shaping early drafts of the pandemic accord. She hoped that that collaboration would continue during the ongoing negotiations. Much work remained to be done in order to develop an accord that could be agreed by consensus. The Intergovernmental Negotiating Body still needed to address questions regarding the instrument's scope, content and form. She remained strongly supportive of an ambitious, legally binding pandemic accord.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC., speaking at the invitation of the CHAIR, said that more transparency was needed in the negotiations of the Intergovernmental Negotiating Body. The texts being negotiated should be made public, and nongovernmental organizations should be able to exchange with delegates. Such exchanges were helpful given the technical nature of the issues being discussed. There should be a webpage for collecting comments from the public on significant versions of the texts. New approaches to social media should also be considered to enhance engagement from the public, including by using a Fediverse server.

The HEAD OF THE WHO SECRETARIAT TO THE INTERGOVERNMENTAL NEGOTIATING BODY AND THE WORKING GROUP ON AMENDMENTS TO THE INTERNATIONAL HEALTH REGULATIONS (2005) thanked Member States for their commitment to support the officers of the Intergovernmental Negotiating Body and its process. Noting the concern of small delegations regarding the capacity to participate in several parallel processes, he recalled that the Secretariat would do its best to support the full participation of small delegations. The Secretariat was working to keep the work of the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005) aligned and well-coordinated. He noted that the two bodies would be holding a joint plenary to discuss areas of common interest.

The officers of the Intergovernmental Negotiating Body were committed to making the process more inclusive and transparent for relevant stakeholders and would discuss ideas in that regard. He agreed with the representative of Norway that the high-level meeting of the United Nations General Assembly on pandemic prevention, preparedness and response would be very important for the ongoing negotiations. He expressed hope that it would lead to strong support for the Intergovernmental Negotiating Body's discussions and the negotiations on the International Health Regulations (2005). The Secretariat appreciated all of the comments made and would communicate a summary of them to the officers of the Intergovernmental Negotiating Body for their information and consideration.

The DIRECTOR (Epidemic and Pandemic Preparedness and Prevention) said that discussions on the destruction of variola virus stocks had been delayed owing to the COVID-19 pandemic and the monkeypox/mpox epidemic. It was important to reconsider the topic in view of those events and develop constructive proposals for the future.

The CHAIR invited delegates to discuss the progress reports under Pillar 3.

The representative of LEBANON appreciated the Secretariat's efforts to provide technical support and resources to mitigate the risks of hearing loss and requested continued support to apply those resources. Advocacy played a vital role in advancing global hearing health helping to raise awareness, facilitate information exchange and promote scientific research. Her Government applauded the Secretariat for developing the hearWHO application given the transformative potential of technology in ensuring access to health care. Existing initiatives should be further developed. She urged the Health Assembly to recognize the importance of ear and hearing care as a critical public health priority and consider adopting a resolution that promoted action.

The representative of ANGOLA, speaking on behalf of the Member States of the African Region, said that it was a valuable strategy to change the direction of the Road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management. The road map should help Member States to identify specific areas for assessment and increase commitment to chemicals management with a view to achieving sustainable community health. The WHO global strategy on health, environment and climate change must be adapted based on the latest data. Member States could then adjust their policies and take action according to their own specific circumstances. The Decade of Healthy Ageing 2020–2030 required multisectoral collaboration. The Region supported the recommendations to the Director-General in that regard and requested regular progress reports to ensure their implementation. Water, sanitation and hygiene were essential to provide quality care and prevent and control infections. She looked forward to the global summit on water, sanitation and hygiene 2023 where a global plan of action would be developed. Noting the initiatives for ear and hearing care, the Region agreed on the need to increase efforts for greater progress in that area. It was particularly important to include hearing care in primary health care and in the development of policies and strategies on noncommunicable diseases. Lastly, technical support was needed to overcome problems in the implementation of the plan of action on climate change and health in small island developing States. The Secretariat must provide stable support to Member States, mobilize the capacities of a wider range

of partners, facilitate access to financing, and work with the Green Climate Fund and UNDP to establish a co-financing facility.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the updates on the role of the health sector in the Strategic Approach to International Chemicals Management. She supported the Secretariat's involvement in the intersessional process to determine a new framework for sound management of chemicals and waste beyond 2020.

Her Government also welcomed the progress made in implementing the WHO global strategy on health, environment and climate change, especially the establishment of the Alliance for Transformative Action on Climate and Health. Given climate change's cross-cutting nature and the direct and indirect threats it posed to health and well-being, the Secretariat should urgently prioritize that work. She asked how the Secretariat would integrate climate and environment considerations across the Organization, its policies and operations, and strengthen its multisectoral engagement and partnerships at the global, regional, national and local levels.

Her delegation commended the Secretariat's leadership on water, sanitation and hygiene in health care facilities. Noting the mixed levels of progress, she said that Member States needed to accelerate the implementation of national plans to prevent infections and the spread of antimicrobial resistance, and improve quality of care, especially for women and girls.

The representative of the RUSSIAN FEDERATION said that the conclusions and recommendations of the World report on hearing were of great value to all Member States. It was necessary to continue the work on hearing throughout the Organization.

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

**The meeting rose at 20:25.**



## SEVENTH MEETING

Saturday, 27 May 2023, at 09:05

Chair: Dr C. G. ALVARENGA CARDOZA (El Salvador)

**1. THIRD REPORT OF COMMITTEE B** (document A76/55)

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

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

**PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES** (continued)

**2. MATTERS FOR INFORMATION:** Item 27 of the agenda (continued)

**Progress reports:** Item 27.1 of the agenda (documents A76/37 and A76/37 Add.1) (continued from the sixth meeting, section 2)

**PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING** (continued from the sixth meeting, section 5)

- I. The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond (decision WHA74(25) (2021)) (continued)**
- J. WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments (decision WHA74(24) (2021)) (continued)**
- K. Decade of Healthy Ageing 2020–2030 (decision WHA73(12) (2020)) (continued)**
- L. Water, sanitation and hygiene in health care facilities (resolution WHA72.7 (2019)) (continued)**
- M. Prevention of deafness and hearing loss (resolution WHA70.13 (2017) and decision WHA74(17) (2021)) (continued)**
- N. Plan of action on climate change and health in small island developing States (decision WHA72(10) (2019) and paragraph 29 of document A72/16) (continued)**

The representative of COLOMBIA underscored the importance of joint approaches to demonstrate the economic, environmental and health benefits of sound chemicals management. He called for an intersectoral approach to address the social and environmental determinants of health and described his Government's efforts to promote a regional strategy to combat climate change. In order to address global challenges concerning hearing loss as a result of growing risk factors and demographic trends, efforts should be made to prioritize ear and hearing care, including screening, early detection of

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<sup>1</sup> See page 327.

risks and disease, capacity-building for health workers, treatment and rehabilitation and improved information systems and access to care.

The representative of COSTA RICA supported WHO's efforts to work with UNICEF and other partners on energy access and climate-resilient and sustainable health facilities. That work would be of relevance for emerging diseases resulting from climate change, hospital-acquired infections and antimicrobial resistance. Indicators showing differences within and between WHO Regions would be useful.

The representative of THAILAND said that the scope of studies on the burden of disease attributable to chemicals should be expanded to develop efficient chemical management strategies that addressed the specific health impacts of the use of chemicals in the agricultural, industrial and public health sectors. Commending WHO's efforts to address health, the environment and climate change, she said that robust regional and global collaboration was required to tackle transboundary air pollution and noted the slow progress in the implementation of the Paris Agreement. She welcomed WHO's continued collaboration with UNICEF in supporting Member States to strengthen water, sanitation and hygiene in health care facilities and encouraged the development of guidance in that regard for public health emergency situations. Mobile applications for the screening of hearing loss were a cost-effective and convenient self-assessment tool, particularly among the elderly. Early detection and treatment of hearing loss among newborns would help children to live a normal, productive life, but the shortage of audiologists remained a challenge.

The representative of the KINGDOM OF THE NETHERLANDS expressed concern about the numerous and profound effects of climate change on the health of humans and the planet, noting in particular that climate change was exacerbating global inequalities and leading to poorer health outcomes among lower-income households. It was too urgent an issue to be confined to the margins of the WHO global strategy on health, environment and climate change, and immediate action was necessary. Her Government wished to propose the development of a World Health Assembly resolution on climate change and health, which would be important in responding to the threat posed by climate change to global health and in maximizing health co-benefits. Member States should work with young people and future health care professionals to advocate for equity-based change in health-related work in all sectors.

The representative of MALDIVES reaffirmed her Government's commitment to combating climate change, creating climate-resilient health systems and addressing the impacts of climate change on health, and welcomed the technical support provided by WHO. She was pleased that the WHO plan of action on climate change and health in small island developing States had been expanded to include noncommunicable diseases, nutrition, primary health care and the achievement of universal health coverage. The integration of mental health, disabilities and the health of ageing and adolescent populations could strengthen global strategies. The Secretariat should further highlight the impact of marine pollution, particularly from microplastics, which posed a serious threat to the health of communities and economies, especially in small island developing States that relied heavily on marine resources. She welcomed the actions being taken by WHO to help small island developing States to access the financial and technical capacities needed to deal with natural disasters, climate change and global economic shocks. Lastly, her Government wished to be added to the list of sponsors of the draft resolution on the impact of chemicals, waste and pollution on human health.

The representative of CHINA, noting the importance of sound chemicals management for human health, said that his Government stood ready to share its experience in various areas concerning chemical accident emergency response and recovery, environmental monitoring, public health education and chemical safety. While he supported the WHO global strategy on health, environment and climate change, greater focus should be placed on: the effectiveness of climate change mitigation policies and actions; capacity-building; resource allocation in health care systems; health care intervention strategies;

health systems strengthening in the medium and long term; and the capacity of health care systems to address climate change. He welcomed the Secretariat's efforts to develop toolkits, initiatives and standards to prevent deafness and hearing loss and called for strengthened global cooperation, leadership and coordination in that regard. Further research in technical areas, such as the ear and hearing care toolkit and mobile applications for the screening of hearing loss would be welcome. His Government would be pleased to share expertise on disease monitoring and early warning with small island developing States and stood ready to work with other Member States on dementia prevention, diagnosis, treatment and care.

The representative of IRAQ recommended that elderly health should be added to the updated policies and cost-effective interventions outlined in WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030. She described some of the actions being taken by her Government on elderly health care. Her Government wished to participate in future global studies on the impact of ageing on revenue generation for health and to be included among those receiving grants to conduct surveys on the elderly. It was committed to the prevention of deafness and hearing loss and requested WHO's support for national initiatives in that regard.

The representative of INDIA said that environmental factors such as air pollution, unsafe water and exposure to hazardous chemicals and waste had a significant impact on human health. Multisectoral partnerships should be developed to identify and address health risks and environmental challenges more effectively. Education and public awareness campaigns could promote behavioural change and successful examples should be shared by Member States for replication at the regional level. The lack of basic hygiene services in the majority of health care facilities was a major concern and should be improved to ensure that patients received safe and effective care. The management of health care waste also required improvement. Cross-border collaboration should be strengthened to facilitate the sharing of relevant knowledge, expertise and resources, particularly in vulnerable settings, and efforts should be made to build the capacity of health care workers to ensure the long-term sustainability and resilience of health facilities. The water and sanitation for health facility improvement tool was useful and its implementation should be regularly monitored to assess impact and identify areas for improvement.

The representative of SENEGAL described some of the steps taken by his Government to ensure the safe management and use of chemicals, including the establishment of various multidisciplinary committees and the ratification of the Stockholm Convention on Persistent Organic Pollutants.

The representative of GUATEMALA outlined some actions being taken by his Government to ensure access to safe drinking water and manage health care waste. He thanked WHO/PAHO for their unwavering support to ensure the availability of safe drinking water and mechanisms for safe sanitation in his country.

The representative of the BAHAMAS recognized the significance of the Strategic Approach to International Chemicals Management and looked forward to up-to-date information, user-friendly tools, and tailored guidelines to ensure effective chemical management. She welcomed continued technical collaboration to strengthen her country's capacity and promote sustainable and safe chemical practices. Her Government was committed to advancing its climate resilience agenda. It was also adopting a life course approach to promote healthy ageing. While the efforts of WHO/PAHO with respect to deafness and hearing loss were commendable, programme implementation remained a challenge. International cooperation and resource mobilization were instrumental in helping countries to overcome such difficulties and build a sustainable and resilient future.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC., speaking at the invitation of the CHAIR, welcomed the inclusion of palliative and long-term care as enablers of healthy ageing. Member States were urged to integrate palliative care into their health and aged care systems to achieve Sustainable Development Goal 3

(Ensure healthy lives and promote well-being for all at all ages). Her organization stood ready to help Member States to improve access to palliative care for older persons at the country level.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations), thanked Member States for their valuable comments and suggestions. Taking note of the concerns related to the climate crisis and health, she said that the Secretariat felt a sense of responsibility and great urgency to take action before it was too late. It had noted the need to provide more country support and partnerships on climate change and boost resource mobilization, including through access to climate financing. The Secretariat would ensure that the Alliance for Transformative Action on Climate and Health attracted more Member States and partners to contribute to the achievement of the objectives of that important new initiative. It had noted the request to ensure that climate change was mainstreamed in all areas of WHO's work and was developing a road map to move towards making WHO net zero by the year 2030 and would share information in that regard with Member States. All WHO's work, including on climate change, was based on the best available evidence and scientific methods. She thanked Member States for their support in connection with the Decade of Healthy Ageing 2020–2030 and looked forward to greater commitment from all stakeholders across all sectors. Much more needed to be done to address the considerable gap in the area of water, sanitation and hygiene in health care facilities and the forthcoming global summit on that topic would provide an opportunity to advance implementation commitments. Noting the importance of the role of WHO and the health sector in the sound management of chemicals, she welcomed the strong support expressed by Member States for the road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management and for WHO's involvement in multilateral and intergovernmental coordination for the sound management of chemicals.

**The Committee noted the reports.**

#### **PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES**

- O. Global strategy on digital health (decision WHA73(28) (2020))**
- P. Eleventh revision of the International Classification of Diseases (resolution WHA72.15 (2019))**

The representative of the KINGDOM OF THE NETHERLANDS, speaking on behalf of the European Union and its Member States, Australia, Canada, New Zealand, Norway, the United Kingdom of Great Britain and Northern Ireland and the United States of America welcomed the progress made on the WHO Family of International Classifications and the shift to digital information standards. The worldwide implementation of the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems was a prerequisite for the collection of comparable and quality data for decision-making and monitoring. He expressed support for the continued development of WHO Family of International Classifications products and standards, and the interoperability of information systems at the national and international levels, recalling that WHO's global strategy on digital health 2020–2025 recognized the need for an integrated strategy for successful digital health initiatives. Active and ongoing collaboration between WHO and other standard-developing organizations had not been well reflected in the progress report and should be pursued since it would enable Member States to carry out their national digital health strategies and make the implementation of clinical terminology classifications and systems more efficient. In view of the growing workload, the capacity of the WHO classification team should be increased. There should be clear leadership regarding cooperation and intensive outreach to Member States and relevant stakeholders through regional offices, WHO collaborating centres, relevant focal points, documents and training events. He requested an additional progress report by the year 2025, which would include the interoperability work with existing terminology standards, and a briefing by the Secretariat, in the year 2024.

The representative of ERITREA, speaking on behalf of the Member States of the African Region, suggested that WHO country offices should be strengthened by establishing a section to better support countries in the use of digital health tools and help to make health systems fit for purpose. He appreciated WHO's work on the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems, which was accessible to all, included traditional medicine and ensured interoperability and comparability of digital health data. Given that digital health and the International Statistical Classification of Diseases and Related Health Problems were closely linked, he suggested: ensuring alignment with strong primary health care to achieve universal health coverage and the Sustainable Development Goals; making those areas the subject of research; continuously refining health data hubs to be user-friendly and facilitate decision-making; creating mechanisms to align digital human health with animal health as a concept of the One Health approach; and capacity-building.

The representative of the RUSSIAN FEDERATION described activities being undertaken by her Government to introduce the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems. Certain issues had still to be addressed, including on improving the transition tables between the tenth and eleventh revisions of the International Statistical Classification of Diseases and Related Health Problems to enhance the compatibility and reliability of statistical data, and on harmonizing information. WHO should consider training specialists responsible for coordinating the introduction of the eleventh revision and should also provide information on progress made in implementation in different countries, which was lacking.

The representative of INDIA expressed support for WHO's efforts to accelerate the development and adoption of people-centred digital health solutions through the global strategy on digital health 2020–2025, which placed emphasis on making health care more affordable, accessible and equitable through scalable technological tools and digital solutions. She described her Government's efforts to ensure that the huge disparity in access to technological interventions did not intensify existing inequities in health systems and to promote the democratization of digital health solutions. Global cooperation was needed to increase the impact of digital health on health care.

The representative of INDONESIA said that WHO should maintain a central and leading role in the development of digital health and provide guidance for other forums. His Government was committed to strengthening global, regional and national digital health systems and he outlined some of the initiatives being implemented at the national level. WHO's capacity-building support for the introduction of the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems at country level was appreciated, especially considering that a transition period was needed, and he described steps being taken by his Government to facilitate implementation.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the Secretariat's efforts to support Member States in implementing the commitments of the global strategy on digital health 2020–2025. She looked forward to a continued emphasis on digital transformation in health and care as a global priority. More work was needed to leverage the benefits of digital transformation in health and social care. WHO's leadership was vital in bringing together governments and other key stakeholders to advance the digital health agenda and address shared challenges, such as data governance, interoperability and the incentivization of innovation. Opportunities for Member States to share experiences would be useful. WHO should align and harmonize standards, include updates on progress in future reports and prioritize work towards adopting the international patient summary standard and linking the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems to other related classifications. She would welcome further information on how digital inclusion was being considered in the implementation of digital health tools and services and on the support provided by WHO.

She reiterated the importance of the development of the foundation component of the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems. Worldwide implementation of the mortality and morbidity statistics of the eleventh revision was

essential for the collation of comparable and quality data for decision-making and monitoring. The Secretariat was urged to prioritize collaboration with international standards organizations, Member States and the Systematized Nomenclature of Medicine (SNOMED) International to ensure compatibility of clinical terms and enable the effective and efficient execution of national and international health strategies.

The representative of the BAHAMAS said that, following a maturity model assessment of the state of information systems for health in the Bahamas conducted by experts from PAHO, his Government had allocated significant funding to digital health technologies. The aim was to support the expansion and enhancement of universal health coverage through a standard health package across the archipelago, improve timeliness, quality and completeness of data collected and information generated from population health programmes, and build resilience against natural disasters and pandemics. The Bahamas looked forward to being a success story of the global strategy on digital health 2020–2025 and was grateful to WHO/PAHO for their support. As to the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems, his Government had experienced challenges in the consistent use of the classification system in the public sector owing to legacy processes. It had, however, received training on coding from the Caribbean Public Health Agency and looked forward to continued support for the global transition to the eleventh revision.

The representative of BRAZIL said that the Ministry of Health was coordinating the implementation process for the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems for anticipated use in January 2025. The Portuguese translation was expected to be published on the official WHO platform by the end of 2023. In addition, the Ministry of Health had finalized its application for designation as a Collaborating Centre for the WHO Family of International Classifications network. Brazil was continuing to work towards the institutionalization of digital health in its unified health system in line with the strategic objectives of the global strategy on digital health 2020–2025. She drew particular attention to Brazil's national digital health infrastructure and national health data network, which were essential for disseminating health information. She reaffirmed her Government's commitment to expanding and enhancing digital health, including by increasing digital health literacy. Lastly, she emphasized the importance of measuring digital maturity and progress and of helping countries to access innovative technologies to advance their digital health policies.

The representative of THAILAND said that the coronavirus disease (COVID-19) pandemic had significantly accelerated the adoption and implementation of digital health. His Government had launched a national digital health strategy with an integrated digital health system, which sought to expand the application of telemedicine and telehealth. It had begun translating the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems into Thai. His Government appreciated the opportunities presented by digital health and was preparing to synchronize its own national systems with the classification software. Efforts were needed to address the digital divide.

The representative of CHILE said that his Government was currently working on developing its digital health policy and regulatory framework and had successfully incorporated teleconsultations into its health system. Person-centred digital health solutions must be fit-for-purpose, accessible, affordable, scalable and sustainable. Systems for record keeping and evidence generation should be strengthened to support the development of policies that met the health needs of the population. He highlighted the importance of a framework offering guidelines, actions and approaches to address digital health challenges and of strengthening governance to improve efficiency and equitable access to quality health services.

The representative of MALDIVES said that the pandemic had demonstrated the importance of data in strengthening health services through informed decision-making and evidence-based health policies. Her Government had been implementing several digital initiatives but its efforts to accelerate the digital transformation were limited by the lack of interoperability standards for data and digital harmonization, and of robust data governance and the fragmentation of the core building blocks of the digital health architecture. Dedicated legislation and security measures were required to ensure data confidentiality and prevent harm to people and communities. WHO should support efforts to strengthen regional- and country-level capacity in relation to digital health, artificial intelligence and innovation by: developing normative products, health data governance frameworks, policy guidance tools and resources and competency-based training; curating digital public health using a range of technologies; and facilitating the standardization, use, transfer and monitoring of data globally.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that all governments should harness new information and communication technologies for civil-society-focused electronic government. With that in mind, his Government had decided to launch a single health information system that made use of electronic government tools and interoperability mechanisms in the health sector. His country had received practical support from PAHO and he urged WHO to provide greater support for further progress in that area.

The representative of the ISLAMIC REPUBLIC OF IRAN said that it would be helpful to establish an international committee to address challenges associated with the promotion of digital health in countries. Noting that a shortfall in competent health informatics specialists with suitable international experience was a barrier to the development of digital health in many countries, he said that the steps necessary to achieve the objectives of the global strategy on digital health 2020–2025 were not clear. The implementation and use of the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems required complex and time-consuming training for coders and service providers. His Government had shared its experience in that regard and would be interested to learn from other Member States about the use of educational models. Working groups might be created to monitor the quality of assigned codes, which remained a challenge.

The representative of CHINA said that his Government had integrated digital health services into the health care system. Tailored policy measures, deepened international exchange and cooperation and the development of a digital health ecosystem were required for the effective implementation of digital health care. The Secretariat should pay further attention to progress in implementing the global strategy on digital health 2020–2025 in middle- and low-income countries and Member States should ensure sufficient investment and personnel for effective implementation. The International Statistical Classification of Diseases and Related Health Problems provided authoritative, standardized and consistent classification and comparison standards for countries in health care, management, education, research and policy formulation. Coordination on data management, implementation and utilization should be prioritized to ensure that the complex and extensive task of transitioning from one revision to another was seamless. The Secretariat might support that process by strengthening guidance and research and consolidating and promoting good practices.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, said that digital health was revolutionizing health care. It had the potential to promote healthy living and improve access to health services but many challenges remained. The Secretariat and Member States should empower young health professionals to bridge the digital literacy gap in the community by including digital health in formal health care education curricula; create an enabling environment for young innovators by establishing clear funding and mentorship mechanisms; and implement a harmonized digital strategy that integrated across health services, including community pharmacies.

The ASSISTANT DIRECTOR-GENERAL (Data, Analytics and Delivery for Impact) thanked Member States for their support for the WHO Family of International Classifications and recommendations. The Secretariat was fully committed to improving collaboration and identifying solutions to ensure interoperability. The eleventh revision of the International Statistical Classification of Diseases and Related Health Problems was entirely digital. While significant progress had already been made in keeping pace with the opportunities and challenges presented by a rapidly evolving digital landscape and in responding to the urgent need for robust health information systems and good data and digital governance mechanisms, more needed to be done. She recognized the importance of building effective linkages with other systems and ensuring ease of use. Examples of progress included collaboration with WOA, the successful use of the International Statistical Classification of Diseases and Related Health Problems in a variety of settings to improve primary health care, and the inclusion of additional elements, such as skincare, pain and rare diseases. Work had been undertaken on issues such as digital guidelines and vaccination certificates, and facilitating the transition from the tenth to the eleventh revision. The Secretariat would host a meeting of interested stakeholders to develop a joint road map, establish a pipeline for improving interoperability and explore resources for maintaining the WHO Family of International Classifications and supporting its use by all Member States since that normative function of WHO was currently underfunded. The Secretariat would present a progress report in due course.

The DIRECTOR (Digital Health and Innovation) said that he appreciated Member States' feedback on the interim progress report on the global strategy on digital health 2020–2025 and their recognition of digital health as an important strategy to accelerate progress towards the achievement of the triple billion targets, Sustainable Development Goals and universal health coverage. The pandemic had demonstrated that investment in national digital health architecture, human capacity and policy strengthened Member States' resilience and health system responsiveness. The Secretariat had noted an increase in the uptake of digitally driven health care service delivery and health systems management and in the number of requests to WHO for technical support in relation to digital health system transformation. Efforts were being made to ensure that all Member States had the capacity, guidance and tools necessary to embark on a digital transformation that took into account current maturity levels and to facilitate the development of competency-based frameworks to train digitally enabled health workers. Recognizing the importance of collaboration across the three levels of the Organization, he said that his Department was working closely with other technical departments to develop various guidelines, strengthen the use of standards to improve data and delivery harmonization within and across borders. The Secretariat would take Member States' feedback very seriously during the remaining term of the global strategy on digital health and would welcome their continued guidance, feedback and support.

**The Committee noted the reports.**

**PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING** (continued)

**3. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:** Item 16 of the agenda [transferred from Committee A]

**Well-being and health promotion:** Item 16.1 of the agenda (documents A76/7 Rev.1, A76/7 Add.2 and A76/7 Add.3)

**Ending violence against children through health systems strengthening and multisectoral approaches:** Item 16.2 of the agenda (document A76/7 Rev.1)



**Social determinants of health:** Item 16.3 of the agenda (documents A76/7 Rev.1, A76/7 Rev.1 Add.1, A76/7 Rev.1 Add.4 and EB152/2023/REC/1, decision EB152(12))

**United Nations Decade of Action on Nutrition (2016–2025):** Item 16.5 of the agenda (documents A76/7 Rev.1 and EB152/2023/REC/11, decision EB152(13))

A representative of the EXECUTIVE BOARD, summarizing the Board's consideration of the items at its 152nd session, invited the Committee to consider the draft resolution on accelerating action on global drowning prevention recommended by the Executive Board in decision EB152(12) and the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification recommended by the Executive Board in decision EB152(13), as contained in document EB152/2023/REC/1. He also invited the Committee to consider the draft decision on achieving well-being: a draft global framework for integrating well-being into public health utilizing a health promotion approach contained in document A76/7 Add.2, which had been discussed in the intersessional period. He drew attention to a draft resolution on the health of Indigenous Peoples proposed by Australia, Bolivia (Plurinational State of), Brazil, Canada, Colombia, Cuba, Ecuador, the Member States of the European Union, Guatemala, New Zealand, Panama, Paraguay Peru, the United States of America and Vanuatu, which read:

The Seventy-sixth World Health Assembly,

(PP1) Recalling that Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health, as declared by the United Nations Declaration on the Rights of Indigenous Peoples adopted by the United Nations General Assembly through resolution A/RES/61/295;

(PP2) Recalling the commitments of the World Conference on Indigenous Peoples in 2014 to intensifying efforts to reduce rates of HIV and AIDS, malaria, tuberculosis and noncommunicable diseases and to ensure their access to sexual and reproductive health, as reflected in A/RES/69/2;

(PP3) Recalling further the United Nations resolutions on Indigenous Peoples and the Outcome document of the high-level plenary meeting of the General Assembly known as the World Conference on Indigenous Peoples, adopted by the United Nations General Assembly on 22 September 2014;

(PP4) Recalling the Constitution of the World Health Organization, which recognizes that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity;

(PP5) Recalling the Expert Mechanism on the Rights of Indigenous Peoples, including its study on Right to Health and Indigenous Peoples with a focus on children and youth (A/HRC/33/57), as well as taking note of the work of the United Nations Permanent Forum on Indigenous Issues and the United Nations Special Rapporteur on the Rights of Indigenous Peoples, recognizing the contribution that Indigenous Peoples make to these discussions;

(PP6) Recalling also resolutions WHA62.14 (2009) on reducing health inequities through action on the social determinants of health, WHA65.8 (2012) that endorsed the Rio Political Declaration on Social Determinants of Health and WHA74.16 (2021) on the Social Determinants of Health;

(PP7) Recognizing regional WHO activities on the health of Indigenous Peoples;

(PP8) Recalling the United Nations General Assembly resolutions 75/168 (2020), 76/148 (2021) and 77/203 (2022) on the rights of Indigenous Peoples, the latter of which reaffirms that Indigenous Peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, and also reaffirms that Indigenous individuals have the right to access, without any discrimination, to all social and health services;

(PP9) Also recalling United Nations General Assembly resolution 74/2 (2019), entitled “Political declaration of the high-level meeting on universal health coverage”, which recognizes the need to tackle health inequities and inequalities within and among countries through political commitment, policies and international cooperation, including those that address social, economic and environmental and other determinants of health;

(PP10) Recognizing the importance of holding consultations and cooperating in good faith with the Indigenous Peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them as outlined in the United Nations Declaration on the Rights of Indigenous Peoples;

(PP11) Recognizing that the health needs and vulnerabilities of Indigenous Peoples vary as they are heterogeneous groups of peoples and live in different environmental and social contexts;

(PP12) Recalling that the United Nations Declaration on the Rights of Indigenous Peoples expressed concern that Indigenous Peoples have suffered from historic injustices as a result of, inter alia, their colonization and dispossession of their lands, territories and resources, thus preventing them from exercising, in particular, their right to development in accordance with their own needs and interests;

(PP13) Noting reports of the United Nations Department of Economic and Social Affairs, according to which life expectancy can be considerably lower for Indigenous Peoples, lack of access to medical services is higher among Indigenous Peoples, and, as to social, economic and environmental determinants of health, Indigenous Peoples are disproportionately subject to poverty, poor housing, cultural barriers, violence, including gender based violence, racism, experiencing disability, pollution and lack of access to education, economic opportunities, social protection, water and sanitation, as well as appropriate resilience planning for climate change and natural and other emergencies;

(PP14) Also noting with concern that Indigenous women often experience disproportionately poorer maternal health outcomes and face considerable barriers to accessing primary health care and other essential health care services, with particular risks to young mothers;

(PP15) Recognizing the particular vulnerability of Indigenous youth, caused by the changing living environments, including social, cultural, economic and environmental determinants;

(PP16) Recognizing further that the political, social and economic empowerment, inclusion and non-discrimination of all Indigenous Peoples can support and promote the building of sustainable and resilient communities and facilitate addressing social determinant of health and challenges during public health emergencies;

(PP17) Recognizing also the need to mainstream a gender perspective and support the full, equal and meaningful participation and leadership at all levels of Indigenous women and girls, and protect their human rights;

(PP18) Recognizing that Indigenous Peoples are likely to disproportionately experience disability as compared with the general population,<sup>1</sup>

(OP)1. URGES Member States, taking into account their national contexts and priorities, and the limitations set out in the United Nations Declaration on the Rights of Indigenous Peoples Article 46.2, and in consultation with Indigenous Peoples, with their free, prior and informed consent, to:

- (1) develop knowledge about the health situation for Indigenous Peoples through ethical data collection about the health situation for Indigenous Peoples in national contexts with the purpose to identify specific needs and gaps in access to and coverage by current physical

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<sup>1</sup> Indigenous Peoples are often likely to experience disability disproportionately as compared with the general population with some research indicating rates as high as 20–33% (IASG Thematic Paper – Rights of Indigenous Peoples/Persons with Disabilities, 2014).

and mental health services and obstacles in their use, identification of reasons for these gaps and recommendations on how to address them;<sup>1</sup>

(2) develop, fund and implement national health plans, strategies or other measures for Indigenous Peoples, as applicable, to reduce gender inequality as well as social, cultural, and geographic barriers to their equitable access to quality health services, provided in Indigenous languages, including during public health emergencies, and taking a life course approach with a particular emphasis on the reproductive, maternal and adolescent health, while recognizing the Indigenous health practices, as appropriate;

(3) pay particular attention to ensuring universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes;

(4) incorporate an intercultural and intersectoral approach in the development of public policies on the health of Indigenous Peoples that also accounts for equitable opportunities for partaking in participatory platforms, overcoming gender inequality as well as barriers related to geographical remoteness, disability, age, language, information availability and accessibility, digital connectivity and other factors;

(5) explore ways to integrate, as appropriate, safe and evidence-based traditional and complementary medicine services, within national and/or subnational health systems, particularly at the level of primary health care, and mental health and wellness services;

(6) adopt an inclusive and participatory approach in the development and implementation of research and development to promote Indigenous health, taking into account their traditional knowledge and practices;

(7) encourage the attraction, training, recruitment and retention of Indigenous Peoples as health workers, as well as training and capacity-building of human resources to care for Indigenous Peoples with an intercultural approach, including in the context of public health emergencies;

(8) contribute to capacity-building for Indigenous Peoples so that they may conduct health and environmental monitoring and surveillance in Indigenous territories, with appropriate consideration to the specific conditions of vulnerability, marginalization and discrimination experienced by Indigenous Peoples, and recalling their right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as the manifestations of their sciences, technologies and cultures, including, inter alia, human and genetic resources, seeds, medicines and knowledge of the properties of fauna and flora;

(9) address the health needs of Indigenous Peoples, strengthening access to mental health services and care and adequate nutrition, with full consideration to their social, cultural and geographic realities, providing access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services and strengthening access to immunization in Indigenous territories and for Indigenous Peoples irrespective of where they live;

(10) promote basic, accessible and intercultural information and support health promotion and disease prevention in Indigenous communities that are not in voluntary isolation;

(OP)2. CALLS ON relevant actors in consultation with Indigenous Peoples, with their free, prior and informed consent, to:

(1) engage and support full, effective and equal participation of Indigenous Peoples, through their own representative institutions, in the development, as well as monitoring and evaluation of the implementation, of the relevant health plans, strategies or other measures for Indigenous Peoples, including those related to public health emergencies;

(2) foster the appropriate funding of research and development related to the health of Indigenous Peoples including through the relevant resources and collaboration, while

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<sup>1</sup> See for example, <https://datascience.codata.org/articles/10.5334/dsj-2020-043/>.

ensuring that rights related to Indigenous Peoples' cultural heritage, traditional knowledge and cultural expressions, and the valuing of Indigenous knowledge systems are respected;

(3) follow the highest ethical principles when carrying out research and development related to the health of Indigenous Peoples using appropriate culturally diverse consensual approaches and observing the rights of Indigenous Peoples over their traditional lands, territories and resources, cultural heritage, traditional knowledge and traditional cultural expressions, as set out in the United Nations Declaration on the Rights of Indigenous Peoples;

(4) engage in dialogue and cooperate with relevant sectors with the aim of ensuring that equity guides all policies that address the social and cultural determinants of health which have an adverse impact on Indigenous Peoples, including through ensuring the highest quality, availability and affordability of goods and services essential to their health and well-being, including during public health emergencies, as set out in the United Nations Declaration on the Rights of Indigenous Peoples;

(OP)3. REQUESTS the Director-General to:

(1) develop, for the consideration of the Seventy-ninth World Health Assembly through the 158th session of the Executive Board, a Global Plan of Action for the Health of Indigenous Peoples, in consultation with Member States, Indigenous Peoples, relevant United Nations and multilateral system agencies, as well as civil society, academia and other stakeholders, in line with WHO's Framework of Engagement with Non-State Actors, taking a life course approach, with a particular emphasis on the reproductive, maternal and adolescent health, and with a specific focus on those in vulnerable situations, and bearing in mind local context;

(2) provide technical support, upon request of the Member States, for the development of national plans for the promotion, protection and enhancement of the physical and mental health of Indigenous Peoples, including in the context of public health emergencies;

(3) propose, in consultation with Member States, strategic lines of action for the improvement of the health of Indigenous Peoples in the development of the fourteenth WHO General Programme of Work.

The financial and administrative implications for the Secretariat were:

<b>Resolution:</b>	The health of Indigenous Peoples
<b>A.</b>	<b>Link to the approved revised Programme budget 2022–2023</b>
<b>1.</b>	<b>Output(s) in the approved revised Programme budget 2022–2023 under which this draft resolution would be implemented if adopted:</b> 4.2.6 “Leave no one behind” approach focused on equity, gender and human rights progressively incorporated and monitored
<b>2.</b>	<b>Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:</b> Not applicable.
<b>3.</b>	<b>Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:</b> Not applicable.
<b>4.</b>	<b>Estimated time frame (in years or months) to implement the resolution:</b> Three years (June 2023–May 2026).

<b>B. Resource implications for the Secretariat for implementation of the resolution</b>	
<b>1. Total budgeted resource levels required to implement the resolution, in US\$ millions:</b>	US\$ 6.68 million.
<b>2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions:</b>	US\$ 0.48 million.
<b>2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US\$ millions:</b>	Not applicable.
<b>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions:</b>	US\$ 4.89 million.
<b>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</b>	US\$ 1.31 million.
<b>5. Level of resources already available 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\$ 0.48 million.
– <b>Remaining financing gap in the current biennium:</b>	Zero.
– <b>Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:</b>	Zero.

**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>B.2.a.</b> 2022–2023 resources already planned	Staff	0.03	0.03	0.03	0.03	0.03	0.03	0.14	0.32
	Activities	0.01	0.01	0.01	0.01	0.01	0.01	0.10	0.16
	Total	0.04	0.04	0.04	0.04	0.04	0.04	0.24	0.48
<b>B.2.b.</b> 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>B.3.</b> 2024–2025 resources to be planned	Staff	0.17	0.16	0.14	0.14	0.12	0.14	0.74	1.61
	Activities	0.40	0.39	0.40	0.40	0.40	0.39	0.90	3.28
	Total	0.57	0.55	0.54	0.54	0.52	0.53	1.64	4.89
<b>B.4. Future bienniums resources to be planned</b>	Staff	0.03	0.03	0.03	0.03	0.03	0.03	0.64	0.82
	Activities	0.02	0.02	0.02	0.02	0.02	0.02	0.37	0.49
	Total	0.05	0.05	0.05	0.05	0.05	0.05	1.01	1.31

He further drew to attention to a draft resolution on the impact of chemicals, waste and pollution on human health proposed by Canada, Colombia, Ecuador, the Member States of the European Union, Mexico, Monaco, Peru, Switzerland and Uruguay, which read:

The Seventy-sixth World Health Assembly,

(PP1) Reaffirming that the objective of WHO is the attainment by all peoples of the highest possible level of health and its function, inter alia, as the directing and coordinating authority on international health work;

(PP2) Reaffirming also that the Constitution of WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and declares that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

(PP3) Recognizing that the health sector has a critical role and unique expertise to contribute to the sound management of chemicals and waste and protecting from their harmful impacts on health and well-being;

(PP4) Recognizing the importance of the One Health approach, including the work of the One Health High-Level Expert Panel, as well as the importance of WHO's role in this integrated, unifying approach in collaborating with the other Quadripartite Organizations (Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), the World Organisation for Animal Health (WOAH, founded as OIE) and their 2022–2026 One Health Joint Plan of Action);

(PP5) Recalling WHO's longstanding recognition of the importance of sound chemicals management for human health, the key role of WHO in providing leadership and coordination on the human health aspects of the sound management of chemicals throughout their life cycle, and the necessity of health sector participation in, and contribution to, these efforts as set out in: resolution WHA59.15 (2006) on the Strategic Approach to International Chemicals Management; resolution WHA63.25 (2010) on improvement of health through safe and environmentally sound waste management; resolution WHA63.26 (2010) on improvement of health through sound management of obsolete pesticides and other obsolete chemicals; resolution WHA67.11 (2014) on public health impacts of exposure to mercury and mercury compounds; resolution WHA68.8 (2015) on health and the environment: addressing the health impact of air pollution; and WHA69.4 (2016) on the role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond;

(PP6) Recalling the WHO Road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond and recognizing it as a tool to facilitate cross-sectoral collaboration and to identify concrete actions towards the achievement of the sound management of chemicals;

(PP7) Recalling the WHO Global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments, that builds on: scaling up primary prevention; acting on determinants of health in all policies and sectors; strengthening health sector leadership, governance and coordination; building mechanisms for governance, and political and social support; generating the evidence base on risks and solutions; and monitoring progress;

(PP8) Welcoming the resolution 5/8 on the establishment of a science-policy panel to contribute further to the sound management of chemicals and waste and prevent pollution, adopted by the fifth session of the United Nations Environment Assembly and the invitation to WHO to play a role in the meetings of the ad-hoc open-ended working group to prepare proposals for the science-policy panel, as appropriate;

(PP9) Further welcoming the resolution 5/14 entitled “End plastic pollution – Towards an international legally binding instrument”, also adopted by the fifth session of the United Nations Environment Assembly;

(PP10) Noting the adoption of Human Rights Council resolution 48/13 and General Assembly resolution 76/300 entitled “The human right to a clean, healthy and sustainable environment”;

(PP11) Recognizing the work on the promotion of the sound management of chemicals and waste and the prevention of pollution by multilateral agreements and intergovernmental bodies, including the Inter-Organization Programme for the Sound Management of Chemicals (IOMC) and the International Conference on Chemicals Management (ICCM), and welcoming the continuation of their work to contribute further to the sound management of chemicals and waste and to prevent pollution;

(PP12) Recognizing that unsound management of chemicals and waste, as well as pollution, can cause significant adverse effects on human health and the environment, and these are important factors in many noncommunicable diseases;

(PP13) Recognizing further the linkages between the health impacts of chemicals, waste and pollution and other priority global health issues including inequity and vulnerability, maternal and child health, antimicrobial resistance and the meaningful achievement of Universal Health Coverage, and that inaction on these linkages limits our collective capacity to strengthen our health systems, including in the context of health emergencies;

(PP14) Noting that the market and non-market costs of inaction could be as high as 10% of global gross domestic product<sup>1</sup> and that 2 million lives and 53 million disability-adjusted life years were lost in 2019 due to exposures to selected chemicals<sup>2</sup> with nearly half of those deaths attributable to lead exposure and resulting cardiovascular disease and 138 000 deaths from pesticides involved in suicides representing 20% of all global suicides;<sup>3</sup>

(PP15) Recognizing that robust data is only available for a small number of potential chemical exposures, and that people are exposed to many more chemicals in their daily lives, and noting that children are particularly vulnerable to these exposures resulting in childhood death, illnesses and disability, particularly in developing countries;<sup>4</sup>

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<sup>1</sup> UNEP Global Chemicals Outlook II – Part 1 page 170  
[https://wedocs.unep.org/bitstream/handle/20.500.11822/28186/GCOII\\_PartI.pdf?sequence=1&isAllowed=y](https://wedocs.unep.org/bitstream/handle/20.500.11822/28186/GCOII_PartI.pdf?sequence=1&isAllowed=y).

<sup>2</sup> <https://www.who.int/publications/i/item/WHO-HEP-ECH-EHD-21.01>.

<sup>3</sup> <https://www.who.int/publications/i/item/9789240026629> WHO LIVE LIFE: An implementation guide for suicide prevention in countries.

<sup>4</sup> ([https://www.who.int/health-topics/children-environmental-health#tab=tab\\_2](https://www.who.int/health-topics/children-environmental-health#tab=tab_2)) and/or UNICEF (2020, <https://www.unicef.org/reports/toxic-truth-childrens-exposure-to-lead-pollution-2020>). Research was also conducted by the Lancet Commission (2017 and 2022).

(PP16) Emphasizing the cross-cutting nature and relevance of the sound management of chemicals and waste and the prevention of pollution to many of the goals and targets of the 2030 Agenda for Sustainable Development, including for human health, gender equality, nutrition, sustainable consumption and production patterns, climate change, oceans and seas, clean air and water and biodiversity;<sup>1</sup>

(PP17) Aware that production, consumption and the use of chemicals and the amount of waste generated will grow substantially over the coming years, and expressing great concern with regard to the unsound management of chemicals and waste and its adverse effects on human, animal and plant health and the environment;

(PP18) Welcoming the acknowledgement of the interlinkages between biodiversity and health and the three objectives of the Convention for Biological Diversity in the Kunming-Montreal Global Biodiversity Framework, agreeing that that framework is to be implemented by States Parties, with consideration of the One Health approach, among other holistic approaches that are based on science, mobilize multiple sectors, disciplines and communities to work together and aim to sustainably optimize the health of people, animals and plants and the equilibrium of ecosystems based on scientific evidence and on risk assessments developed by relevant international organizations, and recalling decision 14/4 of the Conference of the Parties of the Convention on Biological Diversity which requested the Executive Secretary and the World Health Organization, as well as other partners, to continue the development of a draft global action plan to mainstream biodiversity and health linkages into national policies, strategies, programmes and accounts;

(PP19) Aware of the extensive WHO research concerning the linkages between pollution and health risks, including on the disproportionate effect it has on persons in vulnerable situations;<sup>2</sup>

(PP20) Noting that the negotiations for the new international instrument for the Strategic Approach and sound management of chemicals and waste beyond 2020 are in progress for consideration at the 5th International Conference on Chemicals Management (ICCM5), it is timely to highlight the importance of health sector engagement in efforts to address the impacts of chemicals, waste and pollution;

(PP21) Concerned that the production, consumption and disposal of plastic products, including microplastics and related chemicals, which can be released to the environment, may potentially impact human, plant and animal health as well as the environment, directly or indirectly;

(PP22) Recalling the adoption by the fifth session of the United Nations Environment Assembly resolution 5/7 on the Sound management of chemicals and waste which requested the Executive Director, subject to availability of resources, in cooperation with the World Health Organization, to update the report entitled State of the Science of Endocrine Disrupting Chemicals 2012 and to present a full range of options for addressing asbestos contaminants in products and the environment;

(PP23) Reaffirming the importance of the Rio Principles in addressing the sound management of chemicals for health;

(PP24) Recognizing the importance of science and risk-based assessments to inform the development of policies and strategies concerning public health issues;

(PP25) Convinced that the availability of policy-relevant scientific evidence and findable, accessible, interoperable and reusable (FAIR) data on the impacts of and interactions between chemicals, waste and pollution could help countries to design effective public health policies, as

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<sup>1</sup> The water–health nexus was highlighted at the UN 2023 Water Conference, with access to drinking water, sanitation, and hygiene services (WASH) as an essential for positive health outcomes and the achievement of the Sustainable Development Goals.

<sup>2</sup> Agreed language taken from resolutions WHA75.19, WHA74.4, WHA74.5, WHA74.15, WHA74.16.



well as better abide by their international obligations, and that it could further intergovernmental bodies, the private sector and other relevant stakeholders in their work,

- (OP)1. CALLS UPON Member States,<sup>1</sup> taking into account national contexts and legislations, to:
- (1) strengthen implementation of the WHO Global Strategy on Health, Environment and Climate and the WHO Road Map to enhance the engagement of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond, taking a health-in-all policies approach;
  - (2) support WHO in scaling up work on plastics and health to enable better information of the potential human health impacts associated with plastic, including plastic pollution, with the aim of strengthening the public health aspects, including under the work of the Intergovernmental Negotiating Committee (INC) to develop an international legally binding instrument on plastic pollution;
  - (3) encourage the health sector to strengthen partnerships and collaborative efforts to develop and update regulatory frameworks, including the harmonization of protocols for national human biomonitoring and surveillance programmes particularly for chemicals of concern such as cadmium, lead, mercury, highly hazardous pesticides and endocrine disrupting chemicals (EDCs);
  - (4) further explore, recognize and act on the linkages between chemicals, waste and pollution and other health priorities at the domestic and international levels, such as maternal and child health, antimicrobial resistance, and the importance of identifying, preventing and addressing environmentally related disease in Universal Health Coverage;
  - (5) engage in the ad hoc open-ended working group established by United Nations Environment Assembly decision 5/8 to prepare proposals for the science-policy panel to contribute further to the sound management of chemicals and waste and prevent pollution, particularly with regard to inclusion of health aspects and participation of the health sector in the eventual panel;
  - (6) recognize the importance of science-based domestic regulation of highly hazardous pesticides, in efforts to reduce adverse occupational health effects, exposure of children, and the consequences of highly hazardous pesticides on human health and diseases, including to address suicide and neurological disorders;<sup>2</sup>

(OP)2. ENCOURAGES, as articulated in resolution WHA69.4, the continued participation of the health sector, including WHO within its functions and Member States, during the negotiations for the new international instrument for the Strategic Approach and sound management of chemicals and waste beyond 2020 to be considered at the 5th International Conference on Chemicals Management (ICCM5), and invites the governing bodies of relevant multilateral agreements, other international instruments and intergovernmental bodies, such as the International Conference on Chemicals Management, the Strategic Approach to International Chemicals Management (SAICM) Secretariat and the United Nations Environment Programme, to consider the present resolution, as appropriate and to recognize this resolution and the work of the health sector and to facilitate this engagement;

(OP)3. INVITES the governing bodies of relevant multilateral agreements, other international instruments, and intergovernmental bodies to consider the present resolution, as appropriate;

(OP)4. REQUESTS the Director General to:

- (1) publish a report, incorporating science and risk based-assessments and conclusions on the human health implications of chemicals, waste and pollution as well as reporting on

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<sup>1</sup> Including, where applicable, regional economic integration organizations.

<sup>2</sup> <https://www.who.int/publications/i/item/9789240026629> WHO LIVE LIFE: An implementation guide for suicide prevention in countries.

existing data gaps, including from a One Health approach, ensuring data disaggregation by sex, age, disability and any other relevant factor, that takes into account persistent and bio accumulative and persistent and mobile substances, as well as substances that are carcinogenic, mutagenic or reprotoxic, neurotoxic, immunotoxin or harmful to cardiovascular, respiratory and other organ systems, or endocrine disruptors;

(2) in consultation with other One Health Quadripartite members, to further develop research on the linkages among human and animal health and the environment, such as in the case of chemicals, waste and pollution;

(3) work jointly with the United Nations Environment Programme, to update the report entitled State of the Science of Endocrine Disrupting Chemicals 2012 to be prepared prior to the sixth session of the United Nations Environment Assembly, in line with the United Nations Environment Assembly resolution 5/7;

(4) continue to provide technical support to countries, in particular developing countries, upon request, to build capacity to conduct science-based assessments and research, including on the association of pollution from plastics, including microplastics, as well as cadmium, arsenic, lead, agrochemical pesticides, among others, with known health effects, in order to inform the development of public health policies and support the strengthening of health systems in this area;

(5) develop an awareness-raising campaign including, an online platform that could be replicated by national and local authorities, on the health impacts of chemicals, waste and pollution, including as contaminants in drinking water and food, as well as preventing suicidal deaths using highly hazardous pesticides;

(6) advocate for a multisectoral, multistakeholder approach to addressing pollution, including the animal and human health sectors both as a contributor to pollution as well as in its work to identify, prevent, mitigate and treat the health impacts of pollution especially at country level;

(7) establish organizational work and support lines in relation to the overall orientation and guidance of the Strategic Approach to International Chemicals Management (SAICM), and the intersessional work of the International Conference on Chemicals Management, building on WHO's existing relevant work, as well as the SAICM Health Sector Strategy;

(8) actively contribute, in accordance with its mandate, to the work of the Intergovernmental Negotiating Committee, that is in charge of developing a legally binding instrument on plastic pollution; and the Ad Hoc Open-Ended Working Group to establish a Science-Policy Panel to contribute further to the sound management of chemicals and waste and to prevent pollution, and to explore the full range of options for the future involvement of WHO for the consideration by the Seventy-seventh World Health Assembly through the Executive Board at its 154th session, considering its collaboration with the United Nations Environment Programme and other organizations, as applicable, including within the framework of the Inter-Organization Programme for the Sound Management of Chemicals (IOMC);

(9) submit, when complete, the outcome of the intersessional process to prepare recommendations regarding the Strategic Approach and sound management of chemicals and waste beyond 2020 to the Seventy-eighth World Health Assembly for consideration through the Executive Board at its 156th session, along with a report on any updates needed to the WHO Roadmap to enhance the engagement of the health sector in the new instrument;

(10) work including within the framework of the Inter-Organization Programme for the Sound Management of Chemicals (IOMC) to encourage science-based review, research and regulation of highly hazardous pesticides used in agriculture to reduce human, animal and environmental hazards;

(11) continue to collaborate with the Inter-Organization Programme for the Sound Management of Chemicals (IOMC) to promote broad engagement and coordination of

relevant intergovernmental organizations, further strengthening international cooperation and multisectoral engagement in the sound management of chemicals and waste;

(12) support countries upon request, especially developing countries, to develop national, or regional, human biomonitoring programmes for chemicals of concern, through capacity-building and technology transfer on voluntary and mutually agreed terms and in line with international obligations, aiming at helping to identify potential risks in the territories regarding population groups; to collect data to support the development of public policies; as well as to support the improvement of national health systems;

(13) report on the implementation of this resolution to the Seventy-seventh World Health Assembly in 2024 through the Executive Board at its 154th session, the Seventy-eighth World Health Assembly in 2025 through the Executive Board at its 156th session and submit progress reports to the Health Assembly in 2027 and 2029.

The financial and administrative implications for the Secretariat were:

<b>Resolution:</b>	The impact of chemicals, waste and pollution on human health
<b>A.</b>	<b>Link to the approved revised Programme budget 2022–2023</b>
<b>1.</b>	<b>Output(s) in the approved revised Programme budget 2022–2023 under which this draft resolution would be implemented if adopted:</b> 3.3.1. Countries enabled to address environmental determinants, including climate change
<b>2.</b>	<b>Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:</b> Not applicable.
<b>3.</b>	<b>Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:</b> Not applicable.
<b>4.</b>	<b>Estimated time frame (in years or months) to implement the resolution:</b> Six years.
<b>B.</b>	<b>Resource implications for the Secretariat for implementation of the resolution</b>
<b>1.</b>	<b>Total budgeted resource levels required to implement the resolution, in US\$ millions:</b> US\$ 71.03 million.
<b>2.a.</b>	<b>Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions:</b> US\$ 2.03 million.
<b>2.b.</b>	<b>Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US\$ millions:</b> None anticipated.
<b>3.</b>	<b>Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions:</b> US\$ 23.00 million.

<b>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</b> US\$ 46 million.
<b>5. Level of resources already available 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\$ 2.03 million.
– <b>Remaining financing gap in the current biennium:</b> Zero.
– <b>Estimated resources, which are currently being mobilized, if any, that 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>B.2.a.</b> 2022–2023 resources already planned	Staff	0.05	0.10	0.10	0.20	0.10	0.10	0.50	1.15
	Activities	0.06	0.05	0.07	0.10	0.05	0.05	0.50	0.88
	Total	0.11	0.15	0.17	0.30	0.15	0.15	1.00	2.03
<b>B.2.b.</b> 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>B.3.</b> 2024–2025 resources to be planned	Staff	1.16	1.41	0.99	1.03	1.25	1.04	1.46	8.34
	Activities	1.84	1.59	2.01	3.97	1.75	1.96	1.54	14.66
	Total	3.00	3.00	3.00	5.00	3.00	3.00	3.00	23.00
<b>B.4. Future bienniums resources to be planned</b>	Staff	2.32	2.82	1.98	2.06	2.5	2.08	2.92	16.68
	Activities	3.68	3.18	4.02	7.94	3.5	3.92	3.08	29.32
	Total	6.00	6.00	6.00	10.00	6.00	6.00	6.00	46.00

The representative of BRAZIL, speaking also on behalf of the sponsors of the draft resolution on the health of Indigenous Peoples, said that social determinants of health had a significant impact on Indigenous Peoples' life expectancy and ability to access medical services. Supporting the draft resolution would therefore represent an important step towards addressing such challenges and, more broadly, towards achieving universal health coverage, better protection from health emergencies and the enjoyment of better health and well-being. The sponsors stood ready to work with the Secretariat to develop a global plan of action for the health of Indigenous Peoples in line with the provisions of the United Nations Declaration on the Rights of Indigenous Peoples and called on Indigenous Peoples to engage fully in the process to ensure that their needs, views and perceptions were the drivers of that initiative.

Speaking in his national capacity, he said that his Government was aware of the need to preserve and respect the culture, dignity and sustainability of Indigenous Peoples. Its leading role on the draft resolution was symbolic of its ongoing efforts to ensure universal health coverage throughout the country, including in territories where some 1.5 million Indigenous Peoples lived. Guaranteeing universal access to health care in Indigenous territories remained challenging and many health care gaps persisted; ancestral knowledge, traditional medicines and rituals had to be valued. The draft resolution was based on the understanding that health was a fundamental right for Indigenous Peoples and

recognized the fundamental importance of addressing health inequities. He invited all Member States to join the list of sponsors of the draft resolution.

The representative of PERU, speaking also on behalf of Belgium, Canada, Colombia, Costa Rica, Ecuador, El Salvador, Denmark, Germany, Honduras, Hungary, Mexico, Monaco, Netherlands (Kingdom of the), Norway, Panama, Poland, Spain, Switzerland and Uruguay, said that the draft resolution on the impact of chemicals, waste and pollution on human health sought to better articulate the linkages between WHO's ongoing work and the diverse platforms addressing chemicals, waste and pollution, and to foster enhanced coordination to reduce the impact on human health. The urgency of taking action on chemicals, waste and pollution to protect human and environmental health had been highlighted during the fifth session of the United Nations Environment Assembly. It was critical and timely to define the role of WHO in that context and to further broaden approaches to tackle the effects of chemicals, waste and pollution on human health and well-being.

The representative of SWEDEN, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova and Bosnia and Herzegovina, the potential candidate country Georgia, the European Free Trade Association country Norway, member of the European Economic Area, and Armenia aligned themselves with his statement. The promotion of health and well-being was a high priority for the European Union and efforts were being made to shift from a mainly curative approach to a more balanced one encompassing promotion, prevention and reduction of disease prevalence. The WHO global framework was comprehensive and reflected a commendable vision. As the increasingly complex challenges faced by Member States could no longer be addressed with traditional solutions alone, WHO should identify core issues and advocate for evidence-based solutions as part of its innovative vision for the promotion of health and well-being both within and beyond the health sector.

Addressing the social determinants of health was the duty of all sectors in line with the Health in All Policies approach and also critical to the reduction of health inequities – a prerequisite for achieving the triple billion targets and the Sustainable Development Goals. He welcomed the operational framework for monitoring social determinants of health equity and its links to the Sustainable Development Goals and other cross-sectoral efforts, noting the importance of multisectoral governance and collaboration. He called on Member States to implement the operational framework and on the Secretariat to continue to provide the necessary technical support to Member States in that regard. Welcoming the three draft resolutions under consideration, he looked forward to the updated report on social determinants of health to be submitted to the Seventy-seventh World Health Assembly and to the development of a global plan of action for the health of Indigenous Peoples to be submitted to the Seventy-ninth World Health Assembly. WHO should be involved in the work of the Intergovernmental Negotiating Committee to develop a legally binding instrument on plastic pollution.

The representative of MEXICO said that the draft resolution on the health of Indigenous Peoples would increase the political commitment of the health sector to Indigenous communities, yield more information on the health of Indigenous Peoples around the world and enable WHO to take a leading role and make recommendations to help to meet the needs of Indigenous Peoples. She also welcomed the draft resolution on the impact of chemicals, waste and pollution on human health. Collective action to address the issue of pollution and the harm to human health caused by exposure to dangerous waste and chemicals was a matter of increasing urgency. WHO must play a key role in discussions on the sound management of chemicals and waste. The draft resolution presented an opportunity to further involve WHO and the health sector in ongoing negotiations and efforts relating to protecting the environment, including within the Inter-Organization Programme for the Sound Management of Chemicals. She looked forward to the approval of the draft resolution and reaffirmed her Government's commitment to its implementation. The operational framework for monitoring social determinants of health equity would help Member States to better identify future challenges and plan appropriate action.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, said that strong leadership, political commitment and policy coherence were essential in addressing the social and commercial determinants of health and the structural determinants of health inequity. Multisectoral actions would be possible only if all partners had a shared vision of health and well-being that was supported by good governance, transparency and the prevention of conflict of interest. He noted the development of the regional strategic framework on social determinants of health in South-East Asia. Although child homicide in the Region had been lower than the global average in 2017, it remained a public health concern. Multisectoral policies that were informed by communities, families and children to ensure safe environments and prevent violence were necessary. He supported the approval of the draft resolutions on accelerating action on global drowning prevention and on accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification; and of the draft decisions on the social determinants of health and on a global framework for integrating well-being into public health utilizing a health promotion approach.

The representative of INDIA said that mental health should be included as a critical component of overall health and well-being. Coordinated capacity-building measures were crucial for providing adequate and inclusive wellness services for all, promoting the use of technology in the provision of health care services, destigmatizing sensitive health issues and fostering health awareness among the general public. Strategies to address violence against children should be holistic and include the strict implementation and enforcement of laws, community awareness, the promotion of safe environments for children in schools and public spaces and the regular provision of parental and caregiver support. The adoption of a multisectoral framework of mutually reinforcing interventions to prevent and mitigate violence against children would be useful. The pandemic had highlighted the significant impact of social determinants of health on health outcomes. Underlying structural issues perpetuating health inequities should be addressed not only through immediate crisis response but through long-term policies and investment in the social determinants of health. Lastly, the use of digital health solutions and technologies could be instrumental in reducing disparities between health systems in rural and urban areas.

The representative of COLOMBIA said that policies on social determinants of health should be centred on four key concepts: human rights, territorial diversity, gender and sexual diversity, and intercultural respect. He welcomed the operational framework for monitoring social determinants of health equity, the inclusion of the social determinants of health on WHO's agenda and the recognition that the enjoyment of the right to health by all required joint action by the government and society as a whole. He welcomed the progress under the United Nations Decade of Action on Nutrition (2016–2025), and outlined some of his Government's efforts to improve nutrition. It had proposed a draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification. The draft resolution, which acknowledged the scientific evidence of the protective effect of fortifying foods, could support countries in achieving the Sustainable Development Goals on infant mortality and health equity without undermining crucial efforts to advance the recovery of the agricultural sector and support food security and autonomy. His Government was currently organizing the first ministerial conference on ending violence against children in collaboration with WHO/PAHO, to be held in Bogotá in 2024. All Member States were invited to take part in that event and adopt measures that would advance progress towards ending violence against children by 2030 in line with the Sustainable Development Goals.

The representative of GABON, speaking on behalf of the Member States of the African Region, said that governments of the Region were implementing a number of multisectoral and multidisciplinary actions to address the social determinants of health. The Secretariat should suggest appropriate resource mobilization tools to support those efforts and address the marketing of certain products harmful to health. It should also provide more support to Member States in drafting plans of action on social

determinants of health. All Member States should establish a multisectoral collaboration strategy for social determinants of health using a Health in All Policies approach.

Although Member States in the African Region had strengthened their health systems and adopted multisectoral approaches to end violence against children, more needed to be done on alignment with the INSPIRE framework and strategies. The Secretariat should facilitate more inclusive regional consultations and the development of stronger child protection legislation. Collective action by all relevant stakeholders was required to ensure a multisectoral approach to improving the availability of information on child abuse, child marriage, the recruitment of children by armed groups and child exploitation in all its forms. Mechanisms for reporting acts of violence should also be made more effective.

Despite measures taken by WHO in connection with the United Nations Decade of Action on Nutrition (2016–2025), in particular the strategic plan to reduce the double burden of malnutrition in the African Region (2019–2025), there were challenges to be overcome before Member States of the Region could meet nutrition targets. Strengthened multisectoral collaboration was required to address ongoing nutrition problems, including in the context of humanitarian crises. Robust governance and regulatory frameworks and more effective measures to ensure equitable access to safe and healthy food and prevent obesity were also needed. Governments of the Region were promoting breastfeeding and raising awareness about the harmful effects of ultra-processed foods. The Secretariat should build the capacity of Member States of the Region in analysing their food systems and generating evidence to promote a lasting transformation and increase the production and availability of healthy food. He supported the draft decision on a global framework for integrating well-being into public health utilizing a health promotion approach and the draft resolution on accelerating action on global drowning prevention.

The representative of CHILE supported the draft decision on a global framework for integrating well-being into public health utilizing a health promotion approach and shared information on the four priority strategies that his Government was implementing to improve well-being. He also supported the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification. His Government welcomed the draft resolution on the health of Indigenous Peoples and wished to be added to the list of sponsors. It was fully committed to addressing the health inequities suffered by Indigenous Peoples as a result of historic injustices and stood ready to share its experience in developing an intercultural health strategy and policy aimed at improving the health of those peoples in Chile. A global plan of action for the health of Indigenous Peoples should protect their right to traditional medicines and practices, guarantee access to all health and social services and ensure that their free, prior and informed consent was sought on health issues. The necessary technical and financial resources should be made available for its implementation.

The representative of CANADA said that her Government strongly supported and encouraged the meaningful participation of Indigenous Peoples in society. It welcomed the proposed actions for WHO and Member States in the draft resolution on the impact of chemicals, waste and pollution on human health and appreciated WHO's collaboration with Member States to develop a global framework for integrating well-being into public health utilizing a health promotion approach. Her Government prioritized populations facing health inequalities in its efforts to support healthy living at all stages of life. Work on social determinants and on addressing the root causes of health inequities was essential and she welcomed the operational framework for monitoring social determinants of health equity.

WHO's advocacy for a multisectoral approach to addressing the global food and nutrition crisis was commendable. She acknowledged the impacts of climate change, conflicts and the rising cost of living on the achievement of global nutrition goals and emphasized the critical need for multistakeholder collaboration and partnerships. Her Government appreciated WHO's efforts to promote greater awareness of the relationship between nutrition and climate action, including its support for the Initiative on Climate Action and Nutrition launched by the Egyptian Government, and welcomed plans to further facilitate discussion on how to ensure affordable healthy diets using sustainable food systems. The Secretariat should support Member States in integrating essential nutrition actions into health systems.

Noting the disproportionate impact of malnutrition on women and girls, she applauded the efforts of Member States that had taken action to address gender equality across nutrition programming, especially as part of the development and implementation of national action plans.

The representative of GERMANY drew particular attention to the negative impacts on human health of economic inequality, racism and gender discrimination, to which vulnerable groups were particularly susceptible. More easily accessible and needs-based health and social services should be created for such groups, and mechanisms to address inequalities arising from social determinants of health should be inclusive and multidisciplinary. Initiatives and strategies, including better access to high quality education, health information and medicines, must be put in place to address the structural drivers of growing health inequities. Access to the internet and digital technologies should also be included as a social determinant of health, and digital literacy and skills must be increased in order to limit the digital divide. Climate change and its effects should be at the forefront of the discourse on social determinants of health.

The representative of NAMIBIA said that it was regrettable that WHO and Member States had not heeded the recommendations of the Commission on Social Determinants of Health and that it had taken an unprecedented pandemic to galvanize action on health inequities. The lack of sufficient real-time data in the African Region for tracking social determinants of health had a negative effect on prioritizing actions for advancing health equity and the Secretariat should work with key stakeholders to make improvements. His Government welcomed the operational framework for monitoring social determinants of health equity on the understanding that it was a living document. The proposed indicator data sets should be further expanded to track progress in reducing inequities in marginalized populations. Noting some of the steps taken by his Government to create an enabling nutrition policy environment, he encouraged the Secretariat to support Member States in accelerating efforts across the six action areas of the work programme of the United Nations Decade of Action on Nutrition (2016–2025). All forms of malnutrition should be addressed through a whole-of-government and whole-of-society approach to increase coherence, efficiency and impact, including as part of sustainable responses to the climate crisis.

The representative of the ISLAMIC REPUBLIC OF IRAN described some of the measures taken by his Government to ensure essential nutrition for all. However, unilateral coercive measures against his Government had affected its capacity for cooperation on food production and hindered access to agricultural fertilizers, pesticides and machinery. Relevant specialized agencies of the United Nations, including WHO, should consider collaborating more actively with concerned Member States to find innovative solutions that mitigated the adverse impacts of such measures on the nutritional status of people living in vulnerable situations. Lastly, he emphasized that equity-oriented policies, including efforts to orient primary health care delivery towards an approach based on social determinants of health, should be implemented in accordance with countries' particular characteristics and cultural and social norms.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the operational framework for monitoring social determinants of health equity, in particular its emphasis on the need for a cross-sectoral perspective and acknowledgement of the increasingly significant impact of climate change. Further guidance on integrating the framework within national health strategies would be appreciated. Her Government was pleased that WHO was encouraging the effective use of data in policy and decision-making. She welcomed the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification. The reported rise in the number of children affected by wasting was a concern and she called on WHO to release updated child wasting guidelines. She welcomed WHO's work on promoting sustainable and resilient food systems for healthy diets and supported the growing attention on the relationship between climate change and nutrition, which should also be addressed through the Initiative on Climate Action and



Nutrition. Member States should encourage WHO to consider including a nutrition tracer indicator as part of the universal health coverage index and to facilitate a robust consultative process before any changes to the index were officially proposed.

The representative of MALAYSIA strongly supported the strategic directions of the global framework for integrating well-being into public health utilizing a health promotion approach. She emphasized the importance of integrating violence prevention into health service provision and the need for health worker training, multisectoral collaboration and improved data. While the INSPIRE strategies could be adapted to local contexts, technical guidance and training for technical staff would be appreciated. She welcomed the support provided by WHO on addressing social determinants of health, and supported the draft resolution on accelerating action on global drowning prevention. She also welcomed WHO's work as part of the United Nations Decade of Action on Nutrition (2016–2025). While the double burden of malnutrition must be addressed by all Member States, ensuring policy coherence between economic goals and public health policies remained a challenge in many countries. Lastly, mindful that iron and folic acid deficiencies persisted among the most vulnerable groups, especially women and young children, Malaysia strongly supported the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification.

The representative of INDONESIA said that her Government welcomed the global framework for integrating well-being into public health utilizing a health promotion approach and the operational framework for monitoring social determinants of health equity and was committed to ensuring the multisectoral and multistakeholder coordination necessary for their implementation. It continued to strive towards ending violence against children and to support the United Nations Decade of Action on Nutrition (2016–2025). Her Government welcomed the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification. A high-level dialogue would be crucial to take stock of progress and further technical and capacity-building support from WHO was required to achieve global nutrition targets.

The term "Indigenous Peoples" was not applicable in Indonesia's context, and it was disappointing that her Government's suggestion to include "local communities" in the draft resolution on the health of Indigenous Peoples could not be accommodated. Her Government spared no effort in promoting and protecting the rights and liberties of Indonesia's multicultural and multi-ethnic communities. It would interpret the rights set out in the draft resolution to be applicable to Indonesian local communities.

The representative of the NCD ALLIANCE, speaking at the invitation of the CHAIR and also on behalf of Alzheimer's Disease International, the European Society for Medical Oncology, FDI World Dental Federation, the Fred Hollows Foundation, the Framework Convention Alliance on Tobacco Control, the International Association for Dental Research, the International College of Surgeons, the International Diabetes Federation, the International Federation of Surgical Colleges Limited, the International Society of Nephrology, PATH, the Royal Commonwealth Society for the Blind – Sightsavers, World Cancer Research Fund International, the World Obesity Federation and the World Organization of Family Doctors, welcomed the development of the global framework for integrating well-being into public health utilizing a health promotion approach. She applauded the call for a well-being economy, a just energy transition and the need for climate change action that protected communities most at risk, including small island developing States; and the references to the role of good governance, social protection and pro-health fiscal policies. Member States should adopt the framework and the new language on private sector engagement should be combined with the mention of mechanisms to safeguard well-being policies from conflict of interest. Member States should also recognize the importance of involving people living with noncommunicable diseases and all health professionals in the planning and development of well-being policies; of measuring and leveraging the benefits of health promotion efforts in other sectors; and of considering the framework in engagement

in broader United Nations processes. The Secretariat was urged to specify that economic investment should be made in sectors aligned with public health goals; provide guidance on how to measure the impact of noncommunicable disease and other health programmes on social and individual well-being; to specify examples of meaningful participation and well-being policies; and to ensure that the global framework for integrating well-being into public health and the operational framework for monitoring social determinants of health equity were complementary.

The representative of the PHILIPPINES supported the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification and welcomed the global framework for integrating well-being into public health utilizing a health promotion approach. The Secretariat should consider increasing support for research and technical guidance on the fortification of staple foods. She shared some of her Government's efforts to address health determinants of health, including violence and injuries. Global collaboration was necessary to prevent and address exploitation and abuse, especially in low- and middle-income countries. Improved data collection, analysis and sharing would be crucial for policy development and programme implementation. While recognizing the value of existing WHO guidance documents on violence against children and women, she requested the Secretariat to develop a range of interventions applicable in non-health sectors.

The representative of BAHRAIN, noting the global framework for integrating well-being into public health utilizing a health promotion approach, emphasized the importance of promoting effective partnerships and collective and coordinated action by State and non-State actors, including with respect to the social determinants of health equity. Her Government had adopted a number of initiatives aimed at preventing drowning, promoting universal health coverage and fortifying foods with micronutrients. It wished to strengthen monitoring of nutritional indicators for different age groups with a view to developing effective health policies and preventive programmes.

The representative of KENYA welcomed WHO's work in implementing resolution WHA75.19 (2022) on well-being and health promotion, including the global framework for integrating well-being into public health utilizing a health promotion approach. She supported the draft resolution on accelerating action on global drowning prevention and called for multisectoral collaboration on its implementation. She also supported the adoption of the operational framework for monitoring social determinants of health equity, noting her Government's focus on a Health in All Policies approach to address the social and economic determinants of health, and the need for strengthened technical capacities and investment to address social determinants of health. She further supported the draft resolution on the health of Indigenous Peoples. Her Government had made significant progress towards achieving global targets on nutrition and diet-related noncommunicable diseases and remained committed to accelerating efforts across the six action areas of the work programme of the United Nations Decade of Action on Nutrition (2016–2025).

The representative of EL SALVADOR fully supported the draft resolution on the impact of chemicals, waste and pollution on human health, which was of relevance to target 3.9 of the Sustainable Development Goals on reducing the number of deaths and illness from hazardous chemicals and air, water and soil pollution and contamination. Her Government was seeking to adopt the Globally Harmonized System of Classification and Labelling of Chemicals and strengthen its national regulatory framework. The actions being taken were consistent with the WHO road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management. International support was needed to ensure the conditions necessary for gathering information and consolidating databases on risks and management of chemical exposure.

**The meeting rose at 12:10.**

## **EIGHTH MEETING**

**Saturday, 27 May 2023, at 14:40**

**Chair:** Mrs K. DRAŹEK-LASKOWSKA (Poland)

### **PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING** (continued)

#### **REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:** Item 16 of the agenda (continued) [transferred from Committee A]

**Well-being and health promotion:** Item 16.1 of the agenda (documents A76/7 Rev.1, A76/7 Add.2 and A76/7 Add.3) (continued)

**Ending violence against children through health systems strengthening and multisectoral approaches:** Item 16.2 of the agenda (document A76/7 Rev.1) (continued)

**Social determinants of health:** Item 16.3 of the agenda (documents A76/7 Rev.1, A76/7 Rev.1 Add.1, A76/7 Rev.1 Add.4 and EB152/2023/REC/1, decision EB152(12)) (continued)

**United Nations Decade of Action on Nutrition (2016–2025):** Item 16.5 of the agenda (documents A76/7 Rev.1 and EB152/2023/REC/1, decision EB152(13)) (continued)

The CHAIR recalled that the Committee had before it a draft resolution on accelerating global drowning prevention; a draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification; a draft decision on achieving well-being: a draft global framework for integrating well-being into public health utilizing a health promotion approach; a draft decision on social determinants of health; a draft resolution on the health of Indigenous Peoples; and a draft resolution on the impact of chemicals, waste and pollution on human health.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the draft global framework for integrating well-being into public health utilizing a health promotion approach comprehensively addressed the social, economic, environmental and other determinants of health. Welcoming efforts to highlight the importance of the United Nations Decade of Action on Nutrition (2016–2025), she requested the Secretariat to scale up support for the development of national strategies to tackle the double burden of malnutrition. Policies based on partnerships with trade, industry, the private sector and the health sector were needed to ensure a healthy food supply and implement WHO's agenda on childhood obesity. Further guidance should be provided on mobilizing policy-makers outside the health sector to commit to the implementation of programmes and policy recommendations on food systems, food security and the promotion of healthy diets.

The Member States of the Region recognized the importance of addressing violence against children as a public health issue and incorporating it in all child health initiatives. The underlying social determinants of health must be taken into consideration for those and related efforts to succeed. In that regard, the Commission on the Social Determinants of Health in the Eastern Mediterranean had provided

valuable knowledge and recommendations, including recognition of conflict as a key determinant of health. She supported the Secretariat's work on preparing an updated report on social determinants of health and developing the operational framework for monitoring social determinants of health equity, taking into consideration the political and cultural contexts of Member States.

Speaking in her national capacity, she appreciated the Secretariat's efforts in developing the draft global framework for integrating well-being into public health and supported its adoption. Her Government welcomed the public health approach to well-being, including by leveraging health promotion tools to address the social, economic, environmental, political and technological determinants of health and well-being throughout the life course. She described her Government's integrated, whole-of-government approach to fostering healthy lifestyles and well-being and looked forward to the Secretariat's technical support in establishing standardized indicators or an index for monitoring well-being.

The representative of JAPAN said that efforts to prevent violence against children should be integrated into existing national child health services and support should be provided to Member States in promoting multisectoral collaboration in that area. His Government would continue to work towards realizing the actions set out in the draft resolution on the impact of chemicals, waste and pollution on human health and monitor new developments, including in relation to chemical substance management. Regarding the United Nations Decade of Action on Nutrition (2016–2025), the Secretariat should provide Member States and stakeholders with the technical support required to achieve the commitments made at the Tokyo Nutrition for Growth Summit 2021. He welcomed the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences, as well as the proposal for WHO to convene open and inclusive dialogues in collaboration with FAO towards the end of the United Nations Decade of Action on Nutrition. Close cooperation should continue among entities of the United Nations system to improve nutrition.

The representative of FINLAND, welcoming the draft resolution on the health of Indigenous Peoples, highlighted the importance of providing services to Indigenous Peoples in their own languages and in a culturally appropriate manner. Mental health services should take into account the collective dimension and traumas of Indigenous Peoples. The interlinkages between health, well-being and climate change must also be recognized. It was important to conduct data collection in collaboration with Indigenous Peoples in order to facilitate knowledge-based management and evidence-based policy-making. The meaningful engagement of Indigenous Peoples in decision-making and discussions regarding their rights was necessary to create the conditions that would improve and enhance their right to health. WHO's commitment to enhancing well-being through health promotion was welcome. Evidence on the effectiveness of public health interventions had largely neglected to consider their economic links and impacts. However, the final report of the WHO Council on the Economics of Health for All offered valuable guidance in that regard which could inform the implementation of the draft global framework for integrating well-being into public health.

The representative of GUATEMALA said that the draft resolution on the health of Indigenous Peoples was of vital importance to the Region of the Americas. He described some of the initiatives implemented by his Government to improve the health of Indigenous Peoples and highlighted the importance of an intercultural approach and the role of midwives in providing primary and secondary care at the community level.

The representative of SENEGAL outlined her Government's efforts to protect children through an integrated, multisectoral approach, including the implementation of measures to facilitate access to health, psychosocial and legal services for children and all victims of violence, maltreatment and sexual exploitation, abuse and harassment. Such measures should be strengthened to end all forms of violence.

The representative of DENMARK said that the draft resolution on the health of Indigenous Peoples was an important first step to addressing their health needs. It was vital to reduce Indigenous Peoples' barriers to health through a holistic approach in which their health was viewed as an individual and collective right. Indigenous Peoples had the right to be actively involved in developing health programmes affecting them and to administer such programmes through their own institutions, thereby enhancing quality and access, in particular for women, girls and youth who often faced barriers in accessing health care and in fulfilling their sexual and reproductive health and rights.

The representative of ECUADOR underscored the importance of reducing inequitable access to universal, free-of-charge health care and the need for an intersectoral approach to the economic, social and environmental determinants of health. Highlighting the importance of the draft resolution on the health of Indigenous Peoples, he looked forward to the development of a global plan of action for the health of Indigenous Peoples. His Government welcomed the call for closer WHO involvement in addressing the impact of chemicals, waste and pollution on human health, as set out in the important related draft resolution. Welcoming the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences, he outlined the steps taken by his Government in that area and urged the Secretariat to reinforce its efforts and scale up new practices through international cooperation to ensure that the issue was prioritized at the global level, especially in countries with a high level of malnutrition.

The representative of CÔTE D'IVOIRE said that tackling the burden of malnutrition was one of the major challenges of the century. She described the initiatives implemented and progress made in her country, noting that challenges regarding micronutrient deficiencies among certain population groups nevertheless remained. Her Government supported the Initiative on Climate Action and Nutrition (I-CAN) launched by the Government of Egypt with the support of the Secretariat. It also supported the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences but called for it to consider all complementary strategies so that progress towards the elimination of micronutrient deficiencies could be accelerated. She requested the Secretariat to organize a working session with interested Member States on the new classification of malnutrition.

The representative of NEW ZEALAND, welcoming the development of the operational framework for monitoring social determinants of health equity, said that the increased focus on understanding and addressing the social determinants of health across WHO's programme of work was heartening. He described some of the measures implemented by his Government, noting that the cumulative impacts of racism as a determinant of health must be addressed in order to achieve real change. His Government strongly supported the proposed actions set out in the draft resolution on the health of Indigenous Peoples and looked forward to continued engagement in addressing the social determinants of health. He welcomed the positive momentum in relation to the United Nations Decade of Action on Nutrition (2016–2025) and supported the proposed actions. More streamlined guidance, such as a WHO action plan, would help to support implementation of those actions. Expressing concern at global trends in micronutrient deficiencies and the disproportionate burden on the most vulnerable populations, he supported the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences.

The representative of CHINA, highlighting the need for an integrated system for the provision of health and well-being services, emphasized that local contexts must be taken into account when establishing national health and well-being goals. It was also necessary to consider how local social, cultural, economic and political contexts affected well-being. His Government supported the proposed measures on ending violence against children, especially the establishment of a reporting system and the promotion of early childhood development. It also supported the development of the operational framework for monitoring social determinants of health equity. He expressed the hope that the Secretariat would give full consideration to the challenges faced by developing countries in balancing

aspects such as population, resources and environment with economic development, and increase the financial and technical support provided to areas affected by unsafe drinking water and sanitation.

His Government firmly opposed the unilateral decision taken by the Government of Japan to discharge contaminated wastewater from the Fukushima Daiichi Nuclear Power Station into the sea, which would harm the global marine environment and threaten the health of people worldwide. Given the grave concerns expressed by many countries and other stakeholders and pending consensus with all parties, the Government of Japan must not commence the discharge of contaminated water into the sea.

The representative of the RUSSIAN FEDERATION said that her Government attached great importance to WHO's work on tackling health inequalities. However, the operational framework for monitoring social determinants of health equity should not contradict the indicators of the Sustainable Development Goals. Furthermore, her Government wished to draw attention to the fact that non-consensual gender terminology had been used and urged the Secretariat to ensure that the terminology used in official documents had been agreed upon by all Member States. She welcomed the Secretariat's efforts in developing measures to prevent violence against children and said that signs of such violence should be checked for during requests for medical assistance and during routine medical checks. Her Government had adopted an intersectoral approach to ensure the provision of timely support to victims of all forms of violence. Turning to nutrition, it was appropriate to continue providing countries with methodological support. Lastly, her Government shared the concerns expressed by the representative of China regarding the discharge of radioactive wastewater from the Fukushima Daiichi Nuclear Power Station into the sea and urged the Government of Japan to act transparently in view of the importance of the issue for all countries in the region.

The representative of the BAHAMAS outlined the steps taken in her country to enhance health and well-being and strengthen health systems to combat violence against children. Member States had a responsibility to safeguard the most vulnerable populations, including children. Urgent action was needed to eradicate violence against children, which had profound societal consequences, contributed to the incidence of communicable and noncommunicable diseases and influenced the adoption of risky behaviours. Recognizing the significant challenges caused by health inequities, which were exacerbated by climate change, she welcomed the operational framework for monitoring social determinants of health equity and requested the Secretariat's support in implementing it and developing mitigation strategies. She expressed support for the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND (SIGHTSAVERS), speaking at the invitation of the CHAIR and also on behalf of Alzheimer's Disease International, CBM Christoffel Blindenmission Christian Blind Mission e.V., Handicap International Federation, HelpAge International, the International Federation on Ageing, the NCD Alliance, The Task Force for Global Health, Inc. and The Worldwide Hospice Palliative Care Alliance, welcomed WHO's work on the social determinants of health. Due attention should be given to the close interplay of the social determinants of health with disability, ageing, communicable and noncommunicable diseases, and neglected tropical diseases. Multiple interlinking factors exacerbated health inequities for persons with disabilities, including ageism and gender-based discrimination.

Member States should ensure alignment of the forthcoming WHO *World report on social determinants of health equity* and the associated guidance with resolution WHA74.8 (2021) on the highest attainable standard of health for persons with disabilities and the WHO *Global report on health equity for persons with disabilities*. He also called for: investment in primary health care approaches, including health promotion, prevention, treatment, rehabilitation, palliative care and long-term care and support that was easily accessible by everyone; inclusive multisectoral action underpinned by standardized systems to collect and use data disaggregated by sex, age and disability; meaningful engagement with and empowerment of people with disabilities of all ages and organizations working with them; universal health insurance and social protection systems; and action to advance health equity.

The representative of PORTUGAL welcomed the emphasis placed on the crucial role of well-being and health promotion in society. It was essential to understand and address the social, economic and environmental determinants of health in order to create a healthier and more equitable society. Factors such as income, education, employment and access to health care were key to health outcomes. Behavioural and cultural insights were also vital in promoting health and encouraging the adoption of health-promoting behaviours. He described some of the steps taken at the national level to address the social determinants of health and promote health and well-being.

The representative of IRELAND welcomed the operational framework for monitoring social determinants of health equity. The draft resolution on accelerating action on global drowning prevention would help to address the urgent and essential need to tackle the issue of drowning. Similarly to many other preventable deaths, the social determinants of health increased the risk of drowning. However, implementation of evidence-based, low-cost and scalable interventions could prevent drowning, including education measures. The Secretariat should lead the coordination of global drowning prevention efforts among entities of the United Nations system, international development partners and non-State actors and provide ongoing technical knowledge and support to Member States to address the issue. His Government also called for the adoption of the draft resolution on the health of Indigenous Peoples and the draft resolution on the impact of chemicals, waste and pollution on human health.

The representative of FRANCE, welcoming the progress made in developing sustainable and resilient food systems, said that healthy diets were essential in addressing the double burden of malnutrition and obesity. Expressing deep concern at the worsening food situation since the coronavirus disease (COVID-19) pandemic, which had been exacerbated by the Russian Federation's war of aggression against Ukraine, she highlighted the need for enhanced international efforts to achieve the global nutrition targets on improving maternal and infant nutrition and the Sustainable Development Goals. She endorsed the proposed actions and encouraged the Secretariat to strengthen its work on the interdependent relationship between climate and nutrition and on the accountability of related programmes, which should be assessed using the OECD nutrition policy marker. The Secretariat should also consider the impact of gender inequalities on nutrition and support the implementation of the Voluntary Guidelines on Food Systems and Nutrition adopted by the Committee on World Food Security. With the next Nutrition for Growth Summit – to be hosted by the Government of France – coinciding with the end of the United Nations Decade of Action on Nutrition (2016–2025), it was important for the international community to maintain momentum on the issue through concrete and ambitious political and financial commitments.

The representative of the DOMINICAN REPUBLIC expressed support for the draft decision on the draft global framework for integrating well-being into public health. Her Government also supported the draft resolution on the impact of chemicals, waste and pollution on human health and wished to be added to the list of sponsors. Highlighting the need for collective action, she called for plastic pollution to be prioritized in efforts to create a healthy environment. She highlighted the importance of implementing the United Nations Environment Assembly resolution on ending plastic pollution and the need for WHO to ensure a focus on health in the related negotiations on developing a legally binding instrument. Technical support should be provided to developing countries to build capacity for conducting scientific assessments on the link between plastic pollution, including microplastics, and the impact on health. The Secretariat should focus its efforts on awareness-raising campaigns. Her Government also wished to be added to the list of sponsors of the draft resolution on the health of Indigenous Peoples.

The representative of the UNITED STATES OF AMERICA said that her Government supported the draft decision on the draft global framework for integrating well-being into public health and the overall direction of the draft global framework. On ending violence against children, she welcomed the support provided to Member States in implementing the INSPIRE framework and encouraged the

Secretariat to provide countries with support in prioritizing health systems strengthening and multisectoral approaches for preventing, recognizing and responding to violence against all children. Turning to the social determinants of health, it was essential to build a strong foundation of resilient, accessible primary health care grounded in equity. She supported WHO's commitment to non-discrimination and to leaving no one behind and welcomed the draft resolution on the health of Indigenous Peoples. Strong population data systems were necessary to understand potential linkages between health outcomes and diverse populations and implement more responsive actions. She welcomed the draft decision on social determinants of health and looked forward to the updated report in 2024.

The United Nations Decade of Action on Nutrition (2016–2025) presented an important opportunity to strengthen cross-sectoral action. She welcomed the coordinated leadership of WHO and FAO in supporting countries to accelerate progress to reach nutrition targets and generally agreed with the actions proposed. WHO's role in addressing child wasting was critical, including its work to revise the guidelines on wasting in infants and children. Her Government supported the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences and welcomed the proposal to convene dialogues in collaboration with FAO to reflect on progress made and potential paths forward.

The representative of ZAMBIA said that strong health systems were an important entry point for preventing, identifying and tackling violence against children. Describing the steps taken in her country to end such violence and the challenges faced, she requested the Secretariat and other stakeholders to continue providing support to ensure a holistic approach. Her Government recognized the need to tackle the determinants of health through a holistic response and was implementing measures to address national inequities. As her country had numerous water bodies and had recently experienced flooding, she welcomed United Nations General Assembly resolution 75/273 on global drowning prevention and requested support in understanding the burden of drowning and developing prevention strategies.

The representative of SINGAPORE said that Member States should share lessons learned and best practices in improving well-being and health promotion, which should be adapted to national contexts. Efforts were also needed to ensure access to and strengthen mental health services, including for specific groups such as young people. Effective primary care was vital in ensuring physical and mental well-being, which could be provided through health plans customized to individual patients and regular check-ups with a trusted health provider. Digital health could be used to empower patients and drive positive health behaviour. Mobile applications that provided access to personal health data, medical services and health-related activities were indispensable to improving population well-being.

The representative of PERU said that it was essential to tackle the social determinants of health in order to ensure sustainable development, health and well-being, including as part of the response to health emergencies and related socioeconomic crises. Persistent and worsening health inequities, which disproportionately affected vulnerable populations, were deeply concerning. Particular attention should be paid to the impact of pollution on human health and the environment, which had a disproportionate effect on developing countries and those vulnerable to natural disasters. The draft resolution on the impact of chemicals, waste and pollution on human health, which her Government had proposed together with others, sought to strengthen the links between WHO and other bodies that dealt with pollution, such as the Intergovernmental Negotiating Committee to develop a legally binding instrument on plastic pollution. She called for greater political commitment to address the social determinants of health.

The representative of BELGIUM welcomed the engagement of WHO and the health sector in better understanding, preventing and addressing the detrimental effects of chemicals on health. The environmental causes of diseases must be tackled in order to achieve the human right to a clean, healthy and sustainable environment. The significant public health threats caused by exposure to organic



pollutants, hazardous pesticides and other endocrine disruptors were particularly alarming. Evidence on the impact of exposure to multiple chemicals was lacking. She therefore looked forward to the updated WHO/UNEP report on the state of the science of endocrine disrupting chemicals and stressed the importance of collaboration between WHO, UNEP and other relevant organizations in providing evidence-based assessment and guidance through a One Health approach. The Secretariat's leadership was required to develop and implement informed, evidence-based public health policies that addressed the harmful impact of chemicals and benefited both human health and the environment.

The representative of the REPUBLIC OF KOREA said that greater emphasis should be placed on mental health and environmental determinants to promote health and well-being. The training of health workers, multisectoral collaboration and improved data were needed as part of efforts to prevent violence against children. Concerning the social determinants of health, he stressed the importance of an integrated, comprehensive response to addressing health inequality through a Health in All Policies approach and described the action taken by his Government in that regard. His Government took a keen interest in improving nutrient status through the United Nations Decade of Action on Nutrition (2016–2025) and had implemented a number of national policies to that end.

The representative of BOTSWANA said that concerted efforts were needed to ensure cross-sectoral policy planning and implementation, as well as multisectoral collaboration to develop initiatives aimed at tackling the structural determinants and causes of ill health. He expressed concern at the insufficient progress made in implementing the recommendations of the WHO Commission on Social Determinants of Health issued in 2008. More work was needed to find lasting solutions and mitigate the main causes of and risk factors for poor health. Primary health care and the principles on which it was based remained the key strategy for delivering health services towards universal health coverage, with equity at its core. He expressed support for the proposed recommendations.

The representative of HONDURAS said that his Government wished to be added to the list of sponsors of the draft resolution on the health of Indigenous Peoples and of the draft resolution on the impact of chemicals, waste and pollution on human health. Describing the steps taken by his Government to eliminate hazardous chemicals and plastic pollution, he highlighted the need for the Secretariat to work together with Member States to establish robust policies that addressed the social, economic and environmental determinants of health and well-being. He outlined the measures implemented by his Government to tackle all forms of violence, including against children. Concerted efforts were needed to deal with the determinants of health and reduce health inequities in order to advance towards the achievement of the Sustainable Development Goals and realize the right to health and well-being for all.

The representative of POLAND described some of the initiatives implemented by her Government, including to reduce health inequalities through a Health in All Policies approach. Welcoming the outcomes of the WHO European Regional High-level Forum on Health in the Well-being Economy, held in Copenhagen in March 2023, she highlighted the importance of cross-sectoral solutions and sustained multisectoral collaboration to address population needs and deliver impact.

The representative of IRAQ said that strengthening health systems and ensuring effective coordination between stakeholders through a multisectoral approach would contribute significantly to ending gender-based violence. She described the range of measures implemented by her Government, including in the areas of human rights, gender-based violence and child protection, and called on the Secretariat to support the development and implementation of her country's related action plans and policies.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the Framework Convention Alliance on Tobacco Control, World Cancer Research Fund International, the International Diabetes Federation, FDI World Dental Federation, the International Union for Health Promotion and Education, and NCD Alliance, welcomed the forthcoming updated WHO *World report on social determinants of health equity* and the operational framework for monitoring social determinants of health equity, which must both be developed transparently. WHO's work in that area was critical in view of the insufficient progress made at the global level. She commended in particular the Organization's work on commercial determinants and welcomed the systems-based approach and proposed actions to address structural barriers. Stigma, false narratives and preconceptions should also be addressed as part of the wider determinants affecting access to quality health services. Many determinants of health lay outside the health sector and must therefore be tackled through a multisectoral approach. Member States should accelerate the equitable implementation of universal health care and ensure a stronger focus on the implementation of best buys for noncommunicable diseases. Clarification was needed as to how the operational framework would complement the draft global framework for integrating well-being into public health.

The representative of BANGLADESH, describing the action taken by his Government to reduce drowning, said that low-cost solutions such as swimming lessons and supervision could dramatically reduce deaths from drowning among children. He stressed the need for collective efforts and the importance of establishing a global alliance for drowning prevention and hoped that the draft resolution on accelerating action on global drowning prevention would reinforce efforts at the country level. Regarding the issue of food fortification, appropriate guidance should be developed and national and global standards established. Research and monitoring should also be strengthened to measure the impact and determine the required intake of micronutrients. Appropriate policy and normative measures were needed to ensure that public health interests remained at the centre of food fortification. Such measures should sustain and promote local culture, traditional values and healthy habits. Healthy diet initiatives should be promoted to address micronutrient deficiency.

The representative of LEBANON highlighted some of the challenges faced by his country regarding health promotion, prevention and early disease detection due to its limited resources, which had been exacerbated by the ongoing national economic crisis. He stressed the importance of addressing the social determinants of health and recognized the role played by nutrition in overall well-being. His Government endorsed the recommendations of the Commission on the Social Determinants of Health in the Eastern Mediterranean and commended the Secretariat's work on the topics under discussion, including on updating the 2008 report of the WHO Commission on Social Determinants of Health and developing the operational framework for monitoring social determinants of health equity. He called on the Secretariat, partners and the international community to share their expertise and provide support.

The representative of SAUDI ARABIA welcomed the vital role played by WHO in highlighting the importance of promoting health, advancing global coordination and creating the social, economic, health and environmental conditions that would contribute to improving the quality of life of individuals and communities. He stressed the need for coordinated, multisectoral health policy development that prioritized primary care, health promotion and preventive services, enabled knowledge exchange and ensured more effective and efficient services, and welcomed the recognition of that need in the draft global framework for integrating well-being into public health. Regarding nutrition, he welcomed the progress made to date and emphasized the need to accelerate efforts to achieve global goals. The Secretariat should continue to provide technical support to Member States in assessing nutritional needs, identifying the status of micronutrient deficiencies, designing programmes and strengthening monitoring and evaluation programmes.

The representative of the PLURINATIONAL STATE OF BOLIVIA provided details of some of the measures implemented in his country to promote and guarantee the right to health of Indigenous Peoples through an intersectoral approach. Mobile teams had been established with the objective of reaching Indigenous communities throughout the country and providing access to health services for all. He thanked all those that had contributed to preparing the draft resolution on the health of Indigenous Peoples.

The representative of JAMAICA was pleased to have had the opportunity to participate in the consultations on the draft global framework for integrating well-being into public health, which would provide the necessary guidance to support Member States in achieving well-being targets. He described the progress made in his country and commended the Secretariat's efforts to fast-track the draft global framework.

The representative of PARAGUAY said that it was essential to adopt measures to address the social determinants of health, with a focus on rights and equity. A strengthened multisectoral approach was needed that empowered decision-makers and community actors to participate in the development of policies that enabled people to have a greater influence on matters affecting their health. The necessary opportunities and tools must be made available for that purpose. A cross-cutting approach to the social determinants of health and health promotion should be implemented across all public policies to improve population health and ensure accessible health systems that addressed people's needs. Her Government welcomed the operational framework for monitoring social determinants of health equity and the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences. She also welcomed the draft resolution on the health of Indigenous Peoples and described her Government's intercultural approach to implementing related national initiatives.

The representative of NIGERIA described some of the measures taken by her Government to address micronutrient deficiencies. Given that food fortification was universally accepted as a cost-effective means of preventing the diseases and suffering caused by such deficiencies, she expressed support for the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences.

The representative of AUSTRALIA emphasized the importance of ending violence against children and women. The Secretariat should continue supporting Member States to prioritize health system strengthening and multisectoral approaches in that regard. The Organization could strengthen its partnership with UNFPA to focus on community outreach and integrate the prevention of violence against children into existing multisectoral programmes. She was pleased that the draft resolution on the health of Indigenous Peoples recognized the importance of Indigenous Peoples' engagement and participation in discussions and providing guidance for developing the draft global plan of action for the health of Indigenous Peoples. She welcomed the operational framework for monitoring social

determinants of health equity and said that her Government endorsed the draft resolution on the impact of chemicals, waste and pollution on human health.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR and also on behalf of Amref Health Africa, the International Society of Nephrology, the NCD Alliance, the Union for International Cancer Control and the World Stroke Organization, applauded Member States for recognizing pollution as a health risk factor. Welcoming the draft resolution on the impact of chemicals, waste and pollution on human health, she said that it was disappointing that fossil fuels were omitted from the list of pollutants. The rapid and just phase-out of fossil fuels was a public health imperative, which must be supported by fiscal, regulatory and other measures. She expressed hope that the draft resolution would be the first step to tackling the triple crisis of pollution, climate change and biodiversity loss.

The representative of VANUATU, outlining initiatives and challenges in her country regarding health promotion, said that her Government required more technical support for capacity-building to promote health and well-being. She expressed the hope that the draft global framework for integrating well-being into public health utilizing a health promotion approach would shed light on crucial issues. Regarding the social determinants of health, she fully supported the draft resolution on the health of Indigenous Peoples which would contribute to universal health coverage. She requested the Secretariat to ensure that the rights of Indigenous Peoples would be assured according to international obligations.

The representative of GHANA said that, despite the achievements made in implementing the INSPIRE framework, more work remained to be done. She thanked the Secretariat and WHO partners for their continued support in ending violence against children. She commended the progress made towards tackling malnutrition and expressed support for the proposed actions contained in the report on the United Nations Decade of Action on Nutrition (2016–2025). She urged the Secretariat to provide the necessary technical support to strengthen Member States' capacities in that regard.

The representative of BARBADOS expressed support for the draft decision on achieving well-being and the draft global framework for integrating well-being into public health utilizing a health promotion approach. Consideration should be given to the development of innovative approaches, enhanced communication channels and technologies, which should be guided by social and behavioural sciences. His Government commended the Secretariat for its continued support to Member States in addressing the social determinants of health. The key policies and interventions contained in the forthcoming WHO *World report on social determinants of health equity* could reverse health inequities. He said that his Government would welcome technical support to implement the draft operational framework for monitoring social determinants of health equity.

The representative of MALDIVES, underscoring the value of a Health in All Policies approach, appreciated the operational framework for monitoring social determinants of health equity, which would greatly facilitate Member States' work in that regard. Noting progress made towards nutrition targets, she expressed support for the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification. Greater focus was needed on climate change, addressing trade barriers affecting healthy diets and country-specific sustainable food fortification options. Her Government urged WHO and other technical organizations to focus on robust nutrition data and diet-related research, strengthen national health information systems, and develop appropriate nutrition indicators across all age groups.

The representative of ETHIOPIA expressed support for the draft global framework for integrating well-being into public health utilizing a health promotion approach and the operational framework for monitoring social determinants of health equity. Any health intervention should take account of the social determinants of health. The Secretariat should continue to support Member States to strengthen multisectoral action to prevent violence against children and leverage resources for scaling up implementation of the INSPIRE framework. His Government encouraged further advocacy and action in preparation for twenty-eighth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change. It was important to strengthen national and subnational networks, enhance support for country-level efforts, and provide targeted support for areas experiencing health and humanitarian emergencies. His Government urged all donors and partners to increase investment, support and collaboration to sustain the gains made towards nutrition targets and address the remaining gaps to resolve all forms of malnutrition by 2030.

### **Rights of reply**

The representative of JAPAN, speaking in exercise of the right of reply, said that the Government of Japan had engaged in transparent and scientific evidence-based discussions on discharging water treated by the Advanced Liquid Processing System (ALPS) from the Fukushima Daiichi Nuclear Power Station into the sea. Officers from IAEA and international experts nominated by the IAEA had visited Japan and conducted safety and regulatory reviews. The findings of the IAEA task force had been reflected in the Government's revisions to the plan for discharging the ALPS-treated water. The Government of Japan had repeatedly offered to provide China with individual scientific and professional explanations on the ALPS-treated water but China had not given any response. The Government would continue to operate in a transparent manner based on scientific evidence and would take the appropriate measures considering the observations of the future reviews conducted prior to the discharge. Furthermore, the Government strongly urged China to communicate with Japan on the matter from a scientific standpoint.

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, rejected the fact that issues with food supply were a consequence of the special military operation in Ukraine. Rather, the inflation in food prices had been caused by the impact of economic, energy and food policies of Western Governments. Climate change, the COVID-19 pandemic and sanctions imposed on her country had also caused global market imbalances. According to evaluations carried out by the United Nations, there was a problem of food distribution, not a food shortage. Her Government remained a reliable global supplier of food products. However, global food insecurity challenges would not be resolved until the artificially established and illegitimate obstacles to international trade activities were removed from the Russian Federation.

The representative of CHINA, speaking in exercise of the right of reply, said that the Government of Japan had not demonstrated that the wastewater was safe, nor investigated the feasibility of other options that did not include wastewater discharge into the sea. Many radionuclides in the wastewater could not be treated effectively and risked spreading with ocean currents, further increasing the number of radionuclides in the environment and posing hazards to the marine environment and human health. He therefore questioned the long-term global impact of discharging wastewater into the sea and urged the Government of Japan to suspend the discharge of wastewater into the sea until it could determine the safest option for managing contaminated wastewater in consultation with international agencies and neighbouring countries.

The representative of FRANCE, speaking in exercise of the right of reply, said that the aggression waged by the Government of the Russian Federation against Ukraine was one of the major causes of global food insecurity. There were no sanctions imposed by the European Union on the export of food products or fertilizer from the Russian Federation. The Government of the Russian Federation was weaponizing hunger and blaming Europe, despite efforts made by her Government and others to enable the export of Ukrainian grain. She expressed support for the Black Sea Grain Initiative and commended the generosity of the Government of Ukraine, which had worked hard to maintain its role as a global provider of food products despite the consequences of the war.

(For continuation of the discussion and approval of two draft decisions and four draft resolutions, see the summary records of the ninth meeting, section 2.)

**The meeting rose at 17:20.**

## **NINTH MEETING**

**Monday, 29 May 2023, at 09:05**

**Chair:** Dr C.G. ALVARENGA CARDOZA (El Salvador)

### **PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES** (continued)

#### **1. AUDIT AND OVERSIGHT MATTERS:** Item 20 of the agenda (continued)

**Appointment of the External Auditor:** Item 20.4 of the agenda (documents A76/25, A76/25 Add.1 and A76/25 Add.2)

The CHAIR said that the four Member States that had nominated candidates to be considered for the position of External Auditor were, in alphabetical order, Egypt, India, Kenya and the United Republic of Tanzania. However, Egypt and Kenya had since withdrawn their candidatures. He invited the remaining 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 COMPTROLLER AND AUDITOR GENERAL OF INDIA said that the Supreme Audit Institution of India was an independent body with around 42 000 staff members. Over the past 30 years, it had steadily earned the trust of the governing bodies of entities of the United Nations system. As a member of the Panel of External Auditors of the United Nations, the Specialized Agencies and the International Atomic Energy Agency, the institution had promoted a constructive, harmonized approach to diverse matters arising within the United Nations system, while its role as WHO External Auditor had given it insight into the specific issues underpinning the policy outcomes of the Organization.

The institution would continue to carry out audits in close alignment with WHO's strategic priorities, as it had done during its first term as External Auditor through performance audits of three of the Organization's high-impact, high-cost initiatives. Those audits had led to proposals to improve WHO's resource mobilization strategy, ensure predictable, sustainable funding, and further align project funding with Member States' priorities. More specifically, an information technology audit of WHO's new enterprise resource planning system had allowed mid-course correction during the system's roll-out, reducing the risk of delays and additional costs.

If appointed as External Auditor, the institution's work would be based on 232 auditor-months over the four-year period, which was necessary given the magnitude of WHO's operations. The audit fee, which had been calculated on a non-profit basis, covered the continued presence of the Director of External Audit in Geneva, who would provide an interface with the Organization and ensure that audit plans were aligned with its priorities. A broad spectrum of audit activities was proposed, taking into consideration the recommendations and risk assessment of the Independent Expert Oversight Advisory Committee; that included the audit of two country and regional offices, and two performance audits each year, in addition to the annual financial audit of WHO and its non-consolidated entities. The institution would therefore be well placed to support the ongoing WHO transformation by further consolidating the systemic and strategic contributions it had made thus far.

The CONTROLLER AND AUDITOR GENERAL OF THE UNITED REPUBLIC OF TANZANIA said that the National Audit Office of Tanzania was an independent body supported by a team of over 950 skilled employees. It had extensive international auditing experience, having served a range of entities within the United Nations system, as well as regional bodies such as the African Union. The institution's role as the statutory auditor of the Tanzanian Ministry of Health had given it broad experience in the health sector. It had also audited many donor-funded projects delivered by multilateral development partners. It had experience in financial, compliance and value-for-money audits, and audits of health information systems and international corporate systems to evaluate technical functions and strategic coherence with organizational objectives.

If appointed as External Auditor, the institution would work to ensure that WHO's information systems were secure, efficient and strategically aligned with the Organization's objectives. The institution's competent and diverse workforce was equipped with a wide range of qualifications and experience and underwent continuous professional development, allowing it to deliver rigorous, unbiased audits that would provide invaluable insights and recommendations to enhance financial management, governance, risk management and operational effectiveness and efficiency within WHO, ensuring the transparency, accountability and efficiency of WHO's operations globally. The National Audit Office of Tanzania could offer professional, objective and cost-effective services to provide assurance that the resources entrusted to the Organization were used to champion global efforts to give everyone, everywhere an equal chance to live a healthy life.

The CHAIR, in accordance with Rule 80 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 explained 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 or whose voting rights had been suspended under Article 7 of the Constitution of the World Health Organization were: Afghanistan, Central African Republic, Comoros, Dominica, Equatorial Guinea, Lebanon, Lesotho, Libya, Federated States of Micronesia, Myanmar, Niue, Sao Tome and Principe, Somalia, South Sudan, Suriname, Bolivarian Republic of Venezuela and Yemen.

**Ms Hamzah (Malaysia) and Mr Roca-Rey Ross (Peru) were appointed as tellers.**

The CHAIR 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	177
Members absent	20
Abstentions	1
Papers null and void	0
Members present and voting	156
India	114
United Republic of Tanzania	42
Number required for a simple majority	79



**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 A76/25, completed in accordance with the result of the secret ballot, was approved.<sup>1</sup>**

The representative of SWEDEN, speaking on behalf of the European Union and its Member States, said that the work of the External Auditor was extremely important to Member States as they sought to monitor efforts to make WHO more efficient, transparent and accountable in its use of public funds. In the light of the new risks incurred by the Organization's increased engagement in procurement and logistics contracts, the newly appointed External Auditor should monitor WHO's procurement and logistics activities and work with the Secretariat and the Independent Expert Oversight Advisory Committee to develop, and ensure the implementation of, the necessary practices. As noted by that Committee, continuity was essential in external auditing, as it ensured in-depth understanding of the work of the Organization; that should be taken into account when finalizing the formal arrangements for the forthcoming term of office.

The representative of the UNITED STATES OF AMERICA said that, without prejudice to the Member States that had nominated candidates for the position of External Auditor, attention should be given to the observation made by the Independent Expert Oversight Advisory Committee that the appointment processes for the External Auditor should be optimized. Moreover, the Joint Inspection Unit of the United Nations system had long recommended that a subsidiary committee of an organization's governing body should screen external auditor candidates against established criteria and requirements after consulting the organization's independent oversight committee; that was best practice across the United Nations system. Her Government agreed with the Independent Expert Oversight Advisory Committee that the Programme, Budget and Administration Committee of the Executive Board would be an appropriate subsidiary body to screen candidates and guide the Health Assembly in making efficient and informed external auditor appointments in future. Furthermore, the Secretariat should propose amendments to the relevant Financial Regulations, including the additional terms of reference governing the External Auditor, as necessary, to clarify and formalize such a role for the Programme, Budget and Administration Committee. Lastly, her Government supported the statement made by the representative of Sweden, and agreed that the additional Independent Expert Oversight Advisory Committee recommendations should be followed as part of the efforts to improve procedures, efficiency and practices at WHO.

The representative of INDIA thanked the Health Assembly and said that he and his team would continue to serve the Organization with diligence and professionalism.

### **PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING** (continued)

#### **2. REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:** Item 16 of the agenda (continued from the eighth meeting) [transferred from Committee A]

**Well-being and health promotion:** Item 16.1 of the agenda (documents A76/7 Rev.1, A76/7 Add.2 and A76/7 Add.3) (continued)

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA76.15.

**Ending violence against children through health systems strengthening and multisectoral approaches:** Item 16.2 of the agenda (document A76/7 Rev.1) (continued)

**Social determinants of health:** Item 16.3 of the agenda (documents A76/7 Rev.1, A76/7 Rev.1 Add.1, A76/7 Rev.1 Add.4 and EB152/2023/REC/1, decision EB152(12)) (continued)

**United Nations Decade of Action on Nutrition (2016–2025):** Item 16.5 (documents A76/7 Rev.1 and EB152/2023/REC/1, decision EB152(13)) (continued)

The CHAIR invited the Committee to resume its consideration of the draft decisions on achieving well-being: a draft global framework for integrating well-being into public health utilizing a health promotion approach, contained in document A76/7 Add.2, and on the social determinants of health, contained in document A76/7 Rev.1 Add.1, and the draft resolutions on accelerating action on global drowning prevention, contained in decision EB152(12), on accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification, contained in decision EB152(13), on the health of Indigenous Peoples and on the impact of chemicals, waste and pollution on human health.

The representative of EGYPT welcomed the efforts made to achieve global nutrition and diet-related noncommunicable disease targets. His Government had used its presidency of the twenty-seventh session of the Conference of the Parties to the United Nations Framework Convention on Climate Change to address the links between climate change and nutrition, food security and food systems, including through the Initiative on Climate Action and Nutrition. It was vital to accelerate progress on nutrition, which required a holistic, coordinated approach that involved all stakeholders.

The representative of TIMOR-LESTE said that strengthening nutrition policy and its implementation and ensuring the quality of nutrition-specific and nutrition-sensitive interventions were priorities for her Government. As a member of the Scaling Up Nutrition Movement, it remained committed to addressing all forms of malnutrition; recent action included approval of the International Code of Marketing of Breast-milk Substitutes, the introduction of taxes on sugar and sugar-sweetened beverages and the completion of a national food systems assessment, with the support of the Secretariat.

The representative of HAITI drew attention to the multiple forms of discrimination and exclusion experienced by Indigenous Peoples, Afrodescendants, Roma and members of other ethnic groups, which called for recognition of their different health situations and needs, as set out in the PAHO Policy on Ethnicity and Health. His Government wished to be added to the list of sponsors of the draft resolution on the health of Indigenous Peoples, which represented a step forward for that vulnerable population. However, it was vital to continue working together to take into account other vulnerable groups, such as Afrodescendants, Roma and other ethnic groups, considering gender, the life course perspective, and the promotion and respect for individual rights and the collective rights of Indigenous Peoples.

The representative of PANAMA said that her Government wished to be added to the list of sponsors of the draft resolution on the impact of chemicals, waste and pollution on human health, as the issue was relevant to the health of everyone. Attention should be given to the matter in the context of the ongoing negotiations on an international instrument on plastic pollution, which the Organization should support. There should be more health-related training in toxicology, immunology and the health effects of exposure to chemicals, especially in countries with economies in transition. The Secretariat should provide technical support to help Member States to draft the reports needed to communicate on that issue, with special attention given to countries that lacked facilities and human resources for clinical toxicology. Surveillance systems must also be strengthened to monitor chemical contamination control strategies and improve decision-making in that area. She expressed support for the draft resolution on the health of Indigenous Peoples, reaffirming her Government's commitment to health promotion in Indigenous regions in order to reduce health inequalities and ensure full access to health services.

The representative of TUNISIA outlined his Government's national strategies and actions plans to address violence against children as part of a multisectoral approach. The Secretariat had a major role to play in ending violence against children through health systems strengthening and multisectoral approaches, in particular by helping Member States to develop electronic referral systems for effective information exchange and monitoring and set up specialized facilities in accordance with established standards. He thanked the Secretariat for its support, including to strengthen cooperation on the subject.

The representative of SLOVAKIA welcomed the efforts undertaken to prevent micronutrient deficiencies, but said that care should be taken to avoid unnecessary fortification and misuse. In that regard, due consideration should be given to national contexts and legislative frameworks as part of an evidence-based approach. When implementing the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences, attention should also be given to diseases other than spina bifida and other neural tube defects, which were narrowly defined. It was also vital to address the particular challenges faced during humanitarian disasters, in which fortification should be evidence driven and adapted to the national context.

The representative of URUGUAY agreed on the urgency of ending violence against children through health systems strengthening and multisectoral approaches, noting that the issue was related to human rights, as well as to health. It was also closely linked to well-being and health promotion and had particular relevance to work to prevent suicide among young people. Turning to the subject of nutrition, she outlined national measures taken with the aim of achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), with particular attention paid to addressing micronutrient deficiencies during pregnancy and early childhood. She expressed support for the draft resolution on the impact of chemicals, waste and pollution on human health; it was vital to address that issue given the clear link between the environment and the well-being of populations.

The representative of COSTA RICA said that the draft resolution on the impact of chemicals, waste and pollution on human health highlighted the important linkages between the existing international legal framework – specifically the fundamental right to health and the right to a clean, healthy and sustainable environment – and scientific evidence on the impact of plastic pollution, particularly on vulnerable populations. Her Government supported implementation of the WHO global strategy on health, environment and climate change, and the actions proposed in the draft resolution to strengthen national and multilateral efforts to address plastic pollution in a holistic, sustainable way, and therefore wished to be added to the list of sponsors of the draft resolution. It also wished to be added to the list of sponsors of the draft resolution on the health of Indigenous Peoples. Regarding the prevention of micronutrient deficiencies and their consequences, she welcomed the recognition of the link between the prevention and treatment of birth defects, and the need for healthy food systems to address such deficiencies. Her Government supported the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences and joined the call for the application, development and evaluation of fortification programmes in line with WHO guidelines.

The representative of PAKISTAN drew attention to the importance of health equity, observing that recent crises, including the coronavirus disease (COVID-19) pandemic, had exacerbated inequities. More concerted efforts were needed to address the social determinants of health; community engagement was critical in that regard, and his Government would continue to engage constructively in work on the issue. He welcomed the draft resolution on accelerating action on global drowning prevention, which provided an opportunity for meaningful work on drowning prevention through capacity-building and knowledge sharing.

The representative of ARGENTINA said that a major challenge in addressing violence against children and adolescents was establishing and maintaining cooperation agreements between ministries and other government agencies to ensure the continuity of policies in that area. It was vital to strengthen collaboration to uphold the right to health in schools and child development settings, and promote spaces

for intersectoral coordination at the subnational level. In that regard, the Secretariat should support training and awareness-raising on the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children. It should also support Member States in the implementation of the INSPIRE framework and other relevant strategies, including by facilitating experience sharing and access to expert advice. She welcomed the draft decision on the social determinants of health and called for greater leadership by the health sector to promote intersectoral coordination at the highest level of government, to ensure effective action. Her Government also supported the draft resolution on the health of Indigenous Peoples and remained committed to accelerating efforts to achieve global nutrition targets.

The Observer of PALESTINE said that Palestinian children were exposed to unacceptable levels of violence in the occupied Palestinian territory. Successive attacks on schools and health facilities, the denial of humanitarian access and daily harassment by Israeli soldiers and illegal Israeli settlers took a deep toll on the mental health and well-being of Palestinian children. He called on WHO – and particularly the Regional Office for the Eastern Mediterranean and the WHO Office for the West Bank and Gaza – in cooperation with UNICEF, UNRWA, other relevant entities of the United Nations system and non-State actors, to assess the extent and nature of those mental health problems. Many Palestinian children also continued to be detained by the Israeli occupying forces, and entities of the United Nations system and international humanitarian organizations had reported several forms of violence against children in that context, including ill treatment, the use of painful restraints and denial of access to a lawyer. Palestine was committed to continue working with others in a constructive and inclusive manner to end violence against children through health systems strengthening.

The representative of UNFPA expressed firm commitment to ensuring that the sexual and reproductive health and rights of Indigenous Peoples and Afrodescendants were upheld in the context of work to achieve universal health coverage. Evidence, although scarce, showed that Indigenous and Afrodescendant women and girls worldwide had poorer access to health services, experienced worse sexual and reproductive health outcomes and were exposed to higher rates of violence than other groups of women and girls. Systemic racism and gender discrimination were fundamental barriers to achieving the highest attainable standards of sexual and reproductive health, including maternal health, while a lack of data on the health status of Indigenous and Afrodescendant women and girls led to their exclusion from policy responses. UNFPA therefore advocated for the use of disaggregated statistics in administrative records in order to adequately quantify the challenges faced by Indigenous Peoples and Afrodescendants and called on national governments and health care providers to address structural racism, sexism and discrimination, ensure access to disaggregated data and work in partnership with civil society, including leaders from the relevant communities.

The representative of the UNITED NATIONS OFFICE FOR PROJECT SERVICES, speaking on behalf of the Scaling Up Nutrition Movement, welcomed the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences, observing that united efforts to tackle malnutrition were central to achieving the Sustainable Development Goals. It was crucial to focus on nutrition within the broader framework of universal health coverage; integrating essential gender-sensitive actions into primary health care services, particularly during the first thousand days of life, would enable substantive progress towards health and nutrition outcomes. She welcomed the roll-out of actions to combat obesity over the life course, stressing that the Scaling Up Nutrition Movement was committed to addressing malnutrition in all its forms. By recognizing the bidirectional relationship between health and nutrition, and nutrition and climate change, as well as the social determinants of both health and nutrition, it would be possible to build a healthier and more equitable future for all.

The representative of THE ROYAL NATIONAL LIFEBOAT INSTITUTION, speaking at the invitation of the CHAIR, welcomed the draft resolution on accelerating action on global drowning prevention and commended the commitment of Member States to addressing drowning, which was a preventable cause of mortality and morbidity. The health sector should play a leading role in national,

regional and global efforts in that area. Her organization would support WHO and its partners to turn commitments into action, including through the forthcoming global alliance for drowning prevention.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that failures to address the social determinants of health resulted in negative health outcomes and health inequities, as had been highlighted by the COVID-19 pandemic, and targeted action was needed to address discrimination and achieve universal health coverage. Physicians should be involved in the development of the operational framework for monitoring social determinants of health equity, and a monitoring mechanism should be established for the framework to hold Member States to account, with sustained technical and strategic support from the Secretariat. Member States should ensure coordinated action and intersectoral collaboration to address the social determinants of health and health inequities.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, urged Member States to adopt a Health in All Policies approach at the national level, with health equity as an overarching principle and due consideration given to the social determinants of health in all decision-making. Her organization looked forward to further engaging with Member States and relevant stakeholders on the integration of well-being into public health.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, said that well-being was grounded in health literacy, self-care and equitable access to primary health care, including pharmaceutical services. Member States should leverage the role of pharmacies and pharmacists as essential partners, in particular by providing adequate mechanisms and funding, with a view to empowering individuals to ensure self-care, prevent disease and manage common ailments.

The representative of WOMEN IN GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, said that gender inequities in the health workforce magnified gender inequities in health. Women were poorly represented in health leadership, which meant that their perspectives and expertise were being lost in decision-making on health policies and programmes. Member States should commit to ensuring that women held at least half of all leadership, governance and decision-making positions among health professionals.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC., speaking at the invitation of the CHAIR, welcomed efforts to integrate well-being into public health utilizing a health promotion approach. As part of that work, Member States should, as a matter of urgency, incorporate culturally appropriate, holistic palliative care into their health systems. They should also educate their citizens about the benefits of palliative care, using behavioural science approaches to encourage them to use those services.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, said that the world was facing the worst hunger crisis for decades. Governments needed to go beyond addressing food security to focus more closely on nutrition, health, and water, sanitation and hygiene. Failure to do so would result in preventable child deaths in the immediate future, and health impacts that would last for generations. It was also vital to scale up community-based treatment for acute malnutrition, support breastfeeding, invest in community and primary health care, and deliver on the global action plan on child wasting and pledges made at the 2021 Nutrition for Growth Summit.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that reorienting health systems towards primary health care, community and home-based care, public health and person-centred care would promote health and well-being, which was at the core of nursing practice. She called on Member States to fully harness nursing expertise by

implementing the 10 policy actions laid out in her organization's Charter for Change, which would promote safe, affordable and responsive health systems.

The representative of the GLOBAL ALLIANCE FOR IMPROVED NUTRITION, speaking at the invitation of the CHAIR, expressed strong support for the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences, as food fortification was essential in tackling conditions caused by vitamin and mineral deficiencies. His organization would continue to work with Member States, the Secretariat and other stakeholders on cost-effective interventions to address malnutrition, with the aim of guaranteeing sustainable access to healthier diets, including fortified foods.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, said that a lack of awareness of how the social determinants of health affected patient care outcomes had a negative impact on budget allocation, and poor coordination across sectors resulted in fragmentation and inconsistent prioritization; data quality was also low. Her organization called on the Secretariat and Member States to enhance education on the social determinants of health, with emphasis on the importance of proper funding; promote collaboration between agencies and institutions in the development of strategies in that area; support standardized data collection and reporting; provide guidance on issues such as data validation and quality control; and improve data sharing by facilitating the creation of high-quality, comprehensive and diverse databases.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that austerity measures had weakened health and care services, leading to overloaded, under-resourced systems and staff and exacerbating health inequalities. She urged Member States to commit to fully funding high-quality public services, delivered by a well-trained and supported workforce, as the foundation of health promotion and well-being.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that WHO should align its definition of violence against children with that set forth in the Convention on the Rights of the Child; prohibit the use of parental alienation in family law cases, as recommended by the United Nations Special Rapporteur on violence against women and girls, its causes and consequences; incorporate the complexity of social determination processes into its reporting and analysis; and consult with civil society on the operational framework for monitoring social determinants of health equity. Progressive taxation and industry regulation should be proposed as the first steps to tackle drivers of inequality. Furthermore, WHO's focus on fortified food as a response to malnutrition provided only temporary relief, emphasized access to highly processed foods, and adversely affected small-scale local producers. Sustainable solutions, with a greater focus on food sovereignty and agroecology, were fundamental to counter agroindustry and major food manufacturers. The Organization should incorporate the language and recommendations of the United Nations Special Rapporteur on the right to food into its work.

The representative of the WORLD FEDERATION OF NEUROSURGICAL SOCIETIES, speaking at the invitation of the CHAIR, commended the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences. Food fortification with micronutrients was effective, safe and inexpensive, yet many governments failed to adequately implement related policies, which had a disproportionate effect on vulnerable populations. The draft resolution would help Member States to achieve the Sustainable Development Goals by decreasing mortality and morbidity, preventing hidden hunger and promoting health equity.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that the Secretariat's work to support Member States in ending violence against children was critically important. However, insufficient attention had been given to alcohol, which was a well-documented risk factor for violence against children, as well as for child neglect and maltreatment. It

was therefore concerning that alcohol had not been included in the Global Initiative to Support Parents. The Secretariat should develop parenting interventions to address harmful alcohol use and support Member States to better help children growing up in households with alcohol use problems; the SAFER initiative had untapped potential to help to end violence against children.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, welcomed WHO's work on nutrition, but expressed concern regarding the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences. Although the draft resolution acknowledged the primary role of diverse diets, it also implied that the need for fortification and supplements was inevitable. There was no mention of cultural acceptability, or that reliance on fortified supplements – which were likely to be ultra-processed – could undermine confidence in biodiverse, minimally processed real foods. WHO must urgently develop a global definition of ultra-processed products for oral use, which were harming human health and the environment. Furthermore, the draft resolution should not be approved without a new paragraph urging Member States to adopt legally binding safeguards to protect policy-setting and implementation from commercial influence and exploitation.

The REGIONAL DIRECTOR FOR THE AMERICAS, speaking on behalf of all six regions of WHO, said that the decline in global well-being, exacerbated by the effects of the COVID-19 pandemic, was concerning. Gender-related, geographical and social inequities left people unable to achieve their full potential, which threatened livelihoods and social stability. Young people were particularly likely to experience poor mental health due to the challenges of insecure work, low wages and high unemployment. Further efforts were needed to ensure that everyone benefited from public health policies and services; such efforts required an economic development model that put people before profits.

The WHO regional offices were pioneering changes to make well-being a central focus of their work. The Regional Office for Europe had recently hosted a high-level forum on health in the well-being economy, with the aim of advancing innovative policy-making, promoting investment in services, and developing guidance on how to promote socially just and inclusive growth to improve health equity, resilience and peace. Member States of the Western Pacific Region had adopted a regional framework for the future of mental health, as well as a regional framework on nurturing resilient and healthy future generations that sought to enhance the connection between health services and established community networks. In the South-East Asia Region, Member States had endorsed the Paro Declaration on universal access to people-centred mental health care and services, and a call to action to scale up the implementation of comprehensive school health programmes. In addition, the Regional Office for the Eastern Mediterranean was developing a road map to promote health and well-being, while the Regional Office for the Americas was implementing a strategy and plan of action on health promotion within the context of the Sustainable Development Goals, which focused on the social determinants of health and intersectoral action. At the Seventy-third session of the WHO Regional Committee for Africa later that year, Member States were due to consider a draft regional multisectoral strategy to promote health and well-being and a draft regional strategy on strengthening community protection and resilience. As the Organization celebrated its 75th anniversary, it was vital to recall its broad mandate of promoting health and well-being for all and support the adoption of the draft global framework for integrating well-being into public health.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) commended the actions taken by Member States and partners to ensure that more people enjoyed better health and well-being, including better mental health. She noted the calls for effective implementation of the draft global framework for integrating well-being into public health based on local and national contexts; for the strengthening of multisectoral collaboration using a systems approach; and for the identification of innovative solutions, including digital tools. Bringing about a paradigm shift to build healthier populations by addressing the root causes of ill health was a top priority for the Organization. There was clear agreement on the importance of health equity, including protection for the most

vulnerable populations, and the need to refocus on primary health care, with prevention and promotion as a foundation for achieving universal health coverage. The Secretariat would strive to promote greater investment in healthier populations and societal well-being, rather than focusing on treatment alone, while providing more country-focused technical support and enhancing international collaboration. The draft global framework for integrating well-being into public health would facilitate greater engagement with all stakeholders in a more coherent and coordinated manner.

Working together for the health of people and the planet would be fundamental to achieve the Sustainable Development Goals. She therefore welcomed Member States' guidance regarding the impact of chemicals, waste and pollution on human health, an area in which the health sector could play a key role. The Secretariat also noted the concerns raised regarding plastic pollution and would strive to ensure that the protection of human health was at the core of the new international instrument on the subject. Efforts to build safer environments were also linked to WHO's work to prevent violence and injuries, including its work to end all forms of violence against children by 2030. She commended Member States' efforts to implement the INSPIRE framework and noted the need for further support, including through evidence-based interventions. The prevention of injuries such as drowning was also a global concern. The draft resolution on accelerating action on global drowning prevention would boost the Organization's capacity in that area, including through the new global alliance for drowning prevention and the forthcoming World Drowning Prevention Day.

Health inequity was just one of many interlinked crises that the world currently faced. The Secretariat appreciated the input from Member States regarding the upcoming report on social determinants of health and the operational framework for monitoring social determinants of health equity. It should be recalled that health equity was also crucial to advance nutrition goals. Although progress had been made in that area in terms of national policies and financial commitments as part of the United Nations Decade of Action on Nutrition (2016–2025), food insecurity and the burden of malnutrition remained a serious challenge. The Secretariat would continue to work with Member States and their partners on the transformation of food systems to deliver sustainable, healthy diets, including through the Coalition of Action on Healthy Diets from Sustainable Food Systems for Children and All, the United Nations Food Systems Task Force and the Initiative on Climate Action and Nutrition. Further support would also be provided on preventing micronutrient deficiency through safe and effective food fortification and supplementation; the operational guidance on fortification was being updated and would be adapted and applied in collaboration with Member States and other partners.

The DIRECTOR (Gender, Diversity, Equity and Human Rights) welcomed the support for the draft resolution on the health of Indigenous Peoples, which was urgently needed to address the inadequate health outcomes frequently experienced by Indigenous Peoples. The Secretariat was ready to perform the comprehensive situation analysis and advance the development of the proposed draft global plan of action for the health of Indigenous Peoples, but would need additional resources to do so. She acknowledged that the proposed draft global action plan would need to be adapted to specific country contexts. The draft resolution was aligned with the Organization's commitment to the right to health and would be a historic step towards delivering on the promise to leave no one behind.

The CHAIR took it that the Committee wished to note the sections of the report contained in document A76/7 Rev.1 on well-being and health promotion, ending violence against children through health systems strengthening and multisectoral approaches, social determinants of health and the United Nations Decade of Action on Nutrition (2016–2025).

**The Committee noted the report.**

The CHAIR took it that the Committee wished to approve the draft decision on achieving well-being: a draft global framework for integrating well-being into public health utilizing a health promotion approach, contained in document A76/7 Add.2.



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

The CHAIR took it that the Committee wished to approve the draft decision on the social determinants of health, contained in document A76/7 Rev.1 Add.1.

**The draft decision was approved.<sup>2</sup>**

The CHAIR took it that the Committee wished to approve the draft resolution on the health of Indigenous Peoples.

**The draft resolution was approved.<sup>3</sup>**

The CHAIR took it that the Committee wished to approve the draft resolution on the impact of chemicals, waste and pollution on human health.

**The draft resolution was approved.<sup>4</sup>**

The CHAIR took it that the Committee wished to approve the draft resolution on accelerating action on global drowning prevention, contained in decision EB152(12).

**The draft resolution was approved.<sup>5</sup>**

The CHAIR took it that the Committee wished to approve the draft resolution on accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification, contained in decision EB152(13).

**The draft resolution was approved.<sup>6</sup>**

The representative of EGYPT expressed regret that his Government's prior observations concerning the operational framework for monitoring social determinants of health equity had not been taken into account, and that controversial terms on which no consensus had been reached continued to be used in WHO documents. Such an approach wasted time and threatened the continuity of the Organization's work. National contexts and societal differences should be duly taken into account; there should be no attempt to impose such controversial terms and concepts universally. His country therefore wished to disassociate itself from the decision on the social determinants of health.

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<sup>1</sup> Transmitted to the World Health Assembly in the Committee's fourth report and adopted as decision WHA76(22).

<sup>2</sup> Transmitted to the World Health Assembly in the Committee's fourth report and adopted as decision WHA76(23).

<sup>3</sup> Transmitted to the World Health Assembly in the Committee's fourth report and adopted as resolution WHA76.16.

<sup>4</sup> Transmitted to the World Health Assembly in the Committee's fourth report and adopted as resolution WHA76.17.

<sup>5</sup> Transmitted to the World Health Assembly in the Committee's fourth report and adopted as resolution WHA76.18.

<sup>6</sup> Transmitted to the World Health Assembly in the Committee's fourth report and adopted as resolution WHA76.19.

**3. FOURTH REPORT OF COMMITTEE B** (document A76/58)

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

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

**Rights of reply**

The representative of ISRAEL, speaking in exercise of the right of reply, wished to respond to statements made by the Observer of Palestine during the meetings of the main committees. It was regrettable that the Health Assembly was being used as a platform to promote a narrow, cynical political agenda. Children in the Palestinian territory were exposed to the glorification of violence from an early age, while residents of Israel living near the Gaza Strip were subjected to the constant threat of terrorism, which had a severe impact on the mental health of young people in particular. His Government would continue to protect its citizens, and called for the Health Assembly to remain focused on its core objectives.

The Observer of PALESTINE, speaking in exercise of the right of reply, said that his intervention concerned the field of health and had no political dimension. The actions of the occupying power had a severe negative impact on the mental health of Palestinian children.

**4. CLOSURE OF THE MEETING**

After the customary exchange of courtesies, the CHAIR declared the work of Committee B completed.

**The meeting rose at 12:05.**

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<sup>1</sup> See page 328.



**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>

[A76/49 – 23 May 2023]

The Committee on Credentials met on 22 May 2023. Delegates of the following Member States attended the meeting: Algeria; Azerbaijan; Bulgaria; Croatia; Fiji; Guatemala; Guyana; Indonesia; Kuwait; Singapore; and Zambia.

The Committee elected the following officers: Mr Hakim Bouaziz (Algeria) – Chair; Ms Bevon McDonald (Guyana) – Vice Chair.

The Committee assessed whether the credentials delivered to the Director-General were in conformity with the requirements of Rule 23 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 Committee noted that the Secretariat had received two sets of documents from two different delegations, each asserting that it represents the Government of Myanmar at the Seventy-sixth World Health Assembly. Both delegations submitted documents in support of their registration for the Health Assembly. One set of documents was submitted on behalf of the Minister of Health of the State Administration Council. Another set of documents was submitted on behalf of the Minister of Health of the National Unity Government.

The Committee – noting United Nations General Assembly resolution 396(V) of 14 December 1950, its last three reports to the Health Assembly,<sup>2</sup> the decisions taken by the Health Assembly thereon<sup>3</sup> and the position taken on this matter by the United Nations General Assembly<sup>4</sup>– acknowledged that the question of the representation of Myanmar is still pending before the United Nations General Assembly. The Committee therefore decided to recommend to the Health Assembly that it defer a decision on the question of the representation of Myanmar, pending guidance from the United Nations General

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<sup>1</sup> Approved by the Health Assembly at its fourth plenary meeting.

<sup>2</sup> Reports to the Seventy-fourth World Health Assembly, document A74/56; to the Second special session of the World Health Assembly, document SSA2/4; and to the Seventy-fifth World Health Assembly, document A75/59.

<sup>3</sup> Decisions WHA74(7) (2021), SSA2(4) (2021) and WHA75(6) (2022).

<sup>4</sup> Reports of the Credentials Committee to the seventy-sixth and seventy-seventh sessions of the United Nations General Assembly, documents A/76/550 and A/77/600 respectively, and United Nations General Assembly resolutions 76/15 of 6 December 2021 and 77/239 of 16 December 2022, respectively.

Assembly, on the understanding that no one would represent Myanmar at the Seventy-sixth World Health Assembly.

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. The Committee therefore proposes that the Health Assembly recognize their validity.

**States whose credentials the Committee considered should be recognized as valid** (see the previous paragraph and decision WHA76(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; Dominica; 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; Monaco; Mongolia; Montenegro; Morocco; Mozambique; Namibia; Nauru; Nepal; Netherlands (Kingdom of the); New Zealand; Nicaragua; Niger; Nigeria; North Macedonia; Norway; Oman; Pakistan; Palau; Panama; Papua New Guinea; 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; Saudi Arabia; Senegal; Serbia; Seychelles; Sierra Leone; Singapore; Slovakia; Slovenia; Solomon Islands; Somalia; South Africa; South Sudan; Spain; Sri Lanka; Sudan; Sweden; Switzerland; Syrian Arab Republic; Tajikistan; Thailand; Timor-Leste; Togo; Tonga; Trinidad and Tobago; Tunisia; Türkiye; 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>**

[A76/53 – 25 May 2023]

#### **Election of Members entitled to designate a person to serve on the Executive Board**

At its meeting on 24 May 2023, the General Committee, in accordance with Rule 102 of the Rules of Procedure of the World Health Assembly, drew up the following list of 10 Members, in the English alphabetical order, to be transmitted to the Health Assembly for the purpose of the election of 10 Members to be entitled to designate a person to serve on the Executive Board: Australia, Barbados,

<sup>1</sup> See decision WHA76(4) for the establishment of the Committee.

<sup>2</sup> Approved by the Health Assembly at its eighth plenary meeting.

Cameroon, Comoros, Democratic People's Republic of Korea, Lesotho, Qatar, Switzerland, Togo, Ukraine.

In the General Committee's opinion these 10 Members would provide, if elected,<sup>1</sup> a balanced distribution of the Board as a whole.

## COMMITTEE A

### First report<sup>2</sup>

[A76/50 – 23 May 2023]

Committee A held its first and second meetings on 22 May 2023 chaired by Dr Jalila bint Al Sayyed Jawad Hassan (Bahrain) and Dr Mohammad Isham Jaafar (Brunei Darussalam).

In accordance with Rule 35 of the Rules of Procedure of the World Health Assembly, the Committee elected Dr Mohammad Isham Jaafar (Brunei Darussalam) and Mr Martin Ndoutoumou Essono (Gabon) Vice-Chairs, and Mr Nogoibaev Bek (Kyrgyzstan) Rapporteur.

It was decided to recommend to the Seventy-sixth World Health Assembly the adoption of a resolution relating to the following agenda item:

#### **Pillar 4: More effective and efficient WHO providing better support to countries**

11. Proposed programme budget 2024–2025  
– Programme budget 2024–2025 [WHA76.1]

### Second report<sup>2</sup>

[A76/52 – 25 May 2023]

Committee A held its sixth and seventh meetings on 24 May 2023 chaired by Dr Jalila bint Al Sayyed Jawad Hassan (Bahrain), Dr Mohammad Isham Jaafar (Brunei Darussalam) and Mr Martin Ndoutoumou Essono (Gabon).

It was decided to recommend to the Seventy-sixth World Health Assembly the adoption of a decision relating to the following agenda item:

#### **Pillar 2: One billion more people better protected from health emergencies**

15. Review of and update on matters considered by the Executive Board
  - 15.2 WHO's work in health emergencies
    - Health emergency in Ukraine and refugee-receiving and -hosting countries, stemming from the Russian Federation's aggression [WHA76(8)]

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<sup>1</sup> The Health Assembly considered the list at its seventh and eighth plenary meetings and elected the 10 Members (see decision WHA76(7)).

<sup>2</sup> Approved by the Health Assembly at its ninth plenary meeting.



### Third report<sup>1</sup>

[A76/56 – 27 May 2023]

Committee A held its tenth and eleventh meetings on 26 May 2023 chaired by Dr Jalila bint Al Sayyed Jawad Hassan (Bahrain) and Mr Martin Ndoutoumou Essono (Gabon).

It was decided to recommend to the Seventy-sixth World Health Assembly the adoption of four resolutions and one decision relating to the following agenda item:

#### **Pillar 1: One billion more people benefiting from universal health coverage**

13. Review of and update on matters considered by the Executive Board
  - 13.1 Universal health coverage
    - Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage
    - Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies [WHA76.2]
    - Increasing access to medical oxygen [WHA76.3]
    - Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage [WHA76.4]
    - Strengthening diagnostics capacity [WHA76.5]
  - 13.2 Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health
    - Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases
    - Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health [WHA76(9)]

### Fourth report<sup>1</sup>

[A76/57 – 29 May 2023]

Committee A held its twelfth meeting on 27 May 2023 chaired by Dr Jalila bint Al Sayyed Jawad Hassan (Bahrain).

It was decided to recommend to the Seventy-sixth World Health Assembly the adoption of two decisions and one resolution relating to the following agenda item:

#### **Pillar 1: One billion more people benefiting from universal health coverage**

13. Review of and update on matters considered by the Executive Board
  - 13.3 Substandard and falsified medical products [WHA76(10)]
  - 13.4 Strengthening rehabilitation in health systems [WHA76.6]
  - 13.5 Global strategy on infection prevention and control [WHA76(11)]

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<sup>1</sup> Approved by the Health Assembly at its ninth plenary meeting.

### **Fifth report<sup>1</sup>**

[A76/59 – 30 May 2023]

Committee A held its thirteenth meeting on 29 May 2023 chaired by Dr Jalila bint Al Sayyed Jawad Hassan (Bahrain).

It was decided to recommend to the Seventy-sixth World Health Assembly the adoption of a resolution relating to the following agenda item:

#### **Pillar 3: One billion more people enjoying better health and well-being**

16. Review of and update on matters considered by the Executive Board
  - 16.1 Behavioural sciences for better health [WHA76.7]

### **Sixth report<sup>1</sup>**

[A76/60 – 31 May 2023]

Committee A held its fourteenth and fifteenth meetings on 30 May 2023 chaired by Dr Jalila bint Al Sayyed Jawad Hassan (Bahrain).

It was decided to recommend to the Seventy-sixth World Health Assembly the adoption of a decision relating to the following agenda item:

#### **Pillar 2: One billion more people better protected from health emergencies**

15. Review of and update on matters considered by the Executive Board
  - 15.3 Global Health for Peace Initiative
    - Global Health and Peace Initiative [WHA76(12)]

## **COMMITTEE B**

### **First report<sup>1</sup>**

[A76/51 – 25 May 2023]

Committee B held its first and second meetings on 24 May 2023, chaired by Dr Carlos Alvarenga Cardoza (El Salvador).

In accordance with Rule 35 of the Rules of Procedure of the World Health Assembly, the Committee elected Mrs Katarzyna Drażek-Laskowska (Poland) and Dr Walaiporn Patcharanarumol (Thailand) Vice-Chairs, and Ms Lucy Cassels (New Zealand) Rapporteur.

It was decided to recommend to the Seventy-sixth World Health Assembly the adoption of a decision relating to the following agenda item:

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<sup>1</sup> Approved by the Health Assembly at its ninth plenary meeting.

18. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan [WHA76(13)]

### Second report<sup>1</sup>

[A76/54 – 26 May 2023]

Committee B held its third and fourth meetings on 25 May 2023, chaired by Dr Carlos Alvarenga Cardoza (El Salvador).

It was decided to recommend to the Seventy-sixth World Health Assembly the adoption of six resolutions and six decisions relating to the following agenda items:

#### **Pillar 4: More effective and efficient WHO providing better support to countries**

19. Budget and finance matters
- 19.1 Results Report 2022 (Programme budget 2022–2023: performance assessment) and Financial report and audited financial statements for the year ended 31 December 2022 [WHA76(14)]
  - 19.3 Scale of assessments for 2024–2025 [WHA76.8]
  - 19.4 Amendments to the Financial Regulations and Financial Rules [WHA76.9]
  - 19.5 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 [WHA76.10]
20. Audit and oversight matters
- 20.1 Report of the External Auditor [WHA76(15)]
21. Staffing matters
- 21.1 Human resources
    - Housing allowance for the Director-General [WHA76.11]
  - 21.2 Amendments to the Staff Regulations and Staff Rules
    - Salaries of staff in ungraded positions and of the Director-General [WHA76.12]
  - 21.3 Report of the International Civil Service Commission [WHA76.13]
  - 21.4 Reform of the global internship programme [WHA76(16)]
  - 21.6 Appointment of representatives to the WHO Staff Pension Committee [WHA76(17)]
22. Review and update on matters considered by the Executive Board
- Management, legal and governance matters**
- 22.2 Matters emanating from the Working Group on Sustainable Financing:
    - Report of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance [WHA76(18)]
    - Sustainable financing: feasibility of a replenishment mechanism, including options for consideration [WHA76(19)]

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<sup>1</sup> Approved by the Health Assembly at its ninth plenary meeting.

### Third report<sup>1</sup>

[A76/55 – 27 May 2023]

Committee B held its fifth and sixth meetings on 26 May 2023, chaired by Dr Carlos Alvarenga Cardoza (El Salvador) and Mrs Katarzyna Drażek-Laskowska (Poland), respectively.

It was decided to recommend to the Seventy-sixth World Health Assembly the adoption of one resolution and two decisions relating to the following agenda items:

#### **Pillar 4: More effective and efficient WHO providing better support to countries**

22. Review and update on matters considered by the Executive Board  
**Management, legal and governance matters**
  - 22.3 Global strategies and plans of action that are scheduled to expire within one year
    - WHO global action plan on promoting the health of refugees and migrants, 2019–2023
      - Extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030 [WHA76.14]
    - WHO traditional medicine strategy 2014–2023
      - Extension of the WHO traditional medicine strategy: 2014–2023 to 2025 [WHA76(20)]
24. Participation of Member States in WHO meetings
  - Voluntary Health Trust Fund for small island developing States (terms of reference) [WHA76(21)]

### Fourth report<sup>1</sup>

[A76/58 – 30 May 2023]

Committee B held its ninth meeting on 29 May 2023, chaired by Dr Carlos Alvarenga Cardoza (El Salvador).

It was decided to recommend to the Seventy-sixth World Health Assembly the adoption of five resolutions and two decisions relating to the following agenda items:

#### **Pillar 4: More effective and efficient WHO providing better support to countries**

20. Audit and oversight matters
  - 20.4 Appointment of the External Auditor [WHA76.15]

#### **Pillar 3: One billion more people enjoying better health and well-being**

16. Review of and update on matters considered by the Executive Board
  - 16.1 Well-being and health promotion
    - Achieving well-being: a draft global framework for integrating well-being into public health utilizing a health promotion approach [WHA76(22)]
  - 16.3 Social determinants of health [WHA76(23)]
    - The health of Indigenous Peoples [WHA76.16]

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<sup>1</sup> Approved by the Health Assembly at its ninth plenary meeting.

- The impact of chemicals, waste and pollution on human health [WHA76.17]
  - Accelerating action on global drowning prevention [WHA76.18]
  - 16.5 United Nations Decade of Action on Nutrition (2016–2025)
    - Accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification [WHA76.19]
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