



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

138TH SESSION

GENEVA, 25–30 JANUARY 2016

**SUMMARY RECORDS
LIST OF PARTICIPANTS**

GENEVA
2016

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

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

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

PREFACE

The 138th session of the Executive Board was held at WHO headquarters, Geneva, from 25 to 30 January 2016. The proceedings are issued in two volumes. The present volume contains the summary records of the Board's discussions, the list of participants and officers, and details regarding membership of committees. The resolutions and decisions, and relevant annexes are issued in document EB138/2016/REC/1.

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¹ As adopted by the Board at its first meeting (25 January 2016).

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EB138/2	Report by the Director-General to the Executive Board at its 138th session
EB138/3	Report of the Programme, Budget and Administration Committee of the Executive Board
EB138/4	Report of the regional committees to the Executive Board
EB138/5	Overview of reform implementation
EB138/6	Member State consultative process on governance reform
EB138/7	Framework of engagement with non-State actors
EB138/8	Maternal, infant and young child nutrition
EB138/8 Add.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly ²
EB138/9	Draft global plan of action on violence
EB138/9 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board or Health Assembly ²
EB138/10	Prevention and control of noncommunicable diseases: responses to specific assignments in preparation for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable diseases in 2018
EB138/10 Add.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly ²

¹ See page ix.

² See document EB138/2016/REC/1, Annex 4.

EB138/11	Public health dimension of the world drug problem including in the context of the Special Session of the United Nations General Assembly on the World Drug Problem, to be held in 2016
EB138/12	Addressing the challenges of the United Nations Decade of Action for Road Safety (2011–2020): outcome of the Second Global High-level Conference on Road Safety – Time for Results
EB138/13	Monitoring of the achievement of the health-related Millennium Development Goals
EB138/14	Health in the 2030 Agenda for Sustainable Development
EB138/15	Operational plan to take forward the Global Strategy for Women's, Children's and Adolescents' Health: committing to implementation
EB138/16	Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health
EB138/17	Health and the environment: draft road map for an enhanced global response to the adverse health effects of air pollution
EB138/18	Role of the health sector in the sound management of chemicals
EB138/19	Implementation of the International Health Regulations (2005)
EB138/20	Implementation of the International Health Regulations (2005) Progress report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response
EB138/21	Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits
EB138/21 Add.1	Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits Report of the Special Session of the Pandemic Influenza Preparedness Framework Advisory Group
EB138/22	Smallpox eradication: destruction of variola virus stocks
EB138/23	WHO response in severe, large-scale emergencies
EB138/24	Global action plan on antimicrobial resistance Options, including potential deliverables, for the conduct of a high-level meeting in 2016, in the margins of the United Nations General Assembly
EB138/25	Poliomyelitis
EB138/26	Promoting the health of migrants

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EB138/27	2014 Ebola virus disease outbreak and issues raised: follow-up to the Special Session of the Executive Board on the Ebola Emergency (resolution EBSS3.R1) and the Sixty-eighth World Health Assembly (decision WHA68(10)) Update on 2014 Ebola virus disease outbreak and Secretariat response to other issues raised
EB138/28	Options for strengthening information-sharing on diagnostic, preventive and therapeutic products and for enhancing WHO's capacity to facilitate access to these products, including the establishment of a global database, starting with haemorrhagic fevers
EB138/29	Draft global health sector strategies HIV, 2016–2021
EB138/30	Draft global health sector strategies Viral hepatitis, 2016–2021
EB138/31	Draft global health sector strategies Sexually transmitted infections, 2016–2021
EB138/32	Global vaccine action plan
EB138/33	Mycetoma
EB138/34	Health workforce: update
EB138/35	WHO Global Code of Practice on the International Recruitment of Health Personnel: second round of national reporting
EB138/36	Health workforce and services Draft global strategy on human resources for health: workforce 2030
EB138/37	Framework on integrated, people-centred health services
EB138/38	Comprehensive evaluation of the global strategy and plan of action on public health, innovation and intellectual property Progress update
EB138/38 Add.1	Comprehensive evaluation of the global strategy and plan of action on public health, innovation and intellectual property Key points from the evaluation team's draft inception report and initial comments by the ad hoc evaluation management group
EB138/39	Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination Planning for an open-ended meeting of Member States to discuss progress

EB138/40	Substandard/spurious/falsey-labelled/ falsified/counterfeit medical products
EB138/41	Addressing the global shortages of medicines, and the safety and accessibility of children's medication
EB138/42	Financing of Programme budget 2016–2017
EB138/43	Scale of assessments
EB138/43 Add.1	Scale of assessments Draft resolution
EB138/44	Evaluation: update and proposed workplan for 2016–2017 ¹
EB138/45	Real estate: update on the Geneva buildings renovation strategy
EB138/46	Process for the election of the Director-General of the World Health Organization
EB138/47	Hosted health partnerships
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EB138/47 Add.2	Hosted health partnerships Review of Partnership for Maternal, Newborn and Child Health
EB138/48	Reports of committees of the Executive Board Standing Committee on Nongovernmental Organizations ²
EB138/49	Foundations and awards
EB138/50	Provisional agenda of the Sixty-ninth World Health Assembly and date, place and draft provisional agenda of the 139th session of the Executive Board
EB138/51	Human resources: annual report ³
EB138/51 Add.1	Human resources: annual report Review of the system for the nomination, selection and training of WHO country representatives

¹ See document EB138/2016/REC/1, Annex 3.

² See document EB138/2016/REC/1, Annex 1.

³ See document EB138/2016/REC/1, Annex 2.

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EB138/52	Report of the International Civil Service Commission
EB138/53	Reports of advisory bodies Expert committees and study groups
EB138/53 Add.1	Reports of advisory bodies Expert committees and study groups Expert advisory panels and committees and their membership
EB138/54	Amendments to the Staff Regulations and Staff Rules ¹
EB138/54 Add.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly ²
EB138/55	2014 Ebola virus disease outbreak and issues raised: follow-up to the Special Session of the Executive Board on the Ebola Emergency (resolution EBSS3.R1) and the Sixty-eighth World Health Assembly (decision WHA68(10)) High-level design for a new WHO health emergencies programme

Information document

EB138/INF./1	Statement by the representative of the WHO staff associations
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Diverse documents

EB138/DIV./1 Rev.1	List of members and other participants
EB138/DIV./2 Rev.1	Preliminary daily timetable
EB138/DIV./3	Decisions and list of resolutions
EB138/DIV./4	List of documents

¹ See document EB138/2016/REC/1, Annex 2.

² See document EB138/2016/REC/1, Annex 4.

COMMITTEES AND SELECTION PANELS¹

1. Programme, Budget and Administration Committee²

Dr Rubén Agustín Nieto (Argentina), Ms Zhang Yang (China), Dr Blanchard Mukengeshayi Kupa (Democratic Republic of the Congo), Professor Benoît Vallet (France), Mr Omar Sey (Gambia), Dr Ali Saad Al-Obaidi (Kuwait), Dr Raymond Busuttil (Malta, member ex officio), Mr Ramjanam Chaudhary (Nepal), Dr Jeon Man-bok (Republic of Korea), Dr Abdullah bin Mifreh Assiri (Saudi Arabia), Ms Precious Matsoso (South Africa, member ex officio), Dr Phusit Prakongsai (Thailand), Mrs Kathryn Tyson (United Kingdom of Great Britain and Northern Ireland) and Dr Thomas Frieden (United States of America).

Twenty-third meeting, 21 and 22 January 2016:³ Mrs Kathryn Tyson (United Kingdom of Great Britain and Northern Ireland, Chairman), Dr M. Pico (Argentina, alternate to Dr Rubén Agustín Nieto), Ms Zhang Yang (China), Mrs B. Mukundi (Democratic Republic of the Congo, alternate to Dr Blanchard Mukengeshayi Kupa), Mr C. Tellier (France, alternate to Professor Benoît Vallet), Mr Omar Sey (Gambia), Dr Ali Saad Al-Obaidi (Kuwait), Dr Raymond Busuttil (Malta, member ex officio), Dr P. Bahadur Chand (Nepal, alternate to Mr Ramjanam Chaudhary), Dr Jeon Man-bok (Republic of Korea), Dr Abdullah bin Mifreh Assiri (Saudi Arabia), Ms Precious Matsoso (South Africa, member ex officio), Dr Phusit Prakongsai (Thailand, Vice-Chairman) and Ms Ann Blackwood (United States of America, alternate to Dr Thomas Frieden).

2. Standing Committee on Nongovernmental Organizations⁴

Dr Gazmend Bejtja (Albania), Mr Sylvain Segard (Canada), Dr Bernard Haufiku (Namibia), Dr Assad Hafeez (Pakistan) and Dr Janette Loreto Garin (Philippines).

Meeting of 26 January 2016: Dr Gazmend Bejtja (Albania), Mr Sylvain Segard (Canada), Dr Bernard Haufiku (Namibia), Dr Assad Hafeez (Pakistan) and Dr Janette Loreto Garin (Philippines).

3. Jacques Parisot Foundation Committee⁵

The Chairman of the Executive Board and the Vice-Chairmen of the Executive Board, members ex officio.

Meeting of 29 January 2016: Ms Precious Matsoso (South Africa, Chairman), Dr Jeon Man-bok (Republic of Korea) and Mr Raymond Busuttil (Malta).

¹ Showing current membership and the names of those who attended the meetings to which reference is made.

² Showing the membership as determined by the Executive Board in decision EB137(1) (2015), with changes of representatives for Argentina and Nepal and the replacement of the representative for Andorra by the representative for Malta.

³ See document EBPBAC23/DIV./1.

⁴ Decision EB137(2) (2015).

⁵ Decision EB123(3) (2008).

4. Ihsan Doğramacı Family Health Foundation Selection Panel

The Chairman of the Executive Board, member ex officio, the President of Bilkent University, Turkey, or the President's appointee, and a representative of the International Children's Center, Ankara.

Meeting of 27 January 2016: Ms Precious Matsoso (South Africa, Chairman), Professor Phyllis Erdogan, appointee of Professor A. Doğramacı (President of Bilkent University) and Professor Tomris Türmen, representing the International Children's Center, Ankara.

5. Sasakawa Health Prize Selection Panel¹

The Chairman of the Executive Board, member ex officio, a member of the Executive Board from a Member State of the WHO Western Pacific Region and a representative of the founder.

Meeting of 27 January 2016: Ms Precious Matsoso (South Africa, Chairman), Dr Jeon Man-bok (Republic of Korea) and Professor Hiroyoshi Endo (representative of the founder).

6. United Arab Emirates Health Foundation Selection Panel²

The Chairman of the Executive Board, member ex officio, a member of the Executive Board from a Member State of the WHO Eastern Mediterranean Region, and a representative of the founder.

Meeting of 27 January 2016: Ms Precious Matsoso (South Africa, Chairman), Dr Abdullah bin Mifreh Assiri (Saudi Arabia) and Dr Mohammad Salim Al Olama (representative of the founder).

7. State of Kuwait Health Promotion Foundation Selection Panel³

The Chairman of the Executive Board, member ex officio, a member of the Executive Board from a Member State of the WHO Eastern Mediterranean Region and a representative of the founder.

Meeting of 26 January 2016: Ms Precious Matsoso (South Africa, Chairman), Dr Maysa Mohamed Shawqi Ahmed El Bassiouni (Egypt) and Dr Majda Al Qattan (representative of the founder).

8. Dr LEE Jong-wook Memorial Prize for Public Health Selection Panel⁴

The Chairman of the Executive Board, member ex officio, a member of the Executive Board from a Member State of the WHO Western Pacific Region and a representative of the founder.

Meeting of 26 January 2016: Ms Precious Matsoso (South Africa, Chairman), Dr Linda Milan, representing Dr Janette Loreto-Garin (Philippines) and Mr Kim In Seong (representative of the founder).

¹ Decision EB133(5) (2013).

² Decision EB133(6) (2013).

³ Decision EB135(4) (2014). In decision EB136(11) (2015), the Executive Board approved amendments to the Statutes of the State of Kuwait Health Promotion Foundation, including a revision to take into account a change in name of the prize to the His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion.

⁴ Decision EB135(5) (2014).

SUMMARY RECORDS

FIRST MEETING

Monday, 25 January 2016, at 09:35

Chairman: Ms M. P. MATSOSO (South Africa)

- 1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 1 of the provisional agenda (documents EB138/1 Rev.1 and EB138/1 (annotated))

Opening of the session

The CHAIRMAN declared open the 138th session of the Executive Board and welcomed all participants, who were close to 1000 in number, making it the session with the highest ever attendance in the Board's history. Highlighting the importance of the Board's work in guiding the Health Assembly towards sound decisions at a time of epidemiological and demographic change, when an ever-increasing set of demands was being placed on the Organization, she said that it was important for the Board to deal decisively with the matters before it – especially those that had been encountered by the Organization since its establishment and through its various phases of reform. Noting that the record number of agenda items suggested that further attention should be paid to the way in which the Board conducted its work, she expressed the firm hope that the current session would be remembered for its success in delivering reform in the latest reform process, which had been initiated by the Director-General in 2010.

Election of officers

The CHAIRMAN noted that Dr Andrea Carbone, the Board member designated by Argentina, who had been elected as a Vice-Chairman for the Region of the Americas at the Board's 137th session, had been replaced by Dr Rubén Agustín Nieto. The Member States of the Region of the Americas proposed that Dr Nieto should be elected as a Vice-Chairman for the remainder of the term. The European Region proposed that Dr Raymond Busuttil (Malta) should be elected Vice-Chairman for the Region for the remainder of the term in replacement of Mr Josep M. Casals Alís (Andorra), who had also been elected at the Board's 137th session, and was unable to attend the current session. If there was no objection, she would take it that those proposals were acceptable to the Board.

It was so agreed.

Adoption of the agenda

The CHAIRMAN drew attention to a proposal by the Secretariat to delete agenda item 11.3, Amendments to the Financial Regulations and Financial Rules, as no proposals for amendments had been received.

It was so agreed.

Organization of work

The representative of MALTA, speaking on behalf of the European Union and its Member States, recalled that, as agreed in an exchange of letters in 2000 between WHO and the European Commission, the European Union attended sessions of the Executive Board as an observer. He requested that representatives of the European Union should again be invited to participate, without vote, in the meetings of the Board and its committees, subcommittees, drafting groups and other subdivisions dealing with matters falling within the competence of the European Union.

The CHAIRMAN took it that the Board wished to accede to the request.

It was so agreed.

The CHAIRMAN drew attention to a proposal by the Secretariat to consider the first part of item 9.1 (document EB138/27, Update on the 2014 Ebola virus disease outbreak and Secretariat response to other issues raised, and document EB138/55, High-level design for a new WHO health emergencies programme) together with item 8.4 (document EB138/23, WHO response in severe, large-scale emergencies). The second part of item 9.1 (document EB138/28, Options for strengthening information-sharing on diagnostic, preventive and therapeutic products and for enhancing WHO's capacity to facilitate access to these products, including the establishment of a global database, starting with haemorrhagic fevers) would be discussed thereafter. It was also proposed that item 7.1 on the monitoring of the achievement of the health-related Millennium Development Goals, should be taken up together with item 7.2, on health in the 2030 Agenda for Sustainable Development. She said that, if she heard no objection, she would take it that the Board agreed to those proposals.

It was so agreed.

The agenda, as amended, was adopted.¹

2. REPORT BY THE DIRECTOR-GENERAL: Item 2 of the agenda (document EB138/2)

The DIRECTOR-GENERAL, introducing her report, drew attention to current threats in the area of infectious diseases, including further flare-ups to be expected in the wake of the outbreak of Ebola virus disease and the spread of the Zika virus to new geographical areas with low population immunity. The new programme for responding to disease outbreaks and humanitarian emergencies would have a single line of accountability, budget, set of business processes, staff and performance benchmarks that cut across all three levels of WHO. The changes made under the programme would make WHO more able to support countries and build national and global capacity to prevent, detect and respond to emergencies with health consequences, including the ongoing armed conflicts and protracted crises that had left 77 million people in urgent need of essential health care.

The adoption in December 2015 of the Paris Agreement under the United Nations Framework Convention on Climate Change had been a positive development, but more needed to be done to address the root causes of other health-related crises. Many of the goals of the 2030 Agenda for Sustainable Development, with a specific target on universal health coverage under Goal 3, addressed the social, economic and environmental determinants of health. However, the Agenda's call for stronger country offices, greater emphasis on innovation and enhanced cooperation with partners and among sectors had profound implications for the way in which WHO operated.

¹ Document EB138/1 Rev.2.

The representative of ARGENTINA said that, in federal States like Argentina, health systems were often fragmented, which made the implementation of universal health coverage particularly challenging. WHO and PAHO should also address the problem of violence against health care workers.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that Turkey, the former Yugoslav Republic of Macedonia, Montenegro, Serbia, Albania, Bosnia and Herzegovina, Ukraine, the Republic of Moldova and Georgia aligned themselves with his statement. Universal health coverage was crucial to the achievement of the Sustainable Development Goals. Investments made during the Ebola outbreak in 2015 needed to be translated into efforts to ensure the long-term strengthening of health systems. Public health efforts would succeed only with a trained and motivated health workforce, well maintained infrastructure and access to affordable medicines and technologies. The current unprecedented number of migrants and refugees required WHO leadership and guidance, both for Global Health Cluster operations in countries affected by conflict and for countries of arrival, transit and destination of migrants and refugees. He encouraged the Secretariat to build on the experience of the Regional Office for Europe, which had provided technical support and guidance in respect of the public health aspects of migration for the Member States of the European Region.

The representative of ERITREA, speaking on behalf of the Member States of the African Region, said that the management of pandemic diseases required strong national health systems and an enhanced role for WHO. Effective implementation of the International Health Regulations (2005) and guaranteed access to medicines, including local production, were crucial. WHO's efforts to promote and support research into new treatments, vaccines and medical supplies for Ebola virus disease should be expanded to cover the Middle East respiratory syndrome coronavirus (MERS-CoV) and Zika virus. Although the assessment of potential future health threats could enhance preparedness, the current focus on outbreak and emergency response must not detract from the implementation of the health-related Millennium Development Goals and Sustainable Development Goals. A clear road map was needed to facilitate the transition from the first to the second set of goals.

The representative of the RUSSIAN FEDERATION called on Member States and WHO partners to focus their efforts on averting the resurgence of Ebola virus disease. The Russian Federation had registered two Ebola virus vaccines. Sustainable health systems were crucial both for routine health care and for guaranteeing emergency response capacity. Given the growing threat of antimicrobial resistance, he welcomed the decision of the United Nations General Assembly to hold a high-level meeting on the topic in 2016.

The representative of JAPAN said that WHO must cooperate with global partners in order to enhance the global health architecture and strengthen sustainable health systems capable of responding to future emergencies. Doing so would also help progress towards universal health coverage and global health security. Japan would contribute US\$ 10 million to the WHO Contingency Fund for Emergencies, and would increase its voluntary contributions by at least 50%, provided that convincing progress was made in WHO reform.

The representative of the UNITED STATES OF AMERICA expressed strong support for WHO's leadership in responding effectively to global health challenges, including emergencies. WHO must help to strengthen country capacity for detection, response and prevention; develop an accountable, credible emergency response system; implement an objective, transparent assessment of detection, response and prevention capabilities; ensure robust engagement with non-State actors; and employ excellent staff, while rewarding accomplishment and rejecting substandard performance. Unless reforms were undertaken urgently, partners would seek alternatives. He urged WHO to act on the recommendations contained in the report of the Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences.

The representative of CHINA, underscoring the need for increased efforts to implement reforms, said that WHO should continuously reform its internal functions to adapt to global health challenges. Although the Ebola outbreak was over, Member States needed to continue to strengthen their health systems and response capacities and WHO should explore different forms of cooperation and expand its provision of technical support in order to strengthen surveillance and response capacities for the prevention and control of infectious diseases. Achievement of the health-related Sustainable Development Goals would be contingent upon human-oriented health systems, peace and security and cross-sector cooperation. She recalled that the 9th Global Conference on Health Promotion was to be held in Shanghai, China in 2016.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND encouraged Member States to support the One Health Initiative and to use the United Nations General Assembly as a platform to mobilize action in that regard. Noting that urgent reform of the Organization's response to emergency situations was crucial, she said that an operational arm to prevent, detect and respond to emergencies was needed. She welcomed the commitment shown by the Secretariat in responding to the recommendations of the Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences, in particular with regard to the need for a single programme, line of accountability and budget for emergencies, established standards and benchmarks, and transparency and independent advice.

The representative of BRAZIL emphasized the need for a detailed document to enable progress in WHO reform; a clear framework with rules that guaranteed transparency and prevented conflicts of interest was of particular importance for engagement with all stakeholders. It was essential to use the lessons learned from the Ebola virus disease outbreak to develop a more efficient response to public health emergencies. He expressed appreciation for the cooperation with France and the United States of America and the support of PAHO during the ongoing outbreak of Zika virus disease in Brazil.

The representative of the PHILIPPINES highlighted the usefulness of information sharing during emergency situations, as it facilitated the prioritization of activities and enabled governments, civil society organizations and the private sector to work together. The focus on antimicrobial resistance came at an opportune moment, although it appeared that some stakeholders had failed to grasp the urgency of the situation; WHO had a key role to play in preparedness in that regard.

The representative of KAZAKHSTAN welcomed the efforts of WHO on issues such as reform, noncommunicable diseases and antimicrobial resistance. He drew attention to the activities undertaken by his country in a number of areas, including noncommunicable diseases and their risk factors, road safety, maternal and child health, climate change and antimicrobial resistance.

The representative of FRANCE said that the health sector had a proactive role to play in the implementation of the Paris Agreement. Current and emerging health threats emphasized the need to strengthen international health security by improving operational capacities and implementing the International Health Regulations (2005). It was time for tangible action on antimicrobial resistance through intersectoral activities, continued research, and guaranteed access to medicines and vaccines. In terms of WHO reform, a framework for engagement with non-State actors and increased efforts to align the work of the three levels of the Organization were vital.

The representative of CANADA stressed the importance of swift and transparent implementation of the reforms, especially the single emergency management architecture proposed by the Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences, and called for regular updates from the Director-General. He also encouraged Member States to reach consensus on issues such as the draft global plan of action on violence and the framework of engagement with non-State actors.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, mentioning the support his country had received from WHO and the World Bank in its efforts to achieve universal health coverage, said that it was important to remember the lessons learned from the Ebola outbreak. WHO's strong leadership at the national level and efforts to involve communities in the response had been crucial and the Organization must continue to share its experiences with countries in that respect.

The representative of THAILAND said that WHO should use the reform process as an opportunity to adjust its role, taking into account the challenges faced and lessons learned to date. The proposed new programme for health emergencies would contribute to global health security.

The representative of SAUDI ARABIA said that the importance of swift and effective reactions on the part of WHO was not to be underestimated, although the ideal first line of defence in health emergencies lay in working to strengthen health systems and response capabilities in Member States. Optimum use should be made of the contribution by non-State actors, who had a beneficial role to play in supporting the work of the Organization. The major health challenges now facing the world called for prudent action to strengthen WHO with a view to promoting the public good rather than any narrow conflicts of interest. Indeed, the outbreaks of Middle East respiratory syndrome (MERS) had highlighted not only the need to review health systems and prioritize public health and health emergency preparedness, but also the fact that public health was a universal responsibility.

The representative of JORDAN said that large numbers of refugees placed additional burdens on the health systems of host countries. The current refugee crisis was a global issue. WHO should play a leading role in managing the crisis by providing financial support for the regional offices that were helping to shoulder that burden.

The representative of SWEDEN, welcoming the focus on universal health coverage and the Health in All Policies approach based on evidence and lessons learned, highlighted the importance of actions to address antimicrobial resistance and the need to reform the Organization's emergency response and put in place a single line of command and response and a single budget for those operations.

The representative of PAKISTAN said that it was important for all countries to incorporate the lessons learned from the Ebola outbreak into their health systems and to focus on implementation of the International Health Regulations (2005). Antimicrobial resistance needed to be addressed proactively, and intersectoral involvement must be well planned. The security of health workers continued to be a key challenge in many countries, particularly Pakistan, where such workers were repeatedly victims of attacks. Health systems strengthening and universal health coverage required attention in order to guarantee optimal country capacities.

The representative of the CONGO highlighted the importance of improved access to medicines, which would help in the fight against antimicrobial resistance; health system strengthening; support for Member States in the achievement of universal health coverage; and cooperation between global and regional structures on emergency responses.

The representative of the DOMINICAN REPUBLIC said that forums such as the Executive Board enabled Member States to work together on the development of effective strategies. Many health issues had their origins outside the health sector, and it was therefore important to focus on the economic, cultural and social determinants of health and adopt intersectoral and inter-institutional approaches. Developed countries must work with developing countries to mitigate any potential negative impacts of their policies.

The representative of NEW ZEALAND said that achievement of many of the Sustainable Development Goals, implementation of the core capacities under the International Health Regulations (2005) and increased responsiveness to emergencies were all predicated on universal health coverage, which therefore had to be given the highest priority.

The representative of SURINAME urged the Secretariat to involve non-health-related international organizations in the effort to attain better health and well-being and to achieve the Sustainable Development Goals.

The representative of ALBANIA commended the Secretariat for maintaining its focus on universal health coverage in spite of the drain on its attention and resources resulting from public health emergencies.

The representative of ALGERIA¹ said that the Secretariat should redouble its efforts at all levels to provide a rapid and effective response to health emergencies and large-scale outbreaks of disease. It should bolster the capacity of its country offices; the regional offices also had a key role to play, thanks to the considerable experience they had acquired. National capacities to prevent and manage health risks also had to be strengthened. He drew attention to the importance of the transition from the Millennium Development Goals to the Sustainable Development Goals and the need to encourage local production of basic drugs and vaccines.

The representative of ZIMBABWE¹ said that the response to the outbreak of Ebola virus disease had highlighted the importance of a multisectoral approach at the national, regional and international levels. WHO should continue working with the countries concerned and intensify its technical support for preparedness in other countries. It was unfortunate that the documentation on the proposed WHO programme for health emergency management, a key proposal, had been made available late. He called for a clear strategy for the transition from the Millennium Development Goals to the Sustainable Development Goals; better management of domestic investment in health systems in order to encourage more financial commitment and efficiency in implementation; improved governance, accountability and transparency to build confidence between partners; and strengthening of the regional and country offices to support Member States better. A holistic, horizontal approach was preferable to largely vertical approaches.

The representative of INDIA¹ said that the Ebola outbreak had made it clear that WHO had to play its role as the international leader in health and that Member States had to enable it to fulfil its mandate. In addition to being a huge global health challenge, antimicrobial resistance was a formidable development challenge in most countries and required collective action: a major conference on the subject was scheduled to take place in New Delhi in February 2016.

The representative of the UNITED REPUBLIC OF TANZANIA¹ said that the Secretariat should provide Member States with technical guidance to help them to address national and regional health challenges through the Sustainable Development Goals. Recently, certain debatable human rights issues had been insinuated into various WHO guidelines, strategies and plans: an unhealthy development that could have a negative impact on WHO's integrity and erode the trust it had earned. Likewise, many of the reports and draft plans prepared by the Secretariat for the Executive Board session did not give references for all the data and testimonials provided. Evidence-based, focused and demand-driven advocacy was essential for efforts to strengthen the multisectoral approach.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of LIBYA,¹ welcoming the commitment demonstrated in the Director-General's report to implementing a single programme for health emergency management, said that the profound transformational changes proposed must be geared towards decentralization.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES commended the efforts of the Secretariat, partners and volunteers in the response to the Ebola virus disease outbreak. Communities had an important role to play beyond responding to infectious diseases, as opportunities increased for the diagnosis and treatment of communicable and noncommunicable diseases at home and in communities. Red Cross and Red Crescent community health workers were uniquely placed to form partnerships to provide health care as close as possible to people's homes. The previous week, UNICEF, WFP and the International Federation had announced the establishment of the One Billion Coalition for Resilience, which aimed to help one billion people reduce their vulnerability to natural and other hazards by 2025.

The DIRECTOR-GENERAL, responding to the points raised, noted that Member States had clearly stated their expectations of reform in the field of health emergency response. The reform measures the Secretariat had committed itself to taking would make the Organization more effective, in terms of both standard-setting and operational response. The Sustainable Development Goals and the Paris Agreement on climate change had demonstrated the importance of multilateralism in the search for solutions to difficult and complex issues. WHO would work with the entire United Nations system to help countries implement the Sustainable Development Goals, focusing in particular on the issues raised by the Board: antimicrobial resistance, polio eradication, universal health coverage, access to medicines and vaccines, and the determinants that anchored people in poverty.

3. REPORT OF THE REGIONAL COMMITTEES TO THE EXECUTIVE BOARD: Item 4 of the agenda (document EB138/4)

The representative of KUWAIT, speaking in his capacity as the Chair of the Sixty-second session of the Regional Committee for the Eastern Mediterranean, said that the Regional Committee had again reviewed both its progress relating to the five priorities set for the Eastern Mediterranean Region and its response to developments occurring in respect of standing agenda items. More efforts were needed to continue strengthening the Region's emergency preparedness, to which end an emergency solidarity fund had been established and the support and cooperation of regional donors had increased. An independent regional assessment commission had been established in 2015 to assess implementation of the International Health Regulations (2005), using a harmonized tool, which was another example of the potential of regional committees to contribute to global action programmes.

The representative of the CONGO said that, in the plan of action for the prevention and control of viral hepatitis mentioned in the document, emphasis should be placed on ensuring access to antiviral treatment, in particular for hepatitis C, and on prevention.

The representative of CHINA highlighted the areas of progress achieved in the Western Pacific Region and the Regional Office's active participation in the debate on WHO reform, and described some areas of cooperation between her country and the Regional Office.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of AUSTRALIA¹ said that standardizing the format of regional committee reports had helped to improve alignment between the Organization's priorities at the global and regional levels. There appeared to be some competitive tension between the regions and headquarters in preparing global and regional strategies and action plans: an orderly, cooperative process would be preferable to parallel development that could lead to duplication and confusion. In the context of WHO governance reforms, there was a need for better alignment of activities at the global and regional levels, including with regard to the issues considered by the governing bodies. The Secretariat could consider preparing a simple and coherent report, showing the important matters on which regional consultation and input were required, to ensure a structured, consistent and comprehensive consultation procedure.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that the Regional Committee for the Eastern Mediterranean had discussed the five key priorities for Member States and the WHO Secretariat. The Member States had shown transparency and openness in requesting and supporting a framework of accountability and monitoring of their commitments in a number of priority programmes, including those on noncommunicable diseases, implementation of the International Health Regulations (2005), universal health coverage and health information systems. Member States had supported initiatives to strengthen the technical and managerial reforms undertaken by WHO.

The REGIONAL DIRECTOR FOR AFRICA recalled that the Sixty-fifth session of the Regional Committee for Africa, which had been held in November 2015, had previously been postponed owing to terrorist threats in the host country, Chad, highlighting the immediate relevance to the Region of the discussion of emergency response reform. The Regional Committee had endorsed the Transformation Agenda of the World Health Organization Secretariat in the African Region 2015–2020. The Regional Office was being restructured with a focus on universal health coverage and patient-centred and people-centred service delivery. Furthermore, the Region had contributed to developing global strategies and had aligned its own strategies with global ones in order to avoid duplication of efforts. Member States had called for enhanced country capacities and independent assessments of the implementation of the International Health Regulations (2005).

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA gave details of the South-East Asia Regional Health Emergency Fund, which benefited most of the countries of the Region. The Sixty-eighth session of the Regional Committee for South-East Asia had adopted a resolution to strengthen the resilience of systems against disaster within the Sendai Framework for Disaster Risk Reduction.

The REGIONAL DIRECTOR FOR THE WESTERN PACIFIC said that the Region was aligning global-level resolutions with the regional-level action plans as far as possible, although Member States had sometimes had to take action beyond that recommended in the global-level strategies, as in the case of the prevention of hepatitis.

The Board noted the report.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

4. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 8 of the agenda

Implementation of the International Health Regulations (2005): Item 8.1 of the agenda (document EB138/19)

- **Report of the First Meeting of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response** (document EB138/20)

The CHAIR OF THE REVIEW COMMITTEE presented the report of the Committee's first meeting, held on 24 and 25 August 2015. Although the Committee had not yet finished its work, preliminary observations indicated poor awareness or incomplete understanding of the International Health Regulations (2005); low or non-existent implementation of Article 44; disparities between declared compliance and effective compliance, highlighting the lack of an effective evaluation mechanism; and a lack of sufficient resources in the WHO Secretariat to carry out evaluations and risk assessments of the Regulations. The Committee's recommendations in 2014 had resulted in a new method of evaluation that was being implemented in the regions and at headquarters.

The main point of consensus in the Committee was that problems were mainly related to implementation rather than to the text of the Regulations themselves. The discussion had focused on appropriate methods of establishing an alert system and linking compliance, integration and financial incentives. The main challenges that it had identified included the development of a strategy for the implementation of the Regulations, based on planned, sustainable funding, and encouraging compliance among Member States. Awareness-raising about the importance of the Regulations was required, and the link between the Regulations and the Pandemic Influenza Preparedness Framework, the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization and other instruments should be strengthened.

At a technical level, methods of risk assessment were needed for the creation of an alert mechanism to respond to the needs of countries and regions where a health threat had the potential of becoming global. Criteria for declaring and lifting international health emergency alerts would be required. Particular emphasis should be placed on strengthening core capacities, especially in the most vulnerable countries, with a new method of evaluation that would satisfy donors and be accepted by all Member States.

Mechanisms for assistance between countries needed to be strengthened, and national and regional stakeholders should be encouraged to act in cooperation with each other. Most importantly, strengthening the WHO Secretariat should be made a priority for 2016. The Executive Board and Member States would have a key role to play at the next Health Assembly, especially with regard to funding.

The meeting rose at 12:40.

SECOND MEETING

Monday, 25 January 2016, at 14:35

Chairman: Ms M. P. MATSOSO (South Africa)

1. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 8 of the agenda (continued)

Implementation of the International Health Regulations (2005): Item 8.1 of the agenda (document EB138/19) (continued)

- **Report of the First Meeting of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response** (document EB138/20) (continued)

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, observed that many countries continued to face major challenges in establishing and maintaining their core capacities for implementation of the International Health Regulations (2005). Based as they were on self-assessment, the country progress reports produced were largely unreliable, underlining the need for independent external assessments. The efforts to develop a new approach to monitoring and assessment of core capacities that would more realistically identify shortcomings, pave the way for country action plans and facilitate the mobilization of resources for financing such plans were therefore welcome. For its part, the Regional Committee for the Eastern Mediterranean had established a regional commission with responsibility for conducting independent assessments of the implementation of core capacities under the Regulations.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the low levels of implementation and enforcement of the Regulations attested to the low level of priority given, in many cases, to health systems strengthening and preparedness. To ensure high levels of protection from serious cross-border threats to health, urgent action was required in four main areas. First, governments must, with WHO technical assistance, build capacity and coordinate efforts for detecting, preventing and responding to health threats. Second, international support should be provided, notably to countries most at risk. Third, standardized, transparent and reliable instruments were needed to identify and measure gaps in capacities with WHO regional and country offices having a clear implementation assistance role. Fourth, WHO must finalize the reform of its emergency functions and ensure Organization-wide alignment in health system strengthening. Full compliance with the Regulations was essential, and WHO should continue to provide strong leadership in prevention, detection and response.

The representative of JAPAN noted with satisfaction, in the light of the apparent international consensus that the Ebola virus disease outbreak had resulted from insufficient implementation of the Regulations, that the Review Committee had not suggested amending the Regulations at present, but to focus on their implementation. More robust compliance with the Regulations and initiatives such as the Global Health Security Agenda would help to strengthen the preparedness of the international community in the coming years.

The representative of SOUTH AFRICA, speaking on behalf of the Member States of the African Region, requested Member States, WHO and partners to show greater commitment to implementing the recommendations of the Review Committee, and to accelerate the implementation of the Regulations. Strengthening capacities to facilitate implementation of the Regulations was essential, and she called for the identification and implementation of priority actions, and for the provision of adequate resources at the national level. Emphasis should be placed on addressing shortcomings in national response systems identified using the independent evaluation tool. Regional offices should participate actively in follow-up monitoring, and a clear role for regional committees should be identified. Surveillance and early warning systems must be strengthened, as should capacity for responding to chemical and radiological events. The list of countries accepting a certificate of vaccination against yellow fever for life would be welcome. States that were strongly committed to implementing the Regulations but lacked the means to do so effectively should be supported, and the Secretariat might require additional staffing to that end.

The representative of the RUSSIAN FEDERATION expressed support for the proposal concerning an additional external assessment of some countries' readiness to withstand public health emergencies. Such a procedure should, however, be undertaken voluntarily, possibly using representatives of countries that had already implemented the Regulations with WHO participation. WHO's website should include information on positive experiences in the implementation of the Regulations, and a template would make it easier for countries to alert WHO of public health emergencies in a timely manner. In order to build national capacities, countries in need should be given material, technical and scientific assistance. While he welcomed the work of the Review Committee, any changes to the Regulations must be considered carefully by all Member States and made in accordance with established procedures.

The representative of the REPUBLIC OF KOREA said that the 2015 outbreak of MERS in the Republic of Korea had demonstrated the importance of strong preparedness and response systems for emerging infectious diseases. Government collaboration with WHO had prevented cross-border spread of the virus, and he trusted that the joint mission report containing technical recommendations would be a useful resource for other Member States.

The representative of CHINA trusted that WHO would continue to provide technical guidance and financial support to help Member States build core capacities. Her country, which would be pleased to share its experience with others in such areas as surveillance, early warning and assessment, hoped that WHO would assemble experts to provide further support for sustainable capacity-building.

The representative of the UNITED STATES OF AMERICA said that, while significant progress had been made, essential health infrastructure and resources for implementing the Regulations were still lacking in many at-risk countries. The Review Committee's recommendations must not be ignored, as many of those of the 2011 Review Committee had been. Assessment of country capacity was the single, most important step in promoting accountability and cooperation, and his country therefore strongly supported external, objective and transparent assessment providing for more effective prevention, detection and response. The development of an external evaluation tool should be supported.

The representative of SWEDEN said that the Regulations and strong health systems were the basis for addressing health threats. Sweden was pleased that the Review Committee had identified lack of implementation as the weakness rather than the Regulations themselves, and noted the importance of learning from past experience.

The representative of FRANCE called for the development of a large-scale training programme with respect to the Regulations. The use of innovative tools, such as e-learning and virtual simulation platforms, would help focal points and others with a vital role in implementation to acquire the

necessary skills. France welcomed the concept note on a new approach to monitoring and assessment, and would support the holding of a consultation with Member States before the next session of the Health Assembly to elaborate evaluation modalities.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking also on behalf of the Netherlands, said that it was essential to ensure that the implementation of 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 did not affect countries' sharing of pathogen samples. Given the Protocol's all-hazards approach, it was highly relevant to the implementation of the International Health Regulations (2005). The successful Pandemic Influenza Preparedness Framework could serve as a model for fast access and equitable benefit sharing. She requested the Secretariat to undertake an analysis of how the Protocol might affect pathogen sharing and of relevant public health implications, and provide a report on that subject to Member States.

The representative of CANADA supported the four areas proposed for further exploration, noting with satisfaction that the Review Committee had not considered it necessary to amend the Regulations at the current time. He highlighted the importance of strengthened collaboration for implementation of the Regulations and was pleased that G7 health ministers had decided to address public health emergencies as a priority. The new WHO approach to core capacity monitoring should include quantitative and qualitative indicators allowing countries to demonstrate annual progress. Canada supported an independent external evaluation component, which should take into account potential linkages with other tools, and trusted that more information on the new monitoring framework, including details of associated costs, frequency and coordination mechanisms, would be provided at the Sixty-ninth World Health Assembly.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, said that the 2015 self-assessment of core capacity carried out by nine countries in the Region had indicated a number of key improvements. However, further work was required regarding core capacities for the management of chemical and radio nuclear hazards, and she requested the Director-General to help the Region to address such challenges and implement the International Health Regulations (2005).

The representative of BRAZIL said that the full implementation of the Regulations needed to be accelerated, and that several important elements highlighted by the influenza A(H1N1) pandemic and the Ebola virus disease response, as specified in the recommendations of the previous and current review committees, should be improved. To strengthen national core capacities, WHO should implement a voluntary independent assessment with objective measurable indicators developed in consultation with Member States, which would provide all stakeholders with clear and realistic information on gaps and needs, and would serve as a basis for the provision of technical and financial support.

The representative of NEPAL highlighted the specific challenges in achieving the core capacities faced by Member States with porous borders, and requested WHO to take a practical approach to address such issues.

The representative of EGYPT, while expressing support for the proposed independent evaluation, said that cooperation with governments was essential for a clear and transparent assessment that reflected the real situation on the ground. The assessment tools needed to be completely objective, and a minimum set of clear indicators was required to evaluate core capacities. WHO should provide greater technical support and development partnerships, where required, in order to assist Member States in ensuring the necessary compliance. Support should also be provided by those Member States with the means to do so. He noted that an assessment conducted after 2014 in Egypt concerning avian influenza A(H5) had shown a change in the country's status from high-medium to low risk.

The representative of PAKISTAN said that Member States needed to understand the importance of the Regulations. The lack of capacity in many Member States in terms of health communication, particularly concerning health risks, should be addressed as a priority to avoid confusion and panic in affected countries. Robust evaluation mechanisms should be established, and the Eastern Mediterranean Region considered independent assessments, rather than self-assessment, to be the best way to evaluate preparedness. A joint assessment with the Global Health Security Agenda should also be encouraged in relevant countries. National focal points played a vital role, and their selection was important. WHO should help to make the Regulations a national priority, not just a health priority.

The representative of ALBANIA said that standardized procedures, a well-structured command and control system, and more resources at all levels of WHO were required to ensure preparedness and response to health threats. He welcomed the establishment of a unified WHO programme to address all hazards, which was the approach already taken in the European Region. Coordination and preparedness were essential for good response, and WHO and its partners should continue to provide support to build the core capacities required. He underscored major impediments, such as lack of funding and limited technical capacities, and encouraged WHO to take action towards minimizing weaknesses throughout the full emergency cycle.

The representative of the PHILIPPINES said that compliance by Member States with the Regulations needed to be ensured by prioritizing the strengthening of core capacities. Resources were required to raise awareness, strengthen health systems, encourage communities to become active partners in managing outbreaks, and ensure local management of partnerships for emergencies. All countries were responsible for improving and contributing to the evolution of the Regulations. Efforts to increase understanding should be promoted, including by supporting training, and the Regulations should be used as a repository of information to address calculated risks and avoid potential problems and complications.

The representative of NEW ZEALAND, noting the importance of necessary resources for compliance, said that the focus should be on the quality of the wider health system underpinning a country's capacity to address emerging health threats. WHO's support should depend on the underlying health infrastructure in Member States, since development of the national health infrastructure was the best way to enhance international public health security. Consideration might be given to another self-assessment checklist allowing countries to determine whether they should invest in health infrastructure funding and training and apply for a joint external evaluation, or whether they were ready for international assessment.

The representative of ARGENTINA requested the Secretariat to follow up on the concern raised at the Sixth-eighth World Health Assembly regarding the use of unjustified additional health measures that affected travel and international trade and stigmatized the most vulnerable countries. While he supported the four major areas recommended and the creation of technical subcommittees, further discussion was required on the monitoring mechanism for the Regulations and its relation to the institutional strengthening of WHO. The regional committees should be included, and responsibilities and indicators should be clearly identified to ensure accountability. Given that WHO could issue only

recommendations regarding the Regulations, it should consider the legal implications of a mechanism that involved adopting decisions with obligations for Member States, and the need for legislative adherence. Funding was vital to ensure that WHO had the full operational capacity to respond to emergencies, and to improve its coordination and response. He expressed reservations about adopting a mechanism that granted disciplinary powers, including for the external assessment of national core capacities. Any alternative external evaluation should be voluntary and not the only means of monitoring the implementation of the Regulations. The Executive Board should propose an agenda or road map for 2016 to the Health Assembly, containing principles, indicators and timelines.

The representative of the DOMINICAN REPUBLIC said that, while all Member States should carry out a self-assessment, they did not all have the level of development to implement the Regulations in full. A strategy providing for gradual implementation should therefore be introduced. He outlined a number of steps taken by the Dominican health authorities to strengthen core capacities for surveillance and response.

The representative of GERMANY¹ said that the G7 had pledged to support 76 countries from three regional groups in implementing the Regulations and building core capacities over the following five years. The initiative, which would be conducted in close cooperation and coordination with WHO, would respond to country needs, build on existing in-country expertise and partnerships, programmes and projects, and form part of an overall health systems strengthening agenda.

The representative of COLOMBIA¹ said that the new approach to monitoring and assessment of core capacities offered an opportunity to identify and address the areas requiring further efforts to ensure greater capacity for the implementation of the Regulations. Cooperation among Member States, support from the Secretariat and the dissemination of best practices should be strengthened. The Regulations needed to be implemented strictly before being amended, and their application should be continuously assessed. An action plan should be developed and funds mobilized to ensure that the recommendations were implemented within a reasonable time frame.

The representative of NORWAY¹ highlighted his country's collaboration with other Member States to assess and strengthen core capacities, and its work with WHO to synthesize the assessment tools developed and tailor them to specific national needs. The successful experience of joint assessment missions in two countries was being fed back to WHO and others. Norway encouraged the use of long-term twinning programmes and other initiatives to strengthen public health infrastructure, including the development of core capacities.

The representative of FINLAND¹ said that in order to strengthen health systems, including core capacities, gaps needed to be identified and understood by governments and relevant sectors, particularly the finance sector. She welcomed the recommendations on the need to establish a system for objective external assessments of country capacities, and welcomed the action taken by the Secretariat in that regard. Finland had volunteered to undergo an external assessment using the joint external evaluation tool. Timely access to information on pathogens and emerging epidemics was essential, and WHO should address the urgent issue of access to seasonal influenza viruses. Potential delays in the control of international health threats in relation to the implementation of the Nagoya Protocol were a concern, and Finland would welcome further information from the Secretariat on how the Protocol could affect pathogen sharing.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of KENYA,¹ having noted that self-assessment had been instrumental in helping countries identify and address gaps in their health capacities, welcomed the proposal to develop a new approach to monitoring and assessment of core capacities. WHO should continue working with initiatives, such as the Global Health Security Agenda, to ensure objective assessment, and with the World Organisation for Animal Health to identify links between the Organisation's assessment tool and the WHO's external evaluation tool. WHO and its partners should continue to strengthen the capacities of countries to implement the Regulations and ensure that global public health security remained high on national and international agendas.

The representative of AUSTRALIA¹ said that his country supported the independent assessment of core capacities and looked forward to participating in the broader Global Health Security Agenda. Australia agreed that there was a need for greater transparency in evaluation instruments, and called for a single tool that focused on needs assessment and capacity building. A prioritized, costed plan should be developed in order to channel financing effectively, including in partnership with the World Bank, and Australia would welcome a progress report from the Secretariat in that regard. Australia also supported the request by the representatives of the United Kingdom of Great Britain and Northern Ireland, the Netherlands and Finland for the Secretariat to undertake an analysis of the potential impact of the Nagoya Protocol on the sharing of pathogens, and provide a report on that subject to Member States. The Pandemic Influenza Preparedness Framework might serve as a good model of how to find an equitable balance between the sharing of pathogens and the sharing of benefits.

The representative of BANGLADESH¹ welcomed progress made by Member States in building and demonstrating core capacities and noted the use of a regional action plan in the WHO South-East Asia Region to ensure compliance with the Regulations. While Bangladesh had made considerable progress in implementation, weaknesses remained in the emergency preparedness and response system due to limited awareness of the Regulations among stakeholders and the need to strengthen physical structures at points of entry. Requirements concerning a new evaluation tool should not be too rigid, so that countries were not required to divert attention from other important health agendas. Lastly, he called on WHO to provide technical assistance in capacity building.

The representative of PANAMA¹ said that practical and effective decision-making, accountability and transparency were required to strengthen capacities in countries, regional offices and at headquarters. Increased surveillance was essential, as was the establishment of local, regional and global mechanisms to facilitate communication, ensure suitable action in response to national circumstances, and raise awareness of the Regulations as a global health protection instrument. Funding and technical capacities were crucial to ensure compliance with the Regulations. An inclusive decentralized approach to defining the assessment mechanisms was needed, which would allow for risk management during specific periods.

The representative of INDIA¹ said that, while the four major areas recommended by the Committee were comprehensive, information should be provided on the recommendations by the 2011 Committee that had not been implemented and the reasons why. The current Committee's recommendations must be within the legally-binding framework of the Regulations, and he would welcome clarification as to whether the proposed external assessment complied with the Regulations. Provision of the required technical and financial resources should continue to be addressed as a matter of priority.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that the situation had scarcely changed since the assessment that the world was ill-prepared for a severe pandemic or for any similarly global, sustained and threatening public health emergency set out in the report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009 (document A64/10). The Ebola virus disease outbreak had indicated problems with many aspects of response to an epidemic. The unresolved key challenges to the functioning of the Regulations should be addressed in the interests of public health and it should be recognized that Member States held collective responsibility for protecting global health and for implementing the Regulations.

The representative of VIET NAM¹ supported the findings and recommendations of the Review Committee and noted the importance of full implementation of the Regulations. In order to improve implementation, strengthened regular and emergency information sharing among national focal points should be encouraged. WHO should continue to support Member States in capacity building, and Member States with strong capacities and systems should work closely with the Organization and other countries to share their experience. The new programme for health emergency management would help to strengthen systems and processes associated with the Regulations.

The representative of the INTERNATIONAL ORGANIZATION FOR MIGRATION welcomed the acknowledgement by the Review Committee that border spaces and cross-border mobility should also be considered as part of endeavours to prevent and respond to communicable diseases and other health threats. The concept in the Regulations of points of entry should be expanded, and border spaces was equally applicable to coastlines. Core capacities should be integrated within primary health care systems, notably in border communities, to ensure awareness of human mobility and to increase detection. Significant investment was needed to understand better how people moved and to map spaces with heightened health risks. Multisectoral partnerships and bilateral cooperation could help to mitigate the risk of disease outbreaks stemming from human mobility and minimize the negative impact on trade and economic activities.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that community-based disease monitoring and event surveillance were key to effective early alert and action. The Ebola virus disease outbreak had shown the importance of supporting communities to respond to public health threats, interrupt the transmission of infectious diseases and care for those affected. It was therefore crucial to engage with local civil society organizations before a crisis occurred, and to include them as key partners in national crisis management systems.

The representative of ITU said that his organization's Plenipotentiary Conference in October 2014 had highlighted the importance of the information and communication technology sector in dealing with the threat of Ebola virus disease and had adopted a resolution on using information and communication technology to break the chain of health-related emergencies. In response to the Ebola crisis, ITU had deployed mobile satellite equipment to affected governments and had released an information-sharing app for organizations and the public. Future action would include a means of connecting remote areas to medical experts and further development of e-health for noncommunicable diseases.

The representative of MSF INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the initiative to strengthen the application of the Regulations, noting that the Ebola virus disease outbreak in West Africa had shown the failure of the Regulations to prevent, detect and

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

address the outbreak of infectious disease. The emphasis on surveillance and detection of infectious diseases with pandemic potential was short-sighted; the risk of outbreaks of neglected diseases with high morbidity and mortality should not be ignored. Priorities should be led primarily by the health needs of the population. An independent evaluation would help to ensure accountability and transparency and should be evaluated against the country's response to smaller outbreaks that did not constitute international health threats. Member States should be willing to delegate responsibility, including by agreeing to peer evaluation. WHO's reform would help the Organization play its essential role in ensuring that patients remained at the centre of the international health agenda and that decisions were made on the basis of scientific evidence, free of economic and political interests.

The CHAIR OF THE REVIEW COMMITTEE agreed that the focus should be on implementing the Regulations rather than on revising them. He noted the points raised by the representative of India and of the need to study further links with the Nagoya Protocol.

The EXECUTIVE DIRECTOR ad interim (Outbreaks and Health Emergencies) noted the emphasis that Member States placed on full implementation of the Regulations in connection with the new programme. The joint external evaluation tool would be piloted in the following months and regional training provided, and the findings would form part of the report on the new approach to monitoring and evaluation, which included self-assessment. Discussion was under way on a new emergency programme and on ensuring that the preparedness emphasis, in the area of implementation, was placed on high-vulnerability, low-capacity countries and on high-impact interventions. The Secretariat would be pleased to undertake an analysis of the impact of the Nagoya Protocol, as directed by the Board. Responding to South Africa, he said that 48 countries had informed the Secretariat of their readiness to accept a certificate of vaccination against yellow fever for life; the list would be published online.

The CHAIRMAN took it that the Board could agree that the Secretariat should undertake an analysis of how the Nagoya Protocol might affect the sharing of pathogens and potential public health implications, and to submit a report on that subject to the Executive Board at its 140th session.

It was so agreed.

2. COMMUNICABLE DISEASES: Item 9 of the agenda

2014 Ebola virus disease outbreak and issues raised: follow-up to the Special Session of the Executive Board on the Ebola Emergency (resolution EBSS3.R1) and the Sixty-eighth World Health Assembly (decision WHA68(10)): Item 9.1 of the agenda

- **Update on 2014 Ebola virus disease outbreak and Secretariat response to other issues raised and High-level design for a new WHO health emergencies programme** (documents EB138/27 and EB138/55)

PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 8 of the agenda (continued)

WHO response in severe, large-scale emergencies: Item 8.4 of the agenda (document EB138/23)

The CHAIRMAN recalled that the Board had agreed to consider the first part of item 9.1 of the agenda together with item 8.4.

The SPECIAL ENVOY OF THE UNITED NATIONS SECRETARY-GENERAL ON EBOLA said that the Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences, which comprised 19 high-level experts, had been established by the Director-General in July 2015. It had met eight times, and had considered the role of WHO in supporting people and nations affected by outbreaks and emergencies. In resolution 70/183 on global health and foreign policy: strengthening the management of international health crises, the United Nations General Assembly had emphasized that, while Member States had primary responsibility for strengthening their capacity in public health to prevent, detect and respond rapidly to outbreaks and crises, WHO had a key role in supporting national efforts. That role involved helping with coordination; ensuring access to expertise in scientific analysis, assessment and in risk management; assisting in the provision of authoritative public information and communication about risks, outbreaks and the health aspects of emergencies; working with political leaders to make decisions in response to accidents and emergencies; and doing everything possible to ensure access to essential health care and public health services in outbreaks and emergencies.

In order to provide that assistance, the Organization needed to offer the best expertise in the world. WHO staff should have special skills in tackling high risk pathogens, managing outbreaks and emergencies through innovative approaches, providing operational support and ensuring adequate early funding. WHO must be predictable and dependable in all circumstances, and health professionals must act with impartiality placing the most vulnerable at the heart of their work.

WHO would be able to perform well only if it had the staff and resources it needed to work with Member States at the local level. The Advisory Group had therefore suggested establishing an Organization-wide unified WHO programme for outbreaks and emergencies with an emphasis on supporting countries and applying best practices across the Organization. The proposed unified programme would have one line of accountability, one system for financing, and adequate financial resources for its work. New, specially designed, business processes would be introduced and one set of benchmarks would ensure that performance standards were the same across the Organization. The establishment of a single Organization-wide programme would entail a profound transformation and should be undertaken within existing structural constraints. The aim was to decentralize in a manner that was predictable and standardized, and that prioritized excellence. The result would be joined-up work and integration across the Organization, not merely cooperation, enabling WHO to make a real difference where it mattered. Clarity about responsibility for decision-making was crucial for governments, donor, partners and nongovernmental organizations to work effectively with WHO. A successful, unified programme providing for accountability, clear lines of authority and responsibility, and appropriate systems would ensure that it could never again be said that WHO had failed. Noting WHO's unique, essential role in outbreaks and emergencies, he appealed to the Board to seize the opportunity to focus on what needed to be done for WHO to get things right as the reforms progressed, and not to be distracted by possible implications for various authorities or individuals within the Organization.

The representative of KUWAIT, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the aim of many of the recommendations of the Advisory Group was to promote the Organization's required response capacity, as well as its trustworthiness, efficiency and adaptability. He favoured the introduction of a unified and adequately resourced health emergencies programme across all three WHO levels but stressed the need to discuss the methodology for implementing those recommendations in the interest of achieving the desired outcomes, as well as the need to ensure that the design of the new programme allowed for capacity building at each of those levels. Key considerations to that end included the pivotal role of the Executive Director in working with regional offices to provide optimal support to crisis-affected countries, emergency preparedness strengthening, and measures to prevent duplication of efforts and conflicting responsibilities. The time was now ripe for strengthening the three levels of the Organization and rebuilding for the better.

The representative of MALTA, speaking on behalf of the European Union and its Member States, expressed concern about the report set out in document EB138/55. The proposed programme required a clearer design, a unified budget and ambitious timeline, and should place greater emphasis on strong partnerships, risk assessment, accountability and clear lines of authority.

WHO should use the World Humanitarian Summit to advocate for reform of WHO's emergency capacities and to re-establish its legitimacy within the humanitarian system. The organizational culture needed to be changed to one of rapid response, with a clear understanding of specific roles and responsibilities at all three levels of the Organization during emergencies and outbreaks. Independent risk assessment was crucial, and he advocated the establishment of an independent oversight body with an advisory, consultative and monitoring role reporting to the Executive Board and the World Health Assembly. Funding for the new programme should be provided for in the programme budget for 2018–2019, with the financing from different available funding mechanisms indicated. He welcomed the development of the research and development blueprint and noted that WHO should establish a list of priority pathogens, develop relevant guidelines and address issues of liability.

The representative of the UNITED STATES OF AMERICA said that the recommendations of the Advisory Group, if fully implemented, would put the Organization on track to restore its credibility and effectiveness as the lead global actor on infectious disease outbreaks and health emergency response. The establishment of a single unified emergency programme and chain of accountability, with the roles and responsibilities of each part of the Organization clearly articulated, was essential. Regional and country offices should be given a central role, including in operations and response.

The representative of CANADA endorsed the "One WHO" approach. The specific roles and responsibilities of the management structure at all three levels should be set out clearly; ultimate accountability should rest with the Director-General, supported by an effective and regionally inclusive structure. Rapid and clear information sharing between all levels of the Organization and with WHO's key partners must become the new norm. He welcomed the creation of an independent oversight body reporting to the Executive Board and requested that it provide regular reports on the road map for change, including measurable indicators of progress and expected milestones.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region, said that WHO should clarify the role of headquarters, regional offices and country offices in order to improve coordination during disease outbreaks. There was a need to align the cluster approach with national coordination mechanisms. Strengthening capacity for emergency response at the country level and ensuring successful implementation of the International Health Regulations (2005) should remain a priority. Linkages with other emerging regional initiatives should be encouraged, as should strengthened partnerships with United Nations agencies and others based on their comparative advantages.

The representative of BRAZIL said that the action required to strengthen WHO's leadership in emergency management would necessitate high-level political commitment and proper funding. Brazil recognized the need to implement new mechanisms at all three levels of the Organization and establish a unified WHO programme for outbreaks and emergencies with an achievable number of deliverables. A global health emergency workforce database could facilitate the rapid deployment of staff. Brazil also supported the establishment of proper mechanisms for prioritization and for funding the development of improved tools to counter deadly pathogens and new threats.

The representative of the GAMBIA stressed that the Ebola crisis had elicited a prompt response from regional offices and national authorities, enabling an action plan for the region to be quickly developed. However, an influx of stakeholders from all areas had led to a lack of coordination. Emphasizing that the difficulties encountered should not be attributed to a lack of political will, he explained that issues of internal security, sovereignty, communication and transportation had rendered

the International Health Regulations (2005) very difficult to implement. In addition, WHO recommendations had gone unheeded.

The representative of CHINA said that the broader scope of work covered by the proposed programme for health emergency management would enable a shift from emergency response to full-cycle risk management. Such systemic change would take time and must proceed in a well-organized fashion. WHO should strengthen health emergency response mechanisms, especially by providing technical support to developing countries. China stood ready to contribute to that goal, including through the sharing of experience.

The representative of NEPAL, speaking on behalf of the Member States of the South-East Asia Region, said that vast improvements in emergency preparedness had followed the tsunami of 2004. The South-East Asia Regional Health Emergency Fund had proven a useful mechanism for mitigating the impact of many emergencies, including the 2015 earthquake. Experience had shown the importance of effective information management, coordination of partners and foreign medical teams. In the reform of emergency management practices, it was important to learn from past lessons, focus on countries and decentralize WHO support, including by establishing clearly defined roles for regional and country offices.

The representative of NAMIBIA said that a dedicated team should be established to spearhead the development of the new unified WHO programme for health emergency management. While he welcomed the major elements of the programme, communication and decision-making processes required further clarification. Clear terms of reference and mechanisms of engagement across the three levels of the Organization should be developed, as should a culture of collaborative leadership and teamwork. The operational costs of the new programme should be met by ring-fencing funding from assessed contributions, and an additional funding stream should be created for development and capital expenditure costs. Lastly, he noted that the WHO Contingency Fund for Emergencies, which could provide a third funding stream, remained underfunded.

The representative of JAPAN said that human resources management reform should be a key component of the new WHO programme to ensure the selection of competent personnel, in particular at the country level. Issues of authority, responsibility and timing required clarification, especially for higher grade emergencies that were likely to involve more stakeholders. The commitment of the international community must be sustained, instead of peaking at times of emergency and waning shortly afterwards.

The representative of SWEDEN said that the assessment of the Ebola virus disease response was an opportunity to optimize the design of the new WHO programme for health emergency management, giving WHO the capacity for rapid response and the ability to serve as an efficient crisis manager. To that end, independent risk assessments and a unified, coherent structure would be required, with a single line of command. There must be a clear understanding of who would perform which tasks, where and how, at all three levels of the Organization and of the responsibilities and lines of command between the different levels and functions. A clear understanding of who would initiate independent risk assessments was also necessary. Lastly, she wished to know how WHO would ensure that implementation of the International Health Regulations (2005) was integrated into the emergency programme, while also building its own capacity to fulfil its role as coordinator of the Global Health Cluster. She would welcome a progress report at the open-ended meeting of Member States in March 2016, and the submission of a fully revised report to the Sixty-ninth World Health Assembly in May 2016.

The representative of SOUTH AFRICA, speaking on behalf of the Member States of the African Region, said that the response of the global community as a whole to the Ebola virus disease outbreak had been inadequate. Countries must have strong, resilient health systems for emergency response, which would be able to withstand the pressure of epidemics. To that end, it was important that Member States should be able to secure adequate resources to invest in health systems strengthening, universal health coverage, and International Health Regulations (2005) core capacities strengthening. The 2030 Agenda for Sustainable Development would provide a unique context in which to address such issues. The WHO African Region supported the proposal to create a new programme for health emergency management. The programme should be based on a “One WHO” approach, which functioned seamlessly at the three levels of the Organization. A piecemeal reshaping would not be adequate. Further clarity on the timeline for implementing the programme, the chain of accountability and the progress made, would be appreciated. Lastly, the African Region welcomed the development of a research and development blueprint.

The representative of PAKISTAN said that the projected budget for setting up the new programme for health emergency management should not be underestimated. It was essential to build the new programme on existing structures, using the experience acquired at the three levels of the Organization. Any efforts to send assistance from outside must be carefully planned with those on the ground, who had the necessary local knowledge and could liaise with government and assess the situation. The lessons learned from past experience must be applied; evidence-based approaches were particularly important. Emergencies had an impact on all areas of the health system, and must therefore be tackled not only by emergency responders, but also by health systems experts. Providing emergency response training for WHO experts in crucial issues for displaced persons, including the treatment of noncommunicable diseases and mental health disorders, and maintaining immunization services and antenatal care, would therefore enhance the capacity of the new programme.

The representative of KAZAKHSTAN said that it was clear that WHO played an effective leadership role and coordinated the work of its partners. While it was difficult to predict when and where an emergency might arise, it was clear that research and development should be scaled up and preparedness enhanced, in order to strengthen the Organization’s capacity to respond. Greater resources were required to enable WHO to act effectively. Partners should be mobilized to ensure a rapid, coordinated response. An independent oversight body should be established to function within the new comprehensive programme for health emergency management, and to ensure that WHO would be better placed to face emergency situations in future.

The representative of JORDAN said that experience had shown that emergency responses were more effective if initiated with adequate financial support at the regional or local levels. Care should be taken to ensure that the new health emergencies programme entailed no duplication of the efforts of regional and local offices and likewise no dilution of their responsibilities, which must be clearly defined.

The representative of EGYPT said that in establishing the new programme for health emergency management, clear lines of responsibility must be drawn at the three levels of the Organization. Decentralization was essential for effective and successful intervention in urgent situations. A requirement for staff on the ground to report to WHO headquarters could lead to conflicting responsibilities at the three levels of the Organization, which could impede the effectiveness of the response to emergency situations. She requested further clarification on the role of the proposed “hubs” and their relation with the emergency operation centres to be established in the regional offices for Africa and the Eastern Mediterranean. Effective intervention would require a unified mechanism for long-term planning using evidence-based risk assessments and based on alignment between the three levels of the Organization. The capacity of country and regional offices should be strengthened, since country offices in particular were the first line of defence in emergency situations. The mobilization of adequate and sustained financial and human resources was also crucial to bolster the

response. Regarding financing, the US\$ 60 million required for the proposed Phase 1 and early Phase 2 activities should be released immediately to strengthen the financial and human resources of country and regional offices dealing with protracted crises.

The representative of the REPUBLIC OF KOREA said that a strong global mechanism for information sharing must be established to tackle emerging infectious diseases. Priority infectious diseases should be identified, cooperation among stakeholders should be strengthened, and an enabling environment for research and development should be established. Efforts should be made to further shape the process for selecting and implementing appropriate financial models.

The representative of SAUDI ARABIA emphasized the need to build on existing structures at the three levels of the Organization, with a focus on the weakest link in the response, namely health workers on the ground. He commended the technical support provided by the WHO and in particular the Regional Office for the Eastern Mediterranean to his country in its efforts to combat MERS-CoV, an experience that had improved its preparedness for dealing with other public health issues and emergencies. Other lessons learned concerned the importance of working with ministries and others in order to tackle zoonotic diseases, the need to conduct regular health risk assessments, invest in scientific research and communicate effectively with all sections of the local and international community.

The representative of the CONGO said that, as a country that had dealt with Ebola virus disease outbreaks, the Congo was aware of the importance of the international community's commitment when tackling such crises. Health systems must be strengthened to prevent further outbreaks, and research and development for the production of vaccines and other medical products must be regulated in line with intellectual property standards. A harmonized approach between the three levels of WHO was essential and the key role of local and regional efforts in controlling future epidemics should be recognized.

The representative of THAILAND expressed appreciation for the work done by WHO and its partners with regard to Ebola virus disease research and vaccine development. The Director-General should develop further the research and development blueprint since Ebola virus disease would continue to strike in the absence of an effective vaccine. National surveillance, prevention and control measures should be strengthened, particularly through adherence to the International Health Regulations (2005). Despite the efforts of the global community to respond to infectious disease outbreaks, there had so far been a serious shortfall in humanitarian assistance, which must be rectified.

The representative of FRANCE said that Member States, as well as WHO, had a responsibility to ensure adequate surveillance and respond to epidemics in a timely manner. Management of epidemics and the implementation of the International Health Regulations (2005) were closely linked and should be addressed in tandem. The leading role of WHO in the international response to health emergencies, in particular as coordinator of the Global Health Cluster, should be strengthened. While she would welcome a unified WHO programme for outbreaks and emergencies, the proposed programme was too vague to meet Member States' expectations. A clear line of command at all levels was essential, as was coordination. Health security could only be improved in the long term by continuous investment in strong and resilient health systems.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO underscored the importance of a unified WHO presence, at all stages of an infectious disease outbreak, such as the recent outbreak of Ebola virus disease in West Africa. During the acute, emergency phase, when panic tended to prevail, the Organization had a crucial coordinating role to play, to ensure a coherent response. Later, when the worst was over, WHO must continue, through its regional and country offices, to contribute to surveillance and monitoring. Lastly, in order to recover, and prevent future

outbreaks, WHO had a fundamental role to play in health systems strengthening at the national level, to ensure that health systems were well equipped to prevent and control future outbreaks.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the time had come to use the lessons learned from the Ebola virus disease outbreak to make fundamental changes to WHO emergency preparedness and response. The proposals contained in the Director-General's report provided a good start, but must be further developed to respond to the recommendations made by the Advisory Group. Total commitment to a single, unified programme across the three levels of the Organization was essential, with one budget, one workforce, and a single line of authority headed by the Director-General. Transparency, accountability and independence were essential, with strong, independent oversight and a continued commitment to partnership. When clear leadership, lines of authority, transparency and commitment were manifest, resources from Member States would follow. She would welcome regular reports and a prioritized action plan with clear timelines and benchmarks.

The meeting rose at 17:50.

THIRD MEETING

Tuesday, 26 January 2016, at 09:05

Chairman: Ms M.P. MATSOSO (South Africa)

1. COMMUNICABLE DISEASES: Item 9 of the agenda (continued)

2014 Ebola virus disease outbreak and issues raised: follow-up to the Special Session of the Executive Board on the Ebola Emergency (resolution EBSS3.R1) and the Sixty-eighth World Health Assembly (decision WHA68(10)): Item 9.1 of the agenda (continued)

- **Update on 2014 Ebola virus disease outbreak and Secretariat response to other issues raised and High-level design for a new WHO health emergencies programme** (documents EB138/27 and EB138/55) (continued)
- **Options for strengthening information-sharing on diagnostic, preventive and therapeutic products and for enhancing WHO's capacity to facilitate access to these products, including the establishment of a global database, starting with haemorrhagic fevers** (document EB138/28)

PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 8 of the agenda (continued)

WHO response in severe, large-scale emergencies: Item 8.4 of the agenda (continued) (document EB138/23)

The CHAIRMAN invited the Executive Board to continue its discussion on the 2014 Ebola virus disease outbreak and Secretariat response to other issues raised and the report on WHO response in severe, large-scale emergencies.

The representative of the RUSSIAN FEDERATION said that it was important to strengthen WHO's capacity to respond to public health emergencies. Taking into account that the Organization had an important role to play in humanitarian response, he was in favour of merging sectors related to emergencies and health security. WHO should not overcomplicate the management of public health emergencies by creating new response structures within the Organization, but rather coordinate the use of Member States' resources in emergencies. He supported the idea of establishing a global database to exchange information on scientific developments and facilitate access to diagnostic and therapeutic products. The Russian Federation had registered two vector-based vaccines against the Ebola virus disease in December 2015.

The representative of ERITREA said that WHO, as the leading global health agency, should remain the main coordinator of any health-related emergency response. Before a unified WHO programme for outbreaks and emergencies could be launched, detailed guidelines on the roles and responsibilities of each of the three levels of WHO must be developed. WHO should build capacities at the country level through health systems strengthening.

The representative of ALBANIA said that WHO had to live up to its constitutional mandate. Flexibility, accountability and competence were crucial. The Road Map for Action referred to in

document EB138/27 clearly showed WHO's readiness to continually adapt to new situations, and meet future challenges. Member States must support those efforts.

The representative of ARGENTINA concurred with others that there was a need for a unified programme for outbreaks and emergencies, and for the establishment of a global health workforce. However, the proposed role of Member States and WHO governing bodies must be clarified within the new programme and the Road Map for Action.

The representative of NEW ZEALAND said that change was required to maximize countries' protection of their populations in emergency situations, with WHO support. All the recommendations made by the Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences should be implemented without delay. Independent expert advice and performance review were two essential elements of any future operational structure. The proposed new system should be applied to Grade 2 and 3 emergencies, and its operational efficiency should be reviewed after five years. In order to be successful, change had to be radical, bold and fully tested. The proposal did not seek to centralize response within WHO, but to build regional and local response capacities.

The representative of SWITZERLAND¹ said that WHO's mandate should include responses to all health and humanitarian emergencies and other emergency situations with health implications. The reports and recommendations of the Advisory Group provided a strong basis for a future unified programme. Better understanding of the importance of emergency response activities was needed, to ensure that the Organization remained relevant. Such activities should be provided through a single programme, with a single budget and a single line of authority. Clear lines of authority were required, but regional directors and country offices should remain fully involved. She noted that the report on the 2014 Ebola virus disease outbreak contained in document EB138/55 made little reference to the role of WHO as leader of the health cluster of the Inter-Agency Standing Committee; nor did it contain any deadlines for implementation. Finally, she emphasized that risk evaluation and monitoring had to be independent.

The representative of GERMANY¹ said that major structural change was required to ensure that WHO was ready to act in future health emergencies, and he strongly supported the immediate implementation of the Advisory Group's recommendations. WHO needed a unified programme with clear lines of authority, predictable and pre-determined responsibilities, and a mandate for independent risk assessment. Periodic assessment of core capacities under the International Health Regulations (2005) was important, and the Secretariat should provide technical support where required. The proposed emergency response programme should be financed from assessed contributions. Member States had a responsibility to build the necessary capacities and command and control structures to ensure that WHO was fit for purpose.

The representative of NORWAY¹ said that multiple evaluations had demonstrated a way forward for WHO's emergency response activities. A clear single line of authority to the Director-General was required, while building regional- and country-level capacity in response and preparedness. Reform should not be regarded as a competition for authority at the headquarters, regional and country levels. While supporting the majority of the recommendations of the Advisory Group, he objected to the proposal that the responsibility for Grade 2 emergencies should be decided on a case-by-case basis in consultation with the Global Policy Group, as that would make the response slow and unpredictable, blur responsibilities and potentially undermine the credibility of the Organization.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of the DOMINICAN REPUBLIC reflected on trends in climate change, urbanization, population growth, migration and state fragility, as referred to in document EB138/55, and to how they affected health. WHO had to decide how to act, and whether its role was to simply extinguish the fire of health emergencies, or to transform WHO into an operational agency with capacity to intervene at the regional and country levels. Technical and financial support was needed to enhance regional and local response capacities; otherwise, WHO efforts might be hampered by capacity gaps in developing countries.

The representative of INDONESIA,¹ noting that WHO played an essential role in outbreak preparedness and response, expressed support for the reform process, which would clarify the roles of headquarters, the regional offices and the country offices, and strengthen national preparedness and response capacities.

The representative of MOROCCO,¹ speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, in the light of the experiences and practices of the countries in his Region, he had reservations concerning a number of the recommendations made by the Advisory Group, which were incompatible with the concept of intergovernmental multilateralism and the system of full cooperation among all Member States practised within WHO. The constitutionality of certain recommendations, in particular those relating to the decentralization of work at the three levels of the Organization, was therefore questionable.

The representative of INDIA¹ said that technical and financial resources must be located to close funding gaps, especially at the local level, in order to boost countries' capacities to respond to public health emergencies. He asked for clarification as to what was meant by national capacities being "overwhelmed" and by the new programme "drawing heavily" on WHO's political assets in paragraph 5 of document EB138/55, and as to how the proposed emergency response programme would work with national governments. WHO could supplement, but should not supplant national efforts. Rather than creating an elite health workforce, it would be cheaper to train existing health care personnel to deliver services during public health emergencies, which would also reduce the risk of duplication of efforts. Lines of authority, in particular the relationship between regional directors and the Executive Director of the new programme, must be clearly defined. The proposed independent oversight body should be appointed by Member States, and further information was required regarding its terms of reference. Realistic financial planning for the roll-out of the programme, as well as funding for research and development, was crucial to its success.

The representative of BELGIUM¹ recalled that, in its evaluation of the Ebola outbreak response, the Institute of Medicine had explicitly pointed to the need for resilient health systems as a first line of defence against pandemic emergencies. Health systems, core capacities under the International Health Regulations (2005) and emergency preparedness and response needed to be integrated in all countries. Those needs should also be taken into account when preparing the next programme budget.

The representative of BANGLADESH,¹ commending the Road Map for Action, cautioned against concentrating resources on one health issue alone. The main goal had to be health systems strengthening, to ensure effective responses. The achievement of the health-related Sustainable Development Goals, especially universal health coverage, was vital and must be funded adequately.

The representative of ZIMBABWE¹ called for a detailed and fully costed plan for the implementation of the proposed unified emergency response programme, including clarification on timelines, human resource requirements, lines of accountability and responsibility, and the specific

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

roles of the regional offices. In addition, more information was needed on which components of work would be rolled out in February 2016, and on the transition process, including arrangements for addressing ongoing outbreaks and emergencies. The programme should be funded from mandatory contributions. He stressed the importance of geographical representation in the membership of the proposed oversight group, while taking into account technical expertise.

The representative of ESTONIA¹ said that WHO's responses to major outbreaks in recent years had been judged and found wanting; the Organization could not afford to fail again. Although progress had been made, WHO could not be complacent and needed to address its shortcomings, particularly in the light of the current outbreak of Zika virus disease. It was hoped that lessons learned from the Ebola virus disease outbreak would be put into practice, with particular regard to timely research, fair evaluation, budgeting and communication. Nevertheless, the responsibility was not the Organization's alone; political will without ulterior motives was crucial. Moreover, mere pledges of financial support were insufficient and had to be followed up by actual donations. It was a time for actions, not words.

The representative of AUSTRALIA¹ expressed concern at the lack of a clear, costed and scheduled plan for implementing the emergency response programme. He strongly supported the recommendations of the Advisory Group and said that it was essential to ensure that those recommendations were implemented. National health systems should be the first responders to outbreaks and emergencies with regional and country offices playing a role, together with other partners, when additional assistance was needed. However, accountability and a single line of authority were essential and the primary responsibility for Grade 2 emergencies should lie with the Director-General. WHO could not afford to fail to meet expectations as such a failure would likely result in calls for a new agency or for the emergency function to be placed elsewhere. To manage expectations, a detailed and transparent plan that included costs and timelines for implementation should be prepared for the Sixty-ninth World Health Assembly.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, welcomed the efforts to bring the Ebola outbreak to an end, while noting that work should continue to create a health structure capable of responding to future threats. The high death toll from Ebola virus disease among health workers, and nurses in particular, highlighted the importance of strengthening safety policies and providing adequate protective equipment and training. The outbreak had had devastating effects on health systems, depleting a much needed workforce and creating distrust, and long-term workforce and training plans were required. WHO and Member States should address the social consequences of the outbreak in the recovery process.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, observed that the majority of the flaws in WHO's response to the Ebola crisis seemed to have been due to internal financial problems, and ongoing financial limitations meant that WHO and global health would remain vulnerable to similar failures. Although the crisis had highlighted the importance of strong and resilient health systems and core capacities under the International Health Regulations (2005), due priority and resources had not been given to strengthening those areas. The crisis had also revealed a failure to drive innovation for global health rather than corporate profit, and he called for a binding treaty to mobilize funding for research and development, in response to identified needs. He expressed concern regarding Member States that had imposed restrictive measures beyond those mandated by the International Health Regulations Emergency Committee

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

regarding Ebola, and urged Member States to request a report to the Health Assembly in that regard. Furthermore, contributions to the global emergency workforce should be guaranteed.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, noted that local health care and emergency response systems were often overwhelmed by the scale of disasters, and recognized WHO's role in developing national preparedness strategies. He welcomed WHO's efforts to collect data on attacks on health workers in emergency settings. All countries should have a standard set of competencies for the training of health care workers and WHO should work with local governments to establish or update regional databases on health system assets, capacities and logistics. In terms of medical ethics during emergencies, concepts such as triage, acceptance of qualified foreign physicians and increased public communication were all vital.

The SPECIAL ENVOY OF THE UNITED NATIONS SECRETARY-GENERAL ON EBOLA, speaking in his capacity as Chair of the Advisory Group, welcomed Member States' support for the recommendations of the Advisory Group. The key challenge would be to implement those recommendations in order to get the best out of WHO and enable it to handle emergency situations, support Member States so that they were better prepared and able to respond, and ensure that Member States received assistance that reflected their needs. Recognizing the challenges and criticisms of past efforts, it was up to Member States to agree on a way forward. The first option would be to have a unified, Organization-wide programme, with one workforce, a single line of authority, and benchmarks. The second would be to provide more resources to countries and strengthen the regional offices, to enable increased decentralization and fundamental action at the regional level, with headquarters providing support when requested. Regardless of the approach chosen, he stressed the importance of developing a programme that was strong enough to garner the necessary political will and support from relevant experts. Without such support, the amount of funding received would be limited. The programme had to be seen as best practice in disaster and outbreak preparedness and response and humanitarian protection. He encouraged Member States to empower the Director-General to take action as quickly as possible.

The representative of ALGERIA,¹ invited to take the floor by the CHAIRMAN at the request of the representative of the GAMBIA, said that WHO needed to be strong at all levels and able to take charge of health issues. It should also seek to reform its activities to capitalize on existing capacities and address its weaknesses, and increase its efforts to strengthen national emergency response capacities.

The DIRECTOR-GENERAL explained that the most recent report of the Advisory Group had been received only a few days prior to the Board's current session, meaning that document EB138/55 had been produced within a short time frame. It would be updated as soon as possible, in line with comments received. As Member States delegated the management of the Organization to the Director-General, a single line of authority and accountability would end with her. She welcomed the recommendations of the Advisory Group and emphasized that WHO stood ready to implement them. Although different views had been expressed, there was already some degree of alignment in the wishes of Member States, all of which wanted a strong WHO that was able to provide support to Member States both during emergency situations and for health systems strengthening. Implementation of the International Health Regulations (2005) was an integral part of a strong and resilient health system, and some Member States required technical support in that regard. She recognized the importance of an integrated approach, the emphasis placed by Member States on research and development, and the importance of learning lessons from the evaluation of core

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

capacities under the International Health Regulations (2005), both externally and through self-assessment.

She welcomed the calls for transparency, accountability, the timely sharing of information and independent, evidence-based risk assessment. She expressed appreciation for the support for a unified emergency response programme and the “one WHO” approach. With regard to the proposed programme, she acknowledged the requests for clarity on roles and responsibilities at all levels of the Organization, for clear lines of authority and accountability, and for common benchmarks and structures. Although it could not do everything itself, WHO could work with partners and Member States to ensure that expectations were met. It was important to ensure that WHO was a predictable and dependable partner.

There was a need for a single cadre of experienced and competent personnel to deal with emergencies, and the Secretariat intended to provide training to staff and had already held discussions with other agencies that had such training in place. She agreed that the Secretariat needed to better explain the Organization’s income and financial allocations, and the degree of transparency provided during the financing dialogue would be reflected in the new programme. An independent oversight group that reported to the Executive Board would be set up to ensure that the new programme was implemented to the satisfaction of all concerned; such a group could follow the model of the Independent Expert Oversight Advisory Committee. The upcoming final report of the United Nations Secretary-General’s High-Level Panel on the Global Response to Health Crises may provide alternative options for an oversight group. The Secretariat was committed to transforming WHO into an organization that was fit for purpose, and the proposed Road Map for Action would provide a timeline for steps to be taken. However, Member States also needed to play their part, through political support and the provision of funding.

The CHAIRMAN invited the Executive Board to discuss the options for strengthening information sharing on diagnostic, preventive and therapeutic products and for enhancing WHO’s capacity to facilitate access to these products, including the establishment of a global database, starting with haemorrhagic fevers.

The representative of CANADA said that the proposed approach to increase information sharing on diagnostic, preventive and therapeutic products was realistic. The few promising candidate vaccines and treatments in existence at the start of the Ebola virus disease outbreak had required a considerable investment of time and effort before they had reached the point where they could be of use. Had it not been for earlier government involvement and funding, the international community would not have had any candidate medical countermeasures to combat Ebola, and the international community had to consider how to better position itself in future crises. The proposal to prioritize urgent research and development on certain pathogens should facilitate collaboration and help prevent future outbreaks. It implied greater international cooperation on research and development, information sharing, and the resolution of sensitive licensing issues in order to permit the rapid, collective and collaborative development of medical countermeasures. He endorsed the idea of an open-access database to enable the sharing of research and development data, encouraged WHO to adopt standards on how information was summarized in the database, and expressed particular support for the development of best-practice guidelines for the establishment of legal agreements, the timely sharing of data and analyses, and the ethical sharing of biological samples.

The representative of THAILAND emphasized that the Global Observatory on Health Research and Development should strengthen capacity at the regional and national levels in the governance of health research and development and innovation for improved access, to ensure that it did not only benefit high-income countries. The fight against Ebola required not only biomedical interventions but should also take into account social, behavioural and anthropological factors. It was important to understand unsafe burial practices and how to manage diseases in a way that was culturally and religiously acceptable to the communities affected.

The representative of CHINA urged the international community to apply the lessons it had learned from the Ebola outbreak. The Global Observatory could help WHO fulfil its mandate regarding information sharing on diagnostic, preventive and therapeutic products. Existing databases should be consolidated into one new database, to strengthen information sharing and thereby make more effective use of resources. WHO should consider expanding the reach of the Global Observatory to developing countries with a certain capability, in order to improve their research and development capacities. A mechanism should be established to evaluate phase 1 of the Observatory's operations. She supported the development of a blueprint for research and development preparedness and rapid research response during future public health emergencies. She hoped that WHO would strengthen communication and cooperation on global research and development and provide developing countries with more capacity building in that field.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said the Ebola crisis had clearly demonstrated what happened when epidemiological and other data were not shared early. The WHO consultation on sharing data and results in public health emergencies had revealed broad agreement that open data and transparency were vital during a health emergency. Further action was required regarding the interpretation of the International Health Regulations (2005) to ensure that health data were shared not only with WHO but also with key crisis responders and others who would obtain a public health benefit from access to the data.

The representative of the UNITED STATES OF AMERICA observed that, while the Global Observatory had the potential to help inventory efforts and foster innovation, it should not take on agenda-setting functions. While the routine evaluation of the effectiveness of diagnostic, preventive and therapeutic products was important, the Observatory should not have a directive or regulatory role. The Secretariat should conduct a pilot phase in 2016 to assemble a database of products registered for the prevention, diagnosis and treatment of haemorrhagic fever diseases, as called for in resolution EBSS3.R1 (2015).

He hoped that the five workstreams identified to develop a blueprint for research and development preparedness would contribute to more coordinated global research and development efforts and help enhance research capacity, particularly in countries threatened by disease outbreaks. The blueprint should not, however, be implemented in a way that would thwart scientific collaboration. He requested the Secretariat to submit the products of the five workstreams in draft form for review and comment at each stage of the blueprint's development.

The representative of PAKISTAN said that he considered information sharing on diagnostic, preventive and therapeutic products to be key to preventing, detecting and responding to public health events of international concern, and therefore endorsed the proposal to establish a global database. Such a database would review, collect and analyse information from various sources; it should have a uniform and user-friendly format, and capacity building should be an integral component. The access policy should be agreed by the Member States. The database could be linked to other international initiatives in order to enhance cross-border coordination and preparedness, and facilitate a timely response to events of public health concern. It was particularly important to include other sectors in the global database, for wider collection of data. Member States might also consider developing their own databases of diseases identified at the national level, and linking them to the global database.

The representative of SAUDI ARABIA said that the Ebola epidemic had revealed the need for a multifaceted plan in order to be able to respond quickly and efficiently to future outbreaks. The blueprint had used MERS-CoV as a case study. Although global coordination had resulted in the maturation of the pre-clinical pipeline for novel interventions to combat the coronavirus, if the incidence of the disease rose sharply, products would have to be developed faster than usual, with multiple agencies investing more heavily in development, manufacturing, and testing. Lessons learned from the most recent outbreak should be included in a strategy for targeted investments in emerging pathogen research. The consultations held in December 2015 by WHO had opened a global dialogue

between public health agencies, scientists, product developers and funders on the joint planning of research and development activities in respect of MERS-CoV, which was a step in the right direction.

The representative of ARGENTINA noted that the review of existing WHO databases had emphasized the value of the Global Observatory in fulfilling the objectives set out in the document. It was hoped that the Observatory would have the capacity to store all research and development data in one place. New, good-quality evidence bases should be identified, and the Observatory should manage and promote the use of information for the generation of new data, taking into account the problems identified and possible alternative solutions.

WHO had a role to play in facilitating access to diagnostic and therapeutic tools. While the Ebola outbreak had shown that research and development efforts could be accelerated during an epidemic, epidemics should not be the driving force behind such activities on neglected diseases. Instead, the limited incentives to conduct research and development on such diseases had to be expanded, so that more rapid and effective action could be taken in the future. However, an emergency should not be used to justify violations of patients' rights during trials, and a health system disrupted by an emergency was not the best place to monitor a controlled clinical trial. The research and development system had to be strengthened, by reaffirming the relevance of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property and implementing the recommendations of the Consultative Expert Working Group on Research and Development: Financing and Coordination. Finally, innovative solutions were needed to ensure sustainable funding options.

The representative of COLOMBIA¹ said that she endorsed the establishment of the Global Observatory, which should focus in its first phase on haemorrhagic fevers. In that context, a list should be drawn up of diseases that could seriously affect populations and were likely to spread. Diseases currently affecting the Region of the Americas, such as the Zika and Chikungunya virus diseases, should be included in the initial phase. A global information-sharing platform would be particularly useful for strengthening country activities to detect, prevent and control disease. The Observatory should disseminate and facilitate access to diagnostic, preventive and therapeutic products and thus help bolster global and national research and development capacities. The work of the Observatory should be linked to the implementation of the recommendations of the Consultative Expert Working Group, and should constitute the initial phase of a strategy to correct the current research and development model for diagnostic and therapeutic products. It should promote synergies between research groups and the development of new products for haemorrhagic fevers, and may facilitate access to cost-effective products for large population groups, especially in less developed countries. Resources should be pooled in order to ensure the greatest possible impact for the population and avoid fragmented research processes. Transparency and accountability had to be guaranteed at all levels, and the research priorities and criteria for the investment of available resources should be determined by Member States.

The representative of MEXICO¹ said that she recognized the importance of technological resources in the early diagnosis and control of infectious diseases and endorsed the proposed research database, which would enable the international community to prioritize and direct research and prevent duplication. The Institute of Epidemiological Diagnostics and Reference of Mexico would contribute to the database with the development of efficient and effective diagnostic tests and human resource training.

The representative of NORWAY¹ said that he welcomed WHO's efforts to develop the blueprint, which should continue. WHO played a critical role in setting standards and spearheading the

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

effort for concerted global action to address research and development gaps in the prevention and control of infections with epidemic potential. The Global Observatory would be a key platform in that regard.

The representative of SUDAN¹ said that her country was affected by conflicts and health emergencies. As a result, its research and development capacity was limited. WHO should work hard to build capacity in countries like hers, where the results of research and development could contribute to a globally-beneficial database.

The representative of INDIA¹ said that WHO had clearly demonstrated that it had the capability and convening power to accelerate research and development efforts. The five workstreams of the blueprint related directly to the discussions of the Consultative Expert Working Group. The principles of that group relating to open access, de-linkage, affordability and equity should be fully integrated into the blueprint. WHO should look at how the provisions of 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 would help ensure that the benefits of research and development efforts were shared equitably. The Secretariat should consider those linkages when it submitted the report requested under item 8.1 of the agenda. He noted that the distribution and financing plan on Ebola drugs and vaccines requested under resolution EBSS3.R1 was still outstanding. Open data and transparency were important; those principles should apply to the cycle of innovation and development and include a clear access policy.

The representative of MSF INTERNATIONAL, speaking at the invitation of the CHAIRMAN, endorsed the proposed blueprint, which had the potential to accelerate the development of effective, affordable and appropriate tools against emerging biomedical threats. Research and development efforts and access strategies had to be coordinated by a multilateral organization that was accountable to all Member States, a role that should be filled by WHO. The blueprint should be aligned with other initiatives on emerging infectious diseases and had to be adequately funded. Member States contributions should be pooled, for prompt and flexible financing of research projects. The norms and financing mechanisms recommended by the Consultative Expert Working Group could spur innovation and ensure that resulting products were widely available and affordable. Subsequent projects could be integrated and financed within the mandate of that group's pooled fund, hosted by the WHO Special Programme for Research and Training in Tropical Diseases.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation) said that the Global Observatory was strictly intended to be a data and information dissemination platform; it had no agenda-setting or directive functions. She agreed that the diseases being considered by the Consultative Expert Working Group and the emerging infectious diseases likely to cause epidemics had many points in common, but recognized the striking differences in terms of the urgency of conducting research. At the request of Member States, research and development of products for both groups of diseases, and of products to combat antimicrobial resistance, would be discussed at the open-ended meeting of Member States in March 2016.

The Board noted the reports contained in documents EB138/23, EB138/27, EB138/28 and EB138/55.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

2. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 3 of the agenda (document EB138/3)

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in her capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, introduced the three items discussed by the Committee that were not included on the agenda of the Executive Board. The Committee had noted the Secretariat's update on WHO's internship programme, requesting further information in future reports on the national origins of interns and the location of internships, and encouraging the Secretariat to ensure adequate internship opportunities at the regional and country levels. In addition, it had acknowledged the budgetary challenge of providing financial support to interns.

The Committee had noted the interim report of the Independent Expert Oversight Advisory Committee and the overall reduction in the number of open recommendations. It looked forward to proposals on strategic approaches to address the risks identified in the bottom-up approach, noting that three of the five risks related to the financing of WHO operations, especially in regions where funding for polio would cease in a few years. It had stressed that the risk register should be used to develop mitigation measures and reconcile the risks identified through the bottom-up approach with the top-down strategic vision. Regarding the WHO response to the outbreak of the Ebola virus disease, the Committee had pressed for a prompt shift from diagnosis to implementation and recommended that priority should be given to developing a preliminary structure for emergencies and outbreaks. It welcomed the updates from regional directors on measures undertaken in the respective regions, urging them to continue reporting in the future.

Having considered the annual report on compliance, risk management and ethics, the Committee had requested the Secretariat to report regularly through a dashboard on progress made in implementing the risk management policy. It welcomed the implementation of the policy on whistleblowing and protection against retaliation, which was important in fostering a culture in which staff members felt comfortable reporting alleged wrongdoing.

3. WHO REFORM: Item 5 of the agenda

Overview of reform implementation: Item 5.1 of the agenda (document EB138/5)

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in her capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee welcomed the shift in the Secretariat's reporting from the reform process to the results of the reform. It was important to apply the same reporting procedures to the Organization's enhanced contribution to improved health outcomes, as the ultimate objective of WHO reform. While recognizing the importance of reforming the Organization's emergency response activities, development of a new emergency response programme should not divert the Organization's focus from the ongoing reform process or its core activities. The Committee called for deepened, strengthened and accelerated implementation of reform and recommended that the Board note the report by the Secretariat on overview of reform implementation.

The representative of SAUDI ARABIA observed that greatest progress had been achieved in the area of programmatic reform, notably with respect to the bottom-up planning of the programme budget, and that key administrative reforms had also advanced substantially, as in the case of the new geographical mobility policy and human resources planning. Progress was still limited in reducing the underrepresentation of various Member States among internationally recruited staff, however, and was slowest in the case of governance reforms. Efforts towards finalizing the framework of engagement with non-State actors were promising, although some of the framework's main functions would need to be strengthened at the implementation stage. The recommendations relating to consultation

processes would have a direct bearing on the roles and responsibilities of regional committees, which must therefore be given time to consider and discuss those recommendations.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, speaking on behalf of the Member States of the African Region, recognized improvements in the area of programmatic reform, noting that progress had been slower in the workstreams of governance and management. He said that the Ebola virus disease epidemic had highlighted the areas of weakness in the Organization's emergency response capacity. Emergency response should therefore be seen as a fourth workstream of the reform process. The Transformation Agenda of the World Health Organization Secretariat in the African Region was being implemented to improve governance, management and priority setting. Moreover, staff profiles and structures were being aligned with programmatic priorities. In 2016, focus would be placed on strengthening human resources in country offices, having also taken measures to increase accountability, transparency, and internal monitoring, and to empower country offices. The Regional Director for Africa had established a new emergency response structure but many countries had not updated their WHO Country Cooperation Strategies to reflect reforms. Furthermore, many country offices did not have sufficient resources to implement or monitor essential reform elements, resulting in their omission when funding workplans. WHO should strengthen its human resources capacity to be able to provide Member States with adequate support towards implementation of reforms. Any progress in that regard was ultimately dependent on the availability of sufficient, flexible and secure funding, aligned with relevant priorities.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that, although much emphasis had been placed on reforming WHO's outbreak and health emergency response functions, for the Organization to play its full leadership role in global health, overall reform continued to be vital. He urged WHO to accelerate the pace of overall reform, in particular in the key areas of emergency response, results and evaluation, and governance. The Organization should strengthen the current results framework, with a move towards measuring outcomes as well as activities, and develop its evaluation function to benefit from lessons learned. Furthermore, it was important to monitor value for money, particularly in the light of wide-ranging financial demands under the Sustainable Development Goals across the United Nations system. Transparency, accountability and risk management needed to be strengthened at all three levels of the Organization. He welcomed the decision to make the Organization compliant with the standards set by the International Aid Transparency Initiative by the end of 2016, and requested information about the progress made thus far. However, WHO should go beyond compliance with those standards to establish a comprehensive culture of accountability and transparency.

The representative of THAILAND expressed concern regarding the omission of weaknesses in the Organization's financial structure, increasing bureaucratic inertia, the gradual loss of global leadership on health, and weakened trust among Member States from the reform process. Welcoming efforts to reduce the number of agenda items in governing body meetings, he said it was important to ensure that developing countries still had equal opportunities to raise their concerns on the global health agenda, thus avoiding a breakdown in solidarity, engagement and effectiveness. The Member States consultative process on governance reform had struggled to reach consensus on a number of points, and he welcomed the recommendation to hold further discussions on controversial issues. Reform should be considered as a continuous process.

The representative of CHINA requested a more in-depth analysis of the cost and operational elements of the new geographical mobility policy. Initiatives were required to improve gender equity and geographical representation, particularly in developing countries. The role of country offices was important, and she therefore hoped WHO would make considerable efforts to strengthen them as part of its governance reforms. She welcomed the Organization's decision to become compliant with the standards of the International Aid Transparency Initiative, which would promote transparency and accountability. Best practices in reform implementation should be shared between regions and

countries. Finally, she noted that the figures for some of the performance metrics contained in the Annex to document EB138/5 fell short of the given baselines, and requested information on follow-up action to redress those shortfalls.

The representative of KUWAIT highlighted the challenges of ensuring that WHO had adequate resources to deal with severe public health risks, which also implied the best possible use of those resources. In the event of any failure in payment of the voluntary and assessed contributions on which it was fundamentally dependent, the Organization would find itself in a difficult financial position. Its independence and indeed the continuity of health programmes would also be affected, thereby reducing the importance of its role in the area of public health. It should perhaps therefore either truly surpass itself or, in keeping with its rules, invest its revenues so as to guarantee a fixed annual return and eliminate the heavy reliance on voluntary contributions.

The slow progress in governance reform would diminish the performance of WHO's governing bodies. Member States must be fully consulted on the matter, as must the Director-General's Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences, which had identified the obstacles to progress and made recommendations accordingly. Further progress would not be achieved, however, unless the regional committees were given a greater role.

The representative of BRAZIL, supporting the principles of transparency, accountability and inclusivity, said that the performance metrics were a useful tool for measuring achievements and weaknesses and boosting the transparency and confidence of Member States. The bottom-up priority-setting and planning process would guarantee more strategic allocation of resources. Reforming human resources was a priority as a way of ensuring that staffing in the Organization matched needs across all three levels.

The representative of the UNITED STATES OF AMERICA said that the performance metrics would strengthen the monitoring framework and welcomed the progress made with regard to financing reforms and the repositioning of the programme budget as the primary tool for accountability, transparency and financing reforms. Key management reforms, however, lagged behind at every level, and reforms at the regional and country levels needed to focus on programming and operational planning, financial management, strengthening of technical performance and human resource management. Human resources reform would be instrumental to WHO's success, since the Organization's credibility and effectiveness depended on the absence of barriers to technical excellence and the avoidance of conflicts of interest, or even the appearance thereof, when selecting and promoting staff. A strong culture of accountability was also vital to fostering high ethical standards throughout WHO.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA expressed satisfaction with the active participation of the South-East Asia Region in the overall reform process. The bottom-up priority-setting and planning process was an effective way for country offices to identify needs and priorities, and to strengthen relations with the national government. The Ebola crisis had shown that the new reform workstream of response to outbreaks and health emergencies should focus on strengthening management processes, particularly at the country level, where the need was greatest.

The representative of the RUSSIAN FEDERATION said that performance metrics would accelerate the WHO reform process. She appreciated the programmatic reform in emergency response, the bottom-up approach in planning, and improving financing through flexible resources and greater predictability resulting from the financing dialogue. She noted efforts to harmonize recruitment processes, and improve gender equity and geographical diversity; and she acknowledged the new geographical mobility policy. She hoped that Member States would soon be able to analyse the results of the introduction of risk registers; a new corporate risk management policy; steps to ensure

adherence to core ethical values and accountability in country offices; and the new information disclosure policy.

The representative of PAKISTAN welcomed the monitoring framework, but said that it was too early to reflect on its impact. He welcomed the adoption of a geographical mobility policy, but regretted that its impact might be slow since it was voluntary and numbers were limited. Efforts to reform human resources were vital, especially at the country level, but the process needed to be accelerated and dedicated working groups and regional committees should be assigned to consider the task. He expressed concern that, despite reforms to the predictability of financing, some key programme areas remained underfunded. The bottom-up priority-setting and planning process was also an important element of reform but topics proposed for discussion at the Health Assembly should first be considered at regional committee meetings. Country offices would require additional resources if they were to have the capacity to respond to changing national requirements.

The representative of the PHILIPPINES stressed the importance of achieving more progress in governance reforms. She agreed that it was important to ensure that country needs and circumstances were properly reflected in the bottom-up priority-setting and planning process, supported by appropriate human resources planning. By increasing the involvement of country offices and holding additional consultations with the Member States concerned, WHO could greatly improve its contribution to health outcomes.

The representative of MSF INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that epidemic outbreaks of treatable diseases recurred every year but often failed to trigger an appropriate international response. In 2016, WHO had a unique opportunity to facilitate international responses by providing technical expertise to health ministries and entering into partnerships which could facilitate responses to health emergencies. It was the responsibility of Member States and other stakeholders to provide the Organization with the political and financial support required. Finally, WHO reform had to go behind national interests, with particular regard to responses to outbreaks and health emergencies.

The EXECUTIVE DIRECTOR (Office of the Director-General) acknowledged the calls to deepen and accelerate the pace of reform, remain results-oriented, and concentrate on improving the flexibility and responsiveness of national offices. WHO had completed an analysis of the requirements for compliance with the standards set by the International Aid Transparency Initiative. It was currently working on adapting its information disclosure policy and would provide a progress update at the meeting of the Programme, Budget and Administration Committee in May 2016.

The Board noted the report.

The meeting rose at 12:25.

FOURTH MEETING

Tuesday, 26 January 2016, at 14:30

Chairman: Ms M. P. MATSOSO (South Africa)

WHO REFORM: Item 5 of the agenda (continued)

Member State consultative process on governance reform: Item 5.2 of the agenda (document EB138/6)

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in her capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, said that, in view of the fact that the Chairperson of the Second Open Member States Meeting on Governance Reform had disagreed with the decision of the Programme, Budget and Administration Committee to include on the agenda of its Twenty-third meeting the issue of governance reform, and in view of the limited progress achieved on the issue, the Committee recommended a two-track approach as outlined in paragraph 7 of the Committee's report (document EB138/3): that a drafting group should be convened at the current session to agree on the recommendations on which consensus could be reached during the session for submission to the Sixty-ninth World Health Assembly for its consideration; and that, for recommendations that required more time for discussion and agreement, including some that might benefit from consideration by regional committees, the Board could establish an inclusive Member States process that would submit a report to the Sixty-ninth World Health Assembly for its consideration.

The CHAIRPERSON OF THE OPEN MEMBER STATES MEETINGS ON GOVERNANCE REFORM recalled that, in decision EB136(16) (2015), the Executive Board had requested the Member States consultative process to report directly to the 138th session of the Executive Board on governance reform under a separate agenda item. The inclusion of governance reform on the agenda of the Twenty-third meeting of the Programme, Budget and Administration Committee agenda was contrary to the mandate contained in that decision.

The package of recommendations contained in the report represented his best attempt to maintain a balance between the different views expressed during the consultative process, with a view to offering a compromise solution. Reaching a compromise required time and effort and was much more than a drafting exercise. If the Board was unable to adopt the recommendations as one package, discussions should be reopened on all of them – in as inclusive a way as possible – and sufficient time should be allowed to do justice to the complexity of the issues. The Board should therefore consider establishing an open-ended working group or an intergovernmental process to continue the discussions during the period between governing body sessions, with both informal and formal meetings open to all Member States, in order to accelerate agreement. The group or process should start work immediately after the 138th session and report to the Sixty-ninth or the Seventieth World Health Assemblies. A committed, open and constructive attitude by all members was indispensable to close the gaps in governance reform.

The representative of ARGENTINA, speaking on behalf of the Member States of the Region of the Americas, expressed support for the proposal to continue discussions on the recommendations during the period following the current session of the Board and prior to the Sixty-ninth World Health Assembly. The Executive Board should agree, during the current session, on an open and inclusive

format that ensured the participation of all Member States. The governance agenda should continue to benefit from the reform measures already taken by the regional offices.

The representative of MALTA, speaking on behalf of the European Union and its Member States, emphasized the need to continue reform and to take into account the synergies between the areas of programmatic, managerial and governance reform. While significant progress had been made in the area of programmatic reform, the slow pace of progress in the other areas created risks for the Organization. He welcomed the list of recommendations but was disappointed with the outcome of the consultations. Common ground should be found by identifying the proposals that had received broad support during the discussions and which could be put into effect quickly. He supported the two-track approach proposed by the Programme, Budget and Administration Committee. Further consultations could be held before the Sixty-ninth World Health Assembly, at which decisions could be taken on how to proceed, including with regard to regional consultations.

The representative of SOUTH AFRICA, speaking on behalf of the Member States of the African Region, expressed support for the recommendations on the working methods of the governing bodies contained in the report and said that the impact of those recommendations on the Rules of Procedure of the Executive Board should be considered. Regarding the recommendations on improving the alignment of governance across WHO, she was in favour of strengthening the role of the Global Policy Group and formalizing the accountability compact between the Director-General and the regional directors, although further discussion was necessary on other alignment proposals. There should be increased emphasis on competency-based management, greater transparency and more accountability for managers across WHO. She was in favour of establishing an open-ended working group, which should conclude its work before the Sixty-ninth World Health Assembly. The proposal to form a drafting group during the current session was interesting but potentially impractical, especially for smaller delegations.

The representative of JAPAN, noting that most of the recommendations were well grounded, welcomed the overall direction of the proposed governance reform. However, further analysis of the practice of nominating regional directors was required, as some regional committees had already developed transparent and fair nomination processes. Since the regional committees were primarily responsible for nominating regional directors, they should be given the opportunity to further discuss the issue before the Board made its decision. He expressed reservations about the advertisement of Assistant Director-General positions, as the Director-General should have the right to choose his or her senior management team like any other organization leader or head of State.

The representative of the DOMINICAN REPUBLIC endorsed the proposal to establish an open-ended working group to start work immediately after the 138th session and report to the Sixty-ninth World Health Assembly.

The representative of the CONGO called for inclusive, constructive and well organized consultations with the aim of reaching consensus prior to the Sixty-ninth World Health Assembly. He cautioned, however, that an excessively accelerated consultation process might not be sufficiently inclusive. If consensus could not be reached before May 2016, the issue would have to be taken up by the regional committees, with a view to a decision being taken by the Executive Board in January 2017.

The representative of CANADA said that some of the recommendations, such as those focusing on developing a forward-looking planning schedule for governing body meetings and on developing methods to manage the number of items on the agenda of each Executive Board session, were ready to be submitted to the Sixty-ninth World Health Assembly. Consideration could be given to applying a system of “triage” to agenda items, for example, by putting information items on a different track to

items for decision. The report and advice from the Programme, Budget and Administration Committee were welcome. He agreed that the Global Policy Group should be required to be more accountable.

The representative of SWEDEN urged the Board to use the time available to reach agreement on the recommendations on which consensus was possible and to identify those which required more work. She expressed support for the two-track approach, with a view to reporting to the Sixty-ninth World Health Assembly.

The representative of CHINA reiterated her interest in participating in follow-up discussions and expressed support for the working method proposed by the Chairperson of the Second Open Member States Meeting on Governance Reform. She welcomed the clustering of recommendations in the report and supported the proposal to submit to the Sixty-ninth World Health Assembly the recommendations on which agreement had been reached; consultations on the remaining recommendations should be held during the intersessional period.

The representative of THAILAND expressed support for the two-track approach, which would allow more time for discussion prior to the Sixty-ninth World Health Assembly.

The representative of NAMIBIA said that future work on governance reform should be more inclusive and involve Member States and all three levels of the Organization. He agreed that there was a need for an open consultative process.

The representative of the RUSSIAN FEDERATION expressed support for the two-track approach and expressed interest in participating in the drafting group.

The representative of BRAZIL said that further discussions were required before the report could be approved. A consultative process would help Member States reach consensus. Given the direct impact of governance reform on all the regions, regional consultations would ensure a transparent and inclusive process.

The representative of the UNITED STATES OF AMERICA expressed support for the proposal by the Chairperson of the Second Open Member States Meeting on Governance Reform, which provided a good starting-point for further discussions on governance reform. The time available to the Board should be used to agree collectively on the next steps to be taken, which should start immediately after the current session. He noted, however, that some delegations might find it difficult to participate in a drafting group during the current session of the Board.

The representative of EGYPT, speaking on behalf of the Eastern Mediterranean Region, said that the proposal by the Chairperson of the Second Open Member States Meeting on Governance Reform offered a practical and transparent way forward that would allow regional offices to participate in discussions directly related to their work. It would not be feasible to establish a drafting group during the current session of the Board, due to fundamental disagreements between Member States.

The representative of the REPUBLIC OF KOREA endorsed the forward-looking planning schedule. Member States' access to governing body meetings and documents should be increased through the use of information and communication technology although further action was needed to improve access to such technology in some countries. The relationship between headquarters and the regional offices should be strengthened through improved communication. She therefore supported the proposal by the Programme, Budget and Administration Committee to establish an inclusive Member States process that would allow time for the regional committees to consider the recommendations.

The representative of SAUDI ARABIA said that the recommendations thus far produced must be further deliberated and agreed on by an open-ended working group. A distinction must be drawn between recommendations requiring additional consultations and recommendations on which initial agreement had been reached. Furthermore, the regional committees must be given time to consider and discuss all recommendations that would have a direct impact on their roles and responsibilities.

The representative of the PHILIPPINES supported the suggestion to establish an intersessional working group, in order to make best use of the time available during the Board and with a view to adopting the recommendations at the Sixty-ninth World Health Assembly.

The representative of FRANCE said that it was important to speed up work on governance reform and for the Board to lead in that regard with a clear decision. He expressed support for the two-track approach.

The representative of COLOMBIA¹ said that governance reform must be considered in the light of the specific challenges faced by each region and must take into account the prerogative of States in decision-making. The report by the Chairperson of the Second Open Member States Meeting on Governance Reform could form the basis for future negotiations, through an open and inclusive process that involved regional committees where appropriate. The appendices should be considered as consultative documents, rather than as part of the recommendations.

The representative of MONACO¹ said that it was regrettable that the proposals to strengthen the link between the Director-General and regional directors had not received more support. She was in favour of the two-track approach, which would facilitate progress towards consensus and the submission of an agreement at the Sixty-ninth World Health Assembly. Governance reform should not be postponed until 2017 or referred to the regional committees.

The representative of NORWAY¹ said that he supported the two-track approach and noted that convening a drafting group during the current session of the Board was no less inclusive than holding an intersessional Member States consultation. It was important to fulfil the mandate on governance reform by the specified deadline of the Sixty-ninth World Health Assembly.

The representative of SWITZERLAND¹ said that the process should be finalized in 2016. She saw no value in delaying governance reform further or in increasing the number of regional consultations. It was important to ensure that the process did not become part of the problem. Switzerland stood ready to participate in intersessional work on the recommendations.

The representative of AUSTRALIA¹ said that the inclusive Member States process had generated a large number of proposals but it had not accelerated decision-making. The Executive Board was responsible for governance reform and should make decisions on any recommendations that could be agreed on at the current stage, while any text developed by a drafting group would need to be submitted to the Board for approval. He did not support informal processes, since they were not inclusive for delegations that lacked adequate representation or resources in Geneva and the perspectives of persons based in the capitals were important for aligning governance at all three levels of the Organization. The Secretariat should be more involved in governance reform, as many proposals required careful drafting and detailed knowledge of the existing rules and procedures across the governing bodies.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of ECUADOR,¹ noting that all the recommendations required further discussion, supported the proposals made by the Chairperson of the Second Open Member States Meeting on Governance Reform. The Board should establish the process to be followed and Member States should be involved in discussions.

The representative of ESTONIA¹ noted that, as many of the recommendations enjoyed broad support among Member States, they should be finalized as decisions for submission to the Sixty-ninth World Health Assembly.

The CHAIRMAN said that there appeared to be no consensus on the proposal to establish a drafting group during the current session, or on the proposal to submit the recommendations on which agreement had already been reached to the Sixty-ninth World Health Assembly; however, there did appear to be a consensus on the proposal to establish an open-ended working group to reach agreement on the recommendations during the intersessional period, including those that might benefit from regional consultations, and report to the Sixty-ninth World Health Assembly.

The representative of FRANCE asked which matters would be addressed by the intersessional working group. He cautioned that referring the full set of proposals to that group might make it difficult to achieve consensus before the Sixty-ninth World Health Assembly.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND asked how the Board would set an agenda for the intersessional working group.

The representative of MALTA recalled that the Programme, Budget and Administration Committee had proposed the creation of a drafting group in order to ensure that commonly agreed matters could be incorporated into a decision for adoption by the Sixty-ninth World Health Assembly. The drafting group would also create an agenda of items that needed attention in the intersessional period.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in her capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, said that the mandate of the group to which reference had been made in the first part of the Committee's proposal should be to seek consensus on a process for moving forward; therefore, it should be considered as a working group rather than a drafting group.

The representative of the UNITED STATES OF AMERICA, supported by the representatives of SOUTH AFRICA, NAMIBIA, FRANCE, CANADA, NEPAL, ZIMBABWE¹ and PAKISTAN, said that no consensus had been reached on the proposal to create a group that would meet during the current session to discuss the content of the recommendations. The group should simply define a procedure for moving forward, including the various steps of the intersessional process and the agenda of the intersessional working group.

The representative of NEW ZEALAND endorsed the proposal to create a working group during the session to determine on which matters agreement had been reached and which required further discussion, and pointed out that no working group could be totally inclusive. The Second Open Member States Meeting had not been entirely inclusive, since smaller countries had been unable to take part in the process.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of BRAZIL agreed that the working group to be convened during the session should clarify which items were ready to adopt and which needed further discussion.

The representative of EGYPT said that no consensus had been reached during the discussions of the Second Open Member States Meeting and therefore all of the proposals should be referred to an open-ended intersessional working group: a piecemeal approach would not suffice.

The representative of MEXICO¹ said that setting up a working group during the session in addition to an intersessional group represented a good compromise between the proposal put forward by the Programme, Budget and Administration Committee and that put forward by the Chairperson of the Second Open Member States Meeting on Governance Reform. However, the discussions of the working group convened during the session must not stray into substantive issues.

The representative of ALGERIA¹ said that the working group should be open-ended and should have a clear mandate, with deadlines, to ensure that it achieved a result.

The DIRECTOR-GENERAL, recalling that the mandate of the Member State consultative process on governance reform had ended, said that the Executive Board could either decide to convene an open-ended working group during the current session to make a proposal to the Board concerning the process to be followed during the intersessional period; or it could leave the decision on process to the intergovernmental open-ended working group that would meet during the intersessional period. The Secretariat stood willing, as always, to lend its support to Member States.

The CHAIRMAN said that there appeared to be consensus on the creation of an open-ended intergovernmental working group that would meet as soon as possible after the current session and submit its recommendations to the Sixty-ninth World Health Assembly. In addition, there seemed to be consensus on the establishment of a working group that would meet during the current session to outline the process to be followed by the intergovernmental working group, which would report back to the Board later in the session so that the Board could agree on the process.

The representative of NAMIBIA said that he was in favour of the proposal to convene a working group during the session in order to establish a way forward.

The representative of NEW ZEALAND said that the mandate of the working group convened during the session should not be limited to matters of process; the group should also decide which of the recommendations of the Second Open Member States Meeting on Governance Reform were ready to be submitted to the Health Assembly and which required further deliberation.

The CHAIRMAN, noting that consensus was clearly lacking on matters of substance, said that the issue at hand was whether Board members would agree to the creation of a working group during the current session that would set out a process for moving forward.

The representative of BRAZIL said that he endorsed that proposal.

The representative of EGYPT urged the Board to consider extending the timeline for the intersessional working group until the Seventieth World Health Assembly, in line with the proposal made by the Chairperson of the Second Open Member States Meeting on Governance Reform. He asked for clarification on the need to convene a drafting group during the current session, in addition to an intersessional working group.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The CHAIRMAN recalled that the Programme, Budget and Administration Committee had submitted a recommendation to the Board to convene a drafting group. Given that most Board members wanted the group to discuss issues of process but not issues of content, it had been proposed that the group should be referred to as a working group.

The representative of EGYPT said that he could support the establishment of a working group during the session, provided that it did not discuss matters of substance or make decisions on the recommendations.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that he fully supported the proposal as summarized by the Chairman and emphasized that the open-ended working group that would meet after the current session should report to the Health Assembly in 2016 and not in 2017.

The representative of the UNITED STATES OF AMERICA said that she supported the view that the intersessional group should submit its proposals to the Sixty-ninth World Health Assembly, which could then decide which issues to postpone for another year.

The representative of the RUSSIAN FEDERATION said that, in order to prevent confusion, the group that would meet during the current session could be referred to as a “small working group” and the open-ended group could be referred to as an “intergovernmental meeting”. The former would develop proposals on process and on the mandate of the latter, which would meet before the Sixty-ninth World Health Assembly.

The representative of MALTA, supported by the representative of FRANCE, agreed with the time frame proposed by the representative of the United States of America.

The representative of EGYPT said that, in view of the fact that most Member States wanted the issue to be concluded by the Sixty-ninth World Health Assembly, he would align himself with that position.

The representative of ALGERIA,¹ highlighting the need for inclusiveness, said that the working group on process should meet after the Executive Board session, in order to allow smaller delegations to participate.

The LEGAL COUNSEL explained that working groups established by the Executive Board were open to all interested delegations, whether Board members or not, to foster a climate of inclusivity. Efforts would be made to hold the meeting at a mutually convenient time.

The representative of PANAMA¹ asked who would chair the working group that was to be convened during the session.

The DIRECTOR (Governing Bodies and External Relations) said that consultations on a possible chair would be held with the regional coordinators and that all Member States would be informed of when and where the working group would meet. The chair of the working group would report back to the Executive Board later in the session.

The CHAIRMAN took it that the Executive Board wished to establish a working group during the session to discuss the process to be followed by the intergovernmental meeting that would be

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

convened during the intersessional period. That working group would be invited to report back to the Executive Board. Accordingly, she took it that the Executive Board wished to suspend item 5.4 of the agenda, pending the meeting of the working group and the delivery of its report.

It was so agreed.

(For adoption of a decision, see the summary record of the eighth meeting, section 1.)

Framework of engagement with non-State actors: Item 5.3 of the agenda (document EB138/7)

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in her capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, said that, having considered the report by the Director-General contained in document EB138/7 and having heard and discussed a proposal made by the Chair of the Open-ended Intergovernmental Meeting on the draft framework of engagement with non-State actors, the Committee wished to recommend that the Executive Board should endorse the request of the Intergovernmental Meeting to extend its mandate so that it could resume its work for a final session inform 25 to 27 April 2016 in order to finalize the draft framework and its accompanying resolution for submission, through the Programme Budget and Administrative Committee, to the Sixty-ninth World Health Assembly. The Committee also recommended that the Executive Board should request the Secretariat to present an objective and balanced report on the implications for WHO of the implementation of the framework, well in advance of the final session of the Intergovernmental Meeting.

The representative of ARGENTINA, speaking in his capacity as Chair of the Open-ended Intergovernmental Meeting on the draft framework of engagement with non-State actors, said that participants in the Intergovernmental Meeting had worked in a constructive spirit, in a combination of formal and informal meetings, with a view to reaching consensus on the draft framework. While consensus had indeed been reached on many issues, it was yet to be reached in respect of 15 paragraphs. Given the complexity of the issue at hand, the Intergovernmental Meeting called on the Executive Board to extend its mandate to allow for a further session in April 2016, in order to finalize the draft framework.

The representative of EGYPT, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that finalizing the draft framework would be a significant step forward in the WHO reform process. Consultations had focused on the need to protect the Organization against any form of undue influence that might compromise its constitutional mandate and to ensure the integrity and sustainability of its public health functions. Despite the progress made, outstanding issues remained, one of which was engagement with non-State actors in situations of emergency. The question of secondment must also be considered further. In that regard, WHO required a comprehensive policy on conflicts of interest. Noting the call to discuss the modalities of implementing the framework, he said that such discussions would be premature, given that the framework had not yet been finalized. A periodic review procedure had already been agreed on, to allow the framework to be revised in the future, through the Programme Budget and Administration Committee of the Executive Board, if necessary.

The representative of the DOMINICAN REPUBLIC, speaking on behalf of the Member States of the Region of the Americas, welcomed the progress made in drafting the framework of engagement with non-State actors. Engagement with non-State actors should be enhanced in order to manage conflicts of interest and other associated risks. Recognizing the Pan-American Health Organization's distinct legal and constitutional status, he said that the Region of the Americas would implement the framework through a decision of its Directing Council, after the adoption of the framework by the Health Assembly. The entry into effect of the framework was relevant to all WHO regions and it

would be implemented fully in the Americas. The Region stood ready to work towards the successful completion of the drafting process and the full implementation of the framework.

The representative of MALTA, speaking on behalf of the European Union and its Member States said that, in line with WHO reform and the multistakeholder approach enshrined in the 2030 Agenda for Sustainable Development, it was essential that WHO should engage actively with all partners for the promotion of health. In order to conclude the negotiations on outstanding complex elements of the draft framework of engagement, he agreed that it would be necessary to extend the mandate of the Intergovernmental Meeting. He expressed concern about the broader impact of implementing the framework, in particular the practical and financial implications of its implementation for the Organization, and agreed that a detailed report on those implications should be drafted in time for the additional session of the Intergovernmental Meeting.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, said that as the framework should be ready for endorsement by the Sixty-ninth World Health Assembly, the mandate of the Intergovernmental Meeting should be extended. The African Region did not, however, support the proposal to request the Secretariat to present a report on the implications of implementation before the content of the framework had been finalized. Such a report might hinder the drafting process, since it could lead to the reopening of discussion on previously agreed paragraphs.

The representative of SAUDI ARABIA, underscoring the incontrovertible nature of engagement with non-State actors, advocated greater engagement with charitable organizations at the national and regional levels and with government institutions generally. Bearing in mind the enormous economic and legal complexities of the framework, however, it was vital to discuss the varying effects of such engagement and to respond to fears concerning potential conflicts of interest and the growing influence of non-State actors in the WHO context. The guarantee of oversight and control by Member States and regional committees in the event of conflict was an equally crucial topic for discussion, as was the mechanism for disengagement. He therefore called for continuing consultation and for extension of the mandate of the Intergovernmental Meeting with a view to reaching a consensus, before the next Health Assembly, on a balanced framework that would preserve the independence of WHO decision-making and maximize the effectiveness of engagement with non-State actors.

The representative of NAMIBIA agreed that the presentation of a report on implications could be detrimental at the current stage. The paragraphs already agreed on should not be subject to further discussion. The Intergovernmental Meeting should, however, be granted a further session to finalize the pending points in the draft framework.

The representatives of ALBANIA and the PHILIPPINES concurred that further consensus could be reached by extending the mandate of the Intergovernmental Meeting.

The representative of CHINA said that she agreed that the Intergovernmental Meeting should be granted a further session in order to hold substantive discussions on the outstanding issues. A report on the implications of the framework's implementation should be drafted, since it would provide essential information for costing and planning.

The representative of the RUSSIAN FEDERATION said that the text currently in square brackets in the draft resolution also required further discussion. It was essential that draft framework and the resolution should be considered by the Sixty-ninth World Health Assembly.

The representative of the UNITED STATES OF AMERICA said that her delegation supported both of the recommendations made by the Programme, Budget and Administration Committee. The focus of the work on the framework should be to enhance the ability of WHO to engage with non-

State actors in the field of public health. The emphasis on global partnership was key to several major international processes, in particular the 2030 Agenda for Sustainable Development.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA said that his delegation appreciated the comprehensive consultative process through which the framework had been drafted. Further discussions would ensure that the concerns of all Member States were taken fully into account. Any Member States that had raised concerns had done so for the benefit of the Organization.

The representative of FRANCE supported the two proposals made by the Programme, Budget and Administration Committee. The ongoing negotiations on the draft framework would determine the future of WHO and it was essential to reach a solution before the Sixty-ninth World Health Assembly. The proposed report on the implications of the implementation of the framework would not, as some delegates appeared to fear, limit Member States' power in the forthcoming negotiations, but would provide additional clarity as the plan went ahead.

The representative of BRAZIL said that the framework of engagement with non-State actors must contain an explicit ban on secondments, which necessarily constituted conflicts of interest. His delegation supported the proposals in the draft resolution for periodic reporting on the framework's implementation and a review process, and endorsed the Programme, Budget and Administration Committee's proposal for a meeting of the Intergovernmental Meeting in April 2016. Brazil would undertake to ensure the adoption of the framework at the regional level.

The representative of SWEDEN, speaking also on behalf of Denmark, Estonia, Finland, Latvia and Lithuania, said that WHO needed partnerships in order to deliver on its mandate; a strong framework for engagement with non-State actors was necessary for the benefit of global health. However, it must be transparent and not jeopardize WHO's integrity or reputation. She supported the Committee's recommendation concerning an additional meeting in April 2016 to finalize the draft text in order to ensure that closure was reached at the Sixty-ninth World Health Assembly. The feasibility of the framework must be ensured with regard to its consequences for WHO's work in emergencies, its practical and resource implications for the Organization and its uniform applicability to all six regions. She also supported the request for a report on the draft framework's implications, which should include the regional offices' views and should be made available well before the April meeting.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that a transparent framework was essential to allow the Organization to play a full role in global health, but that some complex issues remained to be ironed out before it could be agreed on. It would be vital to have a formal paper detailing the practical and financial implications of implementing the framework for all the major offices and therefore her delegation supported both of the recommendations put forward by the Committee.

The representative of NEW ZEALAND supported both of the Committee's recommendations, emphasizing that without an assessment of the practical and resource implications of the draft framework, many Member States might not be able to support the final document at the Health Assembly.

The representative of THAILAND, highlighting the fact that many important issues remained to be agreed on, expressed support for the proposed April 2016 meeting of the Intergovernmental Meeting.

The representative of INDIA¹ said that production of a report on financial and practical implications might unnecessarily complicate the process of achieving consensus. The additional meeting in April 2016 would provide the opportunity for States parties to negotiate on those parts of the text that remained controversial. Given the existence of broad agreement on the principles to be obeyed, it should be possible to reach consensus.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ supported the Committee's proposal to hold an additional meeting in April 2016. Any engagement with non-State actors must clearly benefit public health, and not compromise the scientific, evidence-based approach which underpinned WHO's work, or the Organization's integrity, independence, credibility or reputation.

The representative of MONACO¹ said that it was imperative to establish a framework of engagement with non-State actors, and expressed support for both elements of the proposal made by the Committee.

The representative of NORWAY¹ said that the most important unresolved issue remained the so-called emergency clause. In addition, the resource implications of the proposed framework, including financing and additional workload for staff and time-consuming procedures, must be made explicit. The paper on implications should build on information from the regional offices, and be distributed well ahead of April 2016 so that it could inform the negotiations. It was essential that the new system's costs did not outweigh its benefits and any adjustments that might be required could not be left until the last minute. His delegation would not support the draft framework unless the implications were clearly defined. Furthermore, the framework must be implemented in a standardized manner across the regions. His delegation was prepared to work with PAHO members to address the implementation challenges that would be faced by PAHO. The framework must be implemented in the same way at all three levels, with a single register containing all relevant information on engagements and with the Director-General as final arbiter in cases of disagreement. Otherwise, cross-regional harmonization of engagement practices and the full accountability of the Director-General would not be achievable.

The representative of AUSTRALIA¹ expressed strong support for both of the Committee's recommendations. The report on the draft framework's implications should include input from each regional office and from country offices. A plain reading of the text left concerns about the system's workability, including for the Regional Office for the Western Pacific and for the Region's country offices, some of which were very small, with limited resources but extensive responsibilities. His delegation remained committed to agreeing on a balanced framework that enhanced WHO's engagement with non-State actors and enabled it to continue to mobilize the world's best expertise, by the Sixty-ninth World Health Assembly.

The representative of GERMANY¹ welcomed both of the Committee's recommendations. The regional offices' views should be included in the report on implications; as PAHO had highlighted, the framework could have unintended consequences for WHO's regional work. To fulfil its constitutional mandate, WHO must engage with all global health actors while retaining its reputation and independence. However, the draft framework had to be practicable; it must not be so rigid and complex as to deter country offices and prevent WHO from engaging with non-State actors; it must not hinder WHO's day-to-day work, especially its work on substandard/spurious/falsely-labelled/falsified/counterfeit medical products, pandemic influenza preparedness and the Standard Material Transfer Agreements; it must not impede WHO's work in emergencies in any way; and it

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

must be implemented coherently in all regions, without double standards. The proposed extra negotiations would enable consensus to be reached very soon.

The representative of SWITZERLAND¹ said that the framework would determine WHO's relevance in the twenty-first century. It should enable WHO to interact with non-State actors while managing the risks inherent in such engagement. It was important that the framework did not, through over-regulation, create a barrier to engagement and that it should reinforce WHO's role in health and humanitarian emergencies. The framework should not absorb disproportionate resources – in that connection, the Secretariat should prepare the implications paper that had been agreed on at the previous Health Assembly; and it should be applied uniformly across all regions.

The representative of GHANA¹ emphasized the need to remain focused on transparency and on preventing conflicts of interest as discussions proceeded. His delegation strongly supported the proposed extension of the mandate of the Intergovernmental Meeting.

The representative of COLOMBIA¹ said that she supported the proposed extension of the mandate of the Intergovernmental Meeting. If there was a consensus to request an implications document from the Secretariat, the document should consider the implementation of the framework at all levels; it should be balanced; and it should reflect the primary purpose of the framework, which was to provide a clear policy that would protect WHO's smooth functioning, integrity and reputation, and those of its programmes.

The representative of MEXICO¹ expressed support for the two recommendations put forward by the Programme, Budget and Administration Committee.

The representative of ZAMBIA¹ endorsed the proposal to extend the mandate of the Intergovernmental Meeting. However, the Secretariat had made the implications of the draft framework clear at each stage of the negotiation process, and therefore a report on its implications, containing concrete examples, would be more useful at the end of negotiations. Such a report should not lead to the reopening of negotiations on previously agreed upon points.

The meeting rose at 17:30.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

FIFTH MEETING

Wednesday, 27 January 2016, at 09:10

Chairman: Ms M.P. MATSOSO (South Africa)

1. WHO REFORM: Item 5 of the agenda (continued)

Framework of engagement with non-State actors: Item 5.3 of the agenda (document EB138/7) (continued)

The representative of the INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS, speaking at the invitation of the CHAIRMAN, stressed the importance of the proposed conflict of interest policy, particularly in terms of the proposed accreditation process for nongovernmental organizations. Nevertheless, the current wording of paragraph 64*bis* (f) of the draft framework posed significant difficulties for membership organizations, the majority of which did not have the capacity to carry out systematic and in-depth investigations of all members, although such a provision might be appropriate for the board of management and focal point levels of the organization concerned. WHO should consult further on the matter and include nongovernmental organizations in those discussions.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN and also on behalf of the World Medical Association, Inc., International Council of Nurses, FDI World Dental Federation and World Confederation for Physical Therapy, said that the requirement proposed in paragraph 64*bis* (f) of the draft framework would likely lead to a significantly increased workload, or force nongovernmental organizations to exclude large numbers of members who were, for example, active researchers or academics with some links to the private sector. Individual members of a nongovernmental organization were unlikely to have any interaction with WHO.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, expressed concern that the ongoing lack of clarity on WHO engagement with non-State actors continued to constrain the activities of the Organization, in particular with regard to the global coordination mechanism on the prevention and control of noncommunicable diseases. In the light of the need for the framework of engagement to allow WHO to engage effectively in partnerships while protecting its policies, norms and standards from harmful influence, she stressed the importance of retaining paragraph 44*bis* of the draft resolution. She encouraged the Open-ended Intergovernmental Meeting on the draft framework of engagement to resume and conclude its work as quickly as possible so that the draft framework could be adopted by the Sixty-ninth World Health Assembly and a register of non-State actors could be immediately established.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, expressed concern that the draft framework might open up new channels for undue influence by the corporate and venture philanthropy sectors, particularly as a result of the principle of inclusiveness. Therefore, before further drafting of the draft framework took place, steps should be taken to evaluate the process and clarify the purpose of the draft framework and review the adequacy and implementation of existing relevant WHO policies. A comprehensive and effective conflict of interest policy was needed, together with an assessment of the legitimacy and impact of corporate funding on WHO's constitutional mandate and functions.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, expressed concern at the lack of mechanisms within WHO to engage with young people on health issues. Caution should be exercised when engaging with industry, even with the proposed safeguards.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, expressed concern that the current wording of the draft framework could legitimize the influence of private sector interests in the WHO decision-making process. WHO's independence had been compromised by its financial crisis and dependence on tightly earmarked voluntary contributions, which had resulted in influence by donors on the Organization's agenda and misalignment between the priorities identified by the Health Assembly and the expenditures underwritten by donors. She urged Member States to lift the dual freeze on the programme budget and assessed contributions. Expressing concern at the increased use of multistakeholder partnerships in WHO programmes, she stressed that strong safeguards were needed to protect WHO from undue influence by donors and partners. Any conflict of interest policy should include appropriate protection for whistle-blowers. Emergency response should not be used as an excuse to prevent the adoption of a strong framework.

The CHAIRMAN observed that there was overwhelming support for the proposal to extend the mandate of the Open-ended Intergovernmental Meeting, but that a number of unresolved issues remained. She suggested that consideration of the item should be postponed to allow for informal consultations.

It was so agreed.

(For continuation of the discussion and adoption of a decision, see the summary record of the thirteenth meeting, section 1.)

2. PROMOTING HEALTH THROUGH THE LIFE COURSE: Item 7 of the agenda

Monitoring of the achievement of the health-related Millennium Development Goals: Item 7.1 of the agenda (document EB138/13)

Health in the 2030 Agenda for Sustainable Development: Item 7.2 of the agenda (document EB138/14)

The CHAIRMAN recalled that the Board had agreed to take up items 7.1 and 7.2 together. She drew attention to a draft resolution under agenda item 7.2, proposed by Japan, Panama, South Africa, Thailand, United States of America, Zambia and Zimbabwe, which read:

The Executive Board,
Having considered the report on health in the 2030 Agenda for Sustainable Development,¹

RECOMMENDS to the Sixty-ninth World Health Assembly the adoption of the following resolution:

¹ Document EB138/14.

The Sixty-ninth World Health Assembly,

(PP1) Reaffirming WHO's Constitution, which states 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;

(PP2) Reaffirming also United Nations General Assembly resolution 70/1 (2015), in which the General Assembly adopted the outcome document of the United Nations summit for the adoption of the post-2015 development agenda: Transforming our world: the 2030 Agenda for Sustainable Development, recognizing that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development and envisaging a world free of poverty, hunger, disease and want, a world of universal respect for human rights and human dignity that includes equitable and universal access to health care and social protection, and where physical, mental and social well-being are assured;

(PP3) Recognizing the significant achievements of the Millennium Development Goals in galvanizing collective action at global level for better health outcomes, in particular in meeting global targets for HIV, tuberculosis, and malaria and in reducing child mortality by 53% and maternal mortality by 44%, reductions which are cause for celebration, despite being short of the targets of the Goals;

(PP4) Recalling resolutions WHA66.11 (2013) and WHA67.14 (2014) on health in the post-2015 development agenda, and other relevant resolutions, which point to the importance of health in meeting broader sustainable development goals and the need for accelerated progress toward the unfinished business of the Millennium Development Goals;

(PP5) Recognizing the importance of the numerous WHO strategies and action plans relating to health, health systems, and public health as useful tools in taking forward the work on the 2030 Agenda for Sustainable Development, and stressing that the Organization's support to countries in implementing these strategies should be provided in a coherent way, aligned to national needs, contexts and priorities, and in efficient coordination with other UN agencies;

(PP6) Recognizing also the opportunity provided by the 2030 Agenda for Sustainable Development for adopting a more integrated and multisectoral approach to health that acknowledges health systems as a coherent entity of functions and services rather than a series of discrete disease- or subject-specific initiatives and that works through collaborative multi-stakeholder partnerships including engagement with and involvement of civil society;

(PP7) Recognizing further that health systems strengthening, including an adequately skilled and motivated health workforce, underpins sustainable progress towards Universal Health Coverage, defined as universal access to quality promotion, prevention, treatment, rehabilitation and palliation services and financial risk protection, and attaining the Sustainable Development Goals;

(PP8) Recalling resolution EBSS3.R1 (2015) on Ebola, in which the Executive Board recognized the urgency for all countries of having strong, resilient and integrated health systems capable of fully implementing the International Health Regulations (2005), and of having the capacity for health-related emergency preparedness and progress towards universal health coverage that promotes universal, equitable access to health services and ensures affordable, good-quality service delivery;

(PP9) Noting the need to strengthen linkages between health, development and humanitarian work, and underscoring the need for increased convergence between these sectors for achievement of the goals of the 2030 Agenda for Sustainable Development;

(PP10) Recognizing the importance of strengthening health systems and building capacities for broad public health measures, health protection and work to tackle determinants of health in support of universal health coverage;

(PP11) Recognizing also the importance in this regard of a coordinated transition of Global Polio Eradication Initiative/WHO assets, resources and infrastructure towards strengthening national health systems, health-related emergency preparedness and broader health initiatives;

(PP12) Emphasizing the need for community engagement to focus attention on more rational and preventive integration into functional health systems aligned with country objectives and actions, and recognizing community health workers as key players to extend and deliver basic health services directly to communities to achieve the Sustainable Development Goals, and to achieve universal health coverage;

Goals

(PP13) Reaffirming that the goals and targets of the 2030 Agenda for Sustainable Development are integrated and indivisible, global in nature and universally applicable, taking into account different national realities, capacities and levels of development and respecting national policies and priorities;

(PP14) Welcoming Goal 3 of the 2030 Agenda for Sustainable Development “Ensure healthy lives and promote well-being for all at all ages”, which requires a life course approach including healthy aging, and emphasizing the importance of health system strengthening as it is critical to the achievement of all targets, including the achievement of Universal Health Coverage, which increases equity and coherence and reduces fragmentation in the health sector, and takes forward the work of the unfinished agenda of the Millennium Development Goals;

(PP15) Reaffirming also the specific commitments to promote physical, mental and social health and well-being, and to extend healthy life expectancy for all, contained in the 2030 Agenda for Sustainable Development including: achievement of universal health coverage and access to quality health care; ensuring that no one is left behind; acceleration of the progress made to date in reducing newborn, child and maternal mortality by ending all such preventable deaths before 2030; universal access to sexual and reproductive health-care services, including for family planning, information and education; ending the epidemics of HIV, TB and Malaria as well as acceleration of the fight against hepatitis, Ebola and other communicable diseases and epidemics, including by addressing growing antimicrobial resistance and the problem of unattended diseases affecting developing countries; and prevention and treatment of noncommunicable diseases, including behavioural, developmental and neurological disorders, which constitute a major challenge for sustainable development;

(PP16) Asserting that health is not just an end in itself, but is a means for reaching other targets of the goals and targets of the 2030 Agenda for Sustainable Development, and noting that investments in health contribute to economic growth, stronger human capital and labour productivity, and also acknowledging the reciprocal benefits between the attainment of the health goal and the achievement of all other goals, in particular the following goals: Goal 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture); Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all); Goal 5 (Achieve gender equality and empower all women and girls); Goal 6 (Ensure availability and sustainable management of water and sanitation for all); Goal 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all); Goal 10 (Reduce inequality within and among countries); Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable); Goal 13 (Take urgent action to combat climate change and its impacts); Goal 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels);

(PP17) Reaffirming the global strategy and plan of action on public health, innovation and intellectual property, as an important tool for achieving access to essential medicines under universal health coverage, one of the most important targets of the 2030 Agenda for Sustainable Development;

Means of implementation

(PP18) Recognizing also that this agenda, including the Sustainable Development Goals, can be met within the framework of a revitalized global partnership for sustainable development, supported by the concrete policies and actions outlined in the Addis Ababa Action Agenda, including its Technology Facilitation Mechanism, which is an integral part of the 2030 Agenda for Sustainable Development;

(PP 19) Reiterating that the goals and targets of the 2030 Agenda for Sustainable Development, including the means of implementation are universal, indivisible and interlinked and also reaffirming targets 3a, 3b, 3c, and 3d as critical enablers to the achievement of the health goal and for sustainable development;

Follow up and review

(PP20) Recalling paragraph 48 of UNGA Resolution 70/1 of 25 September 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development,” which provides for indicators to be developed to assist governments in their follow-up and review on the Goals and targets, including the means of implementation, and affirming the health sector’s commitment to contribute to and support that process, in particular the commitment to strengthen statistical capacities in developing countries,

(OP) 1. URGES Member States:¹

- (1) to scale up comprehensive action at the national, regional and global levels, to achieve the goals and targets of the 2030 Agenda for Sustainable Development relating to health by 2030;
- (2) to prioritize health systems strengthening, including ensuring an adequately skilled and motivated health workforce, in order to achieve or consolidate universal health coverage, defined as universal access to quality promotion, prevention, treatment, rehabilitation and palliation services and financial risk protection for all as fundamental to the achievement of the 2030 Agenda for Sustainable Development, as appropriate, through comprehensive national plans;
- (3) to emphasize the need for action across and within all government sectors to tackle social, environmental and economic determinants of health, to reduce health inequities and contribute to sustainable development, including “health in all policies” as appropriate and for collaborative multi-stakeholder partnerships, bringing together governments, civil society, the private sector, the UN system and other actors;
- (4) to appropriately prioritize investments in health within the revitalized Global Partnership for Sustainable Development, and within national and subnational partnerships, recognizing and in accordance with the broad multisectoral impact that health investments can have on economies and communities;
- (5) to strengthen research and development for innovation in the development of new technologies and tools, including vaccines and medicines for communicable and noncommunicable diseases, and promote their affordable access including

¹ And, where applicable, regional economic integration organizations.

through effective delivery systems for achievement of health-related aspects of the 2030 Agenda for Sustainable Development;

(6) to strengthen the linkages between veterinary, medical and environmental communities with a special attention to emerging and re-emerging diseases, along with the emergence of antimicrobial resistant pathogens in a way that enables strengthened and improved surveillance, research, preventive measures and training to ensure or to build capacities to address these threats;

(7) to develop, on the basis of existing mechanisms wherever possible, high-quality, inclusive, transparent national processes, consistent with national policies, plans and priorities, for annual monitoring and review of progress towards the health-related goals and targets of the 2030 Agenda for Sustainable Development, which should form the basis for global and regional progress assessment;

(OP) 2. REQUESTS the Director-General:

(1) to promote a multisectoral approach and the active engagement of WHO at all levels to coordinated implementation of the goals of the 2030 Agenda for Sustainable Development with regard to health, pursuant to the principle that the goals of the 2030 Agenda for Sustainable Development are integrated and indivisible, including through alignment and improved collaboration across WHO programmes, and in the context of UN system-wide strategic planning implementation and reporting in order to ensure coherent and integrated support to implementation by the UN development system;

(2) to take a proactive role in shaping the architecture for global health, including strengthening of the International Health Regulations (2005), and the development of global public goods, and in collaboration with Member States, to develop a long-term plan including a prioritization, for maximizing the effectiveness of WHO at all levels toward the achievement of the health-related aspects of the 2030 Agenda for Sustainable Development;

(3) to take steps to ensure that needed capacities and resources, at all levels of the Organization, are developed and maintained for the successful achievement of the goals of the 2030 Agenda for Sustainable Development, particularly to support comprehensive and integrated national plans for health as part of implementation of the goals of the 2030 Agenda for Sustainable Development, recognizing that needed competencies include the ability to work with multiple sectors, responding to a broader set of health priorities, promotion and technical support necessary for the achievement of universal health coverage, support work on metrics and data analytics, and implementation support to an integrated humanitarian and development assistance agenda in conflicts and in fragile countries;

(4) to support Member States in strengthening research and development for innovation in the development of new technologies and tools as well as their economic evaluation and delivery systems, paying special attention to the health research and development needs of developing countries, building on relevant strategies, action plans and programmes, in particular the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property and promotion of north–south, south–south and triangular cooperation, for achievement of the health-related aspects of the 2030 Agenda for Sustainable Development, in particular for vaccines and medicines for communicable and noncommunicable diseases and promoting their access;

(5) to work with partners to provide an annual analysis of global and regional health and health related situations and trends, presented to the World Health Assembly and Regional Committees for consideration, which should include progress on the health goal, the health targets with a focus on universal health coverage and health system strengthening, and related targets in other goals of the

2030 Agenda for Sustainable Development, with a special emphasis on equity, and enhance the engagement of non-State actors in their work and ensure that all relevant actors have the opportunity to contribute;¹

(6) to support Member States in developing adequate local capacity to generate, share and use relevant health data, and to set up systems of monitoring and review by providing normative guidance, technical expertise and coordinated action with partners in the Health Data Collaborative;

(7) to begin to integrate relevant goals, indicators and targets of the 2030 Agenda for Sustainable development into the Programme Budget 2016–2017, and to fully align the Programme budget 2018–2019 with the 2030 Agenda for Sustainable Development, while striving to ensure adequate funding for all WHO's mandated tasks;

(8) to report to Member States on a regular basis, at least every two years on global progress towards achieving the relevant goals and targets of the 2030 Agenda for Sustainable Development;

(9) to report on progress in implementing this resolution, including specific measures taken to improve/enhance the leading coordination role of the WHO in international health matters, to the Seventieth World Health Assembly through the Executive Board.

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

Resolution: Health in the 2030 Agenda for Sustainable Development	
A.	Link to the general programme of work and the programme budget
1.	Please indicate to which impact and outcome in the Twelfth General Programme of Work, 2014–2019 and which output in the Programme budget 2016–2017 this draft resolution will contribute if adopted. The resolution will affect all areas of WHO's work, cutting across all Outcomes in the Twelfth General Programme of Work, 2014–2019 and all outputs of the Programme budget 2016–2017.
2.	If there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017, please provide a justification for giving consideration to the draft resolution. Not applicable.
3.	What is the proposed timeline for implementation of this resolution? In line with the 2016–2030 timeline for the Sustainable Development Goals. <i>If the timeline stretches to future programme budgets, please ensure that further information is provided in the costing section.</i>

¹ Pending adoption of FENSA at the Sixty-ninth World Health Assembly.

B. Budgetary implications of implementation of the resolution			
1. Current biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	n/a	n/a	n/a
Regional offices	n/a	n/a	n/a
Headquarters	n/a	n/a	n/a
Total	n/a	n/a	n/a
1(a) Is the estimated budget requirement in respect of implementation of the resolution fully included within the current programme budget? (Yes/No) Yes. The budgetary implications are difficult to assess as yet. The majority of the work will have to be done with the current resources and staffing. All activities will be derived from existing work and investments by adjusting work related to the Millennium Development Goals in the light of the Sustainable Development Goals.			
1(b) Financing implications for the budget in the current biennium: – How much is financed in the current biennium? – What are the gaps? – What action is proposed to close these gaps? WHO will need to align its work priorities with the resolution, which will have implications for all levels of the Organization. Supporting countries will have to shift priorities and strengthen work in key areas such as universal health coverage implementation, intersectoral collaboration and a greater focus on equity. WHO will also play a strong role in monitoring the health-related Sustainable Development Goal. The Sustainable Development Goals will require a review of skillsets at all levels in multiple areas.			
2. Next biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	n/a	n/a	n/a
Regional offices	n/a	n/a	n/a
Headquarters	n/a	n/a	n/a
Total	n/a	n/a	n/a
2(a) Financing implications for the budget in the next biennium: – How much is currently financed in the next biennium? – What are the financing gaps? – What action is proposed to close these gaps? The resolution is general: financing gaps may arise once its implications for WHO's work have been determined.			

The representative of NEPAL, speaking on behalf of the Member States of the South-East Asia Region, noted that, although many countries in the Region were on track to achieve the targets remaining from the Millennium Development Goals, analysis of the available data had highlighted the continued disparities experienced within countries, which required a sustained focus on equity at the subnational level. The broader scope of the Sustainable Development Goals, most of which incorporated a health aspect, required Member States to focus on strengthening their capacity for multisectoral action. Adequate human and financial resources were crucial for the achievement of universal health coverage. Improving access to affordable medicines, vaccinations and diagnostic tools

should continue to be a priority for all Member States and partners. Moreover, the Secretariat should develop its operational capacity at all levels, to enable it to assist Member States to adapt the 2030 Agenda for Sustainable Development to their individual country contexts. Welcoming the efforts to finalize the global indicators for the Sustainable Development Goals, he asked WHO to provide support to replicate those indicators at the regional and country levels. Based on the experience of the Millennium Development Goals, implementation of the Sustainable Development Goals should be monitored primarily using routinely gathered information.

The representative of SOUTH AFRICA, speaking on behalf of the Member States of the African Region, observed that despite significant progress, the Millennium Development Goals remained an unfinished agenda; the Sustainable Development Goals provided an opportunity to complete the agenda in a more comprehensive and integrated manner through intersectoral cooperation, taking advantage of the high-level political commitment to the 2030 Agenda for Sustainable Development to make progress on health-related goals. The Secretariat should endeavour to provide a clear strategy for the way forward, with clear guidance on evidence-based approaches, best practices, tools and monitoring methods. Sufficient capacity and skills would be vital for that work, together with reform of working methods to respond to the new multisectoral environment and adequate financial and human resources for regional and country offices. The Secretariat should also develop a clear implementation, monitoring and evaluation framework for the health-related Goals; the draft resolution under consideration addressed that requirement.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the former Yugoslav Republic of Macedonia, Serbia, Albania, Ukraine, Republic of Moldova and Georgia aligned themselves with his statement. Achieving the 2030 Agenda for Sustainable Development would require integrated, cross-sectoral action. Universal health coverage and strong, resilient health systems at the country level were essential. The Sustainable Development Goals were an opportunity for WHO to prove its leading role in health governance and to engage constructively with relevant sectors at all levels. To do so, it required adequate capacity, resources and structures and a clear plan outlining its priorities for support for Member States. The adoption of a global indicator framework, including quantitative and qualitative indicators and disaggregated data, was the next step. He encouraged the Secretariat to support capacity building for local data gathering, without placing an additional reporting burden on Member States.

The representative of SWEDEN, speaking on behalf of Brazil, Colombia, Denmark, Estonia, Finland, the Netherlands, the United Kingdom of Great Britain and Northern Ireland, and Uruguay, highlighted the importance of global efforts on sexual and reproductive health and rights. It was vital to continue to advocate the right to the physical integrity of all women and men and empower them to protect themselves from sexually transmitted infections, decide for themselves whether they wanted to marry, and decide on the number and spacing of their children. It was also essential to provide comprehensive information about and access to the widest possible range of safe, effective, affordable and acceptable methods of family planning. The 2030 Agenda for Sustainable Development, which contained a number of goals and targets relevant to sexual and reproductive rights and health, constituted a renewed commitment to those aims.

The representative of CHINA noted that the Sustainable Development Goals set higher targets and standards than the Millennium Development Goals and focused on systemic issues such as universal health coverage, basic health care delivery and the public health system. China's experience of the Millennium Development Goals had taught it to make the relevant targets mandatory components of national programmes. As in many countries, China's industrialization and the rapid ageing of its population had resulted in a double burden of infectious and chronic diseases. Achieving the Sustainable Development Goals in those circumstances would require the mobilization of all sectors and society as a whole, North–South dialogue and South–South cooperation.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA said that WHO should be further strengthened so that it could support Member States' efforts to achieve Sustainable Development Goal 3 in terms of health policy-making, advocacy, stronger national health systems and greater resilience. It should play a more active role in that regard and step up cooperation with its partners. His Government was fully committed to achieving the Sustainable Development Goals.

The representative of ARGENTINA, speaking on behalf of the Member States of the Region of the Americas, said that the countries in the Region had made significant progress towards most of the health-related Millennium Development Goals. They welcomed the new and widely recognized synergies between the health and other sectors in the Sustainable Development Goals, as well as the targets relating to the social, economic and environmental determinants of health. Reaching those targets would require clear Health in All Policies and whole-of-government approaches at the national level. The countries in the Region were developing a regional road map for implementation and had organized a subregional workshop in December 2015 on strengthening capacities in respect of the Sustainable Development Goals.

With work on global indicators for the Goals reaching its final stage, she underscored the importance of reliable, transparent and comparable measurement, follow-up and review of achievements, which were key means of identifying gaps, triggering fast-tracking when needed and enhancing advocacy and communication.

The representative of the UNITED STATES OF AMERICA said that WHO's continued leadership on the development of improved standards, implementation guidance and measurement frameworks would be critical to joint efforts to achieve universal access to reproductive, maternal, newborn and child health care, an objective under both the United Nations Secretary-General's Every Woman, Every Child strategy and the Sustainable Development Goals. The cross-cutting and interlinked nature of the Sustainable Development Goals might require WHO to recalibrate the balance between its core functions (which would remain unchanged) and its work at the national, regional and global levels. In 2016, WHO should give priority to establishing meaningful indicators, and work with Member States to collect, validate and use data to improve programming and reach target populations.

The representative of JAPAN applauded the inclusion of universal health coverage as an integral component of the Sustainable Development Goals. In the past, the global health debate had centred on either disease control (the "vertical" programme) or health system strengthening (the "horizontal" approach), but there was now a shared understanding in the international community that those seemingly conflicting priorities in fact went hand in hand.

The representative of THAILAND, noting with satisfaction that the Sustainable Development Goals incorporated all the unmet targets of the Millennium Development Goals and set even more ambitious ones, said that the demand for global health security should not be allowed to overshadow other, bigger challenges, such as achieving universal health coverage. Sustainable Development Goal 3 would be achieved only if health systems were strengthened. Accordingly, he called on WHO to encourage investment in achieving stronger health systems and universal health coverage, rather than in health security. The Sustainable Development Goals should be a standing item on the agendas of the WHO governing bodies.

The representative of EGYPT, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that an in-depth assessment of the various aspects of the Millennium Development Goals would be required. Collective thought should be given to how the 2030 Agenda for Sustainable Development could be applied to avoid or mitigate the disastrous effects of complex emergency and conflict situations on health. Other important cross-cutting issues were health system strengthening, equitable access to good quality health care and a functioning infrastructure, and the social determinants of health. WHO, in coordination with other United Nations agencies and key

development partners, should support national efforts to implement the post-2015 agenda and harness the political commitment and financial support needed to maintain adequate levels of investment in the health-related Sustainable Development Goals.

The representative of KAZAKHSTAN said that his country wished to sponsor the draft resolution. He commended the suggestion that regular high-level meetings should be held at the national, regional and global levels: the events held in the European Region in the previous five years had proven their effectiveness and stimulated the Region's countries to think about new ways to improve health.

The representative of JORDAN said that his country continued to experience difficulties in achieving the goals set for 2015, since its resources and national development plans were adversely affected by its continued hosting of huge numbers of refugees resulting from conflict in neighbouring countries. It looked to WHO to provide additional financial support for the Regional Office for the Eastern Mediterranean and for crisis-affected countries in order to mitigate the disastrous impact of the situation on health and health systems.

The representative of KUWAIT said that an innovative and comprehensive results-based health system was essential for meeting future health needs, taking into account the social determinants of health identified in the 2030 Agenda for Sustainable Development. Adequate national technical capacities would be needed to monitor progress and efforts must be made to strengthen financing and health information systems. The question of progress on the global indicators was raised, and the legitimate concern over accountability. The resulting demand for data, however, might deter support for the process, particularly in countries already over-burdened by existing reporting requirements.

The representative of BRAZIL said that intersectorality was a key element of the 2030 Agenda: progress in one sector affected advances in another. National health information systems should be strengthened and the technical dialogue enhanced with WHO and the regional offices, which summarized the information on the achievement of the targets. It was crucial to ensure that all processes were conducted transparently and to review carefully all available data, in order to avoid mistakes owing to approximations and outdated information.

The representative of CANADA urged WHO to use its convening power to promote coherence at the national, regional and global levels in support of the multisectoral collaboration called for in the 2030 Agenda. He applauded the inclusion of major shifts in health patterns, such as the double burden of disease in developing countries, and of universal health coverage. The latter would require improvements in measurement and accountability, the elimination of persistent inequalities, stronger health systems and steps to address the determinants of health. Canada looked forward to working actively with key partners to maintain the momentum for an integrated approach to maternal, newborn, child and adolescent health, and would host a global consultation in June 2016 in order to foster technical and political consensus on ways of measuring and monitoring action on social determinants.

The representative of the RUSSIAN FEDERATION said that the Sustainable Development Goals and their targets were acceptable and universally applicable. The Russian Federation attached particular importance to the targets for maternal health and the promotion of road safety. The issue of antimicrobial resistance should also be a priority. WHO should cooperate closely with the High-level Political Forum on Sustainable Development, which would monitor progress towards the Goals.

The representative of the DOMINICAN REPUBLIC said that individual and community welfare could be achieved only by addressing the social, environmental and economic determinants of health. To that end, public health actors needed to strengthen their position to influence policy at the national and international levels. Poverty eradication was a key element of the Sustainable Development Goals and national policies were needed to improve income distribution and education

indicators, achieve social justice and end corruption. Financial assistance should not be determined by the country's gross domestic product, but on the basis of the more accurate Human Development Index.

The representative of the PHILIPPINES welcomed the adoption of the Sustainable Development Goals and in particular Goal 16, which recognized the importance of political factors such as peace and security. Health was central to the 2030 Agenda, giving WHO a crucial role and an opportunity to demonstrate its leadership by making the most of partnerships and supporting countries in strengthening their capacities to meet the Goals. She looked forward to the guidance that the global indicator framework would provide.

The representative of NEW ZEALAND said that concerted intersectoral action was important in addressing the wider social, economic and environmental determinants of health and would require active leadership from all stakeholders. The Goals further highlighted the need to accelerate the implementation of the International Health Regulations (2005), within the context of universal health coverage, and the strengthening of resilient and integrated health care systems.

The representative of SURINAME said that the need to shift to an intersectoral approach for better health governance would be an accepted tenet of the new strategy referred to as Caribbean Cooperation in Health, requiring additional human resources and coordinated technical assistance for Member States.

The representative of the REPUBLIC OF KOREA welcomed the adoption of the Sustainable Development Goals, and called on WHO to take a strong leadership role through multisectoral cooperation initiatives with various organizations, such as FAO and IAEA.

The representative of COLOMBIA¹ endorsed the statement made by Sweden with regard to sexual and reproductive health. She agreed that the Sustainable Development Goals called for an end to fragmented working methods, particularly in the area of health. WHO should make it a priority to ensure coordination across its offices, its programmes, and the United Nations system as a whole. It should also make optimal use of financial and non-financial resources. Accountability was an essential element of the process and work should integrate the monitoring requirements that would be established at the High-level Political Forum on Sustainable Development. In its reports, WHO should include an analysis and review of its work and coordination with the United Nations system in relation to the whole 2030 Agenda, and not just Goal 3. The multidimensional nature of the 2030 Agenda highlighted the links between health and other areas of development and enabled the implementation of policies that took such an approach.

The representative of MONACO¹ welcomed the new working methods that the Sustainable Development Goals would usher in across the United Nations system. WHO would have to undergo an in-depth transformation, at both the functional and the cultural levels. Further information was requested from the Secretariat on the actions that it intended to take and on how changes would be integrated into the reforms under way.

The representative of BANGLADESH¹ cautioned against the fragmentation that could result from the implementation of the Sustainable Development Goals, calling for the alignment of national targets to achieve the goal of universal health coverage. WHO, the United Nations and the international community as a whole needed to adopt a new model to steer the 2030 Agenda in the right

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

direction. Countries should also adopt new approaches to development through intrasectoral and intersectoral coordination.

The representative of GERMANY¹ said that implementing the 2030 Agenda for Sustainable Development would require guidance and support from WHO. The target of universal health coverage offered new opportunities for broad and ambitious health agendas in all countries. A precondition for achieving the health-related goals was functioning and effective national health systems. Accordingly, Germany and WHO had launched the global initiative, Healthy System – Healthy Lives, to bring global health actors together in a coordinated, effective and measurable effort to strengthen health systems.

The representative of FINLAND¹ said that WHO's normative guidance and technical support would be essential in achieving Goal 3 and monitoring progress. Achieving universal health coverage required sustainable funding, the pooling of funds and risks through social protection, and access to public health services. Without work to promote and protect health and reduce the disease burden, no country would be able to guarantee the financial sustainability of universal health coverage. Finland had accordingly proposed a resolution on essential public health functions for the consideration of the Executive Board and the World Health Assembly. It was proposed separately to emphasize the centrality of public health functions in WHO's mandate and in achieving Goal 3 and all other health-related Sustainable Development Goals and targets.

The representative of VIET NAM¹ endorsed the strategy on governance and health financing, follow-up and review set out in the report. Implementation of the health-related Sustainable Development Goals required stronger policies to deal with national political commitments concerning consultation and advocacy, and stronger multisectoral collaboration. WHO had a leading role to play in the implementation and review of those Goals and she requested support from WHO and other development partners in order to draw up national targets. Viet Nam wished to cosponsor the draft resolution.

The representative of BELGIUM¹ said that the mutually reinforcing nature of the Sustainable Development Goals was both their greatest strength and a potential weakness, posing a threat of fragmentation and competition to WHO departments. He therefore called on the Secretariat to develop a plan outlining clear priorities that highlighted the Organization's leadership role. He also called on the Secretariat to rethink the way that its departments interacted at the country level, to ensure that they "delivered as one" within the scope of a national health plan, demonstrating the importance of the people-centred and integrated health services strategy.

The representative of MOROCCO¹ said that, in accordance with the recommendations in the Secretariat's report, the Ministry of Health of Morocco had developed an integrated plan to convert the global targets into national ones, and to promote cooperation between government and non-government entities operating in the field of health, and between technical and non-technical partners, including partners in South–South cooperation.

The representative of SUDAN¹ said that the Millennium Development Goals had highlighted the challenge of implementation in conflict situations. The Sustainable Development Goals presented new challenges for health systems, which needed to be open to new partnerships and to working with various stakeholders and sectors. Achieving universal health coverage would require a global and unified approach.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of PANAMA¹ endorsed the statement by South Africa, observing that the Sustainable Development Goals provided an opportunity to address social inequalities due to health-related factors. They also provided an opportunity to drive global economic growth towards promoting social well-being in medium-income countries and protecting the environment. Their implementation required intersectoral coherence, and the strengthening of health systems and of WHO as a whole. Cost-effective interventions should be promoted to reduce the burden of noncommunicable diseases, and optimal use should be made of financial and human resources. Emergency alert systems needed to be established nationally and globally, together with monitoring and evaluation systems for Sustainable Development Goal indicators. None of those Goals could be achieved without the coordinated action of the international community.

The representative of AUSTRALIA¹ welcomed the adoption of the 2030 Agenda for Sustainable Development and of the Addis Ababa Action Agenda of the Third International Conference on Financing for Development. Sources of funding, including from domestic revenue, were critical for funding health systems. Australia acknowledged the specific health challenges faced by the Pacific Island Member States and welcomed the recognition of small island developing States in the 2030 Agenda. WHO should be proactive in helping to shape the 2030 Agenda's follow-up and review process, including at the High-level Political Forum in July 2016. A quality review process would be necessary to achieve the Sustainable Development Goals and cooperation among United Nations bodies would be key. She commended WHO on the progress it had made on developing global indicators related to health and its efforts to refine those indicators over time. She requested further information on how the Secretariat planned to facilitate discussions on priority setting, financing and staffing in relation to the impact of the 2030 Agenda for Sustainable Development on WHO's work.

The representative of UNFPA, referring to the Millennium Development Goals, said that, even though the maternal mortality ratio had been almost halved since 1990, stark inequalities persisted both among and within countries in that regard. Broader structural and root causes needed to be addressed to ensure that women in deprived situations and adolescent girls had access to sexual and reproductive health-related services. To that end, UNFPA was working with WHO to support the national implementation of the Human Rights Council's technical guidance on the application of a human-rights based approach to the implementation of policies and programmes to reduce preventable maternal morbidity and mortality. With regard to the Sustainable Development Goals, UNFPA welcomed the Member States' recognition that universal access to sexual and reproductive health would not be fully achievable if women and girls were not empowered to exercise their reproductive rights, as elaborated in Goal 5. UNFPA had thus supported the development of WHO's guidance on ensuring human rights in the provision of contraceptive information and services, and had itself developed more specific guidance for service providers, which was due to be distributed at the regional and country levels.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES expressed concern about the unfinished agenda of the Millennium Development Goals, in other words the insufficient health gains for people living with the least resources, rather than the eradication of particular diseases. Effective ways had to be found as a matter of urgency to empower and support those most in need. The success of the health-related Sustainable Development Goals required an understanding of inequalities and the channelling of resources and efforts to those most in need.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, emphasized that investment in nursing had potential benefits for many of the Sustainable Development Goal targets – not only those related to health. She supported the commitments made by governments to address the social and environmental determinants of health and called for the use of health indicators, even for the Goals not directly related to health.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that the health-related Sustainable Development Goals represented an opportunity to redress the huge inequalities in health access around the world. To succeed, Member States must make an explicit commitment to universal health coverage, focusing first and foremost on universally-needed quality services such as reproductive, maternal and child health services at primary care level. Such objectives would depend on donors' adherence to their aid effectiveness commitments in national health plans. The 42nd G7 Summit, to be held in Japan in May 2016, could mark an important step towards universal health coverage, with specific commitments being made in that regard. The International Health Partnership and Germany's Health System Strengthening Roadmap could be used to better align and coordinate aid support. It would be helpful if a new partnership could be formed, bringing together all actors to discuss the most effective approaches to universal health coverage and to build political momentum.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, commended Member States for adopting an ambitious and integrated agenda for the Sustainable Development Goals. She encouraged Member States to promote the new 2030 Agenda by prioritizing noncommunicable diseases in regional and national development plans; by earmarking adequate and sustained domestic resources for noncommunicable diseases, in compliance with the Addis Ababa Action Agenda, and potentially through the means suggested in the proposed workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases covering the period 2016–2017; and by promoting synergies between noncommunicable diseases and other health and development priorities. In 2016, there would be outstanding opportunities for synergies with the Global Strategy for Women's, Children's and Adolescent's Health (2016–2030), the UNAIDS Strategy (2016–2021) and the follow-up to the Second International Conference on Nutrition.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that despite the fact that health was specifically mentioned in only one Sustainable Development Goal, it was pivotal to the success of several other Goals. As such, she called on governments to promote a Health in All Policies approach when drafting national policies. Universal health coverage in particular would be instrumental to the reduction of health risk factors but would be possible only by improving the education and working conditions of health care workers.

The ASSISTANT DIRECTOR-GENERAL (Family, Women's and Children's Health) said that it was important to ensure a seamless transition from the Millennium Development Goals to the Sustainable Development Goals so that governments could take action on them from the outset. The Sustainable Development Goals were innovative on account of the universality of the agenda and the integration of the concept of leaving nobody behind and therefore required a change in working methods. As health had a substantial impact on all of the Goals, Member States had requested WHO to view the agenda in an integrated manner, with links between the different sectors. Through new mechanisms such as the Global Strategy on Women's, Children's and Adolescents' Health (2016–2030), WHO had been working towards a new approach with the Office of the United Nations Secretary-General even before the Goals had been finalized. The Organization was still considering how to report on the health-related indicators and targets. In preparation for the Sixty-ninth World Health Assembly, the Director-General had requested regional directors and assistant directors-general

to consider issues such as how to take the agenda forward and whether to adopt a centralized or mainstreamed approach.

The CHAIRMAN took it that the Board wished to note the report contained in document EB138/13 and that the discussion on item 7.1 could be closed.

It was so agreed.

(For the continuation of the discussion on item 7.2, see the summary record of the twelfth meeting, section 1.)

Operational plan to take forward the Global Strategy on Women's, Children's and Adolescents' Health: Item 7.3 of the agenda (document EB138/15)

The representative of the UNITED STATES OF AMERICA, while welcoming the efforts to provide an operational plan to take forward the Global Strategy on Women's, Children's and Adolescents' Health, said that implementation of such a plan should be monitored through milestones, realistic timelines and clear performance metrics. Metrics on universal access to sexual and reproductive health care services, in particular, should be strengthened by including language on access to medically accurate sexual and reproductive health information and health care services. The operational plan should also cover issues such as tobacco use, inadequate vaccine access, food insecurity and maternal mortality and morbidity, which were leading causes of death in women, children and adolescents. Additional evidence-based guidelines and broad-based, collaborative approaches needed to be developed to tackle such issues. With that perspective, the United States Mission to the United Nations and Other International Organizations in Geneva had established the Future She Deserves initiative in 2015 to forge a better future for adolescent girls.

The representative of NAMIBIA, speaking on behalf of the Member States of the African Region, said that 21 of the 47 countries in the Region had made a commitment to implement the Global Strategy and that number would increase once an African regional strategy had been finalized. Nevertheless, maternal, newborn and under-5 mortality remained at a high level on the African continent, partly due to the low immunization coverage and the inequitable access to, and sometimes questionable quality of, important services such as emergency obstetric care. The Global Strategy could go a long way towards improving that situation; it incorporated targets that were well-aligned with the Sustainable Development Goals and should therefore enhance the efficiency and timeliness of reporting. The African Region supported the nine action areas outlined in the report, but it was vital to raise funds for the strategy, since many lower-income countries in the African Region were dependent on external funding. Mechanisms should also be devised to mitigate the negative impact of upper- and middle-income African countries failing to access important global health initiatives. The Addis Ababa Action Agenda and the Global Financing Facility in support of Every Woman, Every Child were highly relevant to the implementation of the Global Strategy and the African Region looked forward to that strategy being finalized.

The representative of THAILAND said that some countries might lack the capacity to carry out the national-level follow up and review of the progress made towards the goals and targets of the Global Strategy for Women's, Children's and Adolescents' Health. Thailand, for example, recorded three very different figures for the maternal mortality ratio. He encouraged WHO and development partners urgently to assist Member States by investing in the establishment of more accurate data which were aligned through a common platform.

The representative of the CONGO said that the Global Strategy was useful as a means of achieving the Sustainable Development Goals. Political will, as well as financial support, would allow Member States to improve access to quality education; combat discrimination and violence; prevent

early marriages and teenage pregnancies; and strengthen women's rights to work and to hold positions of responsibility. Efforts were also needed to reduce the vulnerability of women, children and adolescent migrants. The Congo condemned the reported acts of rape of children and adolescents in conflict zones.

The representative of BRAZIL said that emphasis should be placed on strategies to improve the quality of life at different stages of the life cycle and on promoting an intersectoral approach in that regard. Brazil had made significant progress towards the proposed objectives and targets of the Global Strategy by reducing mortality indicators and encouraging healthy eating habits. Responding to humanitarian crises had to be a multisectoral responsibility and transparency was of paramount importance for monitoring and evaluating the indicators of the Global Strategy.

The representative of PAKISTAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that obstacles to the full achievement of the health-related Millennium Development Goals must be identified in order to chart the way forward. Despite significant progress and the existence of feasible, evidence-based solutions, the situation of women's, children's and adolescents' health remained dire. Achievements were jeopardized by persistent inequalities within and among countries. Poor consideration of the social determinants of health had been a major problem and the operational plan to take forward the Global Strategy on Women's, Children's and Adolescents' Health (2016–2030) was much needed. Opportunities provided by existing global and regional initiatives should be used. In addition, WHO must sustain its technical support to Member States, support effective coordination among United Nations agencies and other stakeholders, and foster greater involvement of Member States in the operationalization of the Global Strategy.

The representative of JAPAN said that the proposed set of milestones should be used by countries for self-assessment. Japan welcomed the operational plan, which was in line with its own efforts to improve women's, children's and adolescents' health and create a more gender-inclusive society. Noting that sustainable implementation required a robust financial situation, he said that efforts had to be made to increase the use of domestic resources for investment in health. Furthermore, the newly established Global Financing Facility in support of Every Woman, Every Child was a useful mechanism.

The representative of NEPAL asked how the Global Financing Facility and the World Bank's Global Financing Facility Trust Fund would interlink in practice. The maternal death surveillance and response mechanism played a key role in improving maternal health and should be included in the operational plan. It would also be useful to set timelines for review and measurement of progress.

The representative of the RUSSIAN FEDERATION said that maternal and under-5 mortality rates were dropping, which showed that the attention given to the problem within the framework of the Millennium Development Goals had borne fruit. Progress in the Russian Federation was mainly owing to the introduction of a three-tiered health care system, a national immunization calendar and infrastructure improvements. His Government fully supported the operational plan, WHO monitoring and the development of indicators for the implementation of the health-related Sustainable Development Goals.

The representative of ALBANIA said that the Global Strategy was closely linked to the outstanding health-related Millennium Development Goals. He welcomed its focus on equity and inclusiveness. Given the pertinence of the Global Strategy and its operational plan to all Member States, he proposed that the Executive Board should prepare a resolution for adoption by the

Sixty-ninth World Health Assembly. The representatives of BANGLADESH,¹ INDIA,¹ LIBERIA and SUDAN¹ supported that proposal. He also proposed that a technical briefing on the Global Strategy should be held on the margins of the Sixty-ninth World Health Assembly. That proposal was supported by the representatives of BANGLADESH,¹ CANADA, INDIA¹ and SUDAN.¹

The representative of SOUTH AFRICA said that work on universal health coverage in the framework of the 2030 Agenda for Sustainable Development would be an important vehicle for achieving inclusive, equitable health care for all.

The representative of CHINA said that his country had worked for two decades to improve women's and children's health, had achieved the related Millennium Development Goals, and would continue those efforts in the post-2015 sustainable development environment. Specific, measurable indicators should be developed to assess progress in the elimination of preventable deaths and the achievement of more equitable health outcomes. WHO should promote multilateral cooperation in conducting a needs analysis and designing intervention measures for adolescent mental and physical health.

The representative of the PHILIPPINES said that a more efficient and effective collaboration of highly committed stakeholders in development was vital to take the Global Strategy forward. The operational plan should guide countries on ways to address the social barriers to health care; address inequities; strengthen capacity and accountability of local government units; and engage private sector and civil society organizations. Robust monitoring and evaluation at all levels was critical. WHO should engage with other organizations to develop a reporting system with streamlined and well-defined indicators to track performance in attaining the health-related Sustainable Development Goals.

The representative of CANADA, noting that the Global Strategy was crucial to the implementation of the Sustainable Development Goals, said that Canada had been selected to be a member of the High-level Advisory Group for Every Woman, Every Child and looked forward to providing guidance on operationalizing the Global Strategy as part of that process. The Health Assembly would be a key forum for reviewing progress in its implementation. He asked the Secretariat to provide details on how it planned to move forward during the intersessional period in its work to develop next steps and milestones to ensure that the vision was translated into concrete action within a practical time frame.

The representative of the REPUBLIC OF KOREA said that national ownership and equity in women's, children's and adolescents' health were crucial. At the same time, international cooperation was important to improve the health of girls globally. In 2016, the Republic of Korea would therefore launch its Better Life for Girls initiative, providing US\$ 200 million to 15 countries over the next five years to strengthen health services and education for girls in developing and underdeveloped countries.

The representative of the DOMINICAN REPUBLIC said that robust health systems alone, while a significant factor, were not enough. A country's state of health was a gauge for detecting gaps in other areas. Unless the social and economic determinants of health such as food security and education were addressed, improving women's, children's and adolescents' health in developing countries would remain difficult.

The representative of INDIA¹ said that all women, children and adolescents must have access to social and economic opportunities and be able to participate fully in a prosperous and sustainable society. Therefore, the Global Financing Facility in support of Every Woman, Every Child must be

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

implemented without delay. The achievement of the Global Strategy and that of the Sustainable Development Goals were inextricably linked.

The representative of NORWAY¹ said that the new Global Strategy was a unique tool for maintaining focus on the unfinished millennium development agenda. It also provided useful guidance on improved delivery in humanitarian crises and fragile settings. Young people must be involved in national and global assessments, and in planning and review processes. Ensuring safe abortions where they were legal was a particularly important challenge. While country ownership and domestic financing were essential, the poorest countries still required development aid and the recently established Global Financing Facility would provide that much needed support.

The representative of COLOMBIA¹ said that his Government had taken a series of measures to integrate the targets and objectives of the Global Strategy and the Every Woman, Every Child strategy into national policies. Humanitarian crises and armed conflict were major challenges to the implementation of the right to health, especially in fragile and remote settings. Efforts must therefore be stepped up, including by promoting results-based policies based on gender equality and human rights principles. The Global Strategy should be linked to the 2030 Agenda for Sustainable Development in order to ensure convergence and synergies between the two important instruments.

The representative of BANGLADESH¹ welcomed the central role given to sustained financing in the Global Strategy and, in that connection, said that his country had started to prepare an investment case for the Global Financing Facility in support of Every Woman, Every Child.

The representative of KENYA¹ said that the Global Strategy created a new momentum for the achievement of outstanding Millennium Development Goals as the world transited to the Sustainable Development Goals. Kenya had taken a range of measures to improve women's, children's and adolescents' health and welcomed the new operational plan and the innovative financing initiatives, which would help close funding gaps.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES welcomed the inclusion of women's, children's and adolescents' health in humanitarian crises and fragile settings in the Global Strategy. Communities living in humanitarian crises and fragile settings were extremely resourceful and, when empowered and provided with essential, basic life-saving commodities and training, could themselves contribute significantly to reducing mortality rates. Women's, children's and adolescents' health in humanitarian crises and fragile settings, effective community engagement, sustainable supply chains and community empowerment should be priorities in the operational plan.

The meeting rose at 12.30.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

SIXTH MEETING

Wednesday, 27 January 2016, at 14:30

Chairman: Ms M. P. MATSOSO (South Africa)

later: Dr R. BUSUTTIL (Malta)

PROMOTING HEALTH THROUGH THE LIFE COURSE: Item 7 of the agenda (continued)

Operational plan to take forward the Global Strategy on Women's, Children's and Adolescents' Health: Item 7.3 of the agenda (document EB138/15) (continued)

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, welcomed the report. Universal health coverage was critical to women's, children's and adolescents' health. Allocation of 15% of the national budget to health would be sufficient to close the health gaps that led to most maternal and child deaths. The report had not adequately addressed the issue of preventable stillbirths. Member States should adopt a resolution at the Sixty-ninth World Health Assembly containing a commitment to implement the Global Strategy and to establish a mechanism for reporting challenges and progress to the Assembly.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, called on the Board to adopt a resolution for consideration by the Sixty-ninth World Health Assembly. Accountability was essential, and women's, children's and adolescents' voices must be heard. She welcomed the space for citizens' dialogue that had been provided at the Sixty-eighth World Health Assembly, and encouraged Member States to make commitments to the Global Strategy, taking into account citizens' recommendations and providing for citizen-led accountability.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said she trusted that the Global Strategy would lead to stronger synergies being fostered between reproductive, maternal, newborn, child and adolescent health and the global agenda for noncommunicable diseases. WHO and governments should prioritize integrated accountability; disaggregated data on noncommunicable diseases; sustainable and evidence-based strategies to finance health accountability; and use of existing networks and new strategic alliances to promote the Global Strategy.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, noted that rheumatic heart disease disproportionately affected women, children and adolescents and was a cause of child morbidity and maternal mortality. A global movement founded to combat rheumatic heart disease, RHD Action, recommended that: registers of rheumatic heart disease should be established to improve monitoring and accountability; selected interventions from the Three Stage Integrative Pathway Search Framework should be implemented in universal health coverage packages; and that inclusivity and financial protection should be prioritized to ensure care for every woman, child and adolescent.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that the health issues facing women, children and adolescents should be addressed through country plans and strong national health systems. Organizations led by young people should be involved in decision-making and in the implementation of mechanisms to identify and tackle problems experienced by adolescents. His

Federation would continue its capacity-building activities, including on sexuality and safe abortion, in order to empower young people.

The ASSISTANT DIRECTOR-GENERAL (Family, Women's and Children's Health), thanked those Member States that had contributed to the development of the Global Strategy. Responding to comments made, she said that the Secretariat planned to consider the lessons learned at country level with respect to Millennium Development Goals 4 and 5, and the May issue of the Bulletin of the World Health Organization would focus on the experience of different countries in that regard. The Secretariat was working with partners to finalize the operational plan, and to ensure that the Global Strategy's goals and targets were enshrined in national health strategies and development plans, and that appropriate financial and human resources had been allocated. A team had been created, drawing on experience from across all three levels of WHO, to consider how to support countries in that regard.

Work in some areas was being intensified, including in humanitarian crises, and the Secretariat was collaborating with partners to ensure that the health of women, children and adolescents was addressed in the most fragile settings. With regard to strengthening the knowledge base on adolescent health, a specific adolescent health framework would be put forward in 2017. Work had been initiated on quality of care, which would consider how to improve the quality of health facilities, including reducing maternal deaths, stillbirths, newborn deaths and mortality. Accountability with respect to the measurements and indicators for the Sustainable Development Goals was being addressed, and she hoped that additional indicators could be incorporated in the Global Strategy, including on stillbirths and adolescent health. She would welcome further discussion on knowledge sharing, and would be pleased to work with Member States on the preparation of a draft resolution.

The Board noted the report.

Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health: Item 7.4 of the agenda (document EB138/16)

The representative of JAPAN said that his country had a long history of promoting healthy ageing and implementing community-based integrated care for older people. It had launched a research project on population ageing in collaboration with WHO and would be pleased to share its experience on sustainable ageing with others.

The representative of CANADA said that older people had much to contribute to society. It was important to develop initiatives providing innovative care and support, promoting healthy ageing, and helping to prevent and manage chronic conditions. Canada would continue to work with WHO in promoting age-friendly communities, including through the plan of action.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries, said that efforts to combat age discrimination and promote active ageing constituted an important aspect of comprehensive health policies. Older people should be included in decision-making on policies, programmes and services that concerned them, and she highlighted the importance of a human rights perspective, in particular concerning older people with cognitive disabilities. Multisectoral approaches, including a Health in All Policies approach, should be adopted to promote healthy ageing. Given the positive links between work and health, it was important that older people should continue to remain active, including through voluntary work. Gender was a powerful determinant of health and should be addressed in the draft global strategy, and the differences in the points of departure of Member States should be taken into account. She looked forward to the submission to the Sixty-ninth World Health Assembly of a strong resolution on the strategy and plan of action, including an estimate of the resources that the Secretariat would commit to the work from the programme budget.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, said that the proportion of the population over 60 years old in African countries was projected to rise significantly in future decades. Although efforts to address the challenges of an ageing population in Africa had been launched in 1999 with the establishment of the African Union Policy Framework and Plan of Action on Ageing, most African Member States had yet to include healthy ageing as a priority in their national health and development agendas. Some achievements had been made however, and the Regional Committee for Africa would discuss a draft strategy on healthy ageing at its sixty-sixth session in 2016. Lastly, the right of older people to food security and quality health services should be included in the plan of action.

The representative of OMAN,¹ invited to take the floor by the CHAIRMAN at the request of the representative of SAUDI ARABIA, and speaking on behalf of the Member States of the Eastern Mediterranean Region, said that knowledge gaps persisted in terms of how to increase life expectancy and ensure that older persons enjoyed happy and active lives. On that score, the recent *World report on ageing and health* had identified key trends of relevance to the draft global strategy and plan of action, which would be useful for updating related policies and activities at the national level. The hope was that a basic package of agreed indicators, including with respect to health systems performance and age-friendly environments, would be prepared for monitoring, evaluating and comparing the fundamentals of ageing and health. He favoured endorsement of both the draft strategy and the plan of action.

The representative of THAILAND said that a paradigm shift was needed in order to view older people as holders of valuable social and intellectual capital, rather than as a burden, and to therefore invest in active ageing. WHO should take the lead in documenting good practices for long-term care and active ageing, which should be shared with Member States to ensure that policies focused on sustainable and person-centred health and social systems.

The representative of CHINA said that ageing was a common challenge that required strong leadership from governments and multisectoral mechanisms providing for appropriate treatment, care and rehabilitation. WHO should provide support and guidance to Member States, including through the organization of high-level forums, training and the exchange of experience. Home-based care, technology and services should be developed alongside an open and transparent support system.

The representative of the UNITED STATES OF AMERICA noted strong linkages between the draft global strategy and plan of action on ageing and health and the 2030 Agenda for Sustainable Development. The health challenges of ageing disproportionately affected women, and the Secretariat should consider how the elements of the draft global strategy relating to preventing elder abuse, neglect and exploitation could complement, or be reinforced by, the global plan of action to strengthen the role of health systems in addressing interpersonal violence, in particular against women and girls, and against children. He commended WHO's work on dementia – one of the major causes of dependency among older people worldwide – and suggested that the issue be placed on the agenda of the next cycle of meetings of the governing bodies.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND endorsed the comments made by the previous speaker regarding dementia. She welcomed strategic objective 3 on aligning health systems to the needs of older people, since it was not sufficient to plan for the needs of the existing older population. She was pleased that strategic objective 4 developing systems for providing long-term care focused on appropriate assessment and integrated care to help older people retain their independence.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA, speaking on behalf of the Member States of the South-East Asia Region, noted that the draft global strategy and plan of action would need to be aligned with the regional strategy for healthy ageing 2013–2018 and country contexts. Health care services at all levels should respond to the needs of older people. He outlined a number of measures taken by his Government to promote the health of older people and emphasized the importance of political will for translating social, ethical and moral obligations into action.

The representative of BRAZIL expressed an interest in learning from countries that had already implemented successful policies. He called for more innovation in public policies for older people and for action to address key factors promoting healthier ageing. A range of responses was required to meet the needs of a heterogeneous elderly population. Priority must be given to the most vulnerable individuals, and the gender perspective should be reinforced. The issue of healthy ageing must be seen from the broader perspective of intersectoral work encouraging health at all ages.

The representative of the CONGO said that parts of Africa remained unprepared for the challenges of an ageing population. Communicable diseases, such as HIV/AIDS, did not spare the older population, and noncommunicable diseases would become much more common. Ensuring the safety of the older population posed a particular challenge in the Region. Elderly people were frequently stigmatized, and a breakdown in social solidarity had left many without adequate care. WHO should provide Member States in the Region with the financial and human resources necessary to develop specific plans to tackle the problems faced.

The representative of ARGENTINA said that her Government fully supported the plan of action 2016–2020 and its five strategic objectives, noting the important role of governments in promoting healthy ageing. Quantifiable goals and measurable indicators should be developed to facilitate the measurement of progress made.

The representative of the REPUBLIC OF KOREA, noting that healthy ageing was an important component of a number of the Sustainable Development Goals, said that an integrated approach to health management was required. He acknowledged the need for policy action in that regard and outlined a number of measures taken by his country to promote healthy ageing.

The representative of KAZAKHSTAN said that the fast pace of modernization in his country was gradually reducing the number of older people living in extended family settings, making loneliness a problem for many. Other challenges included preventing noncommunicable diseases and promoting mental health. Older people could, however, do a great deal to help themselves, and others, if properly supported, and modern, inexpensive technologies and scientific advances could help in tackling the physical and psychological effects of ageing. His country supported the draft global strategy and plan of action.

The representative of ALBANIA said that healthy ageing was influenced by factors outside the health sector, including the welfare system, and social support and inclusion. Healthy lifestyles earlier in life also played a role, and specific preventive public care programmes, such as the one recently introduced by his country, could be beneficial. Albania endorsed the draft global strategy and plan of action but urged the Executive Board to not lose sight of the importance of palliative care.

The representative of the DOMINICAN REPUBLIC said that older people deserved to be respected as active, productive members of society. National legislation would have to be adapted in order to develop age-friendly environments to provide for the full social integration of older people, including those with a disability. Policies to safeguard the physical and mental health and well-being of older people should be a priority; education and training programmes on active ageing should also

be implemented. Particular attention should be given to dementia, which had broad physical, psychological and economic implications.

The representative of SURINAME said that PAHO's Plan of Action on the Health of Older Persons, including Active and Healthy Ageing 2009–2018 of the Pan American Health Organization was consistent with the draft global strategy. Appropriate and timely health interventions among the younger population would prevent chronic diseases, prolong independent living and lighten the socioeconomic burden of ageing.

The representative of PAKISTAN said that his country was integrating geriatric care into the primary care system. The mental health and well-being of the older population should be given special consideration in any healthy ageing plan; dementia and noncommunicable diseases would require particular attention. The provision of assistive technologies to older persons with a disability should be prioritized. Involvement of the transport, finance, communication, law and education sectors would be vital to the success of the draft global strategy.

The representative of the PHILIPPINES said that a life course approach to healthy ageing, which her country supported, was a topic that WHO should have addressed much earlier. Recalling that the Regional Committee for the Western Pacific had endorsed a Regional Framework on Ageing and Health in 2013, she said that the extensive consultations on the draft global strategy had helped to align work undertaken at the global, regional and national levels.

The representative of MEXICO¹ said that the draft global strategy and plan of action set out renewed commitment to focus attention on the needs and rights of older people within the new context of the Sustainable Development Goals. It provided clear objectives and actions for Member States, the Secretariat, and national and international associations. The Board should recommend its endorsement by the Sixty-ninth World Health Assembly.

The representative of MONACO¹ welcomed the five strategic objectives and the multisectoral, person-centred approach of the draft global strategy, which were fully in line with the 2030 Agenda for Sustainable Development. Her country had taken a number of steps to promote healthy ageing, including the establishment of a single coordinating entity for action. The Board should recommend endorsement of the strategy and plan of action by the Sixty-ninth World Health Assembly.

The representative of the NETHERLANDS¹ expressed support for the life course approach and the need to create a supportive environment for older persons with declining capacity. The Netherlands advocated an inclusive policy, ensuring that all people were included in all new policy initiatives, and therefore had not adopted a national plan on healthy ageing. The *World report on ageing and health* would provide important guidance for overcoming the challenges of providing long-term care.

The representative of COLOMBIA¹ said that his country was reviewing its policy on healthy ageing in line with the draft global strategy and plan of action. Colombia recognized the importance of evaluating innovative mechanisms that strengthened the global response to ageing, and of promoting appropriate actions to facilitate the participation of older persons in civil society. It would be pleased to participate in the development of indicators under the strategic objectives and in the identification of follow-up and implementation mechanisms that could be adapted to national contexts.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of AUSTRALIA¹ suggested that, if Member States did not propose a draft resolution on the life course approach to healthy ageing for submission to the Health Assembly, a draft should be prepared by the Secretariat. He expressed satisfaction that the draft plan of action recognized all care settings, including the significant role of family as informal carers. He would appreciate more information from the Secretariat about budget space and resource mobilization for implementation of the draft global strategy. Existing global standards and indicators should be used, where possible, to monitor progress in implementation.

The representative of ZAMBIA¹ said that, although caring for older generations was part of African extended family values and culture, changing demographics were placing increased pressure on health systems, and on the capacities of other sectors to attend to the needs of an ageing population. The African Region would therefore benefit from support from WHO and from countries with experience in caring for ageing populations.

The representative of SPAIN¹ said that the strategic objectives of the draft global strategy and action plan were in line with the work under way in Spain to promote healthy ageing. Efforts were being made, given the rapidly ageing population, to raise awareness of frailty and the prevention of falls among older people. Emphasis was being placed on functional capacity, rather than illness, with a view to ensuring that older people remained independent for as long as possible. Spain acknowledged WHO as the world's leading organization on matters of ageing.

The representative of SWITZERLAND¹ said that the draft global strategy and plan of action would provide useful guidance to Member States in their efforts to promote good health and well-being for all, in line with the Sustainable Development Goals. Steps taken to foster alignment with other WHO strategies were particularly welcome. Access to specific treatments, in particular palliative care, was important. Efforts must be made to respond to the urgent needs of populations, in particular with regard to Alzheimer's disease, and a resolution on that issue was essential, especially as many countries did not give due recognition to the disease. Care for elderly persons with dementia posed particular challenges and Switzerland intended to organize a ministerial panel on the issue in the margins of the forthcoming Health Assembly.

The representative of VIET NAM¹ said that many countries in Asia lacked the experience and financial resources to meet the challenges raised by an ageing population. Technical cooperation and experience sharing with other countries would therefore be useful, in particular to assist Viet Nam in drafting a national action plan on healthy ageing.

The representative of PANAMA¹ said that ageing in good health and dignity was a human right. Health systems must therefore be adapted to ensure that they had the capacity to deal with health throughout the life course. Age discrimination must be eliminated and efforts must be made to maintain the functional capacity of older people. Access to such services as palliative care must be ensured. Measuring, monitoring and research for healthy ageing should be enhanced to ensure an evidence-based approach, and short-, medium- and long-term plans should be implemented at the national level, with progress measured against indicators arising out of the draft global strategy and plan of action.

The representative of UNFPA said that older people should no longer be regarded as welfare recipients but as active contributors to society. Age-friendly and affordable health care systems that met the needs of older people were particularly important. The sexual health of older persons must be addressed in the strategy, including prevention of sexually transmitted infections. Health systems had

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

proven unable to keep up with dramatic demographic change; services must be adapted, and data on the health status of older persons would be crucial to ensuring an evidence-based approach. The voice of the elderly must be heard in decisions regarding their health and well-being.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that the Federation welcomed the life course approach that focused on empowerment and dignity and on combating discrimination, stigma and ageism. It worked to promote healthy ageing and empower people in need of all ages, including through programmes and services to foster solidarity between generations. Many national Red Cross and Red Crescent societies promoted and created volunteering opportunities for experienced and skilled people over the age of 60. Specific action to address the needs of older people in the context of natural disasters, emergencies and large-scale migration was crucial, and the Federation stood ready to work with WHO to meet the needs of older people in humanitarian settings.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, welcomed the acknowledgement that sexual health and rights were a key contributing factor to healthy ageing. Older people should be empowered to make decisions about their sexual health, and included in the prevention and treatment of sexually transmitted infections. A positive and open approach to sexuality through the life course should be fully integrated into the health system. The sexual health and rights of older lesbian, gay, bisexual, transgender and intersex people and those living with HIV should also be considered within the context of healthy ageing. The Federation was committed to collecting and sharing data and experiences, which could contribute to an evidence-based approach to implementation.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that health care professionals played a major role in health promotion in an ageing population, and their education on ageing issues should begin at undergraduate level. Health care settings must be age friendly and accessible to the elderly. Physical activity should be promoted for its health benefits to older persons and as an economic benefit to society. The oral health of older persons, which was essential for their autonomy, must also be addressed. Responsible use of multiple medications, supported by collaborative practice, was essential. Given current demographic trends, the need for effective primary health care services and nursing home facilities and a health workforce capable of meeting the needs of older patients would only grow.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that good oral health was a fundamental part of general health and well-being. With complete tooth loss among older adults declining, more oral health services, including preventive and restorative services, would have to be provided throughout the life course. Oral health and related health factors should be monitored using standardized epidemiological surveillance, and public health policies for healthy ageing should be encouraged to promote optimal general and oral health. Scientific research on the relationship between noncommunicable diseases and oral diseases, and the impact of those diseases on general health and well-being, should be enhanced. The dental workforce at all levels should be trained to meet the increasing needs of the elderly, since age-related changes in systemic health and medication use could affect oral health and function.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that draft global strategy and plan of action would provide a useful framework for the significant changes required in the design and delivery of health and care systems in order to meet the needs of the ageing population. The vision, goals and strategic objectives outlined were welcome, in particular a decade of healthy ageing, and the move towards an integrated, person-centred approach to health and care. Improved monitoring and research would be essential to fill the data gap on the health and well-being of older people. Use of the discriminatory term “premature mortality” in some

policies and processes was a concern and could lead to the exclusion of older people and threaten the achievement of long and healthy lives for all.

The ASSISTANT DIRECTOR-GENERAL (Family, Women's and Children's Health) said that the endorsement of the draft strategy and plan of action would constitute a crucial step in setting the agenda for work over the forthcoming 15 years, including efforts to fill evidence gaps. Thanking the Executive Board for its valuable feedback, she said that efforts would be made to strengthen the emphasis on gender, equity and human rights, and enhance the inclusion of mental health, dementia and disability considerations in the draft strategy and plan of action. The Secretariat would work to draft a resolution for submission to the Health Assembly, and would assess the resource requirements for its implementation. WHO's resources in the area of healthy ageing were very limited, and she would welcome Member States' support to expand the excellent work being undertaken.

The Board noted the report.

Health and the environment: draft road map for an enhanced global response to the adverse health effects of air pollution: Item 7.5 of the agenda (document EB138/17)

The representative of NEPAL, speaking on behalf of the Member States of the South-East Asia Region, welcomed the draft road map as a useful tool for scaling up actions to prevent and mitigate the impact of air pollution and its associated disease burden. The South-East Asia Region faced the highest burden of ambient and household air pollution, with around 60% of households still depending on solid fuels for cooking. Indoor and outdoor pollution had different causes and effects, and therefore must be addressed through distinct, focused and evidence-based strategies. Efforts must be made to strengthen the health sector's role in setting indoor air policy. A multisectoral, integrated response was required to address the issue of ambient air pollution. The health sector had a key role to play in raising awareness of the benefits of reducing sources of pollutants. Enhanced capacity, adequate resources and cooperation with other sectors were essential. Obtaining complete information on the costs and benefits of interventions remained a challenge, and the public health information tool was not adequately addressed in the draft road map. Greater consideration should be given to monitoring air quality in rural areas, including consideration of the use of clean energy, appropriate management of medical waste, and "greening" hospitals.

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the serious health risks from air pollution called for a multisectoral response to the problem. The draft road map failed, however, to address a number of important matters, specifically: the need for capacity building and scientific research to tackle air pollution from natural events such as sandstorms; the need to transfer technical knowledge and expertise on air quality monitoring, the relationship between indoor and outdoor air pollution, and high temperature effects; the need to provide support to least developed countries for implementation of the road map; and the need to build capacity for communication in the health sector for public awareness purposes. More focus should also be placed on assessing the financial impact of the health effects of air pollution, as distinct from climate change; mitigation actions; the WHO indoor air quality guidelines; and improvements relating to the use of energy in the home. In all other respects, the draft road map was a welcome initiative.

The representative of ARGENTINA, speaking on behalf of the Member States of the Region of the Americas, said that urgent action was needed on air pollution, which placed a heavy burden on health systems. The implementation of a Health in All Policies approach would be highly beneficial. The actions provided for in the draft road map could enhance the role of the health sector and make it more able to identify interventions with the greatest health benefits and coordinate a more effective response. She called for WHO to build strategic partnerships within United Nations system and with

other stakeholders, and trusted that the Secretariat would present a final proposal on the road map to the Sixty-ninth World Health Assembly for consideration.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, speaking on behalf of the Member States of the African Region, said that the draft road map constituted an important tool to help countries reduce the harmful effects of air pollution, both indoors and outdoors. A Health in All Policies approach was essential, as was intersectoral collaboration at all levels. He highlighted the importance of a number of elements, including monitoring and evaluation, the provision of technical assistance to developing countries, technology transfer, and a strong multisectoral response and international engagement in order to support those countries in need of assistance.

The representative of CANADA said that increased awareness of the health benefits of improving air quality could encourage action. Although expanding WHO's role as a focal point for issues relating to air pollution and health would support Member States' efforts to improve air quality, an analysis of the financial requirements for that work had yet to be provided. Canada's expertise, including in monitoring and reporting air pollutant levels, could be useful.

The representative of CHINA endorsed the four categories proposed but considered that certain elements of the draft road map needed strengthening. She trusted that WHO would use its global platform on air quality and health to strengthen cooperation with other agencies in the area of monitoring and reporting, including on data harmonization. She hoped that further information on the relevant Sustainable Development Goal indicators would be provided, and that any necessary adjustments would be made to the road map, which should be submitted to the Sixty-ninth World Health Assembly for adoption.

The representative of FRANCE supported the cross-cutting, multisectoral approach of the draft road map. France welcomed the establishment of a monitoring and reporting framework, and the recognition of the role of cities, health professionals and health systems in reducing air pollution. The 2030 Agenda for Sustainable Development and the Paris Agreement should feature in the road map, as should synergies between air pollution and climate. Her delegation looked forward to the development of indicators and objectives to track progress and to a detailed costing.

The representative of THAILAND said that WHO should, in collaboration with other United Nations agencies, provide more support to enhance the capacity of all Member States to conduct health impact assessments, including through analysis of air quality and cost-benefit assessments of mitigation measures. She called for enhanced air quality monitoring, including establishing the related disease burden, and noted the relevance of monitoring and evaluation for effective implementation in the context of the Sustainable Development Goals.

The representative of the RUSSIAN FEDERATION noted the strategic nature of the draft road map, and welcomed the four categories of action. With regard to paragraph 3(a) of the report, on expanding the knowledge base, she suggested the addition of wording concerning the broad dissemination of scientific information and intensification of data exchange on risk factors and negative effects, including through the establishment of widely accessible databases on models of the relation between risk factors and responses to their impact. On building up WHO's internal technical and operational capacity (paragraph 14), she said that WHO should standardize country- and regional-level staff training methods in such areas as hygiene, epidemiology and the economics of health. The draft road map should also address strengthening the role of scientific research, in particular on the effects of air pollution on children's health, and provide guidance on research given new threats from materials such as nanomaterials and nanoparticles.

The representative of BRAZIL expressed the hope that the road map would facilitate the establishment of a health information network to expand existing knowledge, and improve the

technical support to the different sectors involved. Rural populations potentially exposed to air contaminated by pesticides should be covered by public health policies and air quality control measures.

The representative of the UNITED STATES OF AMERICA, noting the importance of a multisectoral approach, stressed the need for increased monitoring of the health effects of air pollution. He did not support the convening of a global high-level intergovernmental conference; the framework provided by resolution WHA68.8 (2015) on addressing the health impact of air pollution was sufficient for next steps, and the Secretariat should clarify the purpose of any such meeting. The draft road map should more clearly define the roles of WHO, UNEP and WMO, and of other multilateral organizations. The United States would welcome better reporting and information collection; WHO should fulfil its traditional role of gathering underreported health information, including quantitative data on the relation between exposure to air pollution and specific health outcomes, and between air pollution and other risk factors.

The representative of NEW ZEALAND said that the draft road map should be strengthened to promote a greater research and advocacy role for WHO in its interactions with other organizations, in order to foster intersectoral collaboration to mitigate the damaging health effects of air pollution.

The representative of NORWAY¹ said that the significant scaling up of WHO's capacities envisaged in the draft road map would not only lead to improved technical support for Member States but would enable WHO to make a significant contribution to the implementation of relevant Sustainable Development Goals. Norway would welcome further clarification of the budget implications. The draft road map should indicate clearly how WHO's work on air pollution would advance the achievement of those Goals, and should also refer to the Paris Agreement. While Norway supported the convening of global high-level intergovernmental conference, the format should not be defined too narrowly at the present juncture. Furthermore, WHO should develop strategic partnerships with UNEP and others.

The representative of SLOVENIA¹ said the draft road map would contribute significantly to raising global awareness of the health effects of air pollution. The results of relevant studies should be disseminated widely to enable an adequate response and encourage policy development. She called for intersectoral collaboration to develop the knowledge base, and recognized the importance of international collaboration for effective action. Slovenia was very active in studying the impact of air pollution and would be proposing that the United Nations declare 20 May as World Bee Day, which could serve as a platform for intersectoral consideration of environment as a determinant of health.

The representative of MONACO¹ said that WHO must step up efforts to play its role as leader of global action against the adverse health effects of air pollution. While her delegation would have preferred links to the 2030 Agenda for Sustainable Development and the Paris Agreement to have been more clearly reflected, the draft road map provided an effective framework for guiding actions to mitigate the adverse health effects of air pollution. The focus on institutional capacity strengthening was particularly welcome. Her delegation looked forward to receiving information on the budgetary implications, and hoped that the road map would be adopted at the Sixty-ninth World Health Assembly.

The representative of PANAMA¹ said that air pollution, which was a cause of noncommunicable diseases and yet had not been specifically covered in the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020, required a rapid and effective

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

response from WHO, Member States and other stakeholders. He highlighted the importance of technology transfer in that regard. The road map would provide a framework for strengthening the role of the health sector in responding to the adverse effects of air pollution, and he trusted that the proposed monitoring and reporting framework, with indicators and objectives to track progress, would be made clearer.

The representative of URUGUAY¹ said that the actions provided for in the draft road map would help to build the capacity of the health sector and facilitate the integration of a multisectoral Health in All Policies approach. It would also promote a more effective role for the health sector in the achievement of the relevant Sustainable Development Goals. WHO should take the lead in the development of indicators to track progress. The Secretariat should finalize the road map for adoption at the Sixty-ninth World Health Assembly.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA¹ encouraged Member States and the Secretariat to work together to implement the first phase of the road map, in 2016–2019, and to provide for appropriate monitoring and comments in 2019. WHO could do more, notably to help developing countries design policies and interventions, especially since a lack of information and evidence meant that the adverse effects of air pollution had previously not been considered a health priority. He hoped that the global platform on air quality and health would prove useful for all Member States, and encouraged WHO to foster technology transfer. The road map should more clearly reflect the link between air pollution and climate change.

The representative of SWITZERLAND¹ said that future collaboration to improve air quality should take into consideration initiatives stemming from the Paris Agreement, which linked climate change considerations and the right to health. Combining policies on air pollution and climate change would support the achievement of other health objectives, in particular concerning noncommunicable diseases. The global platform on air quality and health would also help to link the road map to existing initiatives. Implementation of the road map should be adequately resourced, and Switzerland would welcome a detailed costing.

The representative of ZAMBIA¹ said that the use of fossil fuels in Zambia was exacerbating indoor pollution and air pollution in cities. His country welcomed the draft road map and was keen to pilot its implementation with support from WHO and from other Member States in mobilizing and coordinating the necessary resources.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, underlined the important co-benefits of action on air pollution from policies that benefited individual health and addressed climate change. He called for specific and targeted strategies to respond to the adverse effects of air pollution and encouraged WHO to assist Member States in promoting and coordinating the effective engagement of the health sector in other areas, such as those covered by the United Nations Framework Convention on Climate Change. Continued research should be conducted on the health effects of ultrafine particles. He welcomed efforts to address health sector sources of air pollution.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that to strengthen the road map, the Secretariat should identify effective policy interventions based on criteria beyond the reduction of air pollution alone. The public health information tool might include a report and evaluation of global policy implementation, with guidelines similar to the MPOWER measures for tobacco control. WHO should fully incorporate the

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

public health advantages of co-benefit solutions that not only reduced air pollution exposure, but also other noncommunicable disease risk factors. It should also provide specific guidelines for fostering multisectoral collaboration, including the establishment of platforms for multisectoral action from the municipal to the global levels. Explicit focus on extending engagement beyond health and environment sectors was also required. Civil society and communities should be included in an intersectoral approach, and schemes should be introduced to raise public awareness and empower individuals to interpret data.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that significant knowledge gaps remained regarding the adverse health effects of air pollution and the effectiveness of specific sector policies. The co-benefits of policies concerning the environment and air quality that could have a positive impact on noncommunicable disease risk factors and promote healthy lifestyles must be considered. The collection and evaluation of data and coordination of national databases should be standardized to effectively monitor the health impact of air pollution. She also called for efforts to increase cooperation with civil society in raising awareness of the health effects of air pollution.

The representative of the WORLD COUNCIL OF CHURCHES, speaking at the invitation of the CHAIRMAN, encouraged WHO to increase its engagement on health and climate change. The very significant impact of climate change on human health should be a central part of the workplan on climate change and health being prepared by the Secretariat. WHO should work inclusively and transparently to enable all stakeholders to provide their input to the final plan. WHO needed to use the acknowledgement of the right to health in the preamble to the Paris Agreement to build support for that right. She called for the provision of adequate resources to prevent millions of environment-related deaths in the African Region.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the road map failed to recognize and address the link between air pollution and social and economic determinants. The critical issue of technology transfer should extend beyond indoor pollution. Intellectual property protection and the imposition of even more restrictive conditions than were required by the Agreement on Trade-Related Aspects of Intellectual Property Rights must not prevent the technical innovation necessary for the introduction of clean technologies. The road map did not mention its relation to the technology facilitation mechanism created under the Doha Declaration on Financing for Development, or the need to regulate the private sector to protect Member States from corporate intimidation under investor-state dispute settlement provisions in trade and investment agreements.

The ASSISTANT DIRECTOR-GENERAL (Family, Women's and Children's Health) observed that the discussion was linked to the Board's earlier discussion of the item on Health in the 2030 Agenda. As air pollution was clearly a risk factor for women, children and older persons, she welcomed the acknowledgement by Member States of the significance of addressing air pollution as a determinant of health, and recognized the need to update and strengthen the draft road map. Her team was very engaged in the process of developing indicators, including for measuring and tracking, within the context of the Sustainable Development Goals. Noting the calls for further information and clarity on the actions and indicators referred to in the road map, and the related financial aspects, she stressed that the document was not a strategy or action plan, and that the level of detail requested could not yet be provided. However, the suggestions made by Member States during discussions that would be held in February and March 2016 would be incorporated. The Secretariat would be pleased to work with Member States with relevant experience and would clearly explain the associated financial implications of the road map.

The Board noted the report.

Dr Busuttil took the Chair.

Role of the health sector in the sound management of chemicals: Item 7.6 of the agenda (document EB138/18)

The CHAIRMAN drew attention to a draft resolution proposed by Canada, France, Germany, Thailand, the United States of America and Uruguay, which read:

The Executive Board,
Having considered the report on the role of the health sector in the sound management of chemicals,¹

RECOMMENDS to the Sixty-ninth World Health Assembly the adoption of the following resolution:

The Sixty-ninth World Health Assembly,

(PP1) Recalling resolution WHA59.15 (2006) in which the World Health Organization welcomed the Strategic Approach to International Chemicals Management adopted by the International Conference on Chemicals Management in 2006 with its overall objective to achieve “the sound management of chemicals throughout their life cycle so that, by 2020, chemicals are used and produced in ways that lead to the minimization of significant adverse effects on human health and the environment,” as inspired by paragraph 23 of the Johannesburg Plan of Implementation of the 2002 World Summit on Sustainable Development;

[(PP1bis. bis.) Reaffirming its commitment to the outcome document of the Rio+20 Conference “The future we want”, in which all States Members of the United Nations committed to promoting sustainable development policies;]

[(PP1bis) Further recalling paragraph 213 of the outcome document “The future we want,” from the 2012 United Nations Conference on Sustainable Development which states “we reaffirm our aim to achieve by 2020 sound management of chemicals throughout their life cycle and of hazardous waste in ways that lead to minimization of significant adverse impact on human health and the environment as set out in the Johannesburg Plan of Implementation”];]

[(PP1ter) Recalling also, paragraph 214 of “The future we want” which calls for “the effective implementation and strengthening of the Strategic Approach to International Chemicals Management as part of a robust, coherent, effective and efficient system for the sound management of chemicals throughout their life cycle”];]

(PP2) Noting the limited time remaining to make progress toward the 2020 goal, and the urgent need for practical action and technical cooperation within the health sector, as well as with other sectors;

(PP3) Acknowledging that chemicals contribute significantly to the global economy, living standards and health but that unsound management of chemicals throughout their life cycle contributes significantly to the global burden of disease, and that much of this burden is borne by developing countries;

(PP4²) [Noting that 25% of the global burden of disease is thought to be linked to environmental factors, including chemicals exposures.¹] Also noting that it has been estimated that in 2004, 4.9 million deaths and 86 million disability-adjusted life years

¹ Document EB138/18.

² Will be updated. New data expected in March 2016.

were attributable to exposures to selected chemicals, such as lead exposure,¹ accounting worldwide for 143 000 deaths per year with the highest burden in developing regions, including an estimated 600 000 new cases of intellectual disability in children.² Recognizing due to the complex nature of the issue, disease burden information is only available for a very small number of chemical exposures and people are exposed to many more chemicals in their daily lives;

(PP5) Concerned about acute, chronic and combined adverse effects that can result from exposure to chemicals and waste and that the risks are often unequally distributed and can be more significant for some vulnerable populations, especially women, children, and, through them, future generations;

(PP6) Underlining the need to address the social, economic, and environmental determinants of health to improve health outcomes and achieve sustainable development;

(PP7) Underscoring the importance of protecting health and reducing health inequities, including by the reduction of adverse health impacts from chemicals and waste, by adopting health-in-all policies and whole-of-government approaches, as appropriate;

(PP8) Recalling the World Health Organization's long standing recognition of the importance of sound chemicals management for human health, the key role of the World Health Organization in providing leadership 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 WHA59.15 on the Strategic Approach to International Chemicals Management; WHA63.25 (2010) on improvement of health through safe and environmentally sound waste management; WHA63.26 on improvement of health through sound management of obsolete pesticides and other obsolete chemicals; WHA67.11 (2014) on public health impacts of exposure to mercury and mercury compounds; and WHA68.8 (2015) on addressing the health impact of air pollution;

(PP9) Recalling further the health related outcomes of the Second, Third and Fourth sessions of the International Conference on Chemicals Management which drew attention to the need for greater involvement of the health sector and resulted in adoption of a Strategy for strengthening engagement of the health sector in the implementation of the Strategic Approach³ which details the key roles and responsibilities of the health sector in sound chemicals management;

[(PP9bis) Recalling paragraph 1 of ICCM Resolution IV/1 adopted by the Fourth Session of the International Conference on Chemicals Management which endorsed the overall orientation and guidance for achieving the 2020 goal as a voluntary tool that will assist in the prioritization of efforts for the sound management of chemicals and waste as a contribution to the overall implementation of the Strategic Approach, and mindful of the invitation in paragraph 5 to "the organizations of the Inter-Organization Programme for the Sound Management of Chemicals and of the United Nations Environment Management Group that have not already done so to issue, where possible by 1 July 2016, a declaration signalling their commitment to promote the importance of the sound management of chemicals and waste both within and outside their organizations, including the actions planned within their own mandates to meet the 2020 goal";]

(PP10) Acknowledging with appreciation the World Health Organization's extensive activities in this regard including but not limited to supporting countries to implement the International Health Regulations in relation to chemical incidents, the

¹ Prüss-Ustün et al. Environmental Health 2011, 10:9. <http://www.ehjournal.net/content/10/1/9>.

² Document EB138/18.

³ Strategy: SAICM/ICCM.3/20 and Resolution: SAICM/ICCM.3/III/4.

establishment in 2013 of the Chemical Risk Assessment Network, participation in the development of the Inter-Organization Programme for the Sound Management of Chemicals (IOMC) Toolbox for Decision Making In Chemicals Management, joint leadership of the Global Alliance to Eliminate Lead Paint, and engagement with relevant chemicals and waste-related Multilateral Environmental Agreements;

(PP11) Also acknowledging initiatives undertaken at the national and regional level, and through other bodies of the United Nations system and other relevant stakeholders, as well as the [principles and provisions of the] relevant multilateral agreements including, but not limited to, the Stockholm Convention, the Rotterdam Convention, the Basel Convention and the Minamata Convention, and the important contribution that these initiatives make to protecting health from harmful chemicals and waste;

(PP12) Concerned that, despite these efforts, more progress has to be made towards minimizing the significant adverse effects on human health that may be associated with chemicals throughout their life cycle, including waste;

[(PP12bis) [Reaffirming the importance of] / [recognising the essential role that] provision[s] of adequate and sustainable financial resources, technical assistance and transfer of

[environmentally-sound alternative technologies] / [technology]
from developed to developing countries

[in line with their commitments in the relevant provisions of the Chemicals conventions] / [plays in enabling them for sound management of chemicals];]

[(PP12ter) Emphasizing the importance of bringing into force the Minamata Convention as soon as possible;]

(PP13) Welcoming the outcome of the World Health Organization's survey of the Priorities of the health sector towards achievement of the 2020 goal of sound chemicals management¹ which builds on the Strategy for strengthening engagement of the health sector in the implementation of the Strategic Approach;

(PP14alt) Recognizing paragraph 1 of the Dubai Declaration, which states that "the sound management of chemicals is essential if we are to achieve sustainable development, including the eradication of poverty and disease, the improvement of human health and the environment, and the elevation and maintenance of the standard of living in countries at all levels of development";

(PP15) Welcoming the 2030 Agenda for Sustainable Development, in particular Target 3.9 to substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination by 2030, and further recognizing Target 12.4 to achieve, by 2020, the environmentally sound management of chemicals and all wastes throughout their life cycle, in accordance with internationally agreed frameworks, as well as other goals and targets relevant to health aspects of chemicals and waste management, such as Target 6.3 on the improvement of water quality;

(PP16) Convinced that the achievement of sound chemicals and waste management throughout their life cycle requires a multisectoral approach within which the health sector has a critical role in achieving the 2020 goal and in setting priorities for chemicals and waste for the post-2020 period;

[(PP16bis) Stressing on the importance that chemical producers and suppliers should make information on chemical exposure, hazards and safer alternatives available to distributors, workers, consumers and users at all levels in the supply chain so that chemicals may be produced, used and discarded safely in an environmentally sound

¹ SAICM/ICCM.4/INF/11.

manner. Chemical producers should work with users and civil society organizations to identify chemical risks that can be managed by using safer alternatives and processes while still providing needed capabilities in a cost effective way;] (= para 68 of the SAICM Overall Orientation and Guidance document, SAICM/ICCM.4/6)

[(PP16ter) Recognizing that developing countries may experience greater challenges towards achieving the 2020 goal, and their progress will depend in part on the availability of financial resources from the private sector and bilateral, multilateral and global agencies or donors;] (= drawn from para 21 of the SAICM Overall Orientation and Guidance document, SAICM/ICCM.4/6)

[(PP16quad) Highlighting that relevant stakeholders should contribute to national institutional strengthening of the chemicals and waste cluster, taking steps in particular to implement the integrated approach to financing, including through mainstreaming and ensuring defined roles and responsibilities for industry. Stakeholders should also contribute by providing and accessing resources, where possible, under the Special Programme to support institutional strengthening at the national level to enhance the implementation of the Basel, Rotterdam and Stockholm Conventions, the Minamata Convention on Mercury and the Strategic Approach to International Chemicals Management, agreed upon by the United Nations Environment Assembly in June 2014;]

[(PP17) Aware of the need to strengthen the role of the health sector so as to ensure its contribution to multisectoral efforts to meet the 2020 goal and beyond, and that this would be facilitated by the development of a global road map outlining concrete actions for the health sector,]

(OP) 1. URGES Member States:¹

- (1) to engage proactively, including by strengthening the role of the health sector, in actions to soundly manage chemicals and waste at the national, regional and international level to minimize the risk of adverse health impacts of chemicals throughout their life cycle;
 - (2) to develop and strengthen, as appropriate, multisectoral cooperation at the national, regional and international level to minimize and prevent significant adverse impacts of chemicals and waste on health, including within the health sector itself;
 - (3) to take account of the Strategic Approach's orientation and guidance toward the 2020 goal, including the health sector priorities, as well as the Strategy for strengthening engagement of the health sector, [Emerging Policy Issues and Other Issues of Concern,²] and to take immediate action where possible to accelerate progress toward the 2020 goal;
 - (4) to encourage all relevant stakeholders of the health sector to participate in the Strategic Approach and to ensure appropriate linkages with their national and regional Strategic Approach focal points, and to participate in the reports on progress for the Strategic Approach;
- (OP1.4bis) [to strengthen individual, institutional and networking capacities at the national and regional levels to ensure successful implementation of the Strategic Approach;]
- OR

¹ And, where applicable, regional economic integration organizations.

² **Emerging Policy Issues:** lead in paint, chemicals in products, hazardous substances within the life cycle of electrical and electronic products, nanotechnologies and manufactured nanomaterials, endocrine-disrupting chemicals, and environmentally persistent pharmaceutical pollutants; **Other Issues of Concern:** Perfluorinated chemicals (PFCs) and the transition to safer alternatives, and highly hazardous pesticides.

[to strengthen networking capacities at national and regional levels;]

(5) to encourage health sector participation in the inter-sessional process established through the Fourth Session of the International Conference on Chemicals Management to prepare recommendations regarding the Strategic Approach and the sound management of chemicals and waste beyond 2020, including in the third meeting of the Open Ended Working Group;

(6) to continue and, where feasible increase support, including financial [or] / [and] in-kind scientific and logistical support to the WHO Secretariat's regional and global efforts on chemicals safety, as appropriate;

(7) to pursue additional initiatives aimed at mobilizing national and [DEL:, as appropriate,] international resources, including for the health sector, for the sound management of chemicals and waste;

(OP1.7bis) [to enhance cooperation aimed at strengthening the capacities of developing countries for the sound management of chemicals and hazardous wastes and transfer of cleaner and safer technologies to those countries;]

[(OP1.8.) to fulfil their commitments regarding providing new and additional financial resources, establish and enhance, as appropriate, arrangements for providing technical assistance and technology transfer and capacity building to developing countries, in line with relevant provisions under different chemicals conventions] (= para 12, 14 Stockholm, para 16 of Rotterdam, Preamble of Basel)

(OP) 2. REQUESTS the Director-General:

(1) [to develop, in consultation with Member States,¹ bodies of the United Nations system, and other relevant stakeholders, a road map for the health sector at the national, regional and international level towards achieving the 2020 goal and beyond, taking into account the overall orientation and guidance of SAICM and building on WHO's existing relevant work, as well as the SAICM Health Sector Strategy, and with particular emphasis on the following areas:]

(a) health sector participation in and support for the establishment and strengthening of relevant national legislative and regulatory frameworks;

(b) to support the establishment or strengthening of national, regional or international coordinating mechanisms as appropriate for multisectoral cooperation, and in particular enhancing engagement of all relevant health sector stakeholders;

(c) to strengthen communication and access to relevant, understandable and up-to-date information to increase interest in and awareness of the importance to health of the sound management of chemicals and waste, particularly [for vulnerable populations] / [the most [affected] / [exposed] populations, particularly] [women, children, and through them, future generations];

(d) to participate in bilateral, regional or international efforts to share knowledge and best practices [and technological information] for the sound management of chemicals, including the World Health Organization's Chemicals Risk Assessment Network;

(e) to participate actively in ongoing work on the Strategic Approach's Emerging Policy Issues and Other Issues of Concern;

(f) to encourage implementation of the Strategic Approach's Strategy for strengthening engagement of the health sector, including review of its own

¹ And, where applicable, regional economic integration organizations.

role to the extent that it is a user of chemicals and a producer of hazardous waste;

(g) to mainstream gender as a component in all policies, strategies and plans for the sound management of chemicals and waste, considering gender differences in exposure to and health effects of toxic chemicals while ensuring participation of women as agents of change in policy and decision making; and

(h) to strengthen efforts on implementation of the updated health sector priorities, such as those identified in the recent WHO health sector survey:

- (i) devising better and standardized methods to determine impacts of chemicals on health, to set priorities for action and to evaluate the effectiveness of policies and progress of the Strategic Approach;
- (ii) formulating strategies aimed at prevention of ill-health and disease caused throughout the life course by chemicals, including strategies directed specifically at the health of children and workers;
- (iii) building capabilities of countries to deal with poisonings and chemical incidents and emergencies;
- (iv) promoting alternatives to highly toxic and persistent chemicals;
- (v) filling of gaps in scientific knowledge;
- (vi) elaborating globally harmonized methods for chemical risk assessment;
- (vii) actions to improve ability to access, interpret and apply scientific knowledge.¹

(OP2.1.1bis) to build on and enhance implementation of actions pursuant to resolution WHA63.25 on improvement of health through safe and environmentally sound waste management and to develop a report on the impacts of waste on health, the current work of the WHO in this area, and possible further actions that the health sector, including WHO, could take to protect health;

(2) to continue to exercise and enhance the leading role of WHO in the Strategic Approach to foster the sound management of chemicals throughout their life cycle with the objective of minimizing and, where possible, preventing significant adverse effects on health [and to continue supporting the work of the [SAICM] secretariat in WHO areas of expertise];

[(2ter alt) to work to improve available data to complement the proposed indicators for Target 3.9 of the 2030 Sustainable Development Agenda;]

(3) to continue current efforts to engage the health sector in chemicals management and make progress in chemical safety in particular in the implementation of the International Health Regulations;

(4) to support Member States by providing technical support, including at the regional and country level, for strengthening the role of the health sector towards meeting the 2020 goal, including by enhancing capacities at individual, institutional and networking levels and dissemination of evidence-based best practices;

(OP2.4bis) [to foster dissemination of alternatives to highly toxic and persistent chemicals on the condition that there is sound scientific proof that those alternatives significantly minimize health risks throughout the life cycle;]

(5) to set aside adequate resources and personnel for the work of the Secretariat, in line with the Programme Budget 2016–2017 and the Twelfth General

¹ As per SAICM/ICCM.4/INF/11.

Programme of Work 2014–2019 [and taking into account the recent calls at ICCM4 and UNEA1 on staffing support for SAICM];

(6) [to present to the Seventieth World Health Assembly a road map outlining concrete actions to enhance health sector [engagement] / [contribution] towards meeting the 2020 goal and beyond as well as a progress report on the preparation of the report requested in 2.1bis.]

The financial and administrative implications for the Secretariat were:

Resolution: The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond	
A. Link to the general programme of work and the programme budget	
1. Please indicate to which impact and outcome in the Twelfth General Programme of Work, 2014–2019 and which output in the Programme budget 2016–2017 this draft resolution will contribute if adopted.	<p>Twelfth General Programme of Work, 2014–2019: Impact goals: Reduce premature mortality from noncommunicable diseases; and Prevention of death, illness and disability arising from emergencies; and Outcome: Reduced environmental threats to health.</p> <p>Programme budget 2016–2017: Output 3.5.1 Countries enabled to assess health risks and develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks;</p> <p>Output 3.5.2 Norms and standards established and guidelines developed for environmental and occupational health risks and benefits associated with, for example, air and noise pollution, chemicals, waste, water and sanitation, radiation, nanotechnologies and climate change; and</p> <p>Output 3.5.3 Public health objectives addressed in implementation of multilateral agreements and conventions on the environment and in relation to the proposed sustainable development goals and the post-2015 development agenda.</p>
2. If there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017, please provide a justification for giving consideration to the draft resolution.	<p>Not applicable.</p>
3. What is the proposed timeline for implementation of this resolution?	<p>A road map, to be developed in consultation with Member States and others, will be presented to the Seventieth World Health Assembly, in 2017, and a report on waste produced within the current biennium.</p> <p><i>If the timeline stretches to future programme budgets, please ensure that further information is provided in the costing section.</i></p>
B. Budgetary implications of implementation of the resolution	
<p>The budgetary implications are largely driven by the process used for consultation on the road map. Options include: (a) electronic consultation; (b) inclusion in the agenda of planned regional events; (c) purpose-specific regional meetings. The cost calculated for the report on waste is included in each of the three options.</p>	

1. Current biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	n/a	n/a	n/a
Regional offices	Option A: 40 000 Option B: 90 000 Option C: 180 000	Option A: 60 000 Option B: 70 000 Option C: 600 000	Option A: 100 000 Option B: 160 000 Option C: 780 000
Headquarters	Option A: 120 000 Option B: 120 000 Option C: 120 000	Option A: 210 000 Option B: 260 000 Option C: 260 000	Option A: 330 000 Option B: 380 000 Option C: 380 000
Total	Option A: 160 000 Option B: 210 000 Option C: 300 000	Option A: 270 000 Option B: 330 000 Option C: 860 000	Option A: 430 000 Option B: 540 000 Option C: 1 160 000
1(a) Is the estimated budget requirement in respect of implementation of the resolution fully included within the current programme budget? (Yes/No) The resolution calls for new work that was not anticipated when the programme budget was developed. While budget space for the amount indicated can be managed within the programme budget, the technical programme does not have the required funds. Securing financing for work on chemical safety remains a challenge.			
1(b) Financing implications for the budget in the current biennium: – How much is financed in the current biennium? Staff costs will have to be covered within current workplans by reordering priorities because of the short-term nature of the work. – What are the gaps? Activity costs. – What action is proposed to close these gaps? If no donor emerges, the funds will need to be found from core voluntary contributions. The road map will be prioritized in order to meet the deadline for reports scheduled for presentation to the Seventieth World Health Assembly, with the report on waste (staff costs plus US\$ 150 000 activity costs at headquarters) to follow, as funds become available.			
2. Next biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	n/a	n/a	n/a
Regional offices	n/a	n/a	n/a
Headquarters	n/a	n/a	n/a
Total	n/a	n/a	n/a
2(a) Financing implications for the budget in the next biennium: – How much is currently financed in the next biennium? Not applicable. – What are the financing gaps? Not applicable. – What action is proposed to close these gaps? Not applicable.			

The DIRECTOR (Department for Governing Bodies and External Relations) said that the square brackets should be removed from around preambular paragraphs *1bis bis*, *1bis*, *1ter* and *9bis* the second, third, fourth and thirteenth preambular paragraphs in the version under discussion. She read out some minor editorial amendments to the beginning of subparagraphs 2(1)(b–h).

The representative of EGYPT, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed WHO's increasing role in dealing with issues related to health and the environment. Health sector representatives should participate in meetings under the umbrella of relevant multilateral agreements on chemicals. In the light of the expected surge in chemical production in the near future, chemical producers and suppliers should provide sufficient information on exposure, hazards and safer alternatives for distributors, workers, consumers and users at all levels in the supply chain, to guarantee the safe and environmentally-sound production, use and disposal of chemicals. Technical, scientific, institutional and financial assistance should be extended to developing countries to enable them to effectively achieve the 2020 goal of the Strategic Approach to International Chemicals Management.

The representative of CANADA, speaking on behalf of the Member States of the Region of the Americas, said that health sector participation in the sound management of chemicals should be strengthened to achieve key international commitments, such as the 2020 goal of the Strategic Approach and the related Sustainable Development Goals. Health sector engagement was crucial to identify risks and to implement effective interventions promoting Health in All Policies or whole-of-government approaches. Particular attention should be given to populations that were especially vulnerable to chemical exposure. The health sector had an important role to play in preventing ill-health and diseases linked to chemical exposure, including by raising awareness, disseminating information and coordinating joint activities on chemicals management with other sectors. Consideration by WHO of a road map could help to consolidate priority actions for the health sector.

Speaking on behalf of his own country, he explained that the draft resolution called for the development of a road map providing technical guidance to give impetus to the health sector's contribution to the achievement of the 2020 goal of the Strategic Approach and beyond. It requested the Director-General develop a report on the impacts of waste on health, which would be useful for future work. Argentina and Spain had requested to be added to the list of sponsors.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region, said that the lack of necessary regulatory and policy frameworks and institutional capacity to assess and mitigate the adverse health impact of chemicals was a serious problem in many countries. WHO should therefore support Member States to develop policy frameworks for chemicals management. In several regions, particularly the African Region, concerted efforts were required to strengthen regulatory authorities. Work under the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property should be strengthened and include regulatory guidance on chemicals management.

The representative of the RUSSIAN FEDERATION outlined the action on chemicals management undertaken by his country, including the development of a new government policy in that regard. All individuals had the right to health protection when handling chemicals. Decisions on chemicals management should be made only on the basis of scientific evidence. The implementation of decisions required multisectoral cooperation, adequate financing and an appropriate legislative framework. He hoped that those points would be reflected in the resolution.

The meeting rose at 17:30.

SEVENTH MEETING

Wednesday, 27 January 2016, at 18:00

Chairman: Dr R. BUSUTTIL (Malta)

later: Ms M.P. MATSOSO (South Africa)

1. PROMOTING HEALTH THROUGH THE LIFE COURSE: Item 7 of the agenda (continued)

Role of the health sector in the sound management of chemicals: Item 7.6 of the agenda (document EB138/18) (continued)

The representative of BRAZIL said that strengthened cooperation between the health sector and other sectors at the regional and national levels was important to achieve the targets of the Sustainable Development Goals relating to the sound management of chemicals. Many governments required technical support from WHO in order to build institutional capacity, improve regulatory frameworks and train health workers.

The representative of CHINA supported the draft resolution. A significant proportion of the global disease burden was associated with the impact of chemicals and many developing countries and countries with economies in transition needed financial assistance and technical support to achieve the goal of the Strategic Approach to International Chemicals Management. Stronger cooperation with Member States was also needed in order to facilitate the development of globally harmonized methods for the evaluation of chemical risks.

The representative of the UNITED STATES OF AMERICA said that her delegation wished to cosponsor the draft resolution. The health sector played an important role in the sound management of chemicals, in the context of both the Strategic Approach and the Sustainable Development Goals. Her Government encouraged all countries to contribute to the development of the Overall Orientation and Guidance for achieving the 2020 goal of sound chemicals management.

The representative of URUGUAY¹ said that, in order to implement the international community's commitment to achieve the sound management of chemicals by 2020, health priorities needed to be mainstreamed into all policies and WHO support was crucial to that end. The draft resolution, of which her delegation was a cosponsor, would facilitate compliance with the commitments undertaken and provide useful guidance on giving the health sector a primary role in risk evaluation and implementing effective measures to protect populations from chemicals exposure.

The representative of ZAMBIA¹ supported the draft resolution and the proposed road map, which would guide multisectoral policy development and implementation and help raise public awareness.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of GERMANY¹ said that, as the 2020 deadline was approaching rapidly, WHO must intensify its efforts, including by developing a road map for the health sector. WHO should also support the Strategic Approach secretariat, including by setting aside adequate resources and providing staffing support. Chemicals and waste management were cross-cutting elements of sustainable development and would remain relevant beyond 2020.

The representative of COLOMBIA,¹ supporting the 2020 sound chemicals management goal and similar provisions of the 2030 Agenda for Sustainable Development, said that the reduction, reuse and recycling of waste was crucial to making global waste management environmentally sound. The draft resolution provided an opportunity to strengthen the role of WHO and the health sector in those efforts.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA said that the toxicity of some pesticides and herbicides remained controversial. WHO must exercise the utmost objectivity when evaluating the toxicity of chemicals.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that pharmaceutical chemicals, which caused proven negative effects on living organisms, were increasing in number. The undeniable environmental impact of pharmaceuticals could be diminished, as described in a report on green pharmacy practice published by her organization. Pharmaceuticals management was an important aspect of chemicals management and should be included in the present discussion.

The ASSISTANT DIRECTOR-GENERAL (Family, Women's and Children's Health) said that the present discussion, together with the proposed draft resolution, represented an important contribution to WHO's long-standing programme of work on chemical safety.

The CHAIRMAN took it that the Board wished to note the report and suggested that, as further consultations were needed on the draft resolution, the discussion of the agenda item could be suspended and resumed later in the session.

It was so agreed.

(For continuation of the discussion, see the summary record of the fourteenth meeting, section 1.)

2. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 8 of the agenda (continued)

Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits: Item 8.2 of the agenda (documents EB138/21 and EB138/21 Add.1)

The representative of EGYPT, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that further discussion was required on the timeline and scope of the 2016 review of the Pandemic Influenza Preparedness Framework and on the representativeness of the Review Group. It was unclear how the findings of the Group would be used to overcome key challenges in the implementation of the Framework, and how they would measure the improvement in

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

global preparedness and national response capacity. Private sector contributions to the Framework should be sustained and increased. The global action plan for influenza vaccines must be equity-based.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, speaking on behalf of the Member States of the African Region, said that the current obstacles to influenza pandemic preparedness in the region included: the weak link between epidemiological and virological surveillance; inequitable distribution of laboratories; insufficient vaccine production; and inadequate early detection, registration and vaccine distribution capacities. Some progress had been made in the field of indicators; avian influenza notification; provision of reagents and materials for laboratory diagnosis; transport of virus specimen to laboratories to boost diagnostic capacities; and review of national surveillance protocols. Regional efforts had focused on pandemic influenza risk communication and the review of national regulatory frameworks on vaccines and antivirals. The Pandemic Influenza Preparedness Framework was a vital instrument and should be implemented by all Member States.

The representative of JAPAN said that the Pandemic Influenza Preparedness Framework had proven highly beneficial during the most recent avian influenza outbreak. The Pandemic Influenza Preparedness Framework Advisory Group or WHO should monitor the spending of the annual partnership contributions. Given the importance, and the delicacy, of handling genetic sequence data, she appreciated efforts to develop a proper mechanism for sharing such data. She supported proposals for the Secretariat to analyse and report to Member States on the potential impact of 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 on the sharing of pathogens. WHO should also analyse potential public health implications.

The representative of CHINA said that his delegation supported the 2016 Framework review and wished to recommend experts for the Review Group. China had concluded a Standard Material Transfer Agreement, stepped up surveillance and shared influenza virus strain information, and would continue to contribute to global surveillance efforts.

The representative of THAILAND said that all biological materials and genetic sequence data should be reviewed and used to develop new products. The data sharing mechanism must be equipped with a transparent tracking system and be publicly accessible. Conclusion of Standard Material Transfer Agreements 2 should be accelerated, drawing on the lessons learned. She encouraged recipients of biological materials that were not part of the global influenza surveillance and response system to conclude relevant agreements. The global action plan for influenza vaccines had proven highly effective and should be sustained for another five years at least.

The representative of the RUSSIAN FEDERATION said that the Pandemic Influenza Preparedness Framework was highly effective. Shortcomings owing to inadequate funding and lack of state support must be overcome and WHO efforts to enhance global vaccine production capacities, particularly in developing countries, must be continued. Scientific research into innovative influenza vaccines must also be intensified. WHO needed to be more effective in concluding agreements with vaccine manufacturers in order to ensure equitable access for developing countries. The work conducted on genetic sequence data exchange was highly relevant and should be concluded promptly. The 2016 review should focus, in particular, on issues of inclusiveness and transparency.

The representative of the UNITED STATES OF AMERICA said that his delegation looked forward to a thorough discussion of the Pandemic Influenza Preparedness Framework within the Review Group, whose composition was representative and sufficiently diverse. His delegation also looked forward to discussing the complex issues of genetic sequence data, and ways in which the global action plan could be continued or components thereof transferred to the Framework.

The representative of the REPUBLIC OF KOREA said that the Pandemic Influenza Preparedness Framework Advisory Group should consider detailed practical action plans for sharing genetic sequence data on seasonal influenza viruses in order to facilitate their transparent and impartial use. Further discussion was needed on the implications of the Nagoya Protocol.

The representative of CANADA said that strong communication between the Review Group and Member States, and with key stakeholders, was crucial to the success of the exercise. Her delegation strongly supported the recommendations of the Advisory Group, in particular the recommendation to identify possible linkages with other instruments that currently addressed aspects also covered under the Framework, such as the Nagoya Protocol.

The representative of ARGENTINA said that rapid exchange of information was crucial to pandemic research, risk assessment and preparedness. Experience in Argentina had shown that maintaining, strengthening and articulating a virus surveillance network was critical.

The representative of BRAZIL said that the Pandemic Influenza Preparedness Framework had created a unique relationship between the public and private sectors and its work must continue even if the exchange of information would in future occur through the use of genetic sequence data, rather than biological material. The development of health and licencing related technologies must be transparent, coordinated and based on dialogue.

The representative of INDONESIA¹ welcomed WHO's readiness to involve Member States in the 2016 review. The review must be conducted in a fair, transparent and efficient manner, especially with regard to virus and benefit sharing, and be driven by Member States. The use of genetic sequence data should be clarified. Transfer of technology, accelerated conclusion of Standard Material Transfer Agreements 2, and proper distribution of partnership contribution funds were crucial for pandemic preparedness.

The representative of AUSTRALIA¹ supported the Advisory Group's recommendations on the scope and terms of reference for the 2016 review. The emphasis on strengthening surveillance and laboratory capacity in developing countries should be maintained, and the Secretariat should continue its work to finalize Standard Material Transfer Agreements 2.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that tailored, country-specific communication was important to address uncertainty and misconceptions, concerns about the availability and utility of vaccines, modes of transmission, and issues of societal trust of authorities that often accompanied influenza outbreaks. Physicians, who were trusted professionals and could act as spokespersons, needed rapid access to reliable information through pre-established channels. In the event of a pandemic, vaccine distribution should be managed by the authorities, while health professionals should simply provide care, rather than being involved in rationing scarce resources. Strong health systems and well-trained health workers were critical to pandemic preparedness.

The EXECUTIVE DIRECTOR ad interim (Outbreaks and Health Emergencies), replying to the issues raised, said that the Review Group was composed of experts from all six WHO regions who had been nominated on the basis of the recommendations of the Advisory Group. The Review Group was keenly aware that Member States wished to be closely involved and had set up a process involving regular meetings to keep Members States informed. WHO was working hard to accelerate conclusion of Standard Material Transfer Agreements 2. When examining the issue of genetic sequence data, the

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Advisory Group had discussed the optimal characteristics of a data sharing system and options for monitoring the use of genetic sequence data and products. The Review Group would also look at the issue and the Secretariat would analyse potential interlinkages with the Nagoya Protocol.

The Board took note of the report.

Ms Matsoso took the Chair.

Smallpox eradication: destruction of variola virus stocks: Item 8.3 of the agenda (document EB138/22)

The representative of EGYPT said that both the WHO Advisory Committee on Variola Virus Research and the Advisory Group of Independent Experts to Review the Smallpox Research Programme had concluded that there was no need to retain live variola virus for further research on diagnostics or vaccines. The Advisory Group had also found that there was no need for live variola virus for the development of antiviral agents. Experts agreed that, with the development of synthetic technologies that permitted the recreation of the variola virus, the risk of smallpox re-emerging could never be fully eradicated, thus making it all the more necessary to eradicate the risk of accidental or deliberate release of the virus from one of the WHO repositories. Since recreated variola virus could be used in vaccine research and diagnostic tests, he strongly supported the destruction of the remaining stocks of live variola virus. Member States should be allowed to participate in biosafety and biosecurity inspection visits at the repositories.

The representative of the UNITED STATES OF AMERICA said that, while gene synthesis and gene editing technologies were transforming biological sciences, the WHO Advisory Committee on Variola Virus Research operated within parameters adopted in the previous century. The recommendations of the Independent Advisory Group on Public Health Implications of Synthetic Biology Technology Related to Smallpox must be considered in depth and concrete proposals developed in response to them for submission to the Sixty-ninth World Health Assembly.

The representative of THAILAND said that existing tools were sufficient to prepare for a potential smallpox outbreak. In order to ensure equitable and timely access to essential public health tools, WHO and development partners should promote knowledge sharing and access without legal or structural barriers. Given the advances in research, the threat of maintaining live variola virus stocks greatly outweighed the benefits. Her delegation therefore strongly supported their early destruction.

The representative of SUDAN,¹ invited to take the floor by the CHAIRMAN at the request of the representative of Pakistan, and speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, given the findings of relevant WHO expert groups, there was no need to retain live variola virus stocks. They had served their purpose and maintaining them would only increase the risk of re-emergence. The Member States of the Region therefore supported their early destruction.

The representative of CHINA said that the most pressing question was how to prevent smallpox re-emergence, including through synthetically generated viruses. His delegation supported the destruction of live variola stocks and requested that WHO should inform Member States of any progress made with regard to smallpox research.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, requested information on the discussion between WHO and the national regulatory agencies of the two variola virus repository host States on the creation of a regulatory framework for the donation of smallpox vaccines. Member States should be kept informed of progress made with regard to the operational framework for access to WHO emergency stockpile of smallpox vaccine. More information was needed on safety measures implemented by repository holders and responsibilities in the event of an outbreak.

The representative of the REPUBLIC OF KOREA said that synthetic biology went beyond smallpox and should be considered in connection with the eradication of other infectious diseases. Any decision taken in respect of the deadly virus needed to be based on the findings of the Advisory Committee on Variola Virus Research. Given the risk of re-emergence, more discussion was needed on ways to prevent, detect and respond to a potential future outbreak.

The representative of the RUSSIAN FEDERATION commended the work on the operational framework for access to WHO's emergency stockpile of smallpox vaccine. The mechanisms would enable timely and adequate response to potential smallpox events and all available resources must be concluded promptly. He praised the work done on the impact of synthetic biology technology, which was crucial to response capacity. The Russian Federation would be willing to share the findings of its research using wild variola viruses.

The representative of CANADA said that there was limited value in retaining stocks of variola virus, despite security concerns related to synthetic biology. Serious consideration must be given to the recommendations made by the Independent Advisory Group in respect of the need to update preparedness efforts and adapt research frameworks to new risks. Canada would continue to support the biosafety inspection visits of declared stocks, and the constructive partnership with WHO collaborating centre repositories.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA said that no country in the South-East Asia Region currently held variola virus stocks or conducted relevant research. The Region would support all efforts for WHO Member States to reach an agreement on the complete destruction of stocks.

The representative of JAPAN said that, although Japan supported the destruction of global variola virus stocks, given the changed circumstances it would be judicious to wait until research was completed. Bioterrorism was a threat and further discussion was needed on research and development and vaccine stockpiling to ensure global health security. The agenda for countermeasure research must be reviewed and the expertise of the Advisory Committee enhanced. The recommendations of the Independent Advisory Group should inform any decision about the future of virus stocks.

The representative of BRAZIL said that the WHO variola repositories operated in conformity with the highest international biosafety and biosecurity standards. The work of the Independent Advisory Group was crucial and its full report should be used to inform the decision on the destruction of variola virus stocks.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the Director-General should give careful consideration to the recommendations of the Independent Advisory Group, especially those relating to a reviewed agenda for smallpox countermeasures and the expansion of the expertise of the Advisory Committee.

The representative of NEW ZEALAND said that developments in synthetic biology, which had created a new scenario for possible re-emergence of smallpox, did not necessarily justify the continuation of two repositories of live virus and it was unclear whether they could deliver an

advantage in a bioterrorism scenario. His delegation supported maintenance of the repositories for the time being although it did not support opening access to live virus for other laboratories, as that would substitute one set of risks for another. The situation should be reviewed in five years' time; once the impact of the rapidly emerging field of synthetic biology was clearer, a more informed risk assessment could be made.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that destruction of live virus stocks would remove the danger of the re-emergence of smallpox through accidental or deliberate laboratory release. WHO should exercise leadership and demand the destruction of the stocks, terminate the authorization of research involving live variola stocks, and set up transparent, accountable oversight mechanisms to monitor compliance. The global ownership of research outcomes must also be ensured.

The representative of AUSTRALIA¹ welcomed the Director-General's commitment to act on the advice from the Independent Advisory Group and encouraged the Director-General to explore revisions to WHO recommendations concerning the synthesis and use of variola virus DNA fragments, in line with the Independent Advisory Group's conclusions. Strategies and preparedness measures needed to be adapted to take into account emerging risks from synthetic biology. It might be judicious to retain carefully managed stocks of live variola virus for further development of countermeasures in the event of re-emergence.

The EXECUTIVE DIRECTOR ad interim (Outbreaks and Health Emergencies) said that although the live virus was no longer needed for research on vaccines and diagnostics, the Advisory Committee on Variola Virus Research had found that it was needed for further research on antivirals, since there were currently no licensed smallpox antivirals on the market. The Advisory Committee had considered the recommendations of the Independent Advisory Group in its most recent meeting in January 2016 and would submit its report prior to the Sixty-ninth World Health Assembly. Its findings, including in respect of the possible expansion of its scope and research agenda in the light of developments in synthetic biology, would be included in the Director-General's report. The report would also discuss the issue of timelines for the implementation of past Health Assembly resolutions calling for the destruction of live variola virus stocks. The Secretariat would prepare a report on the recommendations of the Independent Advisory Group, and on biosafety inspections of live variola virus repositories. Regulations governing the handling of live variola virus would be updated.

The Board took note of the report.

Global action plan on antimicrobial resistance: Item 8.5 of the agenda (document EB138/24)

The representative of the CONGO, speaking on behalf of the Member States of the African Region, said that antimicrobial resistance was a cross-cutting issue with health, economic and social implications that could be addressed only through an integrated, consistent and cross-sector approach at the global, regional and national levels. Emerging antimicrobial resistance in Africa was due to a range of factors, including improper utilization of antimicrobial agents, the use of fake and counterfeit medicines, poor prescribing habits and non-compliance to prescribed treatments. WHO leadership was crucial to securing the technical and financial support Member States needed to meet that enormous challenge. WHO should develop proposals for options and deliverables for the United Nations General Assembly high-level meeting, to be submitted to the Sixty-ninth World Health Assembly, which could help advance the global action plan on antimicrobial resistance.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of MALTA, speaking on behalf of the European Union and its Member States, welcomed the decision of the United Nations General Assembly to convene a high-level meeting on antimicrobial resistance in 2016 as it would secure the political commitment necessary to translating the global action plan into action at the national, regional and international levels. He supported the idea of a political declaration calling for urgent, concerted, multisector, high-level action with the involvement of relevant United Nations agencies. The declaration should further contain proposals for concrete action in the areas of human health, animal health, agriculture and environment in the wider context of the Sustainable Development Goals. Responsible use of antibiotics, improved prevention, infection control, surveillance, diagnosis, sound prescription practices, antibiotics research and development, innovation, and global equitable access were crucial. In order to ensure the success of the high-level meeting, all relevant ministries in Member States must be involved in its preparation.

The representative of PAKISTAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the global action plan was a milestone in the global response to antimicrobial resistance. The high-level meeting of the United Nations General Assembly would raise overall awareness of the problem and create needed momentum for the sustainable implementation of the Plan. Adequate financing, technical assistance and capacity building were also needed. The nomination of the WHO Special Representative for Antimicrobial Resistance was a welcome development.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that a United Nations General Assembly resolution on antimicrobial resistance would create an opportunity for global leadership, top-level political commitment and coordinated action across all sectors and relevant organizations. An ambitious programme was needed to counter the spread of antimicrobial resistance. Evidence showed that failure to tackle the problem would jeopardize the achievement of the Sustainable Development Goals and could undo what had been accomplished under the Millennium Development Goals. Antimicrobial resistance had a different meaning in every country and region, but safeguarding the effectiveness of antibiotics, while facilitating global access, could only be achieved through cooperation. A holistic approach to health involving people, animals, agriculture and the environment was also essential. She invited the Secretariat to give an oral update on work done since the publication of the report in document EB138/24.

The representative of the UNITED STATES OF AMERICA said that a political declaration emanating from a United Nations General Assembly meeting would carry sufficient weight to place antimicrobial resistance high on the global agenda. A resolution, if adopted, could address issues pertaining to standards for responsible, optimized use of antibiotics, systematic surveillance of drug resistance and containment measures.

The representative of SWEDEN said that time was precious and a strong political signal from the high-level United Nations General Assembly meeting could be a starting-point for further work within the United Nations system. Investment in implementation, access to affordable prevention tools, diagnostics and therapies, conservation and innovation were critical to the implementation of the global action plan.

The representative of CHINA said that WHO should cooperate with the United Nations General Assembly to prepare proposals for the scope and format of the high-level meeting, in consultation with Member States. When setting timelines for the implementation of the global action plan, the economic and other disparities between Member States should be taken into account.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA, speaking on behalf of the Member States of the South-East Asia Region, said that critical, rapid action was needed to win the race against the increase in antimicrobial resistance. It was heartening to see growing

awareness at the highest political level, but the commitments undertaken under the global action plan must be translated into action, including by mobilizing resources for implementation. Widespread irrational use of antibiotics must be stopped through wider public awareness.

The representative of JAPAN said that strong political commitment and cooperation across all levels and all stakeholders was crucial to the implementation of the global action plan. In order to promote regional cooperation, Japan would host an Asia-Pacific regional meeting on antimicrobial resistance in April 2016.

The representative of SAUDI ARABIA said that antimicrobial resistance demanded a comprehensive approach, including through activities designed to mobilize communities and change behaviours. Substantial technical and financial support must be provided to low-income countries in order to implement the global action plan and all relevant stakeholders, including pharmaceutical companies, must participate. Saudi Arabia had made remarkable progress in controlling and rationalizing antibiotic use in health facilities, although collaborative efforts had been hindered by the lack of appropriate legislation and national mechanisms for multisectoral coordination.

The representative of the RUSSIAN FEDERATION said that a global, cross-sectoral, integrated and cooperative approach was needed to tackle antimicrobial resistance. The Russian Federation had undertaken joint research and concluded agreements with several States on unified requirements for the safety of food products of animal origin. Work was under way on harmonizing the maximum permissible levels of antibiotics in foods of animal origin. Access to microbiological laboratory studies, monitoring of antibiotic resistance in core triggers, rational use of antimicrobials, and the introduction of new antimicrobials were also important. A political declaration adopted by the United Nations General Assembly meeting would lay the basis for the implementation of the global action plan and his delegation stood ready to help prepare the contents of such a document.

The representative of THAILAND said that Thailand had developed a national strategy and action plan and the Thai national health assembly had adopted a resolution on antimicrobial resistance to raise public awareness. Political commitment at all levels was crucial to the implementation of the global action plan.

The representative of EGYPT said that antimicrobial resistance was a growing threat. It had a disproportionate effect on low- and middle-income countries where surveillance activities were often under-resourced. Those countries must be provided with affordable and sustainable access to new antimicrobials and diagnostic tools. Medical training curricula must be updated to include emerging threats and public awareness campaigns must be implemented.

The representative of SOUTH AFRICA said that the high profile given to antimicrobial resistance through the holding of a United Nations General Assembly meeting could help to secure funds for domestic and regional activities in support of the implementation of the global action plan.

The representative of BRAZIL said that awareness raising and mobilization of global support were vital. Brazil stood ready to contribute to preparing for a productive high-level meeting that would address all relevant issues, including equity, affordability and access.

The representative of the REPUBLIC OF KOREA said that in order to tackle antimicrobial resistance, a long-term road map was needed. His Government planned to establish a multisectoral coordination network to support implementation of the One Health approach nationally, intensify research and surveillance activities and continue to support global efforts.

The representative of FRANCE said that it was encouraging to note that antimicrobial resistance remained high on the agenda of decision-makers. Given its severe implications for public health and the economy, political involvement at the highest level was imperative. In support of the One Health approach, France had nominated an interministerial delegate for antimicrobial resistance tasked with promoting research and innovation; facilitating civil society engagement; and advocating special rules for the commercialization of antibiotics. She welcomed the plethora of global initiatives and called for better coordination among stakeholders.

The representative of NAMIBIA said that the excellent work done by WHO on antimicrobial resistance must be complemented by additional clinical and practical efforts. Adherence to basic clinical standards and protocols was inexpensive and effective while sound prescription practices were crucial and required continuous education of the health workforce. The relationship between pharmaceutical companies and dispensing medical professionals might also need to be reviewed. Ongoing research on innovative products was also important.

The representative of CANADA said that active endorsement of the global action plan by heads of State and Government at the United Nations General Assembly high-level meeting would be a unique opportunity to reach consensus on a global approach, mobilize relevant state and non-State actors, and draw global attention to antimicrobial resistance as a critical health, economic and human development issue. It should involve the adoption of strong and public commitments to action.

The representative of ARGENTINA said that her country had taken a series of measures to implement the global action plan at the national level.

The representative of INDIA¹ said that India would host a conference on antimicrobial resistance from 23 to 25 February 2016 and launch a logo for a global public health campaign on antimicrobial resistance. He would welcome a comprehensive report from the Secretariat on identified potential deliverables for the United Nations General Assembly high-level meeting. The global action plan could be successful only if implemented by all and therefore technical and financial support must be available for developing countries. Any programme to address antimicrobial resistance must be consistent with the Consultative Expert Working Group on Research and Development's principles of access, affordability and equity.

The representative of SURINAME said that the global action plan should support decisions and actions that were based on evidence gathered at the national, regional and subregional levels.

The representative of GERMANY¹ commended WHO for the progress made in the implementation of the global action plan. Innovation in the development of new antibiotics needed to be affordable. The work being done by WHO and the Drugs for Neglected Diseases Initiative to create a global antibiotic research and development facility designed to develop new antibiotic treatments to address antimicrobial resistance and promote their responsible use for optimal conservation, while ensuring equitable access for all, was unique. Germany would contribute a minimum of €300 000 in 2016 and encouraged others to follow suit.

The representative of MOROCCO¹ said that the critical question was how to ensure that antibiotics were used appropriately in humans and animals in order to prevent widespread resistance. A multisectoral approach to combating the threat that antimicrobial resistance represented was the most effective strategy in terms of data collection, surveillance, research and awareness raising, but would be possible only if Member States updated their surveillance systems. WHO's global action

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

plan reflected global consensus on the serious threat that antimicrobial resistance presented to human health. A WHO expert mission to Morocco in 2013 had highlighted the efforts of Morocco to combat the phenomenon and the challenges the country faced in devising effective measures. Morocco was in the process of drafting a strategy and a multisectoral action plan on the prevention and monitoring of antimicrobial resistance. Morocco fully supported the Secretariat's initiatives relating to the United Nations General Assembly in 2016.

The representative of AUSTRALIA¹ welcomed the high-level meeting of the United Nations General Assembly on antimicrobial resistance and affirmed support for an ambitious, action-oriented and collaborative outcome that would garner political support at the highest level. Alignment with the global action plan should remain a key focus with close collaboration across sectors to increase the visibility of antimicrobial resistance in the lead-up to the high-level meeting. Australia would welcome further detailed proposals from the Secretariat on the content and deliverables for the high-level meeting, for consideration at the Sixty-ninth World Health Assembly. Australia remained committed to supporting action in the Asia Pacific region on antimicrobial resistance and welcomed Japan's hosting of a regional meeting on the issue in April 2016.

The representative of NORWAY¹ supported the statement by the representative of Sweden, and noted that new international legal measures would help to ensure that antibiotics were used only when necessary. Norway would support an international ban on the use of antibiotics as growth enhancers and a ban on veterinarians being able to profit financially from the sale of antibiotics. The high-level meeting needed to be a cross-sectoral catalyst for action that spanned health, animal, food and the environment. Norway looked forward to contributing to that goal.

The representative of SWITZERLAND¹ supported the high-level meeting, and noted that the national strategy on antimicrobial resistance adopted in November 2015, based on a One Health multisectoral approach, was fully compatible with WHO's global action plan. Switzerland had joined the Global Health Security Agenda, an initiative launched in early 2014 by the United States of America. In that context, Switzerland had published a comparative study of national strategies to combat antimicrobial resistance, which defined best practices.

The representative of COLOMBIA¹ said that recent progress in science and medicine was at risk of being lost owing to the increased resistance of some organisms that caused disease and infections, a problem that was made worse by the excessive use of antibiotics. Training people in the appropriate use of antimicrobials and antibiotics was the key to success. Furthermore, the pharmaceutical industry needed to be a strategic partner in efforts to provide more effective medicines by promoting responsible use and research was required on innovative therapies and medicines. A multisectoral, integrated surveillance system was needed, incorporating a hospital-based and community-based approach. Political will was essential for the establishment of legislation governing antibiotics and the production of foodstuffs, and guaranteeing medicines of a high quality, that were safe and accessible. Pharmaceutical policies at the national level were needed on the appropriate use of medicine, epidemiological surveillance, and appropriate research and development initiatives. In addition, innovation should be encouraged in the interests of public health. Colombia welcomed the high-level meeting initiative.

The representative of BANGLADESH¹ said that the importance of prioritizing antimicrobial resistance had been recognized by the Regional Office for South-East Asia. Planned, urgent and concerted efforts were needed, in the absence of which newer and effective antibiotics would be unavailable. In line with the regional strategy on prevention and containment of antimicrobial

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

resistance, 2010–2015 a national strategy and plan of action had been developed. He welcomed the technical assistance provided by the country office and the Regional Office.

The representative of ZAMBIA¹ pledged continued support during the period of transition with regard to the Sustainable Development Goals. The priority remained managing antimicrobial resistance, which included increasing its visibility, strengthening surveillance, improving research, and updating public health policies.

The representative of INDONESIA¹ noted the need for Member States to set priorities and requested that, with respect to advanced technical competencies, WHO should provide support to Member States in their efforts to take a whole-of-society approach to the global and national action plans.

The representative of MSF INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that her organization had witnessed at first hand the emergence of antibiotic resistance in its child nutritional centres in Niger, burn care units in Iraq and trauma centres in the Syrian Arab Republic, in response to which its doctors had prescribed polymyxin, which was considered to be the last option for multidrug resistant infections. The success of the global action plan was dependent on its implementation by the Secretariat and Member States. The high-level meeting should produce tangible outcomes, including an overview of national action plans and earmarked resources.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, urged the Executive Board and Member States to allocate the funds required to implement the global action plan. She requested the Secretariat to examine the impact of travel, the transportation of goods and trade agreements on antimicrobial resistance and emphasized the importance of continuing medical education with regard to prescribing medicines.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, called for key stakeholders to be included at the high-level meeting. In 2015, the Federation had launched a document that highlighted the contribution of pharmacists to fighting antimicrobial resistance, including through stewardship programmes to optimize antibiotic prescribing in hospitals and the collection of leftover antibiotics.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, observed that relevant targets had not been included among the goals of the 2030 Agenda for Sustainable Development. Nurses had a vital role in preserving the power of antimicrobial medicines and in the rational use of antibiotics, in monitoring treatment efficacy and early detection, in educating patients on prevention and control, and in implementing infection control measures and supporting compliance. Governments should ensure both workforce planning and education as an integral part of strengthening health systems, and the full involvement of nurses in planning and in policy development.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN and also on behalf of the International Pharmaceutical Students' Federation and the International Veterinary Students' Association, called for opportunities for the involvement of nongovernmental organizations and young people in the high-level meeting process. She endorsed the One Health initiative and urged Member States to be accountable. Antimicrobial resistance was a generational issue and future health professionals faced the risk of losing essential drugs to treat otherwise curable diseases.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The SPECIAL REPRESENTATIVE OF THE DIRECTOR-GENERAL (Antimicrobial Resistance) observed that many issues had been clarified since the report had been prepared in October 2015. There was clear support for a discussion of the issue at the highest levels. Furthermore, there was recognition that, although adoption of the global action plan had been a milestone, political engagement and support was needed at the highest level as well as on the ground in order for the plan to move forward, and that a whole-of-society approach was needed. In the context of the deliverables of the high-level meeting, he affirmed that further discussions would be taking place. The consultation process called for in resolution WHA68.7 (2015) between the United Nations Secretary-General and the Director-General had taken place. Since the adoption of the global action plan, the efforts to implement it had included dividing the work into 10 streams. From the perspective of the Secretariat, intense work had been undertaken to address research and development issues and there had been extensive collaboration with the Drugs for Neglected Diseases Initiative. In addition, the needs of low- and middle-income countries had been taken into account. There were ongoing efforts by WHO to provide options on a global development and stewardship framework and a Member State consultation was scheduled to take place on 29 February 2016, to gather input.

The Board took note of the report.

The meeting rose at 21:00.

EIGHTH MEETING

Thursday, 28 January 2016, at 09:10

Chairman: Ms M.P. MATSOSO (South Africa)

1. WHO REFORM: Item 5 of the agenda (continued)

Member State consultative process on governance reform: Item 5.2 of the agenda (document EB138/6) (continued from the fourth meeting)

The representative of the PHILIPPINES, speaking in her capacity as Chair of the Working Group on Governance Reform, drew attention to the draft decision proposed by the Working Group, which read:

The Executive Board, in order to complete the process established by decision EB136(16), decides:

- (1) to convene as soon as possible, and no later than April 2016, an open-ended intergovernmental¹ meeting to discuss, review, amend and come to an agreement on the recommendations presented during the Second Open Member States meeting on governance reform, on the basis of Appendix 2 of document EB138/6;
- (2) to request the Director-General to submit the results of the open-ended intergovernmental meeting to the Sixty-ninth World Health Assembly for its consideration.

The decision was adopted.²

2. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 8 of the agenda (continued)

Poliomyelitis: Item 8.6 of the agenda (document EB138/25)

The representative of FRANCE, speaking on behalf of the Member States of the European Region, welcomed the progress made in Afghanistan and Pakistan and encouraged the Governments of both countries to pursue their efforts to eradicate poliomyelitis, including through cross-border cooperation and a sustained high-level political commitment. She welcomed the robust action that had been taken by the Global Polio Eradication Initiative to bring a swift halt to the circulation of vaccine-derived poliovirus, and called for the full implementation of the recommendations made under the International Health Regulations (2005). It was crucial to ensure full protection for vulnerable groups, including asylum-seekers, refugees, internally displaced persons and migrants, and for their host communities.

¹ And, where applicable, regional economic integration organizations.

² Decision EB138(1).

The Member States were to be commended for their commitment to move from oral to injectable vaccines, despite the difficulties arising from the shortage of the latter; in that regard, they were encouraged to implement the global action plan on containment in full, within a reasonable time frame and in accordance with national legislation, and to shoulder their responsibility to attenuate containment facility-associated risks.

The Secretariat should prepare, for the Sixty-ninth World Health Assembly, specific data on the future of the assets funded by the Global Polio Eradication Initiative and suggest possible ways forward; Member States should finalize their polio legacy plans, in cooperation with all partners; and donors and the countries concerned should make available the funds required by the Initiative. Recalling the obligation to respect and protect health and humanitarian workers, she said that the Member States of her Region condemned in the strongest possible terms the acts of violence committed against those workers and their patients.

The representative of THAILAND announced that her country was prepared for the switch from trivalent to bivalent oral polio vaccine in April 2016. It was concerned, however, by delays in the detection of circulating vaccine-derived poliovirus transmissions in some countries, which were indicative of weak surveillance systems and chronically low vaccine coverage in some high-risk areas. The Secretariat should ensure that up-to-date information on the situation worldwide was shared with Member States in a transparent and timely way. Moreover, the Secretariat, the vaccine industry and the development partners, in particular the GAVI Alliance, should take specific steps to overcome the fact that high cost and limited supply were hampering the introduction of the inactivated poliovirus vaccine in many countries. Lastly, in terms of containment, she asked whether scientific justification could be provided to show that the benefits of destroying all relevant specimens of trivalent oral polio vaccine – including those held in research and academic facilities – outweighed the risk of poliovirus contamination and the loss of research opportunities. In that respect, she recalled that stocks continued to be held of live smallpox virus.

The representative of JAPAN observed that the Global Polio Eradication Initiative's extensive legacy, which included surveillance systems, laboratory networks, risk communication and coordination with local communities, would be of enormous potential benefit for other health issues, such as the emergency response to infectious disease outbreaks. In 2016, an important challenge would be to stop the transmission of wild poliovirus in the last remaining reservoirs in Afghanistan and Pakistan. Another would be to monitor immunization coverage in every country, as outbreaks of paralytic poliomyelitis caused by circulating vaccine-derived poliovirus in the Lao People's Democratic Republic and Madagascar showed that collective immunity had not been sufficiently maintained in some parts of the world.

Under a new "loan conversion" mechanism, a loan extended by the Government of Japan to the Government of Pakistan to support the latter's polio eradication project would be repaid by the Bill and Melinda Gates Foundation on successful completion of the project. Japan intended to make further contributions, including in the form of financial and technical assistance for the Global Polio Eradication Initiative.

The representative of the RUSSIAN FEDERATION expressed concern that the transmission of wild poliovirus had not been stopped in 2015 and that, in the same year, several countries had experienced outbreaks of circulating vaccine-derived poliovirus, including type 2. That development, if it continued in 2016, would endanger the planned withdrawal of the type-2 component from oral polio vaccines by April 2016. Such outbreaks were the result, as a rule, of problems with routine immunization programmes that needed additional resources and time in order to be resolved. Unfortunately, not all countries were acting in accordance with WHO recommendations. Countries affected by poliomyelitis were urged to implement the eradication strategy in full, and all countries were urged to observe the timely recommendations made under the International Health Regulations (2005) and to improve epidemiological surveillance. The Russian Federation called for strict compliance by all countries with resolution WHA68.3 (2015) on poliomyelitis, welcomed WHO's efforts to seek

additional financing for the Global Polio Eradication Initiative, and was endeavouring to increase its own contribution.

The representative of NAMIBIA, speaking on behalf of the Member States of the African Region, noted with satisfaction that Nigeria had been removed from the list of polio-endemic countries and that Africa had been free of wild poliovirus for three years. All 47 countries in the Region had submitted preparedness plans for the switch from trivalent to bivalent oral polio vaccine, 14 had introduced inactivated poliovirus vaccine, and 34 had documented laboratory containment of poliovirus. As the switch date of April 2016 drew near, all partners had to work together to ensure an adequate supply of inactivated poliovirus vaccine. In that respect, it was crucial for WHO and other partners to intervene, including by facilitating mechanisms for pooled procurement and supply. Inadequate funding, poor surveillance, low routine immunization coverage, the non-availability of inactivated poliovirus vaccine, and, in some countries, security considerations could derail polio eradication activities in the Region. As stated in the African Union Declaration on polio eradication in Africa, adopted in June 2015, there was a critical need to sustain intensive polio eradication efforts to preserve hard-won gains.

The representative of KUWAIT, speaking on behalf of the Member States of the Eastern Mediterranean Region, noted the commendable efforts to eradicate poliomyelitis and control outbreaks of the virus, and highlighted the positive results achieved. Her Region was fully committed to the provision of support for all measures aimed at halting transmission of the virus in Afghanistan and Pakistan and at protecting polio-free countries from outbreaks, including through immunization of high-risk groups, including refugees and internally displaced persons. Surveillance of all wild and vaccine-derived polioviruses should be heightened in order to facilitate early warning and an effective response.

Comprehensive application of the temporary recommendations issued under the International Health Regulations (2005) was vital to ensure that anyone entering a poliomyelitis-free area from an infected area had been immunized. In her Region, preparedness and response plans were now being harmonized with the new standard operating procedures for outbreaks of the virus and would eventually be simulated for testing in the field. Furthermore, its Member States were intent on replacing trivalent oral polio vaccine by the bivalent oral polio vaccine by April 2016 and on implementing appropriate measures for the containment of poliovirus type 2 as part of their commitment to eradication of the virus by the end of 2016.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND condemned in the strongest terms the continued attacks on polio workers and accompanying personnel in Pakistan and Afghanistan; efforts to ensure that those workers had safe access to every last child had to be redoubled. The highest authorities in those countries had to demonstrate national leadership and commitment, and make sure that poliomyelitis was eradicated within their borders in 2016. Her country, which would have invested over 1 billion pounds sterling to support polio eradication by 2019, applauded Africa – and Nigeria in particular – for being polio-free for one year, and welcomed the fact that many African countries had used their polio assets to launch successful responses to outbreaks of Ebola virus disease.

The representative of CANADA stressed the need to support the Polio Eradication and Endgame Strategic Plan 2013–2018. He congratulated Nigeria on its removal from the list of endemic countries and said that his Government would continue to support efforts to ensure that no new cases arose in the coming two years, with a view to Africa's certification as polio-free. Canada also remained committed to supporting Afghanistan and Pakistan, the last two endemic countries, in the final push for eradication; in that respect, both countries had to demonstrate strong and consistent leadership to ensure that the most hard-to-reach areas were accessible, the number of missed children was greatly reduced, and cross-border transmission was halted. As the deadline for the switch from

trivalent to bivalent oral polio vaccine approached, the Global Polio Eradication Initiative should provide regular and transparent updates to donors and partners.

The representative of ALBANIA encouraged the Secretariat to monitor and coordinate rigorously the application of the International Health Regulations (2005) and to enhance surveillance in order to ensure a rapid response to any new crisis. Specific approaches were needed to prevent polio transmission in vulnerable populations and in countries with poorly functioning health systems, especially among migrants and in countries receiving large numbers of migrants.

The representative of the UNITED STATES OF AMERICA expressed full support for the Global Polio Eradication Initiative and the Endgame Strategic Plan 2013–2018. He congratulated Nigeria for interrupting wild poliovirus circulation, being removed from the endemic country list, and remaining polio-free; commended Pakistan's extraordinary efforts in 2015; and fully supported Afghanistan and Pakistan in their continuing efforts to eradicate polio. All Member States should close immunity gaps, sustain high population immunity and implement certification-level surveillance, in order to sustain the gains achieved. Recent outbreaks of circulating vaccine-derived poliovirus were symptoms of critical immunity gaps. WHO's human resource capacity had to be used to full advantage, to help Member States fully implement containment – a challenging undertaking – and to keep them informed about the supply of inactivated polio vaccine. Member States should accelerate efforts to contain or destroy poliovirus and those hosting poliovirus-essential facilities should designate national containment authorities.

He endorsed continued management of wild poliovirus as a public health emergency of international concern under the temporary recommendations under the International Health Regulations (2005), and the addition of circulating vaccine-derived poliovirus to the recommendations. Countries experiencing outbreaks of circulating vaccine-derived poliovirus were strongly encouraged to implement the outbreak response guidelines rapidly and fully; WHO, for its part, should lose no time in providing such countries with the financing, technical support and surge capacity they needed. All Member States were urged to convert their polio assets into sustainable gains, not just for immunization, but also for public health infrastructure and other public health programmes; they were also urged to bridge the remaining financing gap of US\$ 1.5 billion by the end of 2019. In that respect, he recalled that his Government had increased its strong financial support to the Global Polio Eradication Initiative.

The representative of NEPAL said that the continued risk of transmission of wild poliovirus from endemic to polio-free countries highlighted the importance of strengthening protection in risk-prone areas. Although countries had been successful in introducing the injectable polio vaccine in their routine immunization programmes, additional technical support was needed to improve coverage, particularly in developing countries. Referring to the switch from the trivalent to the bivalent oral polio vaccine, he noted that the availability of vaccines continued to be a challenge and efforts should be made to ensure coverage. The GAVI Alliance was providing support to low-income countries to facilitate access the inactivated polio vaccine; however, the high cost of the vaccine meant that many other countries also needed assistance. WHO should provide support to countries by estimating national requirements for the bivalent oral polio vaccine and inactivated polio vaccine, and by negotiating prices with the manufacturers.

The representative of CHINA said that government leadership, ministerial synergy and social participation were needed to implement resolution WHA68.3 (2015) on poliomyelitis, while risk and progress evaluation remained essential. The inactivated polio vaccine developed by China had been trialled in six provinces and would be integrated into the national immunization programme in 2016. Two Chinese companies had already completed registration and approval procedures for the bivalent oral polio vaccine. He called on the Secretariat to evaluate the needs of developing countries, especially those at high risk of polio importation, and to develop feasible action plans, including with regard to the trivalent to bivalent oral polio vaccine switch. China was willing for its product to be

used for contingency stockpiling purposes and requested advice with regard to making an application for prequalification. The international community should increase its technical and financial support to countries affected by conflict and terrorism, which posed a threat to polio eradication, and to high-risk areas.

The representative of SAUDI ARABIA, referring to the constant health challenge posed by the regular influx of Hajj and Umrah pilgrims, said that his Government was doing its utmost to ensure that visitors from polio-affected countries were immunized and that oral polio vaccines were available at all ports of entry. Furthermore, a number of immunization campaigns were under way in the areas hosting persons displaced by conflicts in neighbouring countries. Saudi Arabia was making every effort to ensure the replacement of the trivalent by the bivalent oral polio vaccine by the deadline.

The representative of PAKISTAN outlined some of the measures being taken in his country, under the direct supervision of the office of the Prime Minister, to improve accountability and oversight at all levels. Positive results had been achieved since 2014, including a significant drop in the number of cases, an increase in immunization coverage and an improvement in the quality of the vaccination campaign. The Government had provided extensive security to vaccination teams but the recent terrorist attack on a vaccination centre highlighted the unique challenges that the country continued to face. Pakistan and Afghanistan had been engaging in strong cross-border coordination and the following six months would be crucial in terms of bridging residual gaps in strategy implementation. His Government counted on the continued support of the international community, especially technical assistance for cold chain maintenance and sustained vaccine supply, to bolster national efforts.

The representative of EGYPT said that his Government was committed to making the vaccine switch in April 2016 and urged WHO and the relevant partners to deliver the required vaccines in time. In the light of the damaging effects of the various humanitarian crises around the world, in particular those affecting the Eastern Mediterranean Region, and of the further delay in global polio eradication, he urged Member States to continue to provide support to the Global Polio Eradication Initiative.

The representative of ARGENTINA said that her country was committed to the goal of total eradication of the poliovirus and congratulated the countries that had made progress towards that goal. Argentina was on schedule to carry out the switch to the bivalent oral polio vaccine.

The representative of JORDAN said that, although his country had been polio-free since the 1990s, additional immunization campaigns, funded by the Government with a very limited budget, had been launched owing to the influx of refugees from neighbouring countries. The Government was committed to replacing the trivalent by the bivalent oral polio vaccine and called on WHO to continue to provide its support to the country and to the Regional Office for the Eastern Mediterranean in that regard.

The representative of MONACO¹ said that interrupting the transmission of wild poliovirus in 2016 would require high immunization coverage and strong surveillance. It was essential to ensure the availability of vaccines and staff training. It was also essential to ensure that legacy planning and transfers of assets served to strengthen, rather than weaken, health systems. She asked the Secretariat to describe in detail the financial implications of shifting the target date for certification of global polio eradication to 2019, including for the WHO budget. She also requested detailed financial information on the staff and infrastructure funded by the Global Polio Eradication Initiative.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of INDIA¹ said that his Government remained committed to mitigating the risk of importation of wild poliovirus and maintaining India's polio-free status. Having introduced the inactivated poliovirus vaccine in November 2015, India was prepared for the trivalent to bivalent oral polio vaccine switch in April 2016. In that regard, he requested further information regarding the measures being taken by WHO to prevent shortages of inactivated poliovirus vaccines.

The representative of TURKEY,¹ noting the risks associated with circulating vaccine-derived polioviruses, highlighted the need for an operational surveillance system to counter the high risk of importation. Turkey remained committed to taking every precaution against the disease and, aside from its in-kind contributions, had provided over US\$ 1 million to support the work of WHO. It was also rallying political support within the Organisation of Islamic Cooperation, which had adopted a resolution in November 2015 to support international efforts to eradicate poliomyelitis.

The representative of INDONESIA¹ said that her country was committed to making the trivalent to bivalent oral polio vaccine switch in April 2016 and to the introduction of the inactivated poliovirus vaccine in July 2016. Achieving the goal of polio eradication required all Member States to ensure high coverage of routine immunization and strong surveillance. She called on the Director-General to ensure that wild poliovirus was not imported to polio-free countries.

The representative of MOROCCO,¹ highlighting the importance of epidemiological surveillance at the national and local levels in ensuring the eradication of poliomyelitis, said that although Morocco had been declared polio-free, it remained exposed to the importation of the poliovirus. Accordingly, polio eradication activities should be stepped up in endemic countries; efforts to introduce the inactivated poliovirus vaccine in the national immunization programme should be supported; and polio eradication activities in the African and Eastern Mediterranean regions should be better coordinated to limit the possibilities of cross-border transmission.

The representative of KENYA¹ outlined the measures being taken in her country to increase immunization coverage, improve surveillance and prepare for the trivalent to bivalent oral polio vaccine switch in April 2016. For example, the single-dose inactivated poliovirus vaccine had been provided to all medical facilities in December 2015. She called on all partners to increase surveillance efforts and ensure vaccine availability.

The representative of AFGHANISTAN¹ said that the eradication of poliomyelitis was at the top of her country's public health agenda. Sectoral collaboration between ministries, provincial and district governors, health and non-health stakeholders and local communities had helped minimize the security challenges and improve the quality of the eradication campaign. Moreover, radio and television broadcasts had proven to be invaluable tools for alerting parents about poliomyelitis and increasing awareness of the vaccine. At the next phase of the communication plan, community elders, religious leaders and teachers would endeavour to increase demand for and ownership of the vaccine in low-performing districts. The health ministry had included the inactivated poliovirus vaccine in the routine vaccination programme for all children under the age of one. Afghanistan was engaged in cross-border collaboration with Pakistan to develop a joint action plan, share weekly surveillance data and synchronize vaccination dates.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES, reaffirming his Federation's commitment to the goal of protecting all children from the threat of poliomyelitis and outlining some of the activities that it was carrying out on the ground, said that one of the most important lessons learned from the global effort to eradicate

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

poliomyelitis was the need to support, empower and work with affected communities in a sensitive and respectful manner.

The representative of ROTARY INTERNATIONAL, noting that the biggest remaining challenge to achieving the goal of polio eradication might be complacency, urged the international community to maintain its efforts. In that respect, Rotary International would continue to raise funds for essential activities.

The DIRECTOR (Global Polio Eradication Initiative) said that the midterm review of the Polio Eradication and Endgame Strategic Plan 2013–2018 had identified sensitive surveillance as an overarching priority in the achievement of the goal of polio eradication. Other priorities included intensifying efforts to reach children consistently missed by immunization programmes and enhancing the collective capacity to prevent, rapidly detect and respond to polio outbreaks.

In view of the globally synchronized withdrawal of the type 2 component from oral polio vaccines in April 2016, efforts were being intensified to stop outbreaks of circulating vaccine-derived poliovirus type 2 in Guinea and Myanmar. As a matter of urgency, efforts should be made to restore surveillance of the poliovirus in Liberia and Sierra Leone, which like Guinea were Ebola-affected countries. Noting that shortages of the inactivated poliovirus vaccine were the result of technical difficulties that manufacturers had not anticipated, he said that concerted efforts were being made to manage the timing of supplies and that a risks-based approach would be taken to the introduction of the vaccine, with countries at a higher risk of type 2 emergence being given priority. Stockpiles of type 2 monovalent oral polio vaccines had been established for use in the event of an accident after the withdrawal of the type 2 vaccine. The situation was being closely monitored by the Strategic Advisory Group of Experts on Immunization and regular reports would be provided regarding the supply of inactivated poliovirus vaccines.

Information about the revised budget structure of the Global Polio Eradication Initiative would be made available by March 2016 and quarterly reports would be provided on budget and expenditure. WHO and its partners had intensified their support to countries for polio eradication activities and efforts were being made to mobilize further financial resources to reflect the increase in the Initiative's budgetary requirements.

The global action plan on containment provided that unneeded poliovirus stocks – particularly any type 2 wild poliovirus stocks that were not essential – should be destroyed; however, essential facilities, such as vaccine manufacturers and essential research laboratories, had the option of retaining stocks under conditions established in WHO guidelines on the issue. WHO would provide national authorities with clear guidelines on how to store and handle specimens potentially infected with the poliovirus that were held in research and academic laboratories.

The DIRECTOR-GENERAL thanked Dr Hamid Jafari, who was leaving his post as Director of the Global Polio Eradication Initiative, for his outstanding contribution to the Initiative over the years.

The Board noted the report.

Promoting the health of migrants: Item 8.7 of the agenda (document EB138/26)

The representative of ERITREA, speaking on behalf of the Member States of the African Region, recalled that migrants and refugees were protected by international human rights law, including with regard to the right to health; Member States and international organizations therefore had a legal and moral duty to provide them with health care and ensure equal protection and opportunity. Commending the initiatives by WHO to improve the health status of migrants, refugees and internally displaced persons, he agreed with the eight priorities for future actions identified by the Secretariat in its report and suggested that the title of the item should be modified to include a reference to all three categories of people.

The representative of NEPAL called for the establishment of mechanisms tailored to the specific circumstances in host countries and designed to strengthen the capacity of already overstretched health systems and to improve the social and economic situations in host countries and countries of origin. Given the increasing numbers of migrants in Member States of the South-East Asia Region, a regional strategy taking into account the country context would make a real difference to the promotion of migrants' health in both origin and host countries.

The representative of JORDAN said that despite the modest size of his country, Jordan currently hosted 3.5 million refugees and migrants, many of whom were from poor neighbouring countries. Those refugees and migrants were supplied with humanitarian services, food and water from the scarce resources that would otherwise have been used for Jordan's own population. However, there was a shortage of health personnel to cater for their needs and those currently working with them received inadequate protection. Coordination, planning and information sharing were therefore essential. Recalling that promoting the health of migrants was a shared responsibility, he called for increased coordination between regions; the establishment of a global plan for health services to affected populations; improved multisectoral programmes among governments; stronger relationships between humanitarian stakeholders; and more support from regional offices. Only a multisectoral approach could respond to the most urgent needs of crisis-affected areas and Member States counted on WHO's support to mobilize extra resources from donors to support migrants in their host countries.

The representative of SWEDEN said that, as there were no signs that global migration would decline in the foreseeable future, the need for people-centred health support to migrants would remain for generations. Tailored and gender-sensitive efforts were needed, including measures to protect persons in vulnerable situations. Although the most acute needs were obvious and relatively straightforward to deal with, more information should be gathered on long-term consequences and needs and on how those could be addressed by health systems. Further consideration should be given to the broader determinants of health. The issue of migration and health had been included on the agenda of the Regional Committee for Europe and a draft strategy would be submitted to the Committee in September 2015.

The representative of the UNITED STATES OF AMERICA, recalling that mobile populations were particularly vulnerable to threats to their health and well-being, said that WHO played a considerable role in raising awareness of the health needs of migrants and refugees. Noting that the Organization's advocacy and support, in cooperation with key partners, had contributed to the inclusion of refugees and migrants in national and regional health plans and programmes, he said that WHO should provide guidance to health ministries on how to improve access to culturally appropriate mental health and psychosocial support programmes.

The representative of EGYPT said that her country was currently hosting large numbers of both registered and unregistered refugees, who lived side-by-side with and received the same treatment as Egyptian citizens, including access to free health services. However, although the Egyptian health system was equipped to deal with the diverse health issues faced by refugees and migrants, in full respect of their human rights and dignity, and although the support provided by WHO and UNHCR was appreciated, more needed to be done to strengthen the country's health system in the face of the current migration challenges. She thanked the Regional Director for Europe for taking the initiative to organize the high-level meeting on migrant and refugee health in Rome in September 2015.

The representative of THAILAND said that, in order to guarantee health as a fundamental human right enjoyed by all, irrespective of nationality or migratory status, a radical paradigm shift was required so that host countries would stop seeing migrants as a burden or a source of cheap labour but rather as human beings and invaluable human capital. She urged the Secretariat to provide information on existing best practices regarding migrant-sensitive policies, migrant-friendly services and insurance

coverage for migrants across countries. Further information should also be provided on best practices in dealing with stateless persons, who were often deprived of all rights, including access to health.

The representative of the PHILIPPINES agreed that developing or strengthening bilateral and multilateral social protection agreements between source and destination countries to include portable health care benefits would contribute to the well-planned and responsible management of migration. Given the location of the Philippines in a disaster-prone corridor and given that over 9 million Filipino migrants lived overseas, her country strongly advocated universal health coverage. In various international bodies, her country had declared its support for increasing collaboration on research, policy dialogue, advocacy and capacity building in connection with the health issues faced by migrants and migrant workers, in accordance with the recommendations in resolution WHA61.17 (2008) on the health of migrants. Even though that resolution had not been crafted specifically with the current refugee crisis in mind, it continued to provide a suitable platform for addressing migrants' health. The current crisis would, however, require a more coordinated policy and plan of action within existing health systems. She endorsed the suggestion by the representative of Eritrea to modify the title of the item to include refugees and displaced persons.

The representative of CHINA said that her country was currently undergoing rapid urbanization and vast numbers of people had relocated to cities from rural areas for better job opportunities and public services. The Government had been actively promoting equal access to basic public health care services and mechanisms to guarantee health care funding. It was to be hoped that WHO would increase support and guarantees for Member States to improve service capacity; promote exchanges and cooperation between regions; set up a platform for collecting information on migrants; and carry out health assessments. China was willing to work with other countries to promote migrant health and equitable and accessible medical services for all.

The representative of BRAZIL said that depriving migrants and refugees of access to health care in destination countries not only was a violation of human rights but also had negative health care and epidemiological consequences for the populations of those countries. Highlighting the need to devote more attention to the issue of violence and abuse against women and sexual minorities in humanitarian emergencies and post-conflict and displacement situations, he commended the actions and future priorities set out in the Secretariat's report. Brazil supported efforts to ensure better coordination among humanitarian organizations and governments in order to expand and improve the care provided to migrants and refugees in destination countries and wished to reaffirm its commitment to international solidarity in that regard.

The representative of ALBANIA commended the actions taken by the Secretariat in relation to resolution WHA61.17 (2008) on the health of migrants and urged Member States to uphold the core values of the Organization, specifically but not exclusively in relation to the right to health. Albania appreciated Italy's role in co-organizing with the WHO Regional Office for Europe the high-level meeting on refugee and migrant health, held in Rome in November 2015, and believed that the Public Health Aspects of Migration in Europe project was a step in the right direction.

The representative of the DOMINICAN REPUBLIC highlighted the need to support host countries in providing adequate health care to migrants. That was particularly important for poorer countries, such as the Dominican Republic, where huge influxes of migrants had further destabilized an already weak health care system. Although migrants had a constitutional right to health care in the Dominican Republic and a significant amount of its scarce resources had been allocated to the issue, the country found itself struggling to cope.

The representative of SAUDI ARABIA said that all countries had a moral responsibility to provide assistance to internally displaced persons and refugees. In protracted crises, it was essential to ensure that affected groups had access to health care, protect health workers and patients, and identify

urgent public health needs with a view to mobilizing the necessary resources. Awareness of their rights and duties under international law could also play a part in alleviating the suffering of migrants and refugees. In Saudi Arabia, persons forced by conflict to flee their countries were not confined to camps but were instead given their own accommodation and received help to integrate into the community, find work and eventually reunite with their families, as was their right.

The representative of the REPUBLIC OF KOREA said that, while her country recognized the efforts of WHO, the International Organization for Migration and UNHCR, more international cooperation was needed to address the health challenges of migrants. Her Government supported the proposals set out in the report of the Secretariat and in particular would welcome specific policy developments on the physical and mental health of refugee women and children.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that more attention should be paid to the longer-term, non-acute health impacts of migration, in particular those relating to statelessness and displacement. Each migrant should be seen, first and foremost, as a human being. WHO should continue to show its leadership on the issue by ensuring that norms and standards were fit for purpose and well implemented; convening discussions among interested parties to tackle problems through coordination and innovation; pressing for further research; and working with countries to strengthen their health systems.

The representative of SURINAME endorsed the priorities outlined in the report and recommended that policies and services relating to migrant health should take into account the International Health Regulations (2005) and the operational plan to take forward the Global Strategy for Women's, Children's and Adolescents' Health.

The representative of CANADA, expressing full support for the priorities outlined in the report, said that Canada had already received a significant number of Syrian refugees and was making intensive efforts to receive more. The health and well-being of refugees as well as of all Canadians were of paramount importance in Canada's resettlement policies. Accordingly, the Government had been conducting pre-departure medical examinations for refugees and implementing refugee health screening at Canadian points of entry. In that regard, he noted that the refugees admitted to date had been healthy on arrival. Despite the logistical and resource challenges associated with receiving refugees, all Member States should ensure that sufficient health resources were available to provide care for them and for migrants.

The representative of ITALY¹ said that, as migration was a global issue, it was essential to coordinate efforts to promote the health of migrants, which should be done under the leadership of WHO. Indeed, WHO's experience and knowledge in addressing the health needs of both migrant and resident populations would prove invaluable; but the Organization would be successful as a leader in that respect only if its emergency management system was reformed. Italy had already collaborated with WHO on the issue of migrant health, for instance, on the Public Health Aspects of Migration in Europe project and at the high-level meeting on refugee and migrant health held in Rome in November 2015, which had generated an outcome document on migrant health. He encouraged other Member States to review, adopt and adapt that document. The health sector had an ethical duty to show compassion to migrants by providing them with adequate professional services.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of GREECE¹ said that Member States should work together to design an immediate and effective plan to deal with the migrant crisis and to provide support to the countries, such as Greece, that were under the most pressure. Priority should be given to strengthening health systems, taking into account the urgent health needs of migrants as well as the long-term impacts of migration on health systems. It was also important to consider the social and epidemiological profile of migrant populations, the health needs of migrants with chronic diseases and the balance of rights and obligations between transit and host countries. The conclusions of the high-level meeting on refugee and migrant health held in Rome in November 2015 – namely, that there was a need for cooperation and solidarity, protocols on health promotion for migrants and a cross-border information exchange mechanism – should stand as a reference point for all Member States. Greece supported WHO's efforts to define the public health aspects of the migrant crisis. It, too, was fully committed to solving the problem and would soon roll out a national action plan.

The representative of ECUADOR¹ said that a global effort was required to ensure that access to health care was guaranteed among migrant populations, with the report of the Secretariat serving as a good starting-point. It was particularly important for neighbouring countries to provide health care to migrants on the basis of reciprocal agreements. Indeed, Ecuador and Peru already had such an agreement, despite initial legal difficulties. National policies on health care must also be strengthened.

The representative of MOROCCO¹ said that the new national migration and asylum strategy adopted in December 2014 aimed to address the specific health needs of migrants and promote equal access to health care. Within the framework of that strategy, the Moroccan Government had, for example, increased capacity-building efforts in health services, raised awareness of the right of migrants to health care and encouraged the better integration of migrants in public health programmes, including immunization programmes.

The representative of SWITZERLAND¹ reiterated her Government's commitment to collaborative action to overcome the challenge of integrating the health needs of migrants and refugees into national health policies and of providing the necessary access to health care to meet those needs. Switzerland welcomed the Regional Office for Europe's initiative to develop a strategy to respond to that challenge, based on the common framework for collaborative action on refugee and migrant health that had been developed at the November 2015 high-level meeting in Rome and was to be adopted by the Regional Committee for Europe in September 2016. There could be no public health without migrant health, and that could be achieved only through intersectoral collaboration within national governments and enhanced international cooperation, including the exchange of good practices.

The representative of COLOMBIA¹ said that it was vital to recognize the contribution that migrants had made to society and to eliminate discrimination, including in health care. A human rights approach based on cooperation, dialogue and exchange of reliable information was necessary. Unilateral measures, by contrast, did not bring positive effects. Among the measures that Colombia had already taken were policies to promote access to health care for migrants and bilateral agreements with neighbouring countries. There should also be greater focus on the risks faced by migrants, particularly by those with chronic diseases who could have had to interrupt treatment. The report by the Secretariat was an important starting-point for dealing with the health of migrants. However, more work was needed to create a global framework for action, not just a European one. That framework should, above all, include health care plans for border areas.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of TURKEY¹ said that migration – the driving forces of which went well beyond conflicts and disasters – was an inevitable reality. It was therefore essential to redesign health systems to take into account the needs and expectations of migrants. In order for the international community to find ways to address the challenges of migrant health, a mindset shift towards health and equity was required, with strong leadership across multiple sectors. Emphasis should be given to building successful partnerships between sectors and relevant organizations in order to protect the human rights of migrants. After referring to the large number of Syrian refugees in his country and the steps that Turkey had taken to address their health care and educational needs, he said that the guidance document produced by the high-level meeting on refugee and migrant health in Rome, in November 2015, provided a good starting-point for overcoming the challenges of migrant health, although much remained to be done.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA¹ observed that strong cooperation at both the global and the regional levels was needed in order to tackle the complex and multifaceted challenges posed by migration. Despite the significant efforts that had already been made, migrants continued to face barriers to the full enjoyment of their human rights, including access to health and social services. Those barriers included economic exclusion, racism, discrimination and xenophobia. He welcomed WHO's efforts to strengthen cooperation with the International Organization for Migration and UNHCR and encouraged the Organization to focus its efforts as a matter of priority on persons fleeing internal conflicts and those forced to live in refugee camps.

The representative of HAITI,¹ recalling his country's history as a host country, said that Haiti was making significant efforts to raise its level of social and economic development in order to guarantee employment and encourage citizens to stay in the country, with particular attention being paid to the health system. He expressed appreciation for the support received from partners in that regard.

The representative of SRI LANKA,¹ noting that different push and pull factors had made migration an inevitable reality, observed that protecting the health of irregular migrants was a particular challenge. Current approaches to managing the health consequences of migration had not kept pace with the growing challenges associated with the volume, speed, diversity and disparity of modern migration patterns and the increasing social exclusion of vulnerable migrant groups meant that their health needs were often not met. He endorsed the future priorities set out in the report and, noting that the cross-cutting nature of the issue of migrant health called for a coordinated approach, called on WHO to strengthen its collaboration with the International Organization for Migration and other relevant partners in order to address the issue in a more practical way. Towards the end of 2016, Sri Lanka, with the support of the International Organization for Migration, would host a global consultation on the lessons learned in advancing the health of migrants; WHO's expertise and input would be valuable in that regard.

The representative of the INTERNATIONAL ORGANIZATION FOR MIGRATION, welcoming the inclusion of migrant health on the agenda of the Executive Board, drew attention to the large number of deaths that had occurred during 2015 along migratory routes. However, mortality and morbidity associated with migration were not limited to the context of displacement and forced migration; lack of access to adequate health care, discrimination, social exclusion and exploitation were also causal factors. Universal health coverage could be achieved only if all members of society, including non-citizens, were considered equally. Although human mobility was a proven critical factor in the spread of disease, few pandemic preparedness and response plans addressed the vulnerabilities of mobile groups. Moreover, policies across sectors were uncoordinated. The issue of the health of

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

migrants and mobile populations was under-researched, scarcely addressed by many health systems and an absent theme in high-level, international dialogues on human development. During the 106th Session of the Council of the International Organization for Migration, a high-level panel discussion on migration, human mobility and global health had been held, which had highlighted the importance of universal health coverage and a “health in all policies” approach. Her Organization was committed to providing a meaningful platform for much needed multisectoral dialogue on relevant issues, such as migrant health.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES, stressing the importance of treating migrants first and foremost as human beings, regardless of their legal status, said that all countries should have national procedures in place to protect the dignity and safety of all migrants. The health of migrants and refugees was often at risk due to abuse, violence, exploitation and discrimination, threats that were compounded by barriers to accessing health and social services and a lack of continuity in care for chronic conditions. Migrants and refugees did not pose an additional health security threat to host communities and any health intervention should be non-discriminatory and to the benefit of the individual concerned and to the public. It was essential to provide access to appropriate, high-quality treatment, care and psychosocial support.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, expressed concern at the systemic difficulties faced by health professionals when endeavouring to uphold their guiding ethical principles in environments hostile to the provision of health care to migrants. She welcomed WHO’s dedication to addressing the health of migrants and encouraged the Organization to support Member States in the development of migrant-sensitive health policies. Given the global nature of the issue, multilateral social protection agreements containing provisions on health care would be a vital tool. WHO should foster the development of such agreements and play a leading role in the development of the necessary global health services to address the health of migrants.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, drew attention to a number of tools that had been developed by her federation to facilitate communication with migrants, such as a set of guidelines for pharmacists; a bilingual framework to facilitate intake of medical histories and medication information; and pictogram software, which enabled communication of medication instructions when there was no common language or when patients had low literacy levels. The software operated in a number of different languages, including Arabic.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, observed that the prevention and control among migrant, refugee and displaced populations of noncommunicable diseases such as cardiovascular disease, which required regular and continuous treatment, posed a significant challenge. As regional crises became increasingly protracted, the incidence of noncommunicable diseases among those populations was rising. Noting that more needed to be done to ensure that those populations had access to the care and essential medicines that they needed, he called on Member States to: prioritize implementation of the package of essential noncommunicable disease interventions for primary health care in migrant settings; increase research into the administration of care of chronic conditions in emergency settings; encourage task sharing and task shifting through the training of non-specialist health care professionals and volunteers in the diagnosis and treatment of noncommunicable diseases; and integrate migrants into national health services as quickly as possible.

The representative of MSF INTERNATIONAL, speaking at the invitation of the CHAIRMAN and noting the desperate conditions that caused people to migrate, said that the increasingly restrictive migration policies in destination countries had significant medical and humanitarian consequences.

Ill-treatment, abuse and violence were increasingly being seen along migratory routes and conditions such as respiratory tract infections, trauma and psychological distress as a result of the migratory journey were commonplace. The lack of access to health care and health promotion, combined with substandard living conditions, had serious consequences for refugees and migrants. Efforts to prevent people from moving were only exacerbating migration-related health risks. More humane migration policies and better adapted health systems that took into account the medical and mental health needs of migrants were needed. Tools such as patient-held medical records, a buffer stock of medication and mobility-sensitive counselling sessions would be useful in that regard. She urged WHO and its Member States to uphold the right of health for all and to actively promote migrant-friendly health services.

The REGIONAL DIRECTOR FOR EUROPE drew attention to the outcome document of the high-level meeting on refugee and migrant health that had been held in Rome in November 2015, which was entitled “Stepping up action on refugee and migrant health: Towards a WHO European framework for collaborative action” and which contained an agenda for action that was relevant around the world. The issue of migrant health would be on the agenda of the Sixty-sixth session of the Regional Committee for Europe, with a view to adopting a common framework for refugee and migrant health in a spirit of solidarity and mutual assistance. The framework would need to align political will with sound health and social policies and technical capacities for implementing public health interventions in order to prevent avoidable mortality and morbidity and to mitigate human suffering. It would promote cross-national cooperation, cross-sector activity, access to services and the integration of public health services for migrants with those for the rest of the population. Collaboration between countries of origin, transit and destination and close partnerships with all relevant actors, particularly the International Organization for Migration and the European Commission, would be vital in that respect.

The EXECUTIVE DIRECTOR ad interim (Outbreaks and Health Emergencies) acknowledged the need to address both the acute and the longer-term challenges associated with migrant health and that a long-term planning framework would be required. He also acknowledged that the barriers to health care faced by migrants arose not only in host countries, but also in countries of origin, and that all efforts to tackle those barriers should be grounded in the recognition of the universal right to health. WHO’s work in the area of migrant health cut across all three levels of the Organization and was not limited to the context of emergencies; the context of health system strengthening was also relevant to the issue, for example. The need for a global framework and for coordination was clear and the comments made had reaffirmed that the Secretariat was on the right track; he noted, however, the need to place additional emphasis on the wider determinants of health, on WHO’s key role in the generation of evidence and best practices, and on the importance of improving access to mental health services. In that respect, he said that mental health was a priority area and new tools had been introduced in recent years. Lastly, he stressed the importance of remembering the human lives behind the issue.

The Board noted the report.

The meeting rose at 12:35.

NINTH MEETING

Thursday, 28 January 2016, at 14:30

Chairman: Ms M.P. MATSOSO (South Africa)

COMMUNICABLE DISEASES: Item 9 of the agenda (continued)

Draft global health sector strategies: Item 9.2 of the agenda (documents EB138/29, EB138/30 and EB138/31)

The representative of BRAZIL said that the draft global health sector strategies addressed three major public health issues to ensure the coordination, integration and optimization of investments. He congratulated WHO for including new medicines for hepatitis C in its essential medicines list, and for developing prequalification guidelines related to medicinal products. However, many new medicines were still not accessible for all. Brazil remained strongly committed to tackling the challenge of eliminating mother-to-child transmission of syphilis, although efforts to invest public money had been undermined by a global shortage of benzylpenicillin. The reasons for the shortage needed to be discussed and addressed by WHO in order to prevent a reoccurrence. The fast-tracking of the HIV/AIDS response until 2020 would be crucial to changing the path of the epidemic and would require the expansion of treatment as prevention and the use of combination prevention. Brazil proposed that the Board should approve a decision to submit the three strategies for adoption by the Sixty-ninth World Health Assembly.

The representative of JAPAN, welcoming the new strategies, said that it was precisely by setting ambitious targets that success was often achieved. However, the strategies needed to be adaptable according to each country's unique epidemiological and social context. WHO should support the implementation of the strategies in collaboration with partner agencies. HIV/AIDS was no exception to drug resistance and countries should give due consideration to that critical issue at all stages of strategy implementation. He stressed the need for innovation with regard to new medicines and welcomed the research and development pillar of the strategies, while recognizing that intellectual property had been a sensitive issue in the discussions. He requested that the words "where appropriate" should be added to section 4.3.3 of the draft global health sector strategy on HIV, 2016–2021, in the phrase referring to the use of the provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed support for the focus of the HIV strategy on women, girls and key populations, and on equity. She welcomed the emphasis on dual prevention of mother-to-child transmission of syphilis and HIV. Although the ambitious target of providing everyone living with HIV with retroviral drugs was commendable, her Government believed priority should be given to people with CD4⁺ cell counts of under 350 cells/mm³. She asked how WHO would help governments to scale-up equitably, without unintentionally weakening health services. Welcoming the progress made on pre-exposure prophylaxis, she sought clarification on how WHO would help governments to scale-up and to consider the impact on the capacity of their health services. On the issue of viral hepatitis, the global community needed to move quickly to understand the scale of the problem and who was affected. The proposed global targets on viral hepatitis should be treated with caution where they might drive the prioritization of resources at national level: countries should be receive support in order to plan and prioritize their resources in a holistic manner.

The representative of ERITREA, speaking on behalf of the Member States of the African Region, said that, although the cost of HIV prevention, care and treatment would continue to rise, prevention should remain the cornerstone of the HIV response and be fully integrated into health systems. While the new WHO guidance was appreciated, it placed great demands on countries with high HIV burdens. In addition, countries were still grappling with high prices for antiretroviral treatment. The draft global health sector strategy on HIV, 2016–2021, should therefore make clear recommendations on how WHO would support countries in the region to push for the local and subregional production of medicines and diagnostic tests for HIV. WHO should support existing African Union processes in that regard. Furthermore, the draft strategy should be revised to focus on short-term strategies for the achievement of the targets while proposing long-term strategies for a sustainable response.

The representative of the CONGO said that the challenge for the African Region would be to consolidate existing strategies on HIV/AIDS and sexually transmitted infections while strengthening and consolidating strategies on viral hepatitis. By 2030, there should be no new instances of HIV/hepatitis B virus coinfections. In the same time frame, the risk of HIV coinfection with hepatitis C virus could be reduced by more than 50% if research towards a hepatitis C vaccine was accelerated. It should be possible to eliminate mother-to-child transmission of HIV by 2020–2021. However, preventing sexually transmitted infections would be more complex. The best approach against human papillomavirus was to ensure the availability of high-quality vaccines for teenagers. In order to control the spread of other sexually transmitted infections, awareness-raising and access to free condoms would be essential. Early diagnosis and treatment needed to be free and included in universal health coverage. Curative treatment for hepatitis C needed to be made vastly more accessible.

The representative of the RUSSIAN FEDERATION said that the overall goal of achieving sustainable development for health was very ambitious and that many of the goals contained in the strategies would be unattainable in the 2016–2021 time frame. She would prefer to allow each country to set its own goals taking into account national circumstances. The strategies should also aim to promote a healthy lifestyle and family values and emphasize the negative effects of risky behaviour. With regard to HIV, collecting data was important and the range of indicators used on HIV/AIDS in the report needed to be refined. Likewise, some of the definitions, including those referring to mortality, were sometimes ambiguous and should therefore be clarified by WHO. The Russian Federation was ready to support the adoption of the strategies provided its comments were taken into account. It stood ready to participate in any efforts made to change the text.

The representative of SAUDI ARABIA welcomed the three draft global health sector strategies and reported that treatment with the new hepatitis C medicines could not be guaranteed to all patients in his country, which had been forced to prioritize their use owing in particular to the prohibitive cost involved. The international community, including WHO, should therefore draw lessons from the experience with HIV/AIDS medicines by lobbying for a drastic price reduction with a view to achieving global access to hepatitis C treatment, reducing avoidable deaths from liver cirrhosis and cancer and ultimately eradicating hepatitis C virus.

The representative of CANADA praised the integrated approach of the strategies; all three had a crucial role to play in the Agenda for Sustainable Development. She urged the Secretariat and Member States to work in partnership to strengthen the overall health response to communicable diseases. Addressing antimicrobial resistance should remain a priority and ensuring the overall availability of medicines to treat sexually transmitted infections was a crucial component of the proposals. Canada supported the proposal to recommend adoption of the strategies by the Sixty-ninth World Health Assembly.

The representative of CHINA expressed support for all three strategies and said that his country was ready to play a proactive role in attaining the goal to end the AIDS epidemic by 2030. However, WHO should clarify its definition of new infections and explain how the data in the draft strategy had been collected in order to facilitate evaluations. Member States should also be accorded the flexibility to adjust indicators in order to reflect their stage of development. He called on WHO to coordinate resource allocation for viral hepatitis; to provide more financial and technical support and reduce the prices of medicines; and to play a greater role in political initiatives, resource mobilization, technical support and experience sharing. In addition, it would be important to enhance the prevention and treatment of infections with *Chlamydia trachomatis*.

The representative of the REPUBLIC OF KOREA endorsed the prevention approach of the draft global health sector strategy on HIV, 2016–2021, which sought to improve the stability of health care services through early HIV detection and treatment and coordinate HIV response strategies in order to reduce the cost of prevention, care and treatment and prevent new infections and HIV-related deaths. She strongly supported the draft global health sector strategy on sexually transmitted infections, 2016–2021; with continued WHO support, its implementation promised sustainable progress through strengthened investment for health service interventions. By mid-2016, the Government of the Republic of Korea would introduce a national human papillomavirus vaccination programme and efforts were under way to reduce human papillomavirus-related diseases, including cervical cancer. She supported the comprehensive approach of the draft global health sector strategy on viral hepatitis, 2016–2021, and emphasized that the 2020 and 2030 targets could be made more achievable if based on reliable baseline data. In the Republic of Korea, efforts to prevent mother-to-child transmission had dramatically reduced the prevalence of hepatitis B among children aged under 5 and hepatitis C testing might be added to the national health screening programme. She commended WHO's continuing leadership in increasing public awareness of chronic hepatitis.

The representative of the UNITED STATES OF AMERICA supported the proposal that the Board should recommend the adoption of the three draft strategies by the Health Assembly. Adopting a fast-track approach for HIV that front-loaded key investments and maximized efficiency was critical to the success of the strategy and it could be achieved with increased domestic investments and existing donor commitments, if it was deployed effectively. In implementing the strategy, the Secretariat and Member States should pay special attention to enhancing service delivery models, promoting adherence to and retention across the treatment cascade and reducing the risk of antiviral drug resistance. Greater emphasis should be placed on key populations at exceptionally high risk of HIV and on cost studies and cost data. More detailed guidance was required on how to use programme data and financial data to prioritize funding decisions relating to the treatment cascade. He welcomed the first-ever health sector strategy on viral hepatitis, and the extensive input from Member States, experts and advocates in its development: it supported effective interventions, including primary intervention such as vaccination, reducing transmission and providing access to affordable high-quality diagnosis, care and treatment. In implementing a global strategy on sexually transmitted infections, WHO should: provide up-to-date guidance with a revision of the 2003 Guidelines for the management of sexually transmitted infections; support higher quality country-level surveillance data, including on antimicrobial-resistant gonorrhoea; promote new diagnostic testing technologies; and integrate reporting of data on sexually transmitted infections with that on HIV and maternal and child health programmes. He urged WHO to investigate the shortage of long-acting intramuscular penicillin, which was a threat to the elimination of mother-to-child transmission of syphilis and to controlling syphilis in the population at large.

The representative of THAILAND said that, while there was no doubt that antiretroviral treatment constituted an effective control measure for HIV, the use of condoms should be more actively promoted, particularly among high-risk groups. With reference to viral hepatitis and especially hepatitis C, she said that WHO and its development partners should facilitate access to medicines at affordable prices, particularly in low- and middle-income countries. Turning to the

strategy on sexually transmitted infections, she was concerned that the proposed target on the human papillomavirus vaccine would have an adverse effect on cervical cancer screening programmes.

The representative of the DOMINICAN REPUBLIC said that his Government had made progress in combating HIV/AIDS, refining its strategy in respect of vulnerable populations such as drug users and sex workers and providing antiretroviral treatment free of charge. Efforts were being made to reach the targets on the testing and treatment of people living with HIV; to address coinfection, particularly with respect to tuberculosis; and to prevent mother-to-child transmission of HIV and syphilis. While vaccination against hepatitis B had been part of the Dominican Republic's immunization programme for 20 years, the cost of medicines to treat hepatitis B and C remained high. The Government was considering the possibility of assuming the cost of the human papillomavirus vaccine.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, expressed support for the proposal that the Board should recommend the strategies for adoption by the Health Assembly. Sexually transmitted infections were an important public health topic that did not always receive the attention they deserved. She drew attention to the threat posed by drug resistance, which threatened progress towards reducing the impact of sexually transmitted infections worldwide. The unified format of the global health sector strategies was a welcome innovation. While the draft strategy on sexually transmitted infections provided good guidance on interventions and screening, greater attention should be paid to prevention outside the health system, including universal access to education and comprehensive sexual education. The references to gender equality and zero discrimination in the strategy were particularly welcome. The Nordic and Baltic countries would have preferred to see stronger language in the strategy with regard to sexual and reproductive health and rights as an essential part of universal health coverage.

The representative of ALBANIA said that some of the targets contained in the strategies were ambitious and required resource mobilization, focused action plans and efficiency in implementation. Alignment with the Sustainable Development Goals should be taken into account. Coherence between the three strategies and other health sector strategies, and strategies across sectors, was essential not only for the sake of consistency, but also from the perspective of universal health coverage.

The representative of NAMIBIA said that, although significant progress had been made in Africa to combat HIV/AIDS, challenges nevertheless remained with regard to access to antiretroviral therapy, in particular for women and children. The global health sector strategy on HIV should therefore be focused and targeted, and should promote universal testing, treatment for all persons with a CD4⁺ cell count of ≤ 500 cells/mm³, rather than ≤ 350 cells/mm³, and treatment of all pregnant women and children under 12 years of age, irrespective of their CD4⁺ cell count. The strategy should also encourage enhanced monitoring and surveillance, and efforts to reduce the price of antiretrovirals.

The representative of the PHILIPPINES said that, although HIV prevalence was declining globally, it was still increasing in some countries, including the Philippines. Viral hepatitis was a growing cause of mortality among people with HIV. High prevalence of sexually transmitted infections had a profound impact not only on adults, but also on adolescents and children worldwide. The Philippines was committed to reversing those trends, and therefore welcomed the three draft strategies.

The representative of INDIA¹ said that the drafting of the HIV strategy was timely, given the commitment to end the AIDS epidemic by 2030. Strengthened health systems were key to meeting that target. Welcoming the fact that connections with comorbidities such as tuberculosis were underscored in the strategy, he said that HIV services should also develop linkages with treatment for noncommunicable diseases, including with mental health services. Greater emphasis should be placed on ensuring adequate access to affordable treatment, including second-line medicines. India was committed to meeting the 2030 target. The draft strategy on viral hepatitis should make specific reference to prevention and to the importance of developing a hepatitis C vaccine. Further evidence with regard to the human papillomavirus vaccine would be appreciated, including on immunity provided, adverse events, target age groups, repeat vaccination requirements, and cost effectiveness. Further consultations should be held before submitting the draft strategies to the Health Assembly for adoption.

The representative of SLOVENIA¹ said that there was growing evidence that alcohol abuse was a driver in the HIV/AIDS epidemic and should be taken into consideration in HIV programmes. A paragraph to that effect could be included in the draft strategy on HIV, and included as “reduce alcohol use” in the summary list of interventions for impact.

The representative of SWITZERLAND¹ welcomed the three draft strategies and supported the proposal made by the representative of Brazil. She welcomed efforts to align the HIV strategy with the UNAIDS multisectoral strategy for 2016–2021, which would facilitate a coherent approach to global commitments to end the HIV epidemic. The comprehensive consultative drafting process had ensured that the three strategies were relevant to the different needs of Member States in all six regions. Significant progress had been made in HIV prevention through the use of antiretrovirals, both as treatment as prevention and as pre-exposure prophylaxis. The use of pre-exposure prophylaxis should be carefully monitored in order to limit the risk of the emergence of resistant strains of the virus. The fact that pre-exposure prophylaxis did not prevent the spread of other sexually transmitted infections should also be underscored.

The representative of GERMANY,¹ supporting the proposal made by Brazil, said that the set of key indicators for the HIV strategy should include an indicator for monitoring progress towards meeting the overall goal of ending the AIDS epidemic as a public health threat by 2030. While acknowledging the potential of pre-exposure prophylaxis, he noted with concern the emphasis that WHO placed on pre-exposure prophylaxis with regard to eliminating HIV transmission and called on the Organization to qualify its statement using evidence concerning its effectiveness in treating various target groups and the negative side-effects. In resource-limited countries, the use of pre-exposure prophylaxis should not be promoted at the expense of people living with HIV who required antiretroviral therapy. In order to increase alignment with the UNAIDS multisectoral strategy, the draft HIV strategy should place further emphasis on behavioural prevention, since the number of new infections could only be sustainably reduced by strengthening sexual and reproductive rights. Germany considered that a biennial progress reporting requirement would be sufficient, rather than the annual requirement proposed.

The representative of MOROCCO¹ said that progress was being made with regard to HIV prevention, treatment and care in Morocco, with the support of WHO, UNAIDS and the Global Fund to fight AIDS, Tuberculosis and Malaria. He welcomed the draft HIV strategy, which was in line with the Moroccan national plan, currently being developed for 2017–2021, which aimed in particular to strengthen the availability of essential services, enhance equity by supporting interventions targeting

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

the most vulnerable groups, promote the development and implementation of an accelerated intervention service and mobilize continuous funding for sustainable activities.

The representative of AUSTRALIA,¹ expressing support for the proposal made by the representative of Brazil, said that, given the significant burden of disease from viral hepatitis, the draft strategy on that issue was particularly welcome. The target to end the AIDS epidemic as a public health threat by 2030 was ambitious and would require swift and comprehensive global efforts. The use of universal health coverage as an organizing framework for the three draft strategies would facilitate the integration of activities and ensure that international responses were cost effective and sustainable. Affordable access to treatment, particularly for viral hepatitis, posed a significant challenge. WHO should therefore continue to assist Member States in price negotiations. Monitoring implementation and reporting on the new strategies should draw on existing global indicators and reporting frameworks, in order to reduce the reporting burden on Member States.

The representative of GHANA¹ said that Ghana was committed to meeting the target to end the AIDS epidemic as a global health threat by 2030. To that end, progress was being made through the adoption of national programmes for the elimination of mother-to-child transmission, care and support for people living with HIV, provision of antiretroviral therapy, and target interventions for high-risk groups. New interventions required considerable financial and commodity support.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA¹ said that the draft plans contained ambitious targets, which would require increased international cooperation and adaptation to national contexts. The draft global health sector strategy on HIV must be in line with the newly adopted Sustainable Development Goals. Low-income countries would require greater technical cooperation in order to meet those goals, in particular target 3.3 on ending epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases. Further information about inequities in progress in efforts to combat HIV would be appreciated. He hoped that the three strategies would be adopted by the Sixty-ninth World Health Assembly.

The representative of PANAMA¹ said that she welcomed the human rights approach to the three strategies, as a guarantee of full inclusion without discrimination, access to information and use of all health sector capacities in administering promotion, prevention, surveillance and treatment services. The draft global health sector strategy on HIV constituted a comprehensive plan for a world with no new cases of HIV. In order to meet target 3.3 of the Sustainable Development Goals, joint action towards the achievement of universal health coverage, including for the most vulnerable, would be crucial, with an emphasis on early diagnosis, accessibility and availability of antiretroviral therapy, and promotion of treatment adherence. The support of nongovernmental organizations in that regard was crucial.

The representative of ECUADOR¹ expressed support for the proposal by the representative of Brazil. Although the global health sector strategy on HIV/AIDS 2011–2015 had resulted in some positive changes, much remained to be done. The draft global health sector strategy on HIV, 2016–2021 provided an opportunity to continue to strengthen national health systems. Investment in health must be permanent – otherwise, decades' worth of work could be lost in months when new outbreaks of disease struck. Making universal health coverage a priority was the only way to reach the goal of ending the AIDS epidemic by 2030. Scientific advances and investment in medicines and infrastructure must be accompanied by a change in mentality and by clear policies designed to end discrimination and stigmatization. The current global financial outlook was not encouraging; it was

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therefore good that the global health sector strategy on HIV had been drafted to work in tandem with the UNAIDS multisectoral strategy for 2016–2021.

The representative of INDONESIA¹ welcomed the structure provided by the draft strategies, including the “strategic directions”, and the fact that the draft strategy on sexually transmitted infections addressed the continuing challenge of antimicrobial resistance. Investment in the five core areas proposed in the draft strategy on viral hepatitis would contribute to the achievement of target 3.3 of the goals of the 2030 Agenda for Sustainable Development. Despite the progress made in health technology, diagnostics and treatment for the hepatitis C and B were still insufficiently affordable or available. The Secretariat and other international partners should support Member States’ implementation of the strategy to combat viral hepatitis in order to ensure universal access to tests and treatment.

The representative of CUBA¹ expressed support for the three draft strategies presented, and for the proposal made by the representative of Brazil. In 2015, Cuba had eliminated mother-to-child transmission of HIV and congenital syphilis. Cuba’s success in reducing HIV infection, which was due in part to WHO support, demonstrated that universal health coverage and universal access to treatment were the keys to fighting HIV. Her Government was committed to an HIV-free generation and was ready to share its experience and collaborate with those who needed support.

The representative of EGYPT said that the prevalence of the hepatitis C and B in Egypt had declined dramatically since 1996, as a result of a range of measures taken by the Government, with the Secretariat’s support, including public awareness-raising, immunization and improved care and treatment.

The representative of the RUSSIAN FEDERATION said that the effective methodological work that had been conducted over the previous 20 years to fight AIDS and tuberculosis should now be extended to viral hepatitis and sexually transmitted infections, at the national, regional and global levels. While more information was needed on sexually transmitted infections and viral hepatitis, concrete measures could be taken, as the draft strategies demonstrated. Strategies should focus on combating coinfections, with a harmonized, across-the-board approach. Coinfections caused severe problems and therefore prevention and treatment must be carefully evaluated with reference to certain vulnerable categories of patient. She requested the convening of a technical working group at which her delegation would like to make a number of editorial and technical amendments to the strategies.

The representative of ERITREA, speaking on behalf of the Member States of the African Region, said that the African Region had high prevalence rates of viral hepatitis, with over 8% of its population chronically infected with hepatitis B virus and over 2% with hepatitis C virus. While the draft strategy on viral hepatitis was welcome, there were problems with its implementation, including its high cost, which would disproportionately impact low- and middle-income countries. WHO should mobilize more resources for its implementation, in part by negotiating with funding providers, including development agencies. Member States should be encouraged to establish viral hepatitis response mechanisms under their national health strategies. It was of concern that the draft strategy did not address the challenges concerning access to diagnostics and treatments for viral hepatitis, particularly for low- and middle-income countries. The provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health should be used to ensure affordable access. Moreover, the strategy focused mainly on hepatitis B and C, but African governments also needed to address hepatitis A. Therefore, strategies to guarantee access to safe food

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and water, and to establish sanitary conditions, were needed. In the light of those considerations, the draft strategy should be revised prior to its submission to the Sixty-ninth World Health Assembly.

The representative of PAKISTAN said that, while prevention and community awareness were essential components of the draft strategy, the introduction of new medicines to treat hepatitis C would change the focus, provided that affordable access was ensured; nevertheless, there should be greater emphasis on research to develop a hepatitis C vaccine. Injection safety and hygiene also merited special attention. Drug resistance arising from the increased availability of antiretroviral drugs for hepatitis was a potential problem that should be addressed.

The representative of JAPAN said that medical treatment and blood transfusions constituted one of the main routes of transmission of hepatitis B and C viruses. As health care was rapidly expanding in many countries, safe treatment in medical settings and blood safety must be ensured as a matter of urgency and WHO should expand technical support to Member States in those areas. Barriers to access to medical products could be removed through the use of the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health and by reviewing factors such as the organization of national health administrations and the quality and quantity of health care professionals. Harm reduction and the removal of penalties for illicit drug use were essential. A one-size-fits-all approach was not viable; individual countries' circumstances needed to be considered in order to prevent disease.

The representative of MOROCCO¹ said that the lack of data on the incidence of and mortality due to hepatitis B and C in Morocco made it difficult to align the goals of its national strategy with those of the WHO draft strategy. Furthermore, the lack of coherence between the Sustainable Development Goals, target 3.3 of which stated that, by 2030 the international community should "combat hepatitis", and the draft strategy, which sought to "eliminate viral hepatitis as a public health threat by 2030" could make it difficult for governments to set their targets. Nevertheless, the draft strategy provided useful guidance for the design of national prevention and control plans and should be adopted. WHO should increase technical and financial support to aid the implementation of national strategies.

The representative of GHANA¹ said that viral hepatitis was a heavy burden for the African Region, where there was a growing number of deaths due to hepatitis and related complications. Ghana had a national viral hepatitis strategy which incorporated all the elements described in the WHO draft strategy, but implementation was lacking. Member States should strengthen prevention mechanisms for all types of viral hepatitis and partners should support research on all types of hepatitis for which vaccines did not currently exist. Member States should also strengthen surveillance on viral hepatitis and manufacturing companies should work towards improved, affordable agents to treat acute and chronic viral hepatitis infections. WHO should continue to lead in innovative strategies to eliminate all types of viral hepatitis.

The representative of GREECE¹ said that, despite the barriers to the implementation of a national hepatitis plan, there was also the potential to make significant progress by working with global actors, including WHO. The five core intervention areas and the strategic directions set out in the draft strategy on viral hepatitis were welcome, and the Government of Greece would seek to ensure that its national hepatitis plan was aligned with the WHO strategy. Harm reduction played an important role in preventing not only viral hepatitis, but also HIV. Although there was a cure for hepatitis C, its current cost would be unaffordable for Greece if access to treatment was to be scaled up. Input from civil society and technical expertise would be needed to develop a solution. The

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Ministry of Health of Greece was keen to establish a strong working relationship with WHO and its partners in order to develop a national hepatitis plan that would also address HIV and sexually transmitted infections.

The representative of VIET NAM,¹ noting the prevalence of the hepatitis B virus in Viet Nam, where approximately 10% of the population was chronically infected, urged WHO and other partners to: deliver guidelines and an action plan for hepatitis prophylaxis treatment for pregnant women as soon as possible, in order to reduce vertical transmission by 30% by 2020; increase birth dose coverage with hepatitis B vaccine through a strong integrated communication strategy and the sharing of results of research with communities and health care providers; and enhance the monitoring and evaluation of hepatitis B and C treatment programmes and ensure equitable access and coverage across regions.

The representative of the UNITED REPUBLIC OF TANZANIA¹ welcomed the draft strategy on viral hepatitis and looked forward to the implementation of interventions that would serve all segments of the population. Certain terms used in the draft strategy, such as “vulnerable and affected populations” and “key populations”, needed to be defined, however.

The representative of JAPAN said that comprehensive methods should be adopted for the prevention and control of sexually transmitted infections, as they were multifaceted. Although vaccination played a role, other approaches such as education on safe sex and condom use were also very effective.

The representative of ERITREA, speaking on behalf of the Member States of the African Region, said that early diagnosis and effective treatment were an essential part of sexually transmitted infection control programmes. Given the development of gonococcal antimicrobial resistance, Member States should increase investment in laboratory diagnosis and establish surveillance systems to monitor the resistance of different pathogens. Most countries in the Region needed support in that area, including access to effective medicines for sexually transmitted infections. The draft strategy on sexually transmitted infections did not adequately reflect primary prevention of new infections and should include interventions that addressed all population segments rather than selected groups. He proposed incorporating the phrase “zero new infections” into the global vision of the draft strategy, and amending the point “meaningful engagement of key populations” under the guiding principles to read “meaningful engagement and empowerment of all communities, including people living with sexually transmitted infections”. Clarity was required on strategies that addressed gonococcal antimicrobial resistance.

The representative of SLOVAKIA,¹ noting that there was no internationally-accepted definition of the term “sexual and reproductive health rights” used in the draft 2016–2021 strategy on sexually transmitted infections, said that the text should be amended to read “sexual and reproductive health”.

The representative of UNAIDS said that the draft 2016–2021 strategy on HIV incorporated the ambitious but realistic targets agreed on by Member States in the UNAIDS multisectoral strategy for 2016–2021 and was fully in line with that document.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that, while advances in diagnostics technology and improvements in treatment would make it possible to achieve the goal of the HIV strategy, the Secretariat and Member States should remain realistic. Health systems as they stood were unable to cope with expansion on

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

such a scale, and diagnosis, treatment and care would need to shift increasingly from hospitals to communities and homes. Providing legal protection and training to community volunteers and formally recognizing their role in public health would boost national systems and extend the reach of health care in a responsive, culturally-sensitive and cost-efficient manner.

The representative of the WORLD HEPATITIS ALLIANCE, speaking at the invitation of the CHAIRMAN, said that the draft viral hepatitis strategy was the single most important document on the issue, as it represented the first time that specific, target-driven commitments had been made. The strategy aimed high but it needed to do so, even if it fell slightly short of its targets, as there were many years of inaction to make up for.

The representative of the MEDICINES PATENT POOL, speaking at the invitation of the CHAIRMAN, and in reference to the draft strategies on HIV and viral hepatitis, said that patent licensing was vital to enable competition among manufacturers and reduce prices. The Medicines Patent Pool had recently expanded its mandate beyond HIV to work on hepatitis C. She welcomed close collaboration with the Secretariat and Member States to increase access to affordable treatment in developing countries.

The representative of MSF INTERNATIONAL, speaking at the invitation of the CHAIRMAN, urged Member States to rapidly implement the recommendation to provide antiretroviral therapy to all individuals with HIV upon diagnosis. For Member States to implement the WHO guidelines, adequate financial and programmatic support was necessary, especially for low-coverage countries. "Test and treat" as a simplified strategy could accelerate the scaling-up of antiretroviral treatment in such countries and in conflict and emergency settings. It should be implemented as part of a package of care in such environments, without discrimination. Major donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria should engage in the implementation of the strategy following the adoption of the 2030 Agenda for Sustainable Development. Viral hepatitis would only be eliminated by 2030 if key actions were taken, such as the introduction of ambitious hepatitis B immunization programmes and the reduction of regulatory time-lags for the registration of new medicines in low- and middle-income countries.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, said that gender equality and human rights were welcome principles in all three draft strategies. Political support, financial commitment and integration with existing health systems, including community health services, were required for the strategies to become a reality.

The ASSISTANT-DIRECTOR GENERAL (HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases) said that the new approach of addressing several issues together had worked well and could enable linkage and coherence between three major health threats across WHO, and ensure greater efficiency in the process. The support expressed for target 3.3 of the Sustainable Development Goals was very encouraging and the tools were available to achieve it. He recognized that certain important issues needed to be tackled, such as drug resistance, access to affordable treatment, vaccines and medicines, and the setting of high but deliverable targets for Member States. The draft HIV strategy provided critical components for a multisectoral response and would be valuable at the United Nations High-level Meeting on HIV/AIDS in June 2016.

The concerns raised on the viral hepatitis targets would be carefully examined after the Executive Board session. Regarding the comments on price reduction, particularly for hepatitis C medicines, work had been carried out collectively across the different departments in the Secretariat to look at developing a comprehensive price reduction strategy and providing guidance for countries on the use of the provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and on HIV/AIDS and viral hepatitis diagnosis, treatment and testing. An opportunity would be provided to review the strategies and incorporate

Member States' comments in the finalized version. A draft resolution for the purpose of adopting the strategies at the Sixty-ninth World Health Assembly was being prepared.

The ASSISTANT-DIRECTOR GENERAL (Family, Women's and Children's Health) suggested that a more structured way could be found to discuss the three strategies at the Health Assembly. She acknowledged the call for an emphasis on innovation concerning new medicines, particularly in the light of increasing gonococcal antimicrobial resistance. Noting the comments on strengthening the aspects of the strategy on prevention and increased surveillance, she said that the Secretariat would work with Member States to make the necessary adjustments, including a re-examination of the targets. On the issue of human papillomavirus, WHO had a clear position paper on cervical cancer prevention focusing on primary prevention through the use of the human papillomavirus vaccine and secondary prevention through screening of pre-cancerous lesions and treatment. Multiple tools were also available online and her team would provide further explanations if requested.

The CHAIRMAN took it that the Board wished to request the Secretariat to take into account the points raised during the discussion when finalizing the three draft strategies, and to submit the draft strategies, with a draft resolution recommending their endorsement, to the Sixty-ninth World Health Assembly for consideration.

It was so agreed.

Global vaccine action plan: Item 9.3 of the agenda (document EB138/32)

The representative of CANADA, while commending the progress made towards the global vaccine action plan targets, expressed concern that implementation of the plan had been consistently off-track for the past three years. The 2015 Assessment Report of the Global Vaccine Plan had referred to measles and rubella elimination as a missed opportunity. The mid-term review should therefore be held early in 2016 to identify gaps and remedy that situation. Strong accountability and leadership to improve data quality and vaccine availability were key to achieving the targets. Given the importance of the Global Polio Eradication Initiative's legacy planning work, future reports should provide an overview of progress in eradicating polio, as legacy plans were almost ready to become operational at the country level.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, speaking on behalf of the Member States of the African Region, said that despite significant efforts to implement vaccination interventions, the results achieved were still below the expected level. The introduction of new vaccines was weak and the situation remained deplorable in countries that were ineligible for new vaccine funding from the GAVI Alliance. Moreover, the Ebola virus disease epidemic had destabilized health systems and interrupted vaccination programmes. To overcome such challenges, the Secretariat should continue to assist countries in implementing efficient and robust coordination mechanisms, developing synergies and mobilizing resources. It should also support Member States in the financing dialogues to increase donor numbers, and appeal on behalf of countries ineligible for GAVI Alliance funding. Uninterrupted supplies should be ensured for health facilities, and health systems strengthened. Member States should encourage initiatives for the local production of medicines, including vaccines, as well as innovative financing programmes and international cooperation for the provision of technical assistance. Pressure group networks should be promoted at the government level to ensure that vaccination was considered as a financial priority.

The representative of ARGENTINA welcomed the report and noted the need for an accountability system that was transparent at all levels, particularly at the country level.

The representative of the REPUBLIC OF KOREA said that the recommendations for action were clear and detailed, and would help progress towards the goals of the Decade of Vaccines. The Republic of Korea would continue to collaborate with international partners to eliminate vaccine-preventable diseases.

The representative of PAKISTAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that several countries in his region were experiencing increasing challenges with regard to the global vaccine action plan due to emergency or security situations and that a regional vaccine action plan, which took into account regional challenges, had been endorsed by the Regional Committee for the Eastern Mediterranean in October 2015. The Region supported the recommendation by the Strategic Advisory Group of Experts on immunization to present the 2016 report to the World Economic Forum. To bolster implementation of the global vaccine action plan, countries and partners should allocate more financing, improve immunization data quality, establish optimal programme structures and appoint adequate numbers of staff for a sufficient period of time. A monitoring and accountability process should be established at national and subnational levels through national immunization technical advisory groups.

The representative of JORDAN stated that cost considerations had prevented the inclusion of the pneumococcal conjugate vaccine alongside the rotavirus vaccine in his country's child immunization programme, as Jordan no longer benefited from the GAVI-negotiated price discount following its reclassification as a middle-income country. The Government therefore potentially faced the difficult decision of having to renege on its commitment to introduce the two new vaccines into its immunization programme for all Jordanian and refugee children owing to the fact that they were too costly, because of a lack of competition, to be financed from the health budget. He therefore urged WHO to give serious consideration in particular to the seventh and eighth recommendations made by the Strategic Advisory Group of Experts. He drew attention to the resolutions adopted by the Health Assembly in 2015 on vaccine pricing, opportunities for new vaccine candidates produced by manufacturers in developing countries, the provision of technical support to those manufacturers and the option of priority registration as a company.

The representative of CHINA noted the challenges of the action plan's long implementation cycle, which required constant review of achievements and difficulties. Strengthened cooperation was needed to achieve the global vaccine action plan goals. The Secretariat should provide greater technical support to help developing countries with improving the quality of monitoring data. With regard to areas that were yet to eliminate measles, rubella and congenital rubella syndrome, consideration should be given to extending the deadline for their elimination and local production capacity for vaccines.

The representative of SAUDI ARABIA said that the true immunization coverage was unlikely to be reflected by the available data, the quality of which should therefore be improved through national investment, with support from partners and stakeholders, and subsequently monitored by independent technical bodies. The exchange of data on vaccine purchasing and pricing should likewise be improved and transparent pricing information made readily available. An increase in the number of WHO-approved manufacturers should furthermore be encouraged in order to break monopolies and liberalize prices.

The representative of the RUSSIAN FEDERATION said that progress towards achieving the global vaccine action plan was hindered by unstable financing for national immunization programmes and limited access to vaccination for certain population groups, particularly migrants. She supported the recommendations of the Strategic Advisory Group of Experts on immunization, which should serve as a basis for adjusting activities under national immunization plans. A key recommendation was the provision by WHO of guidance on immunization programmes and strategies during conflict or the

chronic disruption of access to immunization. The recommendations should include the development by the Secretariat of an appropriate strategy for countering the anti-vaccination lobby.

The representative of BRAZIL said that he supported the recommendations of the Strategic Advisory Group of Experts on immunization, in particular on improving immunization coverage, funding national immunization programmes and introducing annual progress reviews by regional technical advisory groups. It was important to develop new and less marketable vaccines. The Organization should work closely with regulatory authorities to support developing countries' vaccine producers, in order for them to participate in the prequalification process. He looked forward to receiving an update on progress towards the implementation of resolution WHA68.6 (2015) on the global vaccine action plan, particularly with regard to vaccine pricing, at the Sixty-ninth World Health Assembly, and expressed his country's willingness to collaborate with others to achieve the global vaccine action plan's goals.

The representative of the UNITED STATES OF AMERICA urged Member States to support efforts to analyse the problems faced in achieving the global vaccine action plan's goals and find appropriate solutions. The Organization should build on the success of polio programmes, since thoughtful legacy planning on polio, including intensified vaccine development, would sustain immunization coverage and provide benefits for years into the future. He supported the report and the recommendations of the Strategic Advisory Group of Experts on immunization, particularly on the need for global, regional and national development partners to align efforts to support countries in strengthening leadership and accountability frameworks to implement national plans. Experience had shown that proper planning allowed aggressive goals to be achieved, even in challenging circumstances, and that assets from the Global Polio Eradication Initiative should be used to build solid health infrastructure and tackle existing and emerging health concerns.

The representative of THAILAND said that WHO and other development partners should continue to support Member States in strengthening national immunization programme management and human resource development on immunization at all levels. The joint Member State and WHO International Review of the Expanded Programme on Immunization provided a good model for the development of immunization programmes. Vaccine affordability and security could be ensured by boosting vaccine production capacities in developing countries. Incentives should address the link between research and development costs and vaccine prices, as reflected in resolution WHA60.30 (2007) on public health, innovation and intellectual property. The Organization should facilitate the implementation of resolution WHA68.6, in particular with regard to vaccine affordability and price sharing. Thailand remained committed to the global vaccine action plan.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND supported the accelerated implementation of the global vaccine action plan and the recommendations of the Strategic Advisory Group of Experts. The most important challenge was to reach the "fifth child" – the one in five children worldwide who was not immunized – and end inequity to ensure that all children received life-saving vaccines. She called on all countries to bring progress on the global vaccine action plan back on track and urged WHO to provide countries with increased support to ensure immunization at all levels.

The representative of SURINAME, speaking on behalf of the Member countries of the Caribbean Community and Common Market, said that the English- and Dutch-speaking countries of the Caribbean had made a commitment to the global vaccine action plan and to report progress annually. She expressed concern at the failure to achieve adequate homogeneity of vaccine coverage in those countries and noted that, since the region was highly dependent on tourism and vulnerable to the re-importation of diseases, surveillance systems should be strengthened. All countries in the region would require increased support to improve the homogeneity of vaccination, strengthen data and surveillance systems and align national plans with regional action plans.

The representative of EGYPT expressed support for the proposal by Jordan to include low-and middle-income countries in the support provided for implementation of the global vaccine action plan. His country was at the bottom of the band for middle-income countries, yet subject to the same treatment as countries at the top of that band, which had an impact on access to vaccines.

The representative of COLOMBIA¹ said that the upwards trend in vaccine pricing presented a major challenge to achieving full coverage of highly-priced recombinant vaccines. She took note of the recommendations by the Strategic Advisory Group of Experts on immunization on sharing information on vaccine prices and supply systems; effective strategies were needed in that regard. The work of WHO should be intensified to ensure universal access to vaccines and guarantee transparent pricing and research and development on new vaccines. Existing regional mechanisms for negotiating prices should be strengthened and replicated in regions where they were lacking. The Organization should document and share information on high vaccine prices faced by countries during emergencies and natural disasters.

The representative of MOROCCO¹ said that, if the strong leadership and accountability at all levels that had led to success for certain countries could be extended to all, the global vaccine action plan would make progress as planned in the second half of the Decade of Vaccines. He called on WHO to support countries, including Morocco, through technical and logistical assistance to: obtain vaccines at affordable prices; strengthen disease surveillance and data collection and use to make immediate decisions at local level; evaluate the impact of new vaccines; boost surveillance of the undesirable side-effects of vaccines; strengthen national and international partnerships for vaccination; and develop research activities.

The representative of MEXICO¹ reiterated Mexico's commitment to vaccinating children in accordance with the global vaccine action plan. Success in introducing new vaccines should be maintained in order to accelerate progress in eliminating vaccine-preventable diseases.

The meeting rose at 17:30.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

TENTH MEETING

Thursday, 28 January 2016, at 18:05

Chairman: Ms M.P. MATSOSO (South Africa)

later: Dr A. HAFEEZ (Pakistan)

1. COMMUNICABLE DISEASES: Item 9 of the agenda (continued)

Global vaccine action plan: Item 9.3 of the agenda (document EB138/32) (continued)

The representative of BANGLADESH¹ said that Bangladesh had met most of the global targets for routine immunization and vaccine-preventable disease control under the global vaccine action plan and had completed the requirements for the establishment of a national regulatory authority. Prequalification by WHO was now needed, in order to make the authority operational.

The representative of INDIA¹ said that, although there had been some success stories, performance against key immunization targets under the action plan remained off track. Drawing attention to the requests to the Director-General in resolution WHA68.6 (2015) on the global vaccine action plan, he said that the Director-General's report on the implementation of WHA68.6 should be incorporated into the Secretariat's report to the Sixty-ninth World Health Assembly.

The representative of INDONESIA¹ said that the action plan was in line with her country's national development plan, which provided for monitoring, evaluation and accountability in the implementation of its immunization programme. She encouraged WHO to facilitate transfers of vaccine technology between manufacturing countries, so as to forestall a global shortage of inactivated polio vaccine in 2016. WHO should also put in place a mechanism for pooling vaccine procurement. All stakeholders involved in promoting child health should mobilize resources with a view to enabling all children to have access to quality immunization services.

The representative of MEDICUS MUNDI INTERNATIONAL (INTERNATIONAL ORGANIZATION FOR COOPERATION IN HEALTH CARE),¹ speaking at the invitation of the CHAIRMAN, said that the report by the Secretariat failed to address several issues identified in resolution WHA68.6 and urged members to ask for a comprehensive and systematic report on the resolution's implementation. Data on the introduction of new vaccines could not be the sole or even principal measure of the action plan's success. New vaccines should be introduced on the basis of disease burden, public health capacity, local manufacturing capacity and affordability. All Member States should provide pricing data, and demand reporting on the technical, procedural and legal barriers that could undermine competition and on the improved coordination and funding of the research and development required to introduce new vaccines at affordable prices. WHO could provide valuable data and technical assistance to support both local manufacturing and pooled procurement, which were key for the 24 middle-income countries that had graduated from GAVI Alliance support.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of MSF INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the recommendations of the Strategic Advisory Group of Experts on immunization, and urged the Secretariat to comment on the operative sections of resolution WHA68.6 in its next report on the action plan. Lack of competition kept vaccine prices high. That was particularly true for the newest vaccines, which might have only two WHO prequalified manufacturers each. WHO should use its technical and regulatory expertise to support developing country vaccine regulators with a view to timely licencing and prequalification, especially of pneumococcal vaccine candidates. It should also prioritize implementation of its existing guidelines, thereby enabling humanitarian organizations like MSF International to access vaccines at the lowest global price and immunize crisis-affected children.

The ASSISTANT DIRECTOR-GENERAL (Family, Women's and Children's Health) expressed her appreciation to the Strategic Advisory Group of Experts for its report on the status of the action plan's implementation. The elimination of neonatal and maternal tetanus in India and of rubella and congenital rubella in the Americas, and the absence of any cases of wild poliovirus in Africa since August 2014, were particularly laudable developments. The action plan's goals nevertheless remained elusive, and the Secretariat had taken a number of steps in 2015 to achieve them and to implement the recommendations made by the Strategic Advisory Group of Experts in its 2014 assessment report. All WHO regions had finalized their immunization plans. In February 2016, the African and the Eastern Mediterranean regions, working in conjunction with the African Union, would host the Ministerial Conference on Immunization in Africa, in order to boost the political leadership and commitment required for progress. Forty countries had revised their multiyear plans. The Secretariat was intensifying its action in cooperation with the GAVI Alliance and partners, and urged Member States to share information on vaccine prices. It was working to facilitate access by middle-income countries to vaccines, and was finalizing the framework for immunization in humanitarian crises. The production in record time of a vaccine against Ebola virus disease demonstrated the benefits of partnership and showed that rapid progress could be made in crisis situations.

The Board noted the report.

Dr A. Hafeez took the Chair.

Mycetoma: Item 9.4 of the agenda (document EB138/33)

The CHAIRMAN drew attention to the report on mycetoma, the associated draft resolution and its financial implications. The draft resolution, proposed by Egypt, Nigeria and Sudan, read:

The Executive Board,
Having considered the report on mycetoma,¹

RECOMMENDS to the Sixty-ninth World Health Assembly the adoption of the following resolution:

The Sixty-ninth World Health Assembly,
(PP1) Deeply concerned about the impact of mycetoma, especially among children and young adults of working age, and the public health and socioeconomic burdens that the disease places on poor, rural communities;
(PP2) Aware that early detection and treatment minimize the adverse consequences of mycetoma;

¹ Document EB138/33.

(PP3) Noting with satisfaction the progress made by some Member States with regard to research into mycetoma and management of cases of the disease;

(PP4) Concerned that several factors, including late detection of cases of mycetoma and inadequacy of available tools for diagnosis, treatment and prevention of the disease, impede further progress;

(PP5) Mindful that achievement of the United Nations Millennium Development Goals and the Goals of the 2030 Agenda for Sustainable Development, particularly those concerning poverty, hunger, health and education, may be hampered by the negative impact of neglected diseases of the poor, including mycetoma,

(OP) 1. CALLS UPON the international community and all stakeholders including, inter alia, the international organizations, bodies of the United Nations system, donors, nongovernmental organizations, foundations and research institutions:

- (1) to cooperate directly with countries in which the disease is endemic, upon the request of such countries, in order to strengthen control activities;
- (2) to develop partnerships and foster collaboration with organizations and programmes involved in health system development in order to ensure that effective interventions can reach all those in need;
- (3) to support institutions working on research on mycetoma;

(OP) 2. ENCOURAGES Member States in which mycetoma is, or threatens to become, endemic:

- (1) to assess the burden of mycetoma and, where necessary, establish a control programme;
- (2) to accelerate efforts for early detection and treatment of mycetoma cases;
- (3) to integrate, where feasible, efforts to control mycetoma with other relevant disease-control activities;
- (4) within the context of health-system development, to establish and sustain partnerships for control of mycetoma at country and regional levels;
- (5) to meet control needs, including in respect of improved access to treatment and rehabilitation services, by mobilizing national resources;
- (6) to provide training to relevant health workers on the management of mycetoma;
- (7) to intensify research in order to develop new tools to diagnose, treat and prevent mycetoma;
- (8) to promote community awareness of disease symptoms in support of early detection and prevention, and to intensify community participation in control efforts;

(OP) 3. REQUESTS the Director-General:

- (1) to include mycetoma among the diseases termed “neglected tropical diseases”;
- (2) to continue to offer technical support to institutions working on research into mycetoma, including WHO collaborating centres, in support of improved, evidence-based disease control efforts;
- (3) to support Member States in which the disease is endemic to strengthen capacities for improving early detection and access to treatment;
- (4) to foster technical cooperation among countries as a means of strengthening surveillance, control and rehabilitation services;

- (5) through the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, to support the strengthening of research capacity in order to meet the need for better diagnostics, treatments and preventive tools for mycetoma;
- (6) to report on progress in implementing this resolution, through the Executive Board, to the Seventy-second World Health Assembly.

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

Resolution: Addressing the burden of mycetoma			
A. Link to the general programme of work and the programme budget			
<p>1. Please indicate to which impact and outcome in the Twelfth General Programme of Work, 2014–2019 and which output in the Programme budget 2016–2017 this draft resolution will contribute if adopted.</p> <p>Twelfth General Programme of Work, 2014–2019: Outcome 1.4 Increased and sustained access to essential medicines for neglected tropical diseases.</p> <p>Programme budget 2016–2017: Output 1.4.2 Implementation and monitoring of neglected tropical disease control interventions facilitated by evidence-based technical guidelines and technical support; and Output 1.4.3 New knowledge, solutions and implementation strategies that respond to the health needs of disease-endemic countries.</p> <p>The activities mandated by the resolution are part of the deliverables that need reinforcement specifically for the control of mycetoma. The UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases no longer engages in managing research and development for drugs and diagnostics, should such be required for mycetoma, but would assist the Secretariat in convening expert groups to analyse the situation and form research priorities. The funds required to take these priorities forward are not included in the present report.</p>			
<p>2. If there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017, please provide a justification for giving consideration to the draft resolution.</p> <p>Not applicable.</p>			
<p>3. What is the proposed timeline for implementation of this resolution?</p> <p>10 years.</p> <p><i>If the timeline stretches to future programme budgets, please ensure that further information is provided in the costing section.</i></p>			
B. Budgetary implications of implementation of the resolution			
1. Current biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	300 000	300 000	600 000
Regional offices	200 000	200 000	400 000
Headquarters	400 000	100 000	500 000
Total	900 000	600 000	1 500 000

1(a) Is the estimated budget requirement in respect of implementation of the resolution fully included within the current programme budget? (Yes/No) Yes.			
1(b) Financing implications for the budget in the current biennium: – How much is financed in the current biennium? None. – What are the gaps? US\$ 1 500 000 – What action is proposed to close these gaps? Advocacy, reprioritizing, resource mobilization. A potential source of external funding may be negotiated with WHO partners through product development partnerships.			
2. Next biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	400 000	400 000	800 000
Regional offices	300 000	250 000	550 000
Headquarters	500 000	150 000	650 000
Total	1 200 000	800 000	2 000 000
2(a) Financing implications for the budget in the next biennium: – How much is currently financed in the next biennium? None. – What are the financing gaps? US\$ 2 000 000 – What action is proposed to close these gaps? Advocacy, reprioritizing, resource mobilization. A potential source of external funding may be negotiated with WHO partners through product development partnerships.			

The representative of the UNITED STATES OF AMERICA said that he welcomed the inclusion of mycetoma on the Board's agenda following several years of discussion. While sympathetic to the efforts to include the disease in the list of neglected tropical diseases, he was wary of setting a precedent by adding a disease on the basis of political, rather than technical, considerations. Following constructive consultations with the delegation of Sudan and others, he wished to propose a way forward that would lead to the same outcome but at the same time protect the integrity of WHO's norm and standard-setting role. First, his delegation would be prepared to retain the request to include mycetoma in the list of neglected tropical diseases if it was made clear that the Executive Board "noted" rather than "endorsed" the draft resolution. Second, in his summary of the discussion, the Chairman should note that the Strategic and Technical Advisory Group for Neglected Tropical Diseases had been requested to formulate, at its meeting in April 2016, a recommendation on the inclusion of mycetoma in the list of neglected tropical diseases, if possible, in time for its consideration at the Sixty-ninth World Health Assembly. Third, in order to clarify the process in the future, a new subparagraph should be added before subparagraph 3(6) of the draft resolution that would read: "through the Strategic and Technical Advisory Group for Neglected Tropical Diseases, to define a systematic, technically-driven process for evaluation and potential inclusion of additional diseases among the neglected tropical diseases."

The representative of the REPUBLIC OF KOREA spoke in favour of establishing a mycetoma global surveillance system, aligned to target 3.3 of the Sustainable Development Goals. She requested WHO to play a leading role in developing strategies against the disease and supported the draft resolution. She expressed solidarity for all countries affected by mycetoma.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, acknowledged that mycetoma was a burden on his Region, although it was not a notifiable disease under the integrated disease surveillance system implemented by countries of the African Region. In Africa, most mycetoma cases were diagnosed at the later stages and were rarely treated with antibiotics or antifungal medicines. Surgical amputations were the most affordable treatment for patients, as that avoided further complications. Mycetoma was currently subject to increased surveillance, thanks to case findings for neglected tropical skin diseases such as leprosy, Buruli ulcers and yaws. Public health strategies for the control and prevention of mycetoma hinged on significant investment in research and product development, with the aim of promoting cost-effective prevention, diagnosis, early treatment and case management in low-resource settings. Given the current momentum towards the prevention, control and elimination of neglected tropical diseases, it was an opportune moment to raise funds to support research. He called on WHO to add mycetoma to the list of neglected tropical diseases so that it could receive the attention it deserved, both in terms of public health policy and control programmes in affected countries.

The representative of NAMIBIA, noting that it was high time to include mycetoma among the diseases termed neglected tropical diseases, suggested that in order to take into account the concerns that had been raised, the Executive Board could take a decision of principle on the issue at the current session and then efforts could be made to resolve all the technical concerns prior to the Sixty-ninth World Health Assembly in May 2016.

The representative of CANADA, endorsing the draft resolution, said that a broader health systems approach was critical to combating neglected tropical diseases and other poverty-related infectious diseases. Robust health systems able to deliver high-quality health services at a community level were not only key to improving the health of women, adolescents and children, but also to the prevention and management of all such diseases. She noted the need for more research to develop effective mycetoma treatments and field-friendly diagnostic techniques. Adequate preventive and control measures to reduce disease morbidity and mortality were needed.

The representative of EGYPT, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that mycetoma had received insufficient attention in his Region and that the treatment had doubtful efficacy, side-effects and toxicity. The omission of mycetoma from the list of neglected tropical diseases had certainly had an adverse effect on global attention to it. He endorsed the draft resolution and called for the inclusion of mycetoma on the list. WHO should sustain and document national-level campaigns against mycetoma; increase the powers of the WHO Collaborating Centre on Mycetoma in Khartoum to make it a global reference centre for knowledge about mycetoma; boost awareness through the Special Programme for Research and Training in Tropical Diseases; increase collaboration in respect of drug development; and coordinate the response to mycetoma in all public health strategies.

The representative of ERITREA, recalling that his country was situated within the so-called mycetoma belt, said that affected countries were ill-prepared and poorly equipped to provide the preventive, diagnostic, treatment and rehabilitation services required to combat mycetoma. His country wished to sponsor the draft resolution.

The representative of SWEDEN said that she welcomed the establishment of the WHO Collaborating Centre on Mycetoma in Khartoum. She asked what measures were currently being taken by regional offices against mycetoma at the regional and country levels, particularly for prevention

and early diagnosis. She supported the proposals by the United States of America, noting that they did not entail procedural delays.

The representative of SAUDI ARABIA, noting the spread of the disease among the poorest inhabitants of the many countries located in the mycetoma belt, said that a resolution on the subject would go a long way towards surmounting the challenges posed by the disease, and provide an incentive for national health systems, partners and stakeholders to produce strategies for overcoming it. His delegation therefore endorsed the draft resolution and called on others to follow suit.

The representative of KUWAIT expressed surprise at the proposal to refer the matter – which had been discussed by the Executive Board in January 2015 and by the World Health Assembly in May 2015 – to the Strategic and Technical Advisory Group for Neglected Tropical Diseases. She called on members to support the draft resolution in order to pave the way for its adoption at the forthcoming Health Assembly.

The representative of JORDAN said that mycetoma had caused countless problems in poor countries because of its late discovery and the lack of measures to curb it. He called on WHO to collect more information on the disease and expressed support for the draft resolution, including the proposal to include mycetoma in the list of neglected tropical diseases.

The representative of SUDAN, invited to take the floor by the CHAIRMAN at the request of the representative of THAILAND, recalled that, at the Sixty-eighth World Health Assembly, some Member States, including the United States of America, had expressed reservations concerning the legal procedures associated with adding mycetoma to the WHO list of neglected tropical diseases. Describing the steps that had been taken, he said that the process had been properly conducted and that there were precedents. Indeed, there was nothing to prevent a disease from being listed without referral to the Strategic and Technical Advisory Group for Neglected Tropical Diseases, which was not a governing body. Any further decision on the matter lay with the Executive Board.

The representative of THAILAND emphasized that social determinants of health and behavioural and anthropological factors were crucial to the prevention of mycetoma, mainly because medical and technological interventions were unreliable. Improvements to sanitation and health systems also played a significant role. She supported the draft resolution and the inclusion of mycetoma in the list of neglected tropical diseases.

The representative of CHINA, noting that there were isolated cases of mycetoma in her country, said that WHO should provide assistance to mycetoma-affected countries, boost research efforts, identify potential intervention areas and offer technical support so that countries could start surveillance and prevention programmes for neglected tropical diseases.

The representative of BRAZIL, expressing his support for the draft resolution, said that the Executive Board was the appropriate forum for seeking a compromise on the procedure going forward. The adoption of the draft resolution would attract global attention to neglected tropical diseases such as mycetoma, promote the development of new tools and ensure the integration of mycetoma campaigns into other neglected tropical disease programmes.

The representative of JAPAN said that, while he supported the draft resolution in theory, he shared the concerns of the United States of America and expressed interest in the suggestion by the representative of Namibia. The Strategic and Technical Advisory Group for Neglected Tropical Diseases could be asked to consider whether the inclusion of mycetoma on the list of neglected tropical diseases might undermine efforts to eradicate any other such diseases. Should the Advisory Group find that not to be the case, Japan would support the inclusion of mycetoma in the list of neglected tropical diseases.

The representative of INDIA¹ said that the Organization should support national and regional efforts to improve control of mycetoma. There was a need for better disease surveillance, the strengthening of health systems and further research and development into relevant diagnostics and medicines. As the disease met all the relevant WHO criteria, he advocated its inclusion in the list of neglected tropical diseases, which would raise the disease's profile, encourage greater collaboration among institutions and guarantee more technical support. His country wished to sponsor the draft decision.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA¹ said that mycetoma should be added to the list of neglected tropic diseases, in part because it had not been appropriately dealt with in the past, owing to a lack of information on its prevalence, incidence and distribution. He supported the draft resolution.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIRMAN, said that her organization had recently included mycetoma in its portfolio and was developing a potential new treatment – the only one currently in the pipeline. Lack of international awareness of the disease had brought about a gap in knowledge which had significantly affected patient care and hindered prevention and control efforts. International efforts should focus on epidemiology, treatments and preventive measures. She called on the Board to support the draft resolution.

The ASSISTANT DIRECTOR-GENERAL (HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases) said the fact that so many speakers had taken the floor illustrated that mycetoma was not an issue that affected a few isolated regions, but a global public health threat. There were currently no specific procedures in place governing additions to or deletions from the list of neglected tropical diseases; however, the Strategic and Technical Advisory Group for Neglected Tropical Diseases would be called on to establish such procedures, and would consider mycetoma, during its meeting in April 2016. The Secretariat stood ready to work with the representatives concerned to amend the draft resolution in a way that would be mutually acceptable.

The representative of the UNITED STATES OF AMERICA said that he would be in favour of including mycetoma on the list of neglected tropical diseases as a result of a technically sound process carried out in time for the Sixty-ninth World Health Assembly. To reach consensus on the issue, however, more time was needed.

The representative of EGYPT, supported by the representative of THAILAND, said that, if there were no procedures in place for controlling which items were included on the list of neglected tropical diseases, any procedural argument against the adoption of the draft resolution could be rejected. As there was overwhelming support for the draft resolution's immediate adoption, and as it would not be in violation of any procedures to do so, he urged the Board to adopt the draft resolution.

The representative of FRANCE requested clarification from the Secretariat as to how exactly diseases were added to the list of neglected tropical diseases and the criteria applied by the Strategic and Technical Advisory Group for Neglected Tropical Diseases.

The DIRECTOR-GENERAL took note of the concerns expressed by the representative of the United States of America but also observed that the majority of members supported the draft resolution. Noting that it was not usual practice to vote on draft resolutions, she asked the Board

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

whether it wished to suspend the discussion of the item in order to allow for further consultations and for agreement to be reached among members on suitable wording for the draft resolution.

The representative of KUWAIT said that many delegations, including her own, had expressed clear views on the issue from the outset. The issue had been on the table since the previous year and no failures of procedure were associated with it.

The representative of NAMIBIA observed that the positions taken by the various speakers seemed clear-cut. He reiterated his appeal to the Board to take a decision of principle on the matter at the current session; issues of a technical nature could be resolved at a later date.

The representative of JORDAN said he was confounded as to why the adoption of a draft resolution should be held up on the grounds of failure to follow procedure, if indeed there was no procedure to be followed. He saw no reason to defer adoption. Any concerns should have been raised a year previously, when the matter had first been referred to the Board.

The representative of the DOMINICAN REPUBLIC said that in cases where there were procedures to be followed, WHO should comply with them. However, as long as no procedures were being violated, the adoption of the draft resolution should not be deferred. Moreover, there was little point in deferring a decision on a matter on which the overwhelming majority agreed.

The representative of SAUDI ARABIA agreed that it was unnecessary to defer consideration of the draft resolution.

The representative of SOUTH AFRICA also agreed that a decision should be taken during the current discussions. The issue had been under discussion for one year already and the initial sponsor of the draft resolution, Sudan, had consulted the Secretariat, which had found there to be no procedural matters of concern. Even if the process of adjusting the list of neglected tropical diseases needed to be reviewed, that should not prevent mycetoma from being added to the list.

The representative of the GAMBIA recalled that people were dying from mycetoma and WHO therefore had a responsibility to act immediately and to use its expertise where it was needed.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that her country was very supportive of action on neglected tropical diseases, as it had shown in the London Declaration on Neglected Tropical Diseases. There were currently no specific procedures in place for adjusting the list of neglected tropical diseases and even if such procedures were established in the future, they should not be applied retroactively. She could agree to proceed with the adoption of the draft resolution with the addition of the subparagraph proposed by the representative of the United States of America, although she would prefer to use the wording “reviewing those diseases termed as neglected tropical diseases” instead of “evaluation and potential inclusion of additional diseases among the neglected tropical diseases”.

The DIRECTOR-GENERAL confirmed that, in April 2016, the Strategic and Technical Advisory Group for Neglected Tropical Diseases would consider the process and criteria for modifying the list of neglected tropical diseases and that the output document would be ready in time for the Sixty-ninth World Health Assembly, in May 2016. The decision as to how to proceed remained in the hands of the members; the Secretariat would act according to their instructions.

The representative of the UNITED STATES OF AMERICA reiterated that WHO should base its work on technical, rather than political considerations. The list of neglected tropical diseases was a prioritized list and therefore adding diseases on account of political motivations would not only set a bad precedent but also devalue the list as a reliable set of priorities. Nevertheless, the proposal by the representative of the United Kingdom of Great Britain and Northern Ireland was acceptable, provided that the Strategic and Technical Advisory Group for Neglected Tropical Diseases would be mandated to keep the list up to date and consider which diseases should be added or removed.

The representative of NAMIBIA said that he saw no reason why the Advisory Group could not be asked to apply its criteria to mycetoma after the Board had endorsed the draft resolution and before May 2016. Withholding the Board's endorsement until after the Advisory Group had given its approval would imply that responsibility for such decisions lay with the Advisory Group rather than with the Board, which was not the case.

The representative of JAPAN reiterated his concern that adding new diseases to the list would dilute efforts against those that were already on the list. However, if sufficient reasons were given for the inclusion of a disease on the list, he would have no objection.

The representative of SUDAN, invited to take the floor by the CHAIRMAN at the request of the representative of THAILAND, said that the proper legal processes had been followed in the preparation of the draft resolution and at no stage had any mention been made of the Strategic and Technical Advisory Group for Neglected Tropical Diseases. Fundamentally, the Secretariat had performed all of the tasks assigned to it by the Executive Board at its 137th session and had presented the relevant documentation over 15 days in advance of the current session. No issue had ever been raised, however, until the previous day, which was frankly astounding, especially when there were already precedents of other diseases with less impact being included on the list of neglected tropical diseases. He therefore appealed to the Board to adopt the draft resolution for submission to the forthcoming Health Assembly. Procedural rules were always desirable but they must be followed in the proper manner.

The representative of MALTA observed that there seemed to be consensus for the adoption of the draft resolution with the addition of the subparagraph as proposed by the representatives of the United States of America and the United Kingdom of Great Britain and Northern Ireland.

The representative of INDIA¹ pointed out that the Strategic and Technical Advisory Group for Neglected Tropical Diseases already had its own terms of reference, and that the inclusion of the new subparagraph served only to duplicate them.

The resolution, as amended, was adopted.²

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

² Resolution EB138.R1.

2. HEALTH SYSTEMS: Item 10 of the agenda

Health workforce and services: Item 10.1 of the agenda (documents EB138/34 and EB138/35)

- **Draft global strategy on human resources for health: workforce 2030** (document EB138/36)
- **Framework on integrated people-centred health services** (document EB138/37)

The CHAIRMAN drew attention to a draft resolution sponsored by Norway, South Africa, Switzerland, Thailand, the United States of America, Zambia, Zimbabwe and the Member States of the European Union, on the global strategy on human resources for health: workforce 2030, which read:

The Executive Board,
Having considered the report on the draft global strategy on human resources for health: health workforce 2030,¹

RECOMMENDS to the Sixty-ninth World Health Assembly the adoption of the following resolution:

The Sixty-ninth World Health Assembly,

(PP1) Having considered the report by the Secretariat on the draft Global Strategy on Human Resources for Health: Workforce 2030;

(PP2) Reaffirming the continuing importance of the application of the WHO Global Code of Practice on the International Recruitment of Health Personnel (hereafter “WHO Global Code”);²

(PP3) Recalling previous Health Assembly resolutions aimed at strengthening the health workforce;³

(PP4) Recalling also the United Nations General Assembly resolutions in 2014 and 2015 that call on Member States, in cooperation, as appropriate, with relevant international organizations and relevant non-State actors, to develop effective preventive measures to enhance and promote the safety and protection of medical and health personnel, as well as respect for their respective professional codes of ethics;⁴ and that underline the importance of adequate country capacity to respond to public health threats through strong and resilient health systems with the availability of motivated, well trained and appropriately equipped health workers;⁵

(PP5) Inspired by the ambition of the 2030 Agenda for Sustainable Development, including its strong multisectoral dimension and call to achieve universal health coverage;

¹ Document EB138/36.

² Adopted through resolution WHA63.16 WHO Global Code of Practice on the International Recruitment of Health Personnel (2010).

³ Resolutions WHA64.6 (2011) on health workforce strengthening, WHA64.7 (2011) on strengthening nursing and midwifery, WHA66.23 (2013) on transforming health workforce education in support of universal health coverage, WHA67.24 (2014) on follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage WHA65.20 (2012) on WHO’s response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies and WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage.

⁴ United Nations General Assembly resolution 69/132 (2014) on global health and foreign policy.

⁵ United Nations General Assembly resolution 70/L.32 (2015) on global health and foreign policy.

(PP6) Guided by Sustainable Development Goal 3(c)'s call to "substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States";

(PP7) Recognizing that health workers are integral to building strong and resilient health systems that contribute to the achievement of the Sustainable Development Goals and targets related to nutrition, health, education, gender, employment, and the reduction of inequalities;¹

(PP8) Recognizing further that the Sustainable Development Goal 3 and its targets will only be attained through substantive and strategic investments in the global health workforce, as well as a substantial shift in health workforce-related planning, education, deployment, retention, management, and remuneration;

(PP9) Recognizing that countries' own domestic health workforce is the primary responder in all countries, including those with fragile health systems, and is key for building resilient health systems;²

(PP10) Deeply concerned by the rising global health workforce deficit and the mismatch between the supply, demand, and population need for health workers, now and in the future, which is a major barrier in achieving universal health coverage as committed to in Sustainable Development Goal target 3.8;

(PP11) Taking note of the renewed focus on health system strengthening and the need to mobilize and effectively manage domestic, international and other forms of health financing in its support;³

(PP12) Encouraged by the emerging political consensus on the contribution of health workers to improved health outcomes, to economic growth, to implementation of the International Health Regulations and to global health security;

(PP13) Recognizing that investing in new health workforce employment opportunities may also add broader socioeconomic value to the economy and contribute to the implementation of the Sustainable Development Goals,

(OP) 1. ADOPTS the Global Strategy on Human Resources for Health: Workforce 2030 (hereafter "Global Strategy"),⁴ including its vision of accelerating progress towards universal health coverage and the Sustainable Development Goals by ensuring universal access to health workers, its principles, its four strategic objectives and its milestones for 2020 and 2030;

(OP) 2. URGES all Member States,⁵ as integral to health systems strengthening:

- (1) to adapt the Global Strategy's four strategic objectives within national health, education, and employment strategies, and broader socioeconomic development contexts, in line with national priorities and specificities;

¹ See Sustainable Development goals and targets, available at <https://sustainabledevelopment.un.org/?menu=1300> (accessed 25 January 2016).

² Resolution WHA64.10 (2011) on strengthening national health emergency and disaster management capacities and resilience of health systems; and document A68/27 on global health emergency workforce.

³ The initiative Roadmap: Healthy Systems – Healthy Lives; Resolutions WHA64.9 (2011) on sustainable health financing structures and universal health coverage, WHA62.12 (2009) on primary health care, including health system strengthening, WHA64.8 (2011) on strengthening national policy dialogue to build more robust health policies, strategies and plans and WHA62.13 (2009) on traditional medicine.

⁴ To be attached at Annex following adoption of the resolution by the Health Assembly.

⁵ And, where applicable, regional economic integration organizations.

- (2) to engage relevant sectors and ensure intersectoral mechanisms at the national and subnational levels as required for efficient investment in and effective implementation of health workforce policies;
- (3) to implement policy options as proposed for Member States by the Global Strategy, supported by high-level commitment and adequate financing, including through the implementation of the WHO Global Code, in particular towards:
 - (a) strengthening respective capacities to optimize the existing health workforce to contribute to the achievement of universal health coverage;
 - (b) actively forecasting and addressing gaps between health workforce needs, demands, and supply, including through intersectoral collaboration;
 - (c) building the institutional capacity at the subnational and national levels for effective governance and leadership of human resources for health; as e.g. an essential component for building comprehensive national health systems providing a long term solution in managing emergency outbreaks in their initial phase;
 - (d) consolidating a core set of human resources for health data with annual reporting to the Global Health Observatory, as well as progressive implementation of National Health Workforce Accounts, to support national policy and planning; and the Global Strategy's monitoring and accountability framework. [This includes annual reporting on steps taken to develop effective preventive measures to enhance and promote the safety and protection of medical and health personnel;]¹

(OP) 3. INVITES international, regional, national and local partners and stakeholders from within and beyond the health sector to engage in, and support, the implementation of the Global Strategy and its milestones for 2020 and 2030, in alignment with national institutional mechanisms to coordinate an inter-sectoral health workforce agenda, specifically calling for:

- (1) education institutions to adapt their institutional set-up and modalities of instruction, aligned with national accreditation systems and populations' health needs; to train health workers in sufficient quantity, quality, and with relevant skills, while also promoting gender equality in admissions and teaching; and to maintain quality and enhance performance through continuing professional development programmes;
- (2) professional councils, associations, and regulatory bodies to adopt regulations to optimize workforce competencies, and to support inter-professional collaboration for a skills mix responsive to population needs;
- (3) the International Monetary Fund, the World Bank, regional development banks and other financing and lending institutions to adapt their macroeconomic policies and investment criteria in light of mounting evidence that investments towards health workforce planning, and training, development, recruitment, and retention of health workers are productive to economic and social development and achievement of the Sustainable Development Goals;
- (4) development partners, including bilateral partners and multilateral aid mechanisms, to augment, coordinate, and align their investments in education, employment, health, gender, and labour in support of domestic financing aimed at addressing national health workforce priorities;

¹ Resolutions WHA64.10 (2011) on strengthening national health emergency and disaster management capacities and the resilience of health systems), WHA65.20 (2012) on WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies and United Nations General Assembly resolution 69/132 (2014) on global health and foreign policy.

- (5) global health initiatives to ensure that all grants include an assessment of health workforce implications, leverage national coordination and leadership, and contribute to efficient investment in and effective implementation of national health workforce policies;

(OP) 4. REQUESTS the Director-General:

- (1) to provide support to Member States, as and when requested, on the implementation and monitoring of the Global Strategy, including to:
- (a) optimize their existing health workforce and to anticipate and respond to future health workforce needs;
 - (b) to strengthen governance and leadership of human resources for health through the development of normative guidance, the provision of technical cooperation, and through the fostering of effective trans-national coordination, alignment, and accountability;
 - (c) support Member States in developing and maintaining a framework for health workforce information systems, including the consolidation of a core set of health workforce data with annual reporting to the Global Health Observatory, as well as the progressive implementation of National Health Workforce Accounts, in order to strengthen the availability, quality, and completeness of health workforce data;
 - (d) [additionally support Member States in ensuring the safety of health personnel, including the implementation of preventive measures as called for by United Nation General Assembly resolution 69/132 (2014) on global health and foreign policy];
- (2) to include an assessment of health workforce implications of technical resolutions brought before the World Health Assembly and Regional Committees;
- (3) to facilitate the exchange of information and good practice on human resources for health and collaboration among Member States and relevant stakeholders, continuing the practices within the WHO Global Code;
- (4) to submit a regular report to the World Health Assembly, through the Executive Board, on progress towards the milestones established by the Global Strategy and aligned with reporting on the WHO Global Code.

The CHAIRMAN also drew attention to a draft resolution, sponsored by Andorra, Chile, Estonia, Finland, Japan, Latvia, Liberia, Luxembourg and Thailand, on strengthening integrated, people-centred health services, which read:

The Executive Board,

Having considered the report on the framework on integrated people-centred health services,¹

RECOMMENDS to the Sixty-ninth World Health Assembly the adoption of the following resolution:

The Sixty-ninth World Health Assembly,

(PP1) Acknowledging Sustainable Development Goal 3 “Ensure healthy lives and promote well-being for all at all ages” including target 3.8 which addresses achieving universal health coverage, including financial risk protection, access to quality essential

¹ Document EB138/37.

health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all;

(PP2) Recalling resolution WHA64.9 (2011) on sustainable health financing structures and universal coverage that calls for investing in and strengthening health-delivery systems, in particular primary health care and services, adequate human resources for health and health information systems, in order to ensure that all citizens have equitable access to health care and services;

(PP3) Reaffirming resolution WHA62.12 (2009) on primary health care, including health system strengthening, requesting implementation plans for four broad policy directions, including putting people at the centre of service delivery;

(PP4) Recalling resolution WHA63.16 (2010) on the WHO Global Code of Practice on the International Recruitment of Health Personnel and its recognition that adequate and accessible health workforce is fundamental to an integrated and effective health system and for the provision of health services;

(PP5) Recalling resolution WHA66.23 (2013) on transforming health workforce education in support of universal health coverage, and WHA64.7 (2011) on strengthening nursing and midwifery which emphasize the implementation of strategies for enhancement of interprofessional education and collaborative practice as part of people-centred care;

(PP6) Reaffirming resolution WHA60.27 (2007) on strengthening health information systems, recognizing that sound information is critical in framing evidence-based health policy and making decisions, and is fundamental for monitoring progress towards internationally agreed health-related development goals;

(PP7) Recalling resolutions WHA67.20 (2014) on regulatory system strengthening for medical products, WHA67.21 (2014) on access to biotherapeutic products, including similar biotherapeutic products, and ensuring their quality, safety and efficacy, WHA67.22 (2014) on access to essential medicines, and WHA67.23 on health intervention and technology assessment in support of universal health coverage;

(PP8) Having considered the report by the Secretariat on the framework on integrated, people-centred health services,

(OP) 1. ADOPTS the framework on integrated, people-centred health services;

(OP) 2. URGES Member States:

- (1) to implement proposed policy options and interventions for Member States in the framework on integrated, people-centred health services in accordance with nationally set priorities towards achieving and sustaining universal health coverage;
- (2) to make health care systems more responsive to people's needs, preferences and expectations, while recognizing their rights and responsibilities with regard to their own health and engage stakeholders in policy development and implementation;
- (3) to promote coordination of health services within the health sector and intersectoral collaboration in order to address the broader social determinants of health and to ensure a holistic approach to services, including health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services;

(OP) 3. INVITES international, regional and national partners to take note of the framework on integrated, people-centred health services;

(OP) 4. REQUESTS the Director-General:

- (1) to provide technical support and guidance to Member States for the implementation, national adaptation and operationalization of the framework on integrated, people-centred health services;
- (2) to ensure that all relevant parts of the Organization, at headquarters, regional and country levels, are aligned, actively engaged and coordinated in promoting and implementing the framework on integrated, people-centred health services;
- (3) to perform research and development on indicators to trace global progress on integrated people-centred health services;
- (4) to report progress on the implementation of the framework on integrated people-centred health services to the Seventy-first and Seventy-third World Health Assemblies and at regular intervals thereafter, through the Executive Board.

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

Resolution: Strengthening integrated, people-centred health services	
A. Link to the general programme of work and the programme budget	
1. Please indicate to which impact and outcome in the Twelfth General Programme of Work, 2014–2019 and which output in the Programme budget 2016–2017 this draft resolution will contribute if adopted.	<p>Twelfth General Programme of Work, 2014–2019: Through its mapping of strategies for more integrated and effective services, expansion of services to underserved populations and support for the systems underpinning health security at the country level, the resolution will contribute to the following impacts: reducing under-5 child mortality; reducing maternal mortality; reducing premature mortality from noncommunicable diseases; preventing death, illness and disability arising from emergencies; and reducing rural–urban difference in under-5 mortality.</p> <p>Programme budget 2016–2017: Output 4.2.1 Equitable integrated, people-centred service delivery systems in place in countries and public health approaches strengthened; Output 4.2.2 Health workforce strategies oriented towards universal health coverage implemented in countries; and Output 4.2.3 Countries enabled to improve patient safety and quality of services, and patient empowerment within the context of universal health coverage.</p>
2. If there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017, please provide a justification for giving consideration to the draft resolution.	<p>Not applicable.</p>
3. What is the proposed timeline for implementation of this resolution?	<p>The resolution will support the implementation of the Framework on integrated people-centred health services, 2016–2026.</p> <p><i>If the timeline stretches to future programme budgets, please ensure that further information is provided in the costing section.</i></p>

B. Budgetary implications of implementation of the resolution			
1. Current biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	0	5 000 000	5 000 000
Regional offices	550 000	400 000	950 000
Headquarters	550 000	1 015 000	1 565 000
Total	1 100 000	6 415 000	7 515 000
1(a) Is the estimated budget requirement in respect of implementation of the resolution fully included within the current programme budget? (Yes/No)			
Yes.			
1(b) Financing implications for the budget in the current biennium:			
– How much is financed in the current biennium?			
US\$ 0.94 million			
– What are the gaps?			
US\$ 6.575 million			
– What action is proposed to close these gaps?			
The funding gap will be tackled as part of the Organization-wide coordinated resource mobilization plan for dealing with funding shortfalls in the Programme budget 2016–2017.			
2. Next biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	0	4 200 000	4 200 000
Regional offices	550 000	400 000	950 000
Headquarters	550 000	1 015 000	1 565 000
Total	1 100 000	5 615 000	6 715 000
2(a) Financing implications for the budget in the next biennium:			
– How much is currently financed in the next biennium?			
0			
– What are the financing gaps?			
US\$ 6.715 million			
– What action is proposed to close these gaps?			
The funding gap will be tackled as part of the Organization-wide coordinated resource mobilization plan for dealing with funding shortfalls in the Programme budget 2018–2019.			

The representative of BRAZIL said that the draft global strategy on human resources for health should take into account the context of regions' health systems and countries' priorities for health system strengthening. The draft global strategy would support policy-makers and serve as a tool for monitoring national and regional processes. Its categorization of countries was not the best way to

organize countries' needs, however. The draft global strategy required further analysis and the draft resolution further consideration.

The representative of the RUSSIAN FEDERATION expressed support for the draft global strategy. However, annual reporting, as proposed in the accompanying draft resolution, could be a burden for some Member States; the draft resolution therefore required further work.

The representative of the REPUBLIC OF KOREA said that, in the interests of sustainability, implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel (WHO Global Code) should be accelerated. The Western Pacific Region had increased its capacity to implement the WHO Global Code in the second reporting period.

The representative of the UNITED STATES OF AMERICA expressed support for all the documents under the item. With regard to the draft framework on integrated, people-centred health services, he said that access to health services should respond to life-course needs and preferences and be coordinated, safe, effective and of good quality. His Government remained committed to shifting from fragmented hospital-based models towards strengthened systems centred on people, families and communities and targeting prevention and primary care. Within the draft global strategy on human resources for health, the objectives on capacity building for data collection and analysis and evidence-based planning should be strengthened. The draft global strategy's guiding principles should use language consistent with the goal of promoting the right to enjoyment of the highest attainable standard of physical and mental health. He supported the WHO Global Code and applauded efforts to revise its national reporting instrument to strike a balance between ease of use and the provision of sufficient data. The low number of countries that had provided data in response to the periodic reporting recommendations was a source of concern; WHO should continue to provide technical assistance in that regard where needed.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed her support for all the documents under the item. Her Government was strongly committed to strengthening health systems and recognized that human resources for health played a critical role in that respect, and in respect of achieving Sustainable Development Goal 3. The Secretariat should clarify how the strategy's metrics would be finalized and monitored, and should amend the text to take into account the concerns expressed by the representative of Brazil. With regard to the draft framework on integrated, people-centred health services, she agreed with the comments by the representative of the United States of America.

The representative of CHINA welcomed the reports and draft resolutions. The draft global strategy should take into account countries' varying stages of development and emphasize the need to establish information systems to collect workforce data. WHO should provide more assistance in that regard. In addition, the draft global strategy should include information on how to balance resources among countries, in order to improve the distribution of the health care workforce. With regard to the draft framework on integrated people-centred health services, immediate and long-term strategies should be identified to ensure its implementation.

The representative of NEW ZEALAND said that his Government supported workforce development that strengthened the role of nurses and health care workers in delivering primary care. The regulation and oversight of health care workers was essential in order to ensure quality education programmes, safe working environments, competent practitioners, public protection and enhanced public health, and thereby to maximize the benefits of universal health coverage. The Secretariat should amend the draft global strategy to place greater pressure on Member States to increase funding for the education of nurses and other health care workers and the introduction of professional regulation and oversight.

The representative of JORDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the strategies of the draft framework on integrated, people-centred health services should be linked to the challenges faced by countries, and in particular those experiencing conflict and low- and middle-income countries. The concept of universal health coverage should be explained more clearly; it was important to send a clear message to decision-makers and provide practical information that would help them to implement programmes. The capacity of institutions to boost public-private partnerships should be strengthened and personnel should be trained through international cooperation.

The representative of NAMIBIA, speaking on behalf of the Member States of the African Region, welcomed the draft global strategy, which would play a pivotal role in the implementation of the health-related Sustainable Development Goals. The burden of communicable diseases in Africa, coupled with noncommunicable diseases, urbanization and demographic trends, called for accelerated efforts and substantial investment in health workforce development. The draft global strategy should refer more clearly to occupational health and safety and programmes for employee well-being, in order to create an enabling environment and better working conditions. An area of concern in that regard was many African countries' low level of financial allocations to health and the need for greater investment in health systems to cap losses from migration. The private sector should be given greater responsibility for training health workers, which must be viewed as an investment, rather than a burden. Clear reporting indicators were needed to monitor implementation of the draft global strategy. The Board should submit the draft global strategy to the Sixty-ninth World Health Assembly.

She welcomed the draft framework, which should underscore a comprehensive community-based approach to health care with prevention and health promotion as key components and health districts as fundamental units in its implementation. Monitoring and evaluation should be emphasized in the framework and funding disparities between curative and public health interventions addressed. The draft framework should be revised to emphasize that the provision of health services should be based on need and the public interest, and not on individual preference, as implied in the current draft. The framework should be more explicit about the considerable efforts needed at the country level to manage change, reorganize front line service provision and improve the patient experience – which would require more work on process re-engineering, skills development and the establishment of multidisciplinary teams. The draft framework should be submitted for approval to the Sixty-ninth World Health Assembly.

The representative of CANADA expressed support for the thrust and intent of the draft global strategy. The language used concerning the earmarking of 25% of health sector development assistance for human resources for health should be adjusted, as earmarking was not desirable and the percentage was an arbitrary ceiling that did not allow donors and country partners to respond to need. A strategic approach should be taken to integrating the social determinants of health in the education of health professionals. He was in favour of recommending to the Sixty-ninth World Health Assembly the adoption of the draft global strategy. With regard to the draft framework, health care systems should empower citizens, facilitate continuity and coordination of care and address inequitable access. He supported the recommendation that the draft framework should be forwarded for review by the Sixty-ninth World Health Assembly and took note of the corresponding draft resolution.

The representative of LIBERIA, noting that the draft framework attempted to take a holistic approach to health services, called on the Board to adopt the corresponding draft resolution and thereby to recommend its adoption by the Sixty-ninth World Health Assembly.

The representative of KUWAIT expressed support for the draft global strategy on human resources for health. With regard to the draft framework on integrated, people-centred health services, she highlighted the need to take into account the fact that financial considerations were a key factor in the emigration of human resources for health. Scientific considerations should also be taken into

account. The regional committees and the countries concerned should be responsible for determining needs with regard to human resources for health.

The representative of THAILAND said that she welcomed the draft global strategy and the draft framework. Both needed to be implemented to achieve quality services as part of universal health coverage. She supported the corresponding draft resolutions and expressed concern at the number of WHO global strategies that had not been successfully implemented; a new way of thinking was needed to achieve the health-related Sustainable Development Goals.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA expressed his interest in the draft framework, since the motto of his Government was "people-centred". Health care in his country was provided free of charge and doctors were committed to working with full dedication. He was against the commercialization of medical services and the lucrative nature of health care. He urged WHO to promote and support countries to move to people-centred health services that were fuelled by compassion, rather than by money.

The representative of ARGENTINA said that the implementation of the draft global strategy would help strengthen health systems and assist in meeting the health-related Sustainable Development Goals. She supported the comments by the representative of Brazil on the categorization of countries and noted that the strategy required further analysis by the Secretariat.

The representative of EGYPT expressed support for the adoption of the draft global strategy and the application of the WHO Global Code. It was important to develop the health workforce by promoting education and training at all levels. He drew attention to the issue of equity in the distribution of the health workforce, which should be based on need, rather than ability to pay, train, educate and hire. Low- and middle-income countries were clearly less privileged in that regard and suffered from brain drain. Increasing the quantity and quality of the health workforce would help to tackle increased demand for health services due to ageing and population changes.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said that her group of countries had committed to making health systems more responsive to peoples' needs, preferences and expectations. Furthermore, the European Region was discussing a regional framework for integrated health services and she would be willing to share experience on that matter. She asked for clarification of whether the global strategy on integrated, people-centred health services discussed by the regional committees had evolved into the draft framework on integrated people-centred health services under consideration, or whether that global strategy remained a separate document. Given the lack of agreed indicators on people-centred health services, she encouraged WHO to work with the scientific community and relevant international organizations to develop indicators that would not place an unnecessary reporting burden on Member States. She supported WHO's work on integrated, people-centred health services.

The representative of the REPUBLIC OF KOREA expressed the hope that the draft global strategy would provide an effective solution for the mismatch between health demand, supply and need and would tackle workforce migration issues. Countries should ensure the maximum possible use of cost-effective measures to deliver health services and should implement the draft framework through health system strengthening that targeted primary care. Greater capacity for health care work and providing patient-centred services would be a big step towards universal health coverage. She was ready to share methods and strategies for improving health care work and accumulating evidence-based data.

The representative of JAPAN endorsed the draft resolution on integrated, people-centred health services, which Japan, a strong proponent of health system strengthening, had sponsored. Health services could become fragmented if health systems were provider-oriented. The draft framework set out suitable strategies for establishing a health service system able to cope in the long term with issues such as ageing and rising health care costs according to the context in each country. A phased approach was needed to ensure implementation of those strategies, and the Secretariat should provide Member States with ongoing technical support to that end. It was not clear, however, how implementation would be monitored or achievements measured, and timely action was therefore required to research and develop indicators.

The representative of the PHILIPPINES endorsed the draft framework, which was comprehensive and provided a good reference for health system reform; her delegation stood ready to continue discussing the accompanying draft resolution, which it supported, with a view to making it stronger. She wondered to what extent the various strategies, frameworks and action plans adopted were translated into action at the country level, where they were needed most. Given the financial and human resource implications of preparing and implementing such tools, it was in the interest of the Board to ensure that decisions made by the governing bodies were effectively implemented in the countries concerned. Unfortunately, initial interest in pursuing such decisions tended to gradually wane as more urgent issues arose. That should not be allowed to happen in the case of the draft framework currently before the Board.

The representative of ZIMBABWE, invited to take the floor by the CHAIRMAN at the request of the representative of the GAMBIA, said that an efficient, well-resourced and experienced health workforce was key to achieving the health-related Sustainable Development Goals, attaining universal health coverage, implementing primary health care and building strong health systems. His delegation welcomed the draft global strategy on human resources for health: workforce 2030, and, together with its cosponsors, had submitted the draft resolution to promote its adoption and implementation. The draft global strategy differentiated between high-, middle- and low-income countries, yet collaborative linkages would still be needed across those groups. Migration by health workers continued to confound national efforts to educate and retain a health workforce, despite the commitment by Member States in 2010 to implement the WHO Global Code. Indeed, the projection that sub-Saharan Africa would be short up to 3.7 million skilled workers by 2030 was a stark reminder of the enormous amount of work that remained to be done. Win-win partnerships had to be established between source and destination countries, to ensure that adequate numbers of health workers were trained in source countries, while allowing destination States to tap into that resource without depleting it. At the country level, a multisectoral approach was needed to improve the motivation of the health workforce, and a whole-of-government approach to promote equitable distribution and retention of health workers in urban and rural areas.

The draft resolution was intended to encourage greater political will and investment in human resources for health, to establish linkages with other relevant sectoral plans, and to support the implementation and review of the draft global strategy by a diversity of stakeholders. The draft global strategy required further revision; the Executive Board should therefore mandate the Secretariat to put in place a process to finalize it and the accompanying resolution prior to the Sixty-ninth World Health Assembly in May 2016.

The representative of SURINAME said that, in Suriname's experience, producing a health workforce that was responsive to the needs of the population would require, above and beyond interaction between the education and the health sectors, intensive cooperation towards a mutual goal and the extensive involvement of government and civil society.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region, said that the words "preferences and expectations" should be deleted from paragraph 2 of the draft resolution on strengthening integrated, people-centred health services.

The representative of SWITZERLAND¹ said that she welcomed the increase in the number of country reports on implementation of the WHO Global Code and in the number of national authorities appointed. It was important to pursue those efforts and link them to the draft global strategy. It was also important that the information provided by countries be made available on the WHO website, in order to promote exchanges on the subject and identify best practices. She welcomed the closer cooperation with OECD, in particular the establishment of a module on the migration of health workers, and applauded the introduction of a section in the questionnaire for other stakeholders wishing to provide information on implementation of the WHO Global Code. The revised version of the draft global strategy should be based on the official United Nations definition of the right to health, and the milestone on attrition should be worded more positively, without reference to a figure, in line with other milestones. She endorsed the proposal made by the representative of Zimbabwe to mandate the Secretariat to put in place a process to finalize the draft global strategy and the accompanying resolution before May 2016.

The representative of CUBA¹ said that the draft global strategy required further work with a view to strengthening certain points, namely: health worker training in line with the various institutions making up the health system; health worker distribution with a view to meeting needs in the various environments in which they worked; regulations on the migration and movement of health workers; a working environment that promoted high-quality health work and was not predicated on financial incentives alone; health worker training that took account of the requirements demanded of health service providers; the training and organization of volunteer community health workers; the selection of adequate technology in the broad sense, including for organizational and management purposes; and the establishment of primary health care as the basis of preventive health care. She shared the concerns expressed by the representatives of Brazil and Argentina, and asked the Secretariat to provide more detailed information in the draft global strategy with regard to the classification of countries, the classification of chronic emergencies and how and with whom the process of classification would be carried out.

The representative of COLOMBIA¹ said that the draft global strategy provided a satisfactory framework for activities relating to human resources for health and served to channel coordination efforts between countries, and between countries and international bodies, towards universal health coverage and improved health. Like previous speakers, she considered that the classification of countries would have to be carefully considered in order to understand the repercussions at all levels, and therefore requested that the draft resolution continue to be discussed with a view to reaching a consensus at the Sixty-ninth World Health Assembly.

The representative of NORWAY¹ recognized the challenges addressed in the draft global strategy, supported its objectives and considered the policy options suggested useful. His delegation was prepared to continue working on the draft resolution, which it had cosponsored, with a view to its adoption by the Sixty-ninth World Health Assembly, and strongly supported retaining the two paragraphs currently in square brackets. United Nations General Assembly resolution 68/98, on global health and foreign policy, was highly relevant to WHO in that it clearly framed the protection of health workers as a health issue affecting all States in all situations and committed States to take preventive action of various kinds that would fall within the scope of the draft global strategy.

The representative of INDIA¹ expressed support for the draft global strategy, but noted that it failed to mention the continuing medical education required to update and enhance the capacity and capability of health care professionals and workers or the use of modern information and communication technology for teaching and updating skills and knowledge. He also expressed support

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

for the draft framework on integrated, people-centred health services, but noted that the accompanying draft resolution did not mention integrating traditional and complementary medicine into modern health systems or the role of family members in providing health care and their training to that end. In view of those comments, he urged interested Member States to work with the sponsors of the draft resolutions and the Secretariat to further strengthen them and the draft global strategy during the intersessional period before the Sixty-ninth World Health Assembly.

The representative of INDONESIA¹ was convinced that implementation of resolutions WHA64.6 (2011) and WHA66.23 (2013) would serve to fulfil the vision of the draft global strategy to promote accelerated progress towards universal health coverage and the health-related Sustainable Development Goals by ensuring universal access to health workers. Broader understanding of the WHO Global Code had to be promoted in all countries, so as to ensure health workforce sustainability and thereby support health system strengthening.

Regarding the draft framework, he said that, in a context of limited resources, health system strengthening meant reorienting the model of care. The strategic approach would nevertheless vary from country to country, and had to be adapted in each case to the local context, existing barriers, and people's values. He was in favour of submitting the draft framework to the Sixty-ninth World Health Assembly.

The representative of ILO said that she was encouraged by the action taken to strengthen the nursing and midwifery workforce. The ILO Nursing Personnel Convention, 1977 (No. 149), and its accompanying Recommendation (No. 157), had been ratified by only 41 countries to date, and Member States were therefore encouraged to consider ratification with a view to further strengthening the nursing workforce and nursing services in their countries. She expressed appreciation for the inclusive and intersectoral approach of the draft global strategy; the reference to ethical recruitment and the recognition of health workers' rights, in particular, linked the strategy to Sustainable Development Goal 8, on inclusive economic growth and full and productive employment and decent work for all.

The representative of MEDICUS MUNDI INTERNATIONAL (INTERNATIONAL ORGANIZATION FOR COOPERATION IN HEALTH CARE), speaking at the invitation of the CHAIRMAN, welcomed the draft global strategy and the accompanying draft resolution, which urged that adequate financing be made available for human resources in health. Unfortunately, the strategy risked not being implemented owing to the all-too-frequent gap between policies and their implementation. WHO should not rely on a utilitarian view of the role of the health workforce in economic growth and labour markets to drive implementation; instead, the emphasis should be on the intrinsic value of a competent workforce in improving health outcomes and reducing health inequalities. While it was to be applauded that a greater number of countries had identified a national authority for the purposes of the WHO Global Code, the Secretariat's report to the Sixty-ninth World Health Assembly should contain a more comprehensive analysis of the data collected through the national reports. The Code suffered from two fundamental shortcomings: it contained no provisions on compensation and was not a legally binding instrument. Moreover, WHO could do more to promote its implementation, including building capacity in African and Asian Member States and exploring the feasibility of compensation for health worker source countries.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, welcomed the draft global strategy and the draft framework. Stronger health systems could be achieved only by strengthening human resources for health, and that meant investing in nursing and midwifery. Nurses provided over 80% of all health care services, and would

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

therefore play a critical role in the development, provision and supervision of the draft global strategy and the draft framework. They also played a critical role in health promotion and disease prevention, and their role as coordinators in the health care team, focus on people-centredness, continuity of care, and comprehensiveness and integration of services were essential contributions to integrated, people-centred health services. She urged WHO and governments to ensure that nurses were involved in every aspect of the policy-making agenda, and to implement the WHO Strategic Directions for Nursing and Midwifery for the period 2016–2020.

The representative of the INTERNATIONAL FEDERATION OF BIOMEDICAL LABORATORY SCIENCE, speaking at the invitation of the CHAIRMAN, noted that up to 80% of a patient's record consisted of data generated in a clinical laboratory by a biomedical laboratory scientist. Clinicians relied on those data to diagnose, treat and monitor patients. It was therefore of paramount importance to train, recruit and retain biomedical laboratory scientists, who were in short supply. Health workforce planning was required to ensure they were available in sufficient number for the health care system. To that end, funding had to be made available for continued learning, and biomedical laboratory scientists had to receive adequate pay. Clinical placements were essential to their education and training, and such positions must be made available in the laboratory.

The representative of the INTERNATIONAL FEDERATION FOR MEDICAL AND BIOLOGICAL ENGINEERING, speaking at the invitation of the CHAIRMAN, highlighted the essential role played by medical devices in respect of communicable and noncommunicable diseases; behind those devices stood biomedical and clinical engineers, physicists and technicians specialized in health care. Indeed, biomedical engineers were indispensable health team members who performed the health care technology assessments needed to select health technologies and interventions for universal health coverage. WHO should therefore acknowledge that biomedical engineers, clinical engineers, medical and radiation physicists and medical technicians were part of the health workforce.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, welcomed the draft global strategy and its clear plan to drive the health workforce needs for universal health coverage. The economic benefits of having more staff in the health workforce and a healthier population were clear, but it must not be forgotten that, while having access to a trained health worker was a right, all health workers, including community health workers, were entitled to a living wage, safe and decent working conditions and protection from violence. The health worker crisis was a global dilemma, and unless all countries took their responsibilities seriously, universal health coverage for low-income countries would not be achieved, despite the commitments made in the Sustainable Development Goals. Global action nevertheless needed coordination, and he therefore urged that there be ongoing liaison on health workforce policies, closely linked with the new coordination needed to support all aspects of universal health coverage.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, called on Member States to ensure that health workers had access to good quality education and to proper working and learning conditions. Health workforce planners had to consider not only the number of medical schools, but also the quality of the education they dispensed, and address the specific learning and working conditions of students, the population's needs, and the distribution of the health workforce globally and in rural and urban areas. Medical schools should be properly accredited in accordance with international standards. She also called for comprehensive, timely and adequate health workforce planning, which would require collaboration between all major stakeholders to ensure the implementation of the WHO Global Code.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation) said that the Secretariat would work with Member States to fine-tune the draft global strategy during the intersessional period before the Sixty-ninth World Health Assembly. She confirmed that the strategy on integrated, people-centred health services had been converted into a draft framework because of the lack of indicators and a monitoring framework, and said that the draft framework was likely to have a long period of application given the momentum behind universal health coverage and health system strengthening.

The CHAIRMAN took it that the Board wished to take note of the reports contained in documents EB138/34 and EB138/35. Having heard the comments on the draft resolution on the global strategy on human resources for health: workforce 2030, he further took it that the Board was of the view that the draft would benefit from informal consultations among Member States during the intersessional period before the Sixty-ninth World Health Assembly, and that the Secretariat should be requested to take account of the comments made in preparing the discussion of the item at that Assembly. In addition, it was his understanding that the Board wished to work further on the reports contained in documents EB138/36 and EB138/37 prior to their submission to the Sixty-ninth World Health Assembly. Having heard no further comments on the draft resolution on strengthening integrated, people-centred health services, he took it that the Board wished to approve the draft resolution as amended.

It was so agreed, and the resolution on strengthening integrated, people-centred health services was adopted as amended.¹

The meeting rose at 21:10.

¹ Resolution EB138.R2.

ELEVENTH MEETING

Friday, 29 January 2016, at 09:00

Chairman: Ms M.P. MATSOSO (South Africa)

HEALTH SYSTEMS: Item 10 of the agenda (continued)

Comprehensive evaluation of the global strategy and plan of action on public health, innovation and intellectual property: progress update: Item 10.2 of the agenda (documents EB138/38 and EB138/38 Add.1)

The representative of the CONGO, speaking on behalf of the Member States of the African Region, expressed concern that insufficient progress had been achieved since the previous discussion of the global strategy and plan of action on public health, innovation and intellectual property. The criteria established by the ad hoc evaluation management group remained abstract. It was time for WHO to ensure concrete progress in combating epidemics, strengthening vaccination programmes, and reducing treatment costs, among other challenges. Increased focus should be placed on sharing experience and technology and on promoting access to quality generic products at affordable prices. To that end, Member States should discuss waiving the necessary licenses and patents to enable the pharmaceutical sector, and African industry in particular, to make generic products available. He called on Member States and WHO to expedite the consolidation of the plan of action.

The representative of BRAZIL said that the evaluation inception report should be reviewed by Member States in its entirety. He agreed with the ad hoc evaluation management group that the evaluation should consider the impact of and barriers to the implementation of the global strategy and plan of action.

The representative of EGYPT, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the evaluation's findings would assist in setting benchmarks for meeting Sustainable Development Goal 3. He requested additional information on the composition of the ad hoc evaluation management group, the process for the selection of its members, and the bidding process for the selection of the independent evaluator. He encouraged countries to be proactive and minimize financial constraints by holding virtual consultations. He requested more consistent and committed support from WHO in the Region, especially from headquarters, to ensure that progress was made.

The representative of the DOMINICAN REPUBLIC said that the heavy disease burden and epidemiological transition in developing countries, together with the elevated cost of research and development on noncommunicable diseases, prevented those countries from accessing priority medicines and it was important to identify alternative mechanisms. Ethically, it was important to find a point of convergence between the returns sought by pharmaceutical companies and national needs. It was one of the core functions of WHO to oversee such discussions.

The representative of COLOMBIA¹ expressed concern regarding the fragmentation of some elements of the evaluation. She proposed creating a common framework for the development of an effective resource mobilization policy in order to facilitate access to innovation and research on priority diseases, and subsequently medicines, and to support the establishment of national policies.

The representative of INDIA¹ emphasized the importance of Member States' engagement in the review process and recalled that the global strategy and plan of action covered the research and development needs of developing countries in relation to all diseases, not just those that disproportionately affected those countries. He agreed that the evaluation should consider the impact of and barriers to implementation of the global strategy and plan of action. He requested further information regarding the selection process of the 24 countries in which case studies would be carried out and said that the evaluation inception report should be presented at the earliest opportunity, disclosing the names and details of the selected evaluation team for the sake of transparency.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIRMAN, said that her organization was a concrete example of the successful implementation of the global strategy and plan of action, promoting transfer and access to key health-related technologies. Welcoming the comprehensive evaluation, she acknowledged the many challenges still remaining, particularly concerning multidrug-resistant tuberculosis, which required greater global research and development efforts. More industry partnerships should be encouraged during the early stages of the research and development process, providing sufficient incentives to move drugs from pre-clinical to clinical development. Any new framework for research and development on tuberculosis should consider the needs of patients in high prevalence areas, and include patent pooling and innovation incentives.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, regretted that the identity of the independent external evaluator had not been disclosed. Member States should work towards a WHO free from conflicts of interest, by nominating a truly independent evaluator. A broader evaluation and overall programme review was required, as some relevant activities had not been carried out due to underfunding. Furthermore, the methodology and terms of reference used remained vague and he requested further clarification in that regard, to ensure that the mandate of the review had been met. Member States should abstain from imposing conditions that were even more restrictive than those required by the Agreement on Trade-Related Aspects of Intellectual Property Rights, which would obstruct the effective implementation of the global strategy and plan of action.

The REPRESENTATIVE OF THE DIRECTOR-GENERAL (Evaluation and Organizational Learning) explained that the Secretariat had worked with regional offices to select members for the ad hoc evaluation management group, ensuring geographical representation and gender balance, in addition to two senior evaluators from the United Nations Evaluation Group. Emphasizing the importance of independence and credibility, the bidding process for the external independent evaluator had been very thorough, and had been circulated as widely as possible. Bidders had been given a month to reply and, when received, all bids had been evaluated using a comprehensive two-part standard template considering technical and financial aspects. On the basis of those templates, the ad hoc evaluation management group and the Secretariat had agreed on a successful bid, which had then been considered by the Contract Review Committee. The templates used could not be shared publicly but Member States could request to see them at any time. The group had unanimously selected a Canadian company with extensive experience of international organizations. While

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recognizing the importance of transparency and engagement, he recalled that, among other stakeholders, Member States were themselves subject to evaluation and the Secretariat had to ensure that it remained as independent as possible. It would, however, hold regular briefing sessions and provide updates on progress, starting with a presentation of the evaluation inception report to Member States in February 2016. Stakeholders would be able to provide input through an online survey that would be sent to all Member States. Furthermore, the 24 country case studies, a web-based survey, and a number of focus groups, would allow the public and representatives of academic institutions, nongovernmental and civil society organizations and the private sector to provide input. The 24 countries chosen for case studies would be selected at random to represent the six WHO regions and the four World Bank income groups, and the list of those selected would be provided during the Member State briefing.

The representative of the DOMINICAN REPUBLIC observed that the comments made during the discussion had focused on the evaluation process rather than on the results of the global strategy and plan of action. Recalling that one of the basic objectives of the global strategy was to ensure access to technology for developing countries, he expressed concern at the slow progress of the evaluation process and at what he perceived to be indifference with regard to achieving results. That represented a stark contrast with the extensive debates that had taken place concerning infectious diseases. Yet, in relative terms, mortality and morbidity due to infectious diseases was only a fraction of the toll of noncommunicable diseases, and medications to treat the latter were frequently unaffordable for developing countries. There had to be more decisive and rapid results.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND explained that her decision not to intervene on the current agenda item should not be taken as indifference. She had understood that the discussion pertained to the proposals contained in the report, with which she agreed, and not to the global strategy and plan of action itself.

The Board noted the report.

Follow-up to the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination – Planning for an open-ended meeting of Member States to discuss progress: Item 10.3 of the agenda (document EB138/39)

The representative of BRAZIL welcomed the fact that the Global Observatory on Health Research and Development would soon be operational, as it would be a useful mechanism for coordinating and sharing information on research initiatives and avoiding duplication of work. He asked the Secretariat to furnish further details on: the contributions required for the two demonstration projects that still awaited funding; the expected results, participants and objectives of the open-ended meeting of Member States in March 2016; the coordination and linkages between the initiatives of the Consultative Expert Working Group: Financing and Coordination and the United Nations High-Level Panel on Access to Medicines to be held in March 2016; the research and development blueprint for public health emergencies; and technological innovation related to antimicrobial resistance. He proposed that Mr Sharma, Health Secretary of India, should chair the open-ended meeting.

The representative of KUWAIT, speaking on behalf of the Member States of the Eastern Mediterranean Region, emphasized the need to incorporate into national, regional and global research agendas the subject of diseases affecting vulnerable communities. Discussions during the current session of the Executive Board had repeatedly highlighted the importance of research and development, not least with regard to the Ebola virus disease and antimicrobial resistance. As progress thus far had been slower than anticipated, she hoped that the open-ended meeting of Member States would prompt research and development to be incorporated into all relevant programmes more quickly.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region, welcomed the phased establishment of the Global Observatory which would enable WHO to map available resources in individual countries. Recalling the Algiers Declaration, which recommended a contribution of 2% of national budgets to research and development, she encouraged Member States to make up for the funding shortfall, and noted that two of the six demonstration projects outlined in the document were awaiting the payment of pledges. She recommended that the discussions at the open-ended meeting should be focused on the pooled fund and on progress made with regard to resolution WHA66.22 (2013). Non-State actors ought to be invited, but closed meetings also be held where appropriate. She proposed that the open-ended meeting should discuss a publicly-accessible database of research findings; capacity building for Member States in research and development; standards for biological research and development; and the ethical sharing, handling and storage of biological specimens, including during outbreaks.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, said that the work of the Consultative Expert Working Group should be expanded given the inclusion of research and development under Sustainable Development Goal 3. He requested Member States to provide further financial and technical support for the underfunded demonstration projects. For the open-ended meeting, he suggested that attention should be focused on the items listed in paragraph 4 of resolution WHA66.22, and primarily the action taken by the WHO Secretariat; the proposed time frame; comments by Member States; and the way forward.

The representative of NEPAL welcomed the establishment of the Global Observatory and the six demonstration projects, which he hoped would serve to improve diagnosis, treatment and care in developing countries. It was, however, regrettable that the programme remained significantly underfunded for 2014–2017. He encouraged Member States to commit further resources, and urged WHO to explore alternative sources of funding from bodies such as the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria. He endorsed the proposal by the representative of Brazil to elect Mr Sharma as the chairman of the open-ended meeting.

The representative of the REPUBLIC OF KOREA expressed appreciation for WHO's leadership in building the research and development capacities of Member States, in particular, by holding more open-ended meetings. Nevertheless, it was unfortunate that the majority of those meetings were held at WHO headquarters in Geneva, as geographical distance or time difference often prevented attendance or webcast viewing. She encouraged a regional rotation of the venue of open-ended meetings. She requested regular updates on the work of the Global Observatory.

The representative of the UNITED STATES OF AMERICA said that he welcomed the work on the demonstration projects and the Global Observatory and remained committed to practical and measurable approaches to meet the needs for research and development into diseases disproportionately affecting developing countries. He appreciated the contributions to the pooled fund, even though the significant shortfall for the demonstration projects was disappointing. The Consultative Expert Working Group had requested funding in proportion to a country's gross domestic product and his country had maintained its spending on that basis. Had other countries done the same, middle-income countries alone would have raised US\$ 4 billion over the previous two years. The Secretariat should explore alternative voluntary funding possibilities, outline strategies to optimize prospects of adequate and sustainable financial support and place the topic on the agenda for the open-ended meeting. It was important to consider concepts like innovative public–private projects, which could contribute to financing goals in ways that promoted the delinkage of price with intellectual property in low-income countries. Furthermore, WHO should examine practical impediments to bringing funding to an adequate scale, including using public ventures to remove the risk of research and development projects for entrepreneurs.

The representative of INDIA¹ said that his country had shown its commitment to the Consultative Expert Working Group process through a US\$ 1 million contribution to the demonstration projects. The need for research and development had been accentuated by the Ebola virus disease outbreak in West Africa, the emergence of antimicrobial resistance, difficulties in accessing new medicines and the adoption of Sustainable Development Goal 3. A focused discussion was needed on how to improve the coordination of research and development initiatives, ensuring policy coherence and integrating the central Consultative Expert Working Group principles into their design and implementation. The mandate of the Consultative Expert Working Group merited greater attention from Member States as it covered all communicable and noncommunicable diseases, including neglected tropical diseases, and focused on access and affordability and new medicines, diagnostics and vaccines. However, the Group should expand its agenda to include the elaboration of a research and development agreement on essential health research, and the establishment of a sustainable financing mechanism. Relevant non-State actors should be allowed to participate in discussions of the open-ended meeting. He thanked Member States for proposing Mr Sharma as chairman of that meeting.

The representative of COLOMBIA,¹ noting the Secretariat's successful efforts to draw up alternatives to established incentives on the protection of intellectual property and innovative medicines for neglected diseases, said there should be greater coherence between research and development initiatives. One of the greatest challenges to the sustainability of health systems was guaranteeing access to many new medicines, owing to high prices. Those medicines could become more affordable, thereby improving the efficiency of health services, if they were subject to competition and if final prices could be delinked from research and development costs. He supported the recommendation of the Consultative Expert Working Group on a pooled fund to promote innovation concerning type I, II and III diseases, which would be a step towards a global coordination framework. In that respect, the work of the Drugs for Neglected Diseases Initiative would contribute significantly to the global action plan on antimicrobial resistance.

The representative of SWITZERLAND¹ called for the discussion of three issues in particular at the open-ended meeting: the scope of a potential coordination mechanism and pooled voluntary fund, taking into account the studies commissioned by the Special Programme for Research and Training in Tropical Diseases concerning the possible shape that the new financing mechanism could take; elements of the two most recent research and development-related workstreams on infectious diseases with pandemic potential and antimicrobial resistance relevant to the agenda of the Consultative Expert Working Group, making sure that all major gaps in research and development were covered by those different workstreams in a coordinated manner and that synergies between them were created where appropriate; and the role of the Global Observatory as the lynchpin for priority setting in research and development. She endorsed the proposed election of Mr Sharma as chairman of the open-ended meeting.

The representative of the MEDICINES FOR MALARIA VENTURE, speaking at the invitation of the CHAIRMAN, suggested that the work of the Consultative Expert Working Group should be aligned with other global frameworks for the research and development of new tools against poverty-related and neglected diseases. The open-ended meeting would provide an opportunity to promote innovative collaboration in the public health sector, including through non-profit product development partnerships. Such partners tended to be committed to affordable health interventions and products which met the needs of vulnerable people in developing countries, and their participation in the Consultative Expert Working Group process facilitated progress review and contributed to discussions on the future monitoring, coordination and financing of health and development.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIRMAN, said that after years of working individually with partners to develop affordable medicines, it was time to advance from individual collaboration to a sustainable system of innovation with a clear normative framework. The large number of research and development issues under discussion by the Executive Board demonstrated that proceeding without a single comprehensive framework could result in fragmentation and duplication of efforts. She urged Member States at the open-ended meeting to extend the Consultative Expert Working Group process to consider market failure, more ambitious financing goals and a global research and development agreement.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, stressed the importance of product development partnerships with non-State actors in the research and development of innovative health products for low- and middle-income countries, as 58% of neglected disease products in research pipelines were being developed by product development partnerships or public-private partnerships. Given that contribution, she requested that civil society actors be allowed to participate in the open-ended meeting.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, welcomed the progress made in planning the open-ended meeting, but requested that a discussion on a research and development agreement should be added to the agenda and that representatives of civil society be invited to take part. She expressed concern over the fragmented implementation of the recommendations of the Consultative Expert Working Group. Sustainable funding was required for the Global Observatory and the demonstration projects, and the current funding gap had highlighted the need for a system of mandatory contributions.

The representative of MSF INTERNATIONAL, speaking at the invitation of the CHAIRMAN, cautioned against the many fragmented proposals to address research and development gaps, and said that the open-ended meeting should serve to reconcile such efforts to and to evaluate other research and development blueprints and frameworks to ensure coherence. All research and development on essential health technologies should follow the principles of affordability, effectiveness, efficiency and equity. Additionally, the open-ended meeting should discuss any outstanding elements of the work of the Consultative Expert Working Group, including a research and development agreement.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation) said that progress was being made, albeit slowly, in the area of health-related research and development, and she commended Member States' long-term commitment in that regard. Noting that the funding gap for the demonstration projects remained large, she encouraged Member States to discuss additional financing mechanisms at the open-ended meeting. An updated agenda had been prepared for that meeting. It included an overall progress review of the strategic workplan, a presentation by the United Nations Secretary-General's High-Level Panel on Access to Medicines and a presentation on initiatives relating to the work of the Consultative Expert Working Group, notably neglected tropical diseases, the research and development blueprint, antimicrobial resistance and the financing and coordination of research and development activities. Welcoming the proposal that Mr Sharma of India should act as chairman of the open-ended meeting, she suggested that consideration should be given to the appointment of a vice-chairman to assist him. She noted the additional agenda items that had been proposed, and requested Member States to reach a decision with regard to the participation of civil society actors at the meeting. She acknowledged the need for continued regional consultations in respect of the work of the Consultative Expert Working Group and the need for the improved coordination of research and development activities. Welcoming an additional donation made by the Government of Switzerland to the Global Observatory, she said Member States should discuss the proposal to pool voluntary funds for all three research and development workstreams.

The representative of the UNITED STATES OF AMERICA said that, while the suggested additions to the agenda were relevant, overloading the agenda of the open-ended meeting could prevent progress from being made.

The Board noted the report.

Substandard/spurious/falsely-labelled/falsified/counterfeit medical products: Item 10.4 of the agenda (document EB138/40)

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, speaking on behalf of the Member States of the African Group, said that ensuring access to quality medicines should be at the heart of any strategy to attain universal health coverage plan and, in turn, the Sustainable Development Goals. Substandard/spurious/falsely-labelled/falsified/counterfeit (SSFFC) medical products remained a significant threat to public health, particularly in developing countries. He welcomed national efforts to implement the partnership agreement between the members of the African, Caribbean and Pacific Group of States and the European Community and its Member States, signed in Cotonou, Benin, in 2000, and the measures taken by the Regional Office for Africa to counter SSFFC medical products. WHO should strengthen the capacity of that office to enable Member States to develop their own responses. Furthermore, it should help developing countries establish sustainable procurement systems with “track and trace” mechanisms for quality medicines and support the creation of monitoring, testing and alert systems and facilities. Barriers to quality medicines had to be removed by developing partnerships to reduce the price of medical products; supporting the local production of generic quality medicines; building national regulatory capacity; and supporting the implementation of the African Medicines Agency.

The representative of CHINA emphasized the importance of international cooperation, collaboration among national regulatory authorities and early detection and control in combating SSFFC medical products. He commended efforts to write guidelines and frameworks, and supported the development of national legislation. His country would continue to collaborate with other Member States in that regard.

The representative of ALBANIA welcomed the establishment of the informal working group to assess existing “track and trace” technologies, methodologies and models. He highlighted efforts to develop existing recommendations for effective risk communication and recommendations for awareness campaigns on SSFFC medical products and related actions and behaviours. Recognizing that national regulatory authorities had an important role in the WHO Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products, he commended the guidance and technical assistance provided by WHO on SSFFC medical products and said that additional seminars should be held on conducting a risk-based assessment of the supply chain and compliance with distribution deadlines.

The representative of THAILAND said that measures to combat SSFFC medical products should focus on public health protection, and not on trade or intellectual property issues. While the assessment of existing “track and trace” technologies contained in Appendix 2 to document EB132/40, submitted by Argentina, was useful, it revealed a vast number of options for “track and trace” systems, which should be narrowed down based on effectiveness, practicality and advantages and disadvantages.

The representative of BRAZIL supported the activities that had been led by representatives of Argentina and the United Kingdom of Great Britain and Northern Ireland, as outlined in the report. He welcomed the call for greater transparency, information and clarification with regard to WHO’s observer role in the global steering committee for quality assurance and health products. He endorsed

the efforts made to define SSFFC medical products and supported the proposal to consider the link between accessibility and affordability and their impact on the emergence of SSFFC medical products.

The representative of the DOMINICAN REPUBLIC said that the distribution of SSFFC medical products not only had a negative impact on public health but was also a criminal act that should be punished by law. In line with the recommendations of WHO, steps had been taken at the national level to reduce access to SSFFC medical products at all stages of the production and distribution process. Given the success of “track and trace” systems, his country planned to develop a national system to improve monitoring capacity.

The representative of the REPUBLIC OF KOREA said that trade liberalization meant that no country could be free of SSFFC medical products; thus efforts were needed at the global, national and regional levels within a global coordination mechanism. Clear definitions, control measures and defined levels of regulation were required. Welcoming the policy experience shared with her country by the Government of Turkey on introducing a “track and trace” system, she said that sharing experiences and best practices with regard to the structures used in the eradication of SSFFC medical products was an important step forward.

The representative of CANADA said that the Member State mechanism offered excellent tools for combating SSFFC medical products and he looked forward to the study on public health and socioeconomic impacts.

The representative of NEW ZEALAND welcomed the proposal to establish a global focal point network for SSFFC medical products. New Zealand believed that the “track and trace” initiative identified a common problem but did not provide any clear solutions that could be implemented globally, owing to the specific regulatory requirements in place in some countries. For a “track and trace” system to be effective, it must operate across all stages of the manufacturing and distribution process in all countries for all products. It was worth considering whether it was better to build on existing initiatives and, thus, achieve healthcare outcomes more quickly, or to invest time in seeking a new solution. Noting the slow progress made, he encouraged Member States to offer more support to efforts to counter SSFFC medical products.

The representative of SURINAME said that WHO should consider stepping up implementation of some of the activities of the Member State mechanism on SSFFC medical products. Moreover, sufficient national budgetary allocations were required and support should be given to countries with limited regulatory capacity.

The representative of ARGENTINA called on Member States to ensure that the Member State mechanism had sufficient funding to carry out its important work. Although progress had been made in a number of areas, the complexity of the issue meant that a significant amount of work remained to be done.

The representative of INDIA¹ said that the recent establishment of the global focal point network would facilitate the timely exchange of information between national medical regulatory authorities. The finalized document on existing “track and trace” technologies was a useful tool that would assist countries in choosing the most appropriate technology for their context. He welcomed the decision to establish a working group on definitions and expressed disappointment that the suggestions relating to the actions, activities and behaviours that resulted in SSFFC medical products had not been finalized. Further consideration should be given to the issue of in-transit scrutiny, which could lead to

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

the conflation of trademark infringements and substandard and spurious medicines and hinder access to legitimate generic medicines. It was essential to strengthen regulatory capacities and take steps to improve access to affordable and quality medicines. Accordingly, he welcomed the proposed study of the links between the prevalence of SSFFC medical products and the lack of access to affordable medicines.

The representative of BELGIUM¹ said that a quarter of his country's health-related official development assistance was used to purchase medicines, preferably on local markets. Acknowledging the ethical responsibility to ensure that those funds were not used to buy low-quality medicines and vaccines, he recognized that most national health systems were unable to certify the quality of many essential medicines. One way to address the issue would be to expand the mandate of WHO's prequalification programme. However, such an expansion would incur significant cost, which should not necessarily be borne by Member States. He asked WHO to consider all potential solutions.

The representative of the ISLAMIC REPUBLIC OF IRAN,¹ speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed concern that the workplan of the Member State mechanism remained underfunded, even for the period 2014–2015. He supported the planned study on the economic impact of SSFFC medical products on public health and the establishment of the global focal point network. He welcomed the creation of a working group on effective risk communication and awareness-raising campaigns and a working group on definitions. He called on the Secretariat to provide technical support to Member States on investigating suspected SSFFC medical products and to provide guidance on reporting for Member States with free-trade zone facilities.

The representative of INDONESIA¹ expressed support for the work to refine the working definitions of SSFFC medical products. The eradication of such products required a multistakeholder approach, as there was a risk of such products in every stage of the supply chain. It was also important to raise public awareness of the issue. Given the limited budget available for the work of the Member State mechanism, all activities should be clearly defined in order to avoid inefficient use of resources.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the term “counterfeit” was overly broad and inappropriately linked spurious and substandard medicines with breaches of intellectual property rights, leading to the adoption of laws and treaties that reduced access to vital generic medicines. Moreover, the term “SSFFC medical products” had been intended to be a temporary term. The absence of a clear definition had resulted in propaganda rather than evidence-based policies and a new definition should be finalized before further studies were undertaken, particularly given the failure to agree on the actions, activities and behaviours that did not result in SSFFC medical products. Limited access to medicines created a vacuum in which medicines of compromised quality, safety and efficacy could thrive and it was therefore essential to increase the availability of affordable medicines.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, hoped that the list of prioritized activities agreed upon by the Member State mechanism would receive adequate funding under the Programme budget 2016–2017. She drew attention to tools developed by civil society to help combat SSFFC medical products, and encouraged WHO to make use of them. She welcomed WHO's efforts to share information on cases of SSFFC medical products via a global database and information system and encouraged Member States to give due consideration to situations that facilitated the intrusion of such medicines in the legitimate supply chain, such as shortages of medicines.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation) said that the Secretariat was expanding the scope of the Organization's prequalification programme with a focus on antivenoms. Through its monitoring and surveillance projects, WHO had collected evidence of approximately 1000 cases of SSFFC medical products and had provided related training in more than 100 countries. She expressed appreciation for the ongoing financial support from the United States of America and for the recent contributions made by Brazil, India and the Netherlands and the in-kind contributions from Argentina, Switzerland and the United Kingdom of Great Britain and Northern Ireland. The Steering Committee of the Member State mechanism would meet again in March 2016 and would discuss the review of the mechanism, the issue of definitions and the potential study on the relationship between lack of access to medicines and the emergence of SSFFC medical products. The Secretariat would continue working through the mechanism and regional offices to strengthen national, regional and global systems to detect, prevent and respond to SSFFC medical products.

The Board noted the report.

Addressing the global shortages of medicines, and the safety and accessibility of children's medication: Item 10.5 of the agenda (document EB138/41)

The CHAIRMAN drew attention to a draft resolution proposed by China, Italy, Pakistan and Thailand, which read:

The Executive Board,
Having considered the report on addressing the global shortages of medicines, and the safety and accessibility of children's medication,¹

RECOMMENDS to the Sixty-ninth World Health Assembly the adoption of the following resolution:

The Sixty-ninth World Health Assembly,
(PP1) Recalling resolution WHA60.20 (2007) on better medicines for children and WHA67.22 (2014) on access to essential medicines, which identified actions for Member States and the Director-General in support of better access for children to essential medicines;

(PP2) Concerned that problems remain with safety, accessibility and affordability of children's medicines in many countries, and that, globally, children under 5 still do not have secure access to medicines that treat pneumonia, diarrhoeal diseases, HIV infection, AIDS and malaria, as well as medicines for many other infectious diseases, noncommunicable diseases and rare diseases;

(PP3) Aware that an important factor linked to morbidity and mortality of children, is the lack of safe, effective, affordable and quality-assured medicines for children;

(PP4) Noting that despite sustained efforts over a number of decades by Member States, the WHO Secretariat and partners, many countries are still facing multiple challenges in ensuring the availability, affordability, quality assurance and rational use of children's medicines;

(PP5) Acknowledging Goal 3 of the 2030 Agenda for Sustainable Development, "Ensure healthy lives and promote well-being for all at all ages" particularly noting the targets related to access to medicines,

¹ Document EB138/41.

(OP) 1. URGES Member States:

- (1) to accelerate implementation of the actions laid out in resolution WHA60.20 on better medicines for children;
- (2) to learn from successful experiences with medicines policies for children in other countries and formulate and implement national measures including legislation as appropriate, and pharmaceutical policies in support of access to medicines for children;
- (3) to take all necessary measures, including legislation, establishment of national plans and organizational structures and capacity to enhance such measures in the framework of national pharmaceutical policies as appropriate, to improve children's health;
- (4) to ensure that national health policies and plans incorporate consideration of the needs of children based on the national situation, with clear objectives for increasing access to children's medicines, and to report, as appropriate, on the progress made in this regard;
- (5) to learn from the evidence-based and transparent process used to update the WHO Model List of Essential Medicines, which considers disease prevalence, evidence on efficacy and safety and comparative cost-effectiveness; to adapt lists, as appropriate consideration of the local burden of disease; to develop as appropriate a comprehensive, clinical evaluation system for children's medicines;
- (6) to develop a national Essential Medicines List, which includes medicines for children, and to develop therapeutic formularies and guidelines with supporting independent prescribing advice;
- (7) to implement actions agreed under Sustainable Development Goal 3, with a focus on children, which states: Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use the full provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all;
- (8) to encourage research and development of appropriate medicines for diseases that affect children, and to ensure that high-quality clinical trials for these medicines are conducted in an ethical manner;
- (9) to facilitate timely licensing of appropriate, high-quality and affordable medicines for children and innovative methods for monitoring the safety of such medicines, and to encourage the marketing of adequate paediatric formulations together with newly developed medicines;
- (10) to collaborate in order to facilitate innovative research and development on, formulation of, regulatory approval of, provision of adequate prompt information on, and rational use of, paediatric medicines and medicines authorized for adults but not approved for use in children;
- (11) to actively facilitate high-quality paediatric clinical trials, including trial registration through national and international trial registries and also full publication of all completed trials to help guide quality use of medicines for children;
- (12) to strengthen regulatory capacity including pharmacovigilance to promote high-quality clinical trials for children and the availability of safe, effective and quality-assured medicines for children;
- (13) to promote research into health systems and other factors that affect access to and rational use of medicines for children;

(14) to enhance the training in rational use of medicines for children for healthcare professionals, and to enhance the health education of the public, to ensure acceptance and understanding of rational use of medicines for children;

(OP) 2. REQUESTS the Director-General:

- (1) to accelerate implementation of the actions laid out in resolution WHA60.20 on better medicines for children;
- (2) to further develop and maintain the Model List of Essential Medicines which includes the list of Essential Medicines for Children (EMLc) using evidence based clinical guidelines in coordination with all relevant WHO programmes;
- (3) to consider the establishment of a working group of paediatric medicines experts to advise the WHO and the Committee on Essential Medicines on the development and maintenance of the List of Essential Medicines for Children;
- (4) to support Member States in taking appropriate measures through provision of training and strengthening regulatory capacity according to national circumstances, and in promoting communication and coordination between countries on paediatric clinical trial design, ethical approval and product formulation;
- (5) to collaborate with governments, other organizations of the United Nations system, including WTO and WIPO, donor agencies, nongovernmental organizations and the pharmaceutical industry in order to encourage fair trade, manufacturing, research and development and supply in safe and effective medicines for children and adequate financing for securing better access to medicines for children;
- (6) to support Member States in implementing existing standards for clinical trials of medicines in children, and to facilitate communication and coordination among Member States to promote the sharing of paediatric clinical trial data;
- (7) to promote cooperation among Member States' governments, bodies of the United Nations system and pharmaceutical companies, in aspects such as procurement and pricing of medicines;
- (8) to monitor the general situation and support countries in implementing policies in line with the "access to medicine targets" under the Sustainable Development Goal 3, and to provide policy development assistance to low-income countries or regions.

The representative of SAUDI ARABIA urged Member States to respond to invitations for expressions of interest issued by WHO's prequalification programme for products for children for HIV/AIDS, hepatitis B and C, tuberculosis and malaria; and to join, where relevant, the Paediatric medicines Regulators' Network. Reacting to stockouts on a case by case basis would compromise equitable access to essential medicines. He expressed support for the draft resolution.

The representative of SOUTH AFRICA, speaking on behalf of the Member States of the African Region, said that increasing medicine shortages and poor access to safe children's medicines would have an impact on attaining the Sustainable Development Goals. The shortage of vaccines would limit eradication efforts, and the non-availability of first-line antibiotics had an impact on strategies to combat antimicrobial resistance. Highlighting relevant resolutions adopted by the Health Assembly in areas such as SSFFC medical products and essential medicines, she called for WHO and its Member States to strengthen their work in those areas. Expressing her support for the draft resolution on promoting the safety and accessibility of children's medication, she said that Member States from the African Region had started to work with countries from other regions on a draft resolution on addressing the global shortages of medicines, to be submitted for consideration by the Sixty-ninth World Health Assembly. The Secretariat should help Member States to develop capacity and establish sustainable systems for tracking, and for gathering and sharing information; provide

guidance regarding medicine procurement processes; work with partners to shape the market, particularly for so-called abandoned essential medicines; continue to support actions to strengthen development of paediatric medicines; and strengthen local capacity for production and pharmaceutical manufacturing.

The representative of CHINA said that WHO should continue to promote the implementation of relevant resolutions adopted by the Health Assembly and carry out in-depth and systematic research into current medicine shortages in order to suggest solutions. A monitoring, reporting and response system should be established.

The representative of JAPAN said that there were a number of issues to address, including the lack of standard administration methods, dosages and safety information regarding medicines for children, and such scientific data had to be collected, evaluated and submitted to health care providers. Various measures had been introduced in Japan to promote the clinical development of medicines for children, which could be shared with other Member States, as the exchange of best practices was invaluable. The shortage of essential medicines did not exclusively affect resource-limited countries, and should be recognized as a challenge faced by most Member States. WHO should develop specific measures for countries of different income levels.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND called for increased numbers of expressions of interest of children's medicines under WHO's prequalification programme, as improving access to medicines was a key priority of her country. Highlighting activities undertaken in that sphere, including funding of essential health commodities and research and development on new vaccines, medicines and diagnostics, she welcomed the draft resolution and looked forward to contributing to discussions thereon prior to the Sixty-ninth World Health Assembly.

The representative of ARGENTINA voiced concern at the pressure exerted by some monopoly patent holders that imposed very high costs for the use of costly technologies presenting no clear benefit in terms of cost-effectiveness. That made it harder for people to access medicines and jeopardized the financial sustainability of health systems. Member States had to reinforce their capacity to assess health technologies when determining financial coverage. The inflexibility demonstrated by suppliers in price negotiations with PAHO had resulted in shortages and had obliged many countries in the Region of the Americas to make more costly, decentralized purchases. She supported regional centralized procurement mechanisms, such as the PAHO Revolving and Strategic Funds, which had proven that cost reduction was possible.

The representative of CANADA expressed support for the options proposed in the report, in particular those aimed at establishing a globalized notification system based on experiences and national data; targeting medicines most susceptible to shortages; and setting up response mechanisms to mitigate the risks of shortages. He would continue to participate in the consultations on the draft resolution during the period leading up to the Sixty-ninth World Health Assembly.

The representative of BRAZIL said that one essential way of dealing with shortages of paediatric medicines was to find alternative producers; in some countries, local production of strategic medicines had been a viable option. Moreover, the global strategy and plan of action on public health, innovation and intellectual property proposed actions that could help resolve many shortages, notably on improving delivery, access, and production of generic essential medicines. He encouraged discussion of the lack of investment and research in medicines adapted to children's needs, and joint purchasing alternatives such as the large-scale joint-purchase platform, established in 2015 in partnership with PAHO. WHO should provide technical assistance, through its regional offices, to enable countries to forecast demand, but that had to be considered as a long-term solution. He highlighted the pharmaceutical industry's lack of interest in producing paediatric medicines for which

demand was low. He wished to participate in the discussions to be held on the draft resolution to be held prior to the Sixty-ninth World Health Assembly, with a view to reaching a consensus.

The representative of the UNITED STATES OF AMERICA said that he looked forward to participating in additional intersessional work on the draft resolution. Issues relating to medicines tended to give rise to controversy at the Executive Board, and it was therefore gratifying to see pragmatic, action-oriented cooperation on an issue of concern to countries from all regions and of all income levels.

The representative of CHINA recalled that discussions on the draft resolution were still ongoing, with a view to reaching consensus during the current session.

The representative of the DOMINICAN REPUBLIC, emphasizing the global leadership role of WHO, listed a number of steps that his country had taken to ease shortages and bring down the cost of essential medicines, which could be replicated by other developing countries. In particular, regional and subregional joint procurement agreements concluded directly with pharmaceutical companies had been shown to reduce substantially the cost of medicines.

The representative of the REPUBLIC OF KOREA said that the globalization of the pharmaceutical industry had resulted in supply difficulties, with supplies of children's medicines being particularly liable to shortages. She expressed support for the draft resolution, which addressed many key issues, but said that solving the problem of quality assurance for children's medicines would require cooperation between Member States, international organizations, nongovernmental organizations, pharmaceutical companies and donor groups.

The representative of COLOMBIA¹ observed that universal health coverage could be compromised by financial pressure resulting from technological innovation and medicines. In the case of paediatric medicines, the problem was even more complex, and the draft resolution would be strengthened in that regard with the addition of references to three new elements: the promotion of standards for clinical research on children and the existence of a public platform for information on clinical trials; the existence of a public database on problems of availability, shortages, supply and production cost structures relating to essential medicines; and the promotion of generic medicines as a means of guaranteeing access. He agreed that it was important to strengthen regional negotiating mechanisms to guarantee attainment of coverage goals for vaccines and other essential medicines. He would continue to participate in discussions on the draft resolution.

The representative of PANAMA¹ said that the problem of accessibility to paediatric medicines should be tackled as a matter of urgency, in order to achieve universal health coverage and other targets under the Sustainable Development Goals. The global supply of medicines had to be assessed and monitored, dynamic strategies drawn up and measures adopted aimed at guaranteeing access to essential medicines and thus avoiding shortages. International accreditation agreements would help guarantee the quality and safety of medicines, uninterrupted production, an adequate supply and effective risk evaluation. Furthermore, States had to familiarize themselves with and use the WHO Model List of Essential Medicines for Children. Measures should be taken for the prompt implementation of the recommendations made in the report.

The representative of AUSTRALIA¹ said consensus had to be reached on the safety and accessibility of children's medication. However, given the complexity of the draft resolution,

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

intersessional discussions thereon would have to be held prior to the Sixty-ninth World Health Assembly.

The representative of INDONESIA¹ said that he believed that global shortages of medicines were an economic issue related to demand, economies of scale and competition, as well as financial and logistical management. He supported the proposal for global actions to address shortages, especially of rare medicines, namely the establishment of a simple but robust notification system. He encouraged the involvement of regulatory authorities, health-care professionals, finance ministries and pharmaceutical companies in any future discussions. The draft resolution would, he hoped, lead to substantive improvements and pragmatic action.

The representative of INDIA¹ said that the reasons for shortages of medicines were multiple, varied between regions and were perhaps not completely understood. He endorsed many of the points that had been raised by the representative of South Africa and said that the role of the public sector in ensuring access to essential medicines and vaccines should be further explored. He called for a review of WHO's prequalification programme, in particular in the light of shortages of active pharmaceutical ingredients, which often resulted in shortages of end products or medicines. He expressed support for the draft resolution and looked forward to contributing to the new draft resolution referred to by the representative of South Africa.

The representative of ZIMBABWE¹ said that the report should be revised prior to the Sixty-ninth World Health Assembly, as the current version did not give sufficient attention to the role of generic medicines. Moreover, it did not encourage the local or regional production of medicines, despite WHO's technical role in scaling up local production in low- and middle-income countries. The ambiguous use of the terms "stockouts" and "shortages of medicines" and the suggestion that stockouts resulted in SSFFC medical products should be clarified; as should the proposal for a global agreement on actions to diminish specific shortages and the types of shortages that had been observed. The Secretariat should provide periodic and timely reports on medicines susceptible to global shortages for reasons related to manufacturing, based on the WHO Model Lists of Essential Medicines. Indeed, information on pipeline challenges for certain products would promote the development of appropriate corrective or mitigating strategies.

The representative of MSF INTERNATIONAL, speaking at the invitation of the CHAIRMAN, suggested that the scope of the report should be broadened to include patented medicines and all essential medicines, vaccines and diagnostics, and the impact of shortages on patients and public health. A global database of critical medicine shortages should be established and should include an early warning mechanism and a rapid response plan. Reliable forecasting was essential, and pharmaceutical companies should immediately report production issues or decisions affecting medicine supply. At the national level, patients and health workers should help to monitor and report stockouts, and greater attention should be given to addressing national supply-chain inefficiencies and last-mile delivery. Governments should make use of the provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health in order to alleviate shortages.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, noted that the Federation had provided financial support for a WHO technical consultation on preventing and managing global stockouts of medicines, the outcome of which had been a call for common emergency procedures to facilitate the movement of quality medicines between countries and to address the lack of data on demand. She noted with satisfaction

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

that the recommendations of that consultation were in line with those made at the International Summit on Medicine Shortages hosted by the International Pharmaceutical Federation in 2013. She called for an international, coordinated approach to tackle such shortages.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, commended the reference in the report to benzathine penicillin G, a stable supply of which was crucial for rheumatic heart fever secondary prophylaxis and for the treatment of syphilis, but which nonetheless was subject to global stockouts. To secure and deliver high-quality supplies of the antibiotic, Member States should collate and share national data on demand, work with the pharmaceutical industry to increase manufacturing capacity, and, if they had a high burden of rheumatic heart fever, translate recommended dose formulations from the WHO Model List of Essential Medicines to national lists. Reducing global shortages of essential medicines required innovative solutions.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that shortages of medicines should not be discussed in the same report as the safety and accessibility of children's medication. She welcomed the draft resolution on the latter. She disagreed with the conflation of stockouts and shortages, which were often caused by exorbitant prices of on-patent drugs. She therefore urged Member States to demand a comprehensive report covering all causes of shortages. Advance purchase commitments and minimum pricing should not be singled out as solutions to shortages. The former promoted high monopoly prices, yet also discouraged local generic production. Furthermore, the mandatory notification of upcoming shortages by manufacturers would work only if high penalties were imposed for non-compliance. Any strategy on the lack of transparency in the costs of biomedical research and development should not be limited to paediatric medicines.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation) said that shortages of medicines, and of children's medication in particular, were a growing public health problem affecting all countries. The causes were manifold, and included manufacturing issues, supply system problems and fragmented purchasing. An expert meeting convened by WHO in December 2015 had discussed the global shortages problem and had formulated a series of actions to monitor, prevent and manage shortages. The conclusions of that meeting would be incorporated into the report to be submitted to the Sixty-ninth World Health Assembly and responded to many of the concerns voiced during the discussions. Action taken under resolution WHA60.22 (2007) notwithstanding, many essential children's medicines were still not manufactured or registered, or were expensive. Further comprehensive action was clearly required in order to increase access to medicine for children and address shortages.

The CHAIRMAN took it that the Executive Board wished to suspend the discussion pending further consultations on the draft resolution.

It was so agreed.

(For continuation of the discussion, see the summary record of the twelfth meeting, section 2.)

The meeting rose at 12:35.

TWELFTH MEETING

Friday, 29 January 2016, at 14:30

Chairman: Ms M.P. MATSOSO (South Africa)

later: Dr JEON Man-bok (Republic of Korea)

later: Ms M.P. MATSOSO (South Africa)

1. PROMOTING HEALTH THROUGH THE LIFE COURSE: Item 7 of the agenda (continued)

Health in the 2030 Agenda for Sustainable Development: Item 7.2 of the agenda (document EB138/14) (continued from the fifth meeting, section 2)

The representative of ZIMBABWE,¹ invited to take the floor by the CHAIRMAN in response to a request by the representative of SOUTH AFRICA, informed the Board that an informal meeting had been held to discuss the draft resolution on health in the 2030 Agenda for Sustainable Development. Time had not been sufficient to conclude discussions and finalize the draft. She therefore requested that the Executive Board should agree to hold an intersessional consultation to finalize the draft resolution for submission to the Sixty-ninth World Health Assembly.

It was so agreed.

(For adoption of a second draft resolution, see the summary record of the thirteenth meeting, section 2.)

2. HEALTH SYSTEMS: Item 10 of the agenda (continued)

Addressing the global shortages of medicines, and the safety and accessibility of children's medication: Item 10.5 of the agenda (continued from the eleventh meeting) (document EB138/41)

The representative of CHINA informed the Board that an informal consultation had been held with Member States, at which participants had reconfirmed their commitment to work further with China, Italy Pakistan and Thailand, to finalize the draft resolution on promoting the safety and accessibility of children's medication. He therefore requested that the Executive Board should agree to continue the consultations during the intersessional period with a view to finalizing the draft for submission to the Sixty-ninth World Health Assembly.

It was so agreed.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

3. MANAGEMENT AND LEGAL MATTERS: Item 12 of the agenda

Process for the election of the Director-General of the World Health Organization: Item 12.3 of the agenda (document EB138/46)

The representative of SWEDEN said that the simulated vote, which had been conducted earlier in the session, had been a useful exercise. Consideration should be given to whether the voting procedure could be simplified to eliminate void votes. Regarding the time allocated to candidates to present their candidature at the Health Assembly, he suggested that 15 minutes would be sufficient for each presentation.

The representative of the REPUBLIC OF KOREA welcomed the proposal to place internal candidates to the post of Director-General on leave to ensure clear separation between campaign activities and service for WHO, thus upholding the highest standards of ethical conduct. The candidates' forum was a useful platform for candidates to make their pitches to Member States. Member States must make clear what they expected from the next Director-General.

The representative of ERITREA asked whether the discussion of the item could be suspended in order to give time for further consideration.

It was so agreed.

(For continuation of the discussion, see section 5.)

4. NONCOMMUNICABLE DISEASES: Item 6 of the agenda

Maternal, infant and young child nutrition: Item 6.1 of the agenda (documents EB138/8 and EB138/8 Add.1)

The CHAIRMAN invited the Board to consider the report in document EB138/8, including the draft resolution contained therein. The financial and administrative implications of the draft resolution were set out in document EB138/8 Add.1.

The representative of NEPAL, speaking on behalf of the Member States of the South East-Asia Region, said that a strategic plan on nutrition in the Region was being developed to address childhood obesity and malnutrition. So far, insufficient progress had been made in the Region with regard to infant and young child feeding; for example, there was a low rate of exclusive breastfeeding and a high prevalence of anaemia among women of childbearing age and young children. He welcomed the draft guidance on ending the inappropriate promotion of foods for infants and young children. More needed to be done to ensure that it was implemented effectively.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, welcomed the draft resolution and recalled the commitments undertaken at the Second International Conference on Nutrition. Despite the need to strengthen health services in Africa, conditions were increasingly favourable for improving childhood nutrition and measures in that regard were being taken with the support of UNICEF. Regarding local food production, action should be taken to promote small-scale agriculture. Consideration should also be given to the production of food in areas affected by conflict, disaster and climate change. He called on WHO to provide support to African countries in disseminating international standards, promoting exclusive breastfeeding for infants up to six months, and improving nutrition for women, children, adolescents and older people.

The representative of CANADA, supported by the representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, asked how the targets contained in the comprehensive implementation plan on maternal, infant and young child nutrition would be aligned with those in the 2030 Agenda for Sustainable Development. While he welcomed WHO's efforts to develop the draft guidance on ending the inappropriate promotion of foods for infants and young children, the document would benefit from further clarification to minimize variations in interpretation. A brief, informal process should be held to make those clarifications. Given the short period available to review the draft resolution, further time should be allowed for its consideration. Member States could meet informally during the intersessional period to discuss and finalize the draft resolution before its submission to the Sixty-ninth World Health Assembly.

The representative of JAPAN welcomed the efforts being made to meet the targets of the comprehensive implementation plan. Addressing issues relating to maternal, infant and young child nutrition was crucial to the attainment of the Sustainable Development Goals. It was particularly important to ensure that good infant and young child feeding practices were in place, and that there was acknowledgement that breast feeding was best, but that substitutes could be appropriate in certain circumstances. Data collection must be strengthened with a view to determining whether Member States were on track to meet the global nutrition targets set out in the comprehensive implementation plan. Member States and partners should cooperate with WHO to strengthen the national health information systems, identify nutrition indicators and integrate quality data into national health management.

The representative of NEW ZEALAND, while welcoming WHO's efforts to develop the draft guidance and limit the inappropriate promotion of foods for infants and young children, expressed concern that the Executive Board had been given little time to consider the report and draft resolution; a further intersessional consultation should therefore be held. During emergency situations, there was a high risk of misinterpretation of policies and guidelines and therefore it was particularly important that recommendation 6 should be reviewed to incorporate the key message that during an emergency, health authorities, government agencies and nongovernmental organizations should not seek or accept donations of infant formula. In the event of a legitimate need for formula, it must be purchased by a health authority and its distribution and use should be overseen. Its supply should be accompanied by potable water and the other necessities for safe preparation.

The representative of the UNITED STATES OF AMERICA expressed commitment to meeting the targets of the comprehensive implementation plan, as well as the Sustainable Development Goals. Further time was required to consult and improve the draft resolution before its submission to the Sixty-ninth World Health Assembly. The Secretariat should develop an implementation plan and tools to support the guidance, in cooperation with the relevant sectors, civil society and other stakeholders. Member States were likely to take different approaches to applying the guidance, according to the specificities of their national policies and regulatory frameworks.

The representative of THAILAND said that the International Code of Marketing of Breast-milk Substitutes should be translated into law and effectively enforced, with robust monitoring. Technical and political support to Member States from WHO was key to enhancing their capacity to implement, enforce, monitor and assess the Code.

The representative of BRAZIL welcomed efforts to promote maternal, infant and child nutrition and expressed support for the text of the draft resolution. The targets and indicators contained in the report were in line with national priorities in Brazil. The report and draft resolution were timely and relevant. Efforts to eliminate conflicts of interest in nutrition programmes were particularly welcome. WHO's support would be crucial to ensure that countries could strengthen their public policies without interference from the food and beverage industry.

The representative of CHINA, welcoming global efforts to improve maternal, infant and child nutrition and said that her Government was particularly committed to reducing the burden of maternal anaemia and decreasing rates of child malnutrition, actions on which were set out in a new national development programme for women and children. With regard to the draft resolution, clarification should be given on the definition and scope of the term “inappropriate promotion of foods for infants and young children”.

The representative of the RUSSIAN FEDERATION said that her Government had adopted a national programme on infant nutrition, which promoted exclusive breastfeeding. A national programme on nutrition for young children was currently being drafted. It was important to disseminate information about healthy diet to children and adults alike. Guidance on breast-milk substitutes should be more balanced. She supported the draft resolution, noting that some editorial amendments were required in the Russian version.

The representative of the PHILIPPINES said that, in adopting the comprehensive implementation plan on maternal, infant and young child nutrition, the Health Assembly had set clear directions for Member States to ensure that the infant milk and baby food industry would not take advantage of efforts to address malnutrition. She welcomed the draft guidance on ending the inappropriate promotion of food for infants and young children, and supported the proposal to continue discussions during the intersessional period.

The representative of ALBANIA expressed support for the draft guidance on ending the inappropriate promotion of foods for infants and young children. He called on Member States to reach consensus on the draft resolution, for submission to the Sixty-ninth World Health Assembly.

The representative of ECUADOR¹ said she agreed that further discussion of the draft resolution during the intersessional period would be beneficial. She reiterated her Government’s commitment to the comprehensive implementation plan. With regard to the International Code of Marketing of Breast-milk Substitutes, large-scale marketing campaigns from multinational food and beverage companies remained a serious challenge to the promotion of breastfeeding in Ecuador. Technical support from WHO, FAO and UNICEF had been crucial to Ecuador’s efforts to draft road maps for national and regional follow up to the Second International Conference on Nutrition. Efforts should be made to increase the amount of information on food labels in order to facilitate consumer choices.

The representative of SUDAN,¹ speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed WHO’s technical support for drafting national action plans on maternal, infant and young child nutrition. The Organization should continue to provide technical support to Member States in order to implement the recommendations of the Health Assembly. Donors and international organizations should coordinate their efforts and streamline their resources. Greater attention should be paid to strengthening food systems, promoting healthy diets and improving water supplies, sanitation and hygiene. Legal strategies were required to regulate the marketing of unhealthy food and breast-milk substitutes in order to eliminate conflicts of interest and control misconduct related to food procurement and supplies.

The representative of BANGLADESH¹ said that his delegation looked forward to seeing the outcomes of the work of the WHO–UNICEF Technical Expert Advisory Group on Nutrition Monitoring. Bangladesh was making steady progress towards improved nutrition, and his Government expected to meet all of the targets of WHO’s comprehensive implementation plan on maternal, infant and young child nutrition by 2025. It had recently revised its national nutrition policy, established

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

legislation prohibiting the advertising of breast-milk substitutes, infant food and commercially prepared complementary foods for children and on food safety, and prepared guidelines on healthy diets. WHO should continue not to promote breast-milk substitutes in any of its policy documents.

The representative of AUSTRALIA¹ expressed support for Canada's proposal concerning the handling of the draft resolution. As various comments on the draft guidance on ending the inappropriate promotion of foods for infants and young children had been made during the discussion, the Secretariat should allow a four-week window for Member States to submit comments on both documents, and then make appropriate changes to the draft guidance, in accordance with WHO's practice of supporting only evidence-based and best practice recommendations. The draft resolution should be similarly revised before its submission to the Health Assembly.

The representative of COLOMBIA¹ expressed support for the draft resolution. States had an important responsibility to apply, promote and enforce all of the provisions of the International Code of Marketing of Breast-milk Substitutes and Health Assembly resolutions on the same subject. Colombia was in the process of revising its relevant national regulatory framework to ensure that all breast-milk substitutes and complementary foods for infants complied with the appropriate standards. In the face of the existing challenges to ensuring optimal nutrition for infants and young children, Member States should demonstrate renewed commitment to young children's nutritional health.

The representative of INDIA¹ said that, following the adoption of the International Code of Marketing of Breast-milk Substitutes by the Health Assembly in 1981, the Government of India had enacted a law regulating the production, supply and distribution of infant milk substitutes, feeding bottles and infant foods. Under the law, which had been strengthened and amended in 1993, the promotion of milks or foods for children under 2 years of age was prohibited and a ban on sponsorship had been introduced. Thus, it was difficult to endorse any resolution or guidance that promoted any food or milk substitutes intended for children under 2 years of age.

The representative of INDONESIA,¹ noting that the inappropriate promotion of foods for infants and young children hampered progress towards optimal infant and young child feeding, said that the private sector and governments should collaborate to support the achievement of nutrition targets. WHO should provide a compilation of best practices in nutrition programme implementation and advice on monitoring compliance with the guidance on ending the inappropriate promotion of food for infants and young children. With the commitment of all stakeholders, it would be possible to implement the guidance and reach the global nutrition targets by 2025.

The representative of the INTERNATIONAL LACTATION CONSULTANT ASSOCIATION, speaking at the invitation of the CHAIRMAN, said that the draft guidance on ending the inappropriate promotion of foods for infants and young children was welcome, especially the calls to the infant food industry to comply fully with the International Code of Marketing of Breast-milk Substitutes, and with WHO recommendations; to the media to abide by marketing standards for those foods; to health care workers to support families in optimal infant and young child feeding practices; and to civil society to advocate for and monitor the implementation of the guidance.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, highlighted nurses' expertise in the life course approach, which included helping future mothers to maintain their health before and during pregnancy and providing parents and other caregivers with information and support on optimal infant and young child feeding. Strengthening health systems and promoting universal coverage was vital. The global targets could not

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

be achieved without nurses, who comprised the largest group of health care professionals. Therefore, governments should invest in nursing development as an integral part of strengthening health systems, and fully involve nurses in policy development.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, requested the Board to adopt the draft resolution without delay. Investment and measurable, specific, time-bound actions were needed in the run-up to 2025. The Board was urged to: reinforce the need for country-specific nutrition targets informed by the 2025 global nutrition targets and aligned with the goals of the 2030 Agenda for Sustainable Development; promote the 2016 Nutrition for Growth meeting as an opportunity for heads of State to follow up on the commitments that they had made at the Second International Conference on Nutrition; and support the collection and analysis of required data so that all countries could report on a global nutrition targets.

The representative of HELEN KELLER INTERNATIONAL (WORLDWIDE) INCORPORATED, speaking at the invitation of the CHAIRMAN, underscored the importance of exclusive breastfeeding for babies up to the age of 6 months, with continued breastfeeding for infants up to 2 years of age. Governments should fully implement and enforce the International Code. Appropriate complementary foods from six months were important, but must be promoted in a manner that protected breastfeeding. WHO's guidance was urgently needed; it provided governments with valuable recommendations to support the development of policies and programmes to guarantee optimal infant and young child nutrition. The Board was strongly urged to endorse the draft resolution.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that the reference to the Codex Guidelines on Formulated Complementary Foods for Older Infants and Young Children, in paragraph 2(d) of the draft resolution, should be removed, as Codex standards were often not aligned with WHO resolutions and guidelines. Recommendation 4 of the draft guidance appeared to run counter to the overall aim of the document, as it legitimized the advertising and promotion of foods that were already banned by national laws. Furthermore, the exceptions in recommendation 6 should be removed, as they contradicted earlier resolutions, notably WHA47.5 (1994) and WHA63.23 (2010).

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that progress on the global nutrition targets was disappointing. Fortification, supplementation and delayed cord clamping would only have a marginal effect if the failings of the global food system, including the misuse of arable lands, were not addressed. Multilateral negotiations on trade in agricultural commodities should be reopened with a view to ending subsidies for corporate agriculture. WHO should negotiate with the United Nations Human Rights Council to explore the regulation of transnational corporations for nutrition objectives and work with civil society to strengthen the political demand for effective national plans. Codex standards should not be automatically implemented, as they might run counter to WHO guidelines, such as the International Code. The Scaling Up Nutrition movement was a public–private partnership whose membership included food industry actors; WHO's reliance upon it for country support was thus of concern.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, highlighted the extent of obesity worldwide and its severity, and said that increasing evidence suggested that solutions lay in societal policies and economic systems. Therefore, the food industry should lower sugar content in food and drinks and ensure that products' dietary composition was clear from labelling. Member States should levy a high sugar tax and regulate the marketing of high-sugar products targeted at adolescents and children.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) said that, although some progress had been made in 2014–2015 towards the global nutrition targets, countries needed to take a more active approach. The Secretariat was committed to supporting countries in that regard. The international summit on Nutrition for Growth, to be held in Rio de Janeiro, Brazil, in August 2016, would provide them with an opportunity to set specific targets on follow-up to the commitments made at the Second International Conference on Nutrition, and it was hoped that the initiative for the United Nations General Assembly to declare a Decade of Action on Nutrition for 2016–2025 would encourage them to promote healthy nutrition programmes in all sectors. He confirmed that the Secretariat had taken note of the comments raised during the discussion, would revise the draft guidance on ending the inappropriate promotion of foods for infants and young children in the light of the comments received, and would initiate an intersessional consultation process in order to review the draft resolution prior to the Sixty-ninth World Health Assembly.

The CHAIRMAN took it that the Board wished to request the Secretariat to revise the draft guidance on ending the inappropriate promotion of foods for infants and young children taking into account the comments made during the discussion and any further comments made up to the end of February 2016. She also took it that the Board wished to request the Secretariat to hold intersessional consultations in order to review the draft resolution prior to the Sixty-ninth World Health Assembly.

It was so agreed.

5. MANAGEMENT AND LEGAL MATTERS: Item 12 of the agenda (resumed)

Process for the election of the Director-General of the World Health Organization: Item 12.3 of the agenda (document EB138/46) (resumed)

The representative of ERITREA, speaking on behalf of the Member States of the African Region, said that the queries of the representatives of the African Region with regard to document EB138/46 had been resolved. He agreed that the Executive Board should make a recommendation to the Sixty-ninth World Health Assembly to consider the proposal to allow candidates to address the Health Assembly and to adopt a resolution to that effect.

The representative of the OFFICE OF THE LEGAL COUNSEL said that work was under way to make the electronic voting system as user-friendly as possible and a balance of cost-effectiveness, ease of use and reliability was being sought. It was for the Board to decide whether candidates should have 15 or 30 minutes to address the Health Assembly and a decision in that respect would need to be submitted to the Health Assembly for its consideration. The comments made concerning the candidates' forum would be taken into account. It was an important event, open to all Member States and Associate Members, but limited to that group.

The CHAIRMAN took it that the Board wished to note the report and adopt a decision recommending to the Sixty-ninth World Health Assembly that it should consider adopting a resolution to require that nominated candidates for the post of Director-General should address the Health Assembly before the vote for appointment of the Director-General, on the understanding that statements should be limited to a maximum of 15 minutes.

It was so decided.¹

6. NONCOMMUNICABLE DISEASES: Item 6 of the agenda (resumed)

Draft global plan of action on violence: Item 6.2 of the agenda (documents EB138/9 and EB138/9 Add.1)

The CHAIRMAN drew attention to a draft resolution 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, proposed by Australia, Canada, Georgia, Guatemala, India, Mexico, Norway, the United States of America, Uruguay, Zambia, and the Member States of the European Union, which read:

The Executive Board,

Having considered the report on the draft global plan of action on violence,² as well as the result of WHO consultations, including regional consultations, to elaborate the global plan of action to strengthen the role of the health system to address interpersonal violence, in particular against women and girls, and against children, as requested by resolution WHA67.15 (2014),

RECOMMENDS to the Sixty-ninth World Health Assembly the adoption of the following resolution:

The Sixty-ninth World Health Assembly,

(PP1) Having considered the draft 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;

(PP2) Recognizing that this global plan of action is a technical document informed by evidence, best practices and existing WHO technical guidance and that it offers a set of practical actions that Member States can take to strengthen their health systems to address interpersonal violence, in particular against women and girls, and against children;

(OP) 1. ADOPTS 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;

(OP) 2. ENCOURAGES Member States to adapt 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 to suit national priorities and specific contexts and in line with the related goals of the 2030 Agenda for Sustainable Development as well as other international commitments, as appropriate;

(OP) 3. URGES Member States to implement the proposed actions for Member States in the WHO global plan of action to strengthen the role of the health system within

¹ Decision EB138(2).

² Document EB138/9.

a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children;

(OP) 4. INVITES international, regional and national partners to implement the necessary actions to contribute to the accomplishment of the six objectives of 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;

(OP) 5. REQUESTS the Director-General:

- (1) to implement the proposed actions for the Secretariat in 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;
- (2) to submit to the Seventy-first and Seventy-third World Health Assemblies a report on the progress achieved in implementing 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.

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

Resolution: 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	
A. Link to the general programme of work and the programme budget	
1. Please indicate to which impact and outcome in the Twelfth General Programme of Work, 2014–2019 and which output in the Programme budget 2016–2017 this draft resolution will contribute if adopted.	<p>Twelfth General Programme of Work, 2014–2019: Outcome 2.3 Reduced risk factors and improved coverage with interventions to prevent and manage unintentional injuries and violence;</p> <p>Outcome 3.1 Reproductive, maternal, newborn, child and adolescent health: Increased access to interventions for improving the health of women, newborns, children and adolescents; and</p> <p>Outcome 5.3 Emergency risk and crisis management: countries with capacity to manage public health risks associated with emergencies.</p> <p>Programme budget 2016–2017: Output 2.3.3 Development and implementation of policies and programmes to address violence against women, youth and children facilitated;</p> <p>Output 3.1.3 Countries enabled to implement and monitor effective interventions to cover unmet needs in sexual and reproductive health;</p> <p>Output 3.1.6 Research undertaken and research capacity strengthened for sexual and reproductive health including in family planning, maternal and perinatal health, adolescent sexual and reproductive health, sexually transmitted infections, preventing unsafe abortion, infertility, sexual health, female genital mutilation, violence against women, and sexual and reproductive health in humanitarian settings; and</p> <p>Output 5.3.1 Technical assistance to Member States for the development and maintenance of core capacities to manage risks to health associated with disasters and conflicts using an all-hazards approach.</p>
2. If there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017, please provide a justification for giving consideration to the draft resolution.	Not applicable.

3. What is the proposed timeline for implementation of this resolution? The draft global plan of action covers the 15-year 2016–2030 timeline, in line with the Sustainable Development Goals. <i>If the timeline stretches to future programme budgets, please ensure that further information is provided in the costing section.</i>			
B. Budgetary implications of implementation of the resolution			
1. Current biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	1 113 750	800 000	1 913 750
Regional offices	3 875 000	2 250 000	6 125 000
Headquarters	4 278 450	5 365 000	11 643 450
Total	9 267 200	8 415 000	17 682 200
1(a) Is the estimated budget requirement in respect of implementation of the resolution fully included within the current programme budget? (Yes/No) Yes.			
1(b) Financing implications for the budget in the current biennium: – How much is financed in the current biennium? 40% – What are the gaps? 60% – What action is proposed to close these gaps? Coordinated resource mobilization through the Financing Dialogue and voluntary specified fundraising.			
2. Next biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	3 275 750	4 000 000	7 275 750
Regional offices	6 053 550	3 850 000	9 903 550
Headquarters	6 839 200	9 718 000	17 657 200
Total	16 168 500	17 568 000	33 736 500
2(a) Financing implications for the budget in the next biennium: – How much is currently financed in the next biennium? At present there is no funding for 2018–2019. – What are the financing gaps? 100% – What action is proposed to close these gaps? Actions to be determined as necessary: coordinated resource mobilization through the Financing Dialogue and voluntary specified fundraising.			

The representative of the UNITED STATES OF AMERICA introduced the draft resolution and read out amendments to the document that had been proposed. The first three lines of the first paragraph should read: “Having taken note of the report on the draft global plan of action on violence, as well as the result of WHO consultations, including extensive regional consultations, which includes the global plan of action to strengthen the role of the health system to address ...”. In the second preambular paragraph, the word “can” had been replaced by “may”.

At the beginning of the paragraph 1, “ADOPTS” had been changed to “ENDORSES”. Paragraph 2 had been amended to read, “ENCOURAGES Member States to adapt the WHO global plan of action at national level, in line with the international commitments that Member States have already made, including to the Sustainable Development Goals, while taking into account region-specific situations and in accordance with national legislation, capacities, priorities and specific national circumstances”. In paragraph 3, the words “, as appropriate,” had been inserted after “the proposed actions”. The words “six objectives” in paragraph 4 had been replaced with “four strategic directions”. The first two lines of subparagraph 5(2) had been amended to read, “to submit to the Seventy-first World Health Assembly an interim, and to the Seventy-fourth World Health Assembly, a full report on ...”. Brazil, Switzerland, Thailand and Tunisia had joined the list of cosponsors of the draft resolution.

The representative of BRAZIL, speaking on behalf of the Member States of the Region of the Americas, welcomed the draft global plan and underscored its alignment with the 2015 PAHO/WHO strategy and plan of action on strengthening the health system to address violence against women. Work should be carried out to eliminate all forms of violence against women and girls, and men and boys should be included, as the main actors, in all endeavours to address the issue. He welcomed the broader focus of the plan on common actions to prevent all forms of interpersonal violence, and the emphasis on the key role of the health system in direct prevention and response and in wider multisectoral efforts. It was pleasing to see that the final draft retained its technical strength and evidence-based approaches, and remained close to the agreed language and policies outlined in resolution WHA67.15 (2014).

The representative of LIBERIA, speaking on behalf of the Member States of the African region, emphasized the importance of sustaining strong political momentum to address interpersonal violence. The title of the draft global plan should be the same as agreed in the resolution mandated for its development. WHO should begin work on how to tackle the issue of child pornography, in collaboration with the relevant United Nations agencies. The education and economic empowerment of women needed to be strengthened through effective social protection programmes. WHO should provide technical support to Member States and assist them in strengthening their health systems and ensuring multisectoral cooperation to tackle the issue.

The representative of EGYPT, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the role of the health sector in responding to and documenting violence needed to be strengthened. Preventing and responding to violence required active multisectoral engagement. WHO should step up its efforts, in accordance with resolution WHA67.15, to develop scientific evidence on the magnitude, health consequences and risk and protective factors of, and trends in, violence.

The representative of the RUSSIAN FEDERATION said that it was essential to emphasize the role of the traditional family in raising the younger generation, protecting women and children, and forming well-balanced individuals who rejected all forms of violence. The precedent of non-standard sex education was concerning. The draft global plan should reflect the issues of paedophilia and the distribution of pornography, as both were significant factors in violence against women and children.

The representative of CANADA said that the draft global plan was strongly grounded in evidence and provided clear and practical advice to the health sector to effectively address violence against women and girls, and against children. The alignment of the plan with the 2030 Agenda for Sustainable Development and use of its indicators were important to ensure that everyone was moving in the same direction.

The representative of CHINA said that her country attached great importance to the impact of domestic violence on women and children and was introducing a law on prevention of the issue. She expressed support for the draft resolution, and said that health sectors should play an active role in collecting and sharing data when implementing the plan.

The representative of THAILAND said that, to achieve the shared goal of ending violence, proactive prevention measures should be included in the actions, such as promoting public awareness and social responsibility, and strengthening information and evidence systems to obtain accurate prevalence data. To ensure the effectiveness of service provision, the affected people in communities needed to be identified. Increasing social awareness and destigmatizing victims were strong defensive mechanisms against violence. She supported the draft resolution.

The representative of ALBANIA expressed support for the draft resolution.

The representative of TURKEY¹ said that achieving gender equality and eliminating all forms of violence against women and children required long-term and significant efforts based on an integrated approach comprising all relevant stakeholders. His country wished to cosponsor the draft resolution.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, underlined the importance of providing health professionals and other actors with assistance and training in order to detect victims of violence and at-risk individuals and offer them support and guidance on further protection and care. The approach should include an increased understanding of the close connection with sexual and reproductive health rights. It was essential to raise the issue of corporal punishment as a persistent domestic problem and place greater emphasis on changing the attitudes and behaviours of men and boys that had a negative impact on women and girls. Efforts to encourage positive interactions and the breaking down of stereotypes should be promoted, including through comprehensive sex education for both sexes, in order to provide the younger generation with appropriate role models.

The representative of SWITZERLAND,¹ welcoming the draft global plan of action, which formed a key part of WHO's work, highlighted the role of the health sector in combating all forms of interpersonal and collective violence against women and girls, and against children.

The representative of the NETHERLANDS¹ said that it was paramount to prevent the loss of momentum regarding action against violence and to ensure that the issue remained a top priority on the global, regional and national agendas, and in policies, programmes and budgets. He supported the adoption of the draft global plan at the Sixty-ninth World Health Assembly.

The representative of ZIMBABWE¹ asked the Secretariat to provide clarity on the financial and administrative implications of the draft global plan. For the 2016–2017 and 2018–2019 bienniums, the estimated budgetary requirements for all the country and regional offices combined were significantly lower than those for headquarters, which would perpetuate the skewed distribution of resources at the implication and implementation stages. Those requirements would need to be revised if there was to be an impact at the country level.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of URUGUAY¹ said that violence against women and children deprived them of their rights and was the product of an unequal distribution of power, asymmetric relationships and the predominance of the patriarchal model in societies. She supported the adoption of the draft resolution at the Sixty-ninth World Health Assembly.

The representative of GERMANY¹ expressed appreciation for the excellent technical work carried out on the issue of violence, and in particular the guidelines on responding to intimate partner violence and sexual violence against women, and supported the draft resolution.

The representative of AUSTRALIA¹ welcomed the commitment and efforts by Member States to agree on the draft resolution.

The representative of COLOMBIA¹ drew attention to the importance of strengthening mental health services for victims of violence and of taking into account the issue of gender violence in connection with maternal and child health, mental health and HIV prevention programmes, and in armed conflict and post-conflict situations. Commitment from organizations, governments and communities was needed in order to change cultural patterns of behaviour. Mainstreaming the issue of gender-based violence was essential to identify the structural causes of the problem, break down stereotypes and reduce the harmful practices that led to discrimination and violence. The language used in the resolution should be in line with that of other United Nations agencies, and the words “interpersonal and gender-based violence” should be included.

The representative of ICELAND¹ said that his delegation wished to sponsor the draft resolution.

The representative of ZAMBIA¹ said that the draft global plan would provide the tools and guidelines needed to strengthen the health sector and would ensure that the sector was fully on board with respect to the work on addressing violence.

The observer of the HOLY SEE welcomed the acknowledgement in the draft global plan of action of the role of the family in nurturing children. States should provide economic, social and psychological support to vulnerable and marginalized families. Since people-centred care and community participation were guiding principles for the implementation of the plan of action, religious communities should be included as key stakeholders in action on violence as they prepared husbands and wives for marriage and provided social, emotional and spiritual support.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, expressed her appreciation for the draft global plan of action and recommended that effective health system strategies should be identified and implemented through multisectoral response plans. Member States, WHO and other United Nations agencies should strengthen their response to the alarming rate of sexual violence in humanitarian emergency situations. Her organization was committed to educating health care providers to address sexual violence, given their role in providing frontline services to victims of violence. Sexual violence prevention should be included in medical school curricula and the Association looked forward to working with the Secretariat to disseminate model curricula.

The representative of the WORLD FEDERATION FOR MENTAL HEALTH, speaking at the invitation of the CHAIRMAN, said that she was pleased to note that mental health had been integrated in the draft global plan of action, since interpersonal violence seriously affected the mental health of women, girls and children and caused injuries, anxiety and depression. Educational programmes that

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

addressed violence in society would help to prevent mental, emotional and behavioural disorders. The Federation welcomed the support of WHO and partners for research on interpersonal violence and for evidence-based prevention programmes, and encouraged further research.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, welcomed the draft global plan of action, yet expressed concern that the report failed to identify the “vulnerable groups” particularly at risk of violence and did not mention discrimination and violence based on race, caste, religion, age, disability, sexual orientation or gender identity. Violence against lesbian, gay, bisexual and transgender persons, although widespread, was often not acknowledged. It was regrettable that the report did not address the issue of patriarchy, in order to enhance understanding of gender roles and violence as a tool of power and oppression, or emotional abuse, which had a significant impact on mental health. She noted that abuse existed within the health sector and there was therefore a need for monitoring and accountability measures to protect patients and practitioners.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN and also on behalf of The Save the Children Fund, expressed support for the draft global plan of action. The cycle of violence could be most effectively addressed in childhood, by using child-sensitive approaches to prevent violence and providing services for survivors and “at risk” populations. Improved governance and performance data on violence against children were needed. Her organization was ready to work with WHO to support the full implementation of the draft global plan of action.

The ASSISTANT DIRECTOR-GENERAL (Family, Women’s and Children’s Health) said that the scale of violence against women, girls and children had profound health implications. It was important to strengthen the response of the health sector, since health professionals were often the first point of contact for victims of violence and two of the Sustainable Development Goals – Goals 5 and 6 – addressed the issue of violence and would have an impact on all sectors. She welcomed the work of Member States on the draft resolution and their willingness to proceed on an issue that touched on cultural and religious sensitivities. The Secretariat’s proposed budget allocation for country offices had been increased by 300% compared to the current biennium. Given the stronger than anticipated interest from Member States, the Secretariat would submit a more accurate estimate of the financial implications of the draft global plan of action to the Sixty-ninth World Health Assembly.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) welcomed the consensus on the draft resolution.

The resolution was adopted.¹

Dr Jeon Man-bok took the Chair.

¹ Resolution EB138.R3.

Prevention and control of noncommunicable diseases: responses to specific assignments in preparation for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases in 2018: Item 6.3 of the agenda (documents EB138/10 and EB138/10 Add.1)

The CHAIRMAN drew the attention of the Board to the draft resolution contained in document EB138/10, and to the financial and administrative implications of the resolution for the Secretariat set out in document EB138/10 Add.1.

The representative of NAMIBIA, speaking on behalf of the African Region, said that African countries were committed to implementing the road map of national commitments. Given inadequate data on noncommunicable diseases and their risk factors in Africa, he urged the Secretariat to continue support for the stepwise approach to surveillance and encouraged Member States to share experience in that regard. Support from WHO and partners remained critical to success in preventing and controlling noncommunicable diseases. Efforts to meet targets for noncommunicable diseases should be collectively strengthened, including by building national capacities to produce medicines and making medicines more affordable and accessible. He welcomed the timelines proposed in Annex 2 to the report, with respect to updating Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020.

The representative of SAUDI ARABIA, speaking on behalf of the Eastern Mediterranean Region, drew attention to resolution EM/RC62/R.2 adopted by the Regional Committee for the Eastern Mediterranean at its Sixty-second session and emphasized the urgency of work to update Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020. WHO support for Member States to monitor progress on the global action plan and meet the global noncommunicable diseases targets should be strengthened, especially in view of preparations for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable diseases in 2018. Work to register and publish non-State actors' contributions should be better aligned with work to achieve the targets for noncommunicable diseases.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, noted that action at the country level would be crucial to achieving the target for noncommunicable diseases contained in the 2030 Agenda for Sustainable Development and expressed her commitment to that work. Given countries' varied stages of progress, WHO guidance and technical support, including exchanging experience and good practices, was essential to developing national plans to control noncommunicable diseases. The update of Appendix 3 should be informed by a broad and transparent review of evidence that took into account health inequalities. The fact that data were missing from Annex 3 to the report was a cause for concern. She called for comprehensive reporting, through better use of existing data sources and upgraded analytical capacity, and support for Member States where appropriate. She supported the draft resolution.

The representative of CHINA endorsed the report and the recommendations on procedure made by Secretariat. The 2030 Agenda for Sustainable Development would be a driving force for Member States in noncommunicable disease prevention and control. As a leading organization, WHO should strengthen coordination with other international organizations. Technical assistance for developing countries should be strengthened and innovative support models used. International cooperation projects for key diseases and major risk factors should develop and promote appropriate tools and technology. Monitoring and surveillance systems and information technology tools should be used to improve efficiency and strengthen global capacity in line with the Sustainable Development Goals.

The representative of NEPAL said that it was important to discuss realistic mechanisms for achieving the four time-bound commitments. With regard to health systems strengthening, the report should take into account the triple burden of communicable and noncommunicable diseases and emergency situations, and pave the way to achieving resilient health systems with adequate support to tackle noncommunicable diseases. The report should further discuss evidence-based policies and successful collaboration that could be employed by Member States. The report did not indicate whether progress had been satisfactory, what lessons had been learned and what the facilitators and barriers to implementation of the global action plan were.

The representative of the RUSSIAN FEDERATION said that she was ready to contribute to noncommunicable disease prevention and extend cooperation in that area. She took note of the timely adoption of the road map for developing national responses to noncommunicable diseases. Member States should establish national goals and progress indicators and develop national plans containing multisectoral measures to combat noncommunicable diseases, reduce risk factors and strengthen the health care system. She expressed support for the draft resolution.

The representative of EGYPT urged Member States to draw attention to noncommunicable diseases in the same way as communicable diseases, since they reduced quality of life and life expectancy and affected the economy. She remained committed to the United Nations resolution 64/265 on prevention and control of noncommunicable diseases and the relevant regional resolutions, and to decreasing the prevalence of noncommunicable diseases.

The representative of the UNITED STATES OF AMERICA supported robust implementation of the global action plan. She endorsed the draft resolution and welcomed efforts by WHO to support Member States to meet the global targets for noncommunicable diseases. She supported the proposed process to update Appendix 3 of the global action plan and encouraged WHO to take a broad view when considering policies and interventions in that regard. A tool to register and publish the contributions of non-States actors should be developed using an inclusive and collaborative approach.

The representative of THAILAND expressed support for the draft resolution and said that efforts to promote healthy living should be made within all WHO offices and at all three levels of the Organization. For instance: the meals served to staff members and delegates should be healthy and rich in vegetables; fruit should be served instead of sugary snacks at breaks; and all drinks should be non-alcoholic. In order to reduce stress among employees, the Organization should avoid scheduling night meetings and ensure that workloads were manageable.

The representative of BRAZIL said that further discussions should be held on the established global mechanisms for ensuring access to care; promotion, prevention and surveillance policies; and eliminating inequalities. The importance of multisectoral coordination in supporting chronic disease prevention policies must be emphasised. He called on the Secretariat to consult with Member States and to make investments to maximize the quality and validity of data and standardize its surveys and reporting. There should be a monitoring system capable of measuring the progress made on the national and global targets agreed by both the United Nations and WHO.

The representative of CANADA said that her country was engaged in efforts to scale-up action at the global level. However, in her view, the time-bound commitments were over-emphasized in the draft resolution and in the report. In the light of that observation, she wished to amend paragraph 3 of the draft resolution by adding the words “and other key commitments, such as developing or strengthening surveillance systems to track social disparities in noncommunicable diseases and their risk factors and pursuing and promoting gender-based approaches for the prevention of noncommunicable diseases” after the phrase “the four time-bound national commitments for 2015 and 2016”.

The representative of SURINAME said that Member States should make special efforts to reduce premature mortality through timely prevention and treatment. Special attention should be paid to the registration and publication of the contributions made by non-State actors to achieving the targets on noncommunicable diseases. In Suriname, it was common to find private sector, civil society and other stakeholders intertwined with government entities in programme implementation. She would therefore appreciate guidance on the approach to be used to avoid conflicts of interests.

Ms Matsoso resumed the Chair.

The representative of JAPAN expressed his satisfaction with the draft resolution. Member States should not lose sight of the fact that such diseases were also known as silent killers. In order to achieve the goals proposed, the sharing of experiences between countries, multisectoral cooperation, and coordination between WHO and other agencies would be essential. In addition, the outcome of the initiative by the United Nations Inter-agency Task Force should be monitored. His country was willing to share its rich experience in noncommunicable diseases associated with ageing.

The representative of the PHILIPPINES welcomed the draft resolution but shared the concerns expressed by some Member States regarding the poor quality of data for some of the global indicators.

The representative of the REPUBLIC OF KOREA said that his country's national targets for the control of noncommunicable diseases would be aligned with the targets of the draft resolution. The best practices of all of the global coordination mechanisms on the prevention and control of noncommunicable diseases were becoming clear. He encouraged greater use of such mechanisms. Working groups be established to identify means of helping Member States to share information.

The representative of MONACO¹ said that the report clearly demonstrated that efforts needed to be redoubled, particularly regarding the implementation of the Sustainable Development Goals. She echoed calls for missing data to be provided. Furthermore, she would like more information on the work performed by the United Nations Inter-agency Task Force and the document currently being prepared by the OECD on how official development assistance would be allocated for noncommunicable diseases. She had no objections to the draft resolution but would like to know more on its process and costs and urged the Secretariat to avoid unnecessary bureaucracy and expense. It was regrettable that the webpage introducing WHO tools and the tools themselves were almost exclusively available in English.

The representative of DENMARK,¹ speaking also on behalf of MEXICO,¹ said that the two countries were working in partnership to prevent and control noncommunicable diseases. It was essential for that matter to be kept at the forefront of the global and political agenda, and although the majority of the funding needed to come from national budgets, the ongoing lack of funding from the WHO programme budget needed to be addressed.

The representative of KENYA¹ said that the methodology for updating Appendix 3 of the global action plan should be transparent and take into consideration national contexts. She urged the Secretariat to consider implementing measures, in consultation with Member States, to ensure that the process of registering and publishing the contributions of non-State actors was not used for promotion of commercial interests, with limited benefits for the prevention and control of noncommunicable diseases.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of COLOMBIA¹ outlined measures taken in her country to control noncommunicable diseases, including multisectoral activities to promote healthy living. The global action plan should be updated to reflect the latest data. She supported registering and publishing the contributions of non-State actors and underlined the importance of establishing clear parameters to evaluate their impact.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ invited Member States to consider using process indicators, as discussed at the 136th session of the Executive Board, to ensure that targets were achieved. It was imperative that other industries, as well as non-State actors, engaged in noncommunicable disease control and management. The issue should also be placed on the agenda of other United Nations agencies.

The representative of GERMANY¹ welcomed the report and emphasized the importance of the high-level meeting to be held in 2018. Germany would continue to support WHO and be part of the global community in fighting noncommunicable diseases.

The representative of SRI LANKA¹ said that the United Nations Inter-agency Task Force had provided invaluable support in the formulation of national policy on noncommunicable diseases. In the light of the high death toll from noncommunicable diseases and its huge cost to economies worldwide, he requested WHO to engage more with leaders to influence policies, encourage research, strengthen health systems and engage with progress monitoring. WHO should also give constant feedback to Member States.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that very little progress had been made in reducing the likelihood of dying from noncommunicable diseases. The report revealed a shocking lack of data with which to monitor progress. International collaboration would be essential to strengthening country-level noncommunicable disease surveillance and monitoring: population-based registries should be created and surveillance should be integrated into national health information systems. Development assistance for noncommunicable diseases should also be tracked in the OECD creditor reporting system.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, urged the Secretariat to consider closely the role of health impact assessment tools in relation to trade agreements. In Appendix 4 to the global action plan, provision should be made for the independent nomination of negative as well as positive contributions. He was concerned about the current state of global coordination mechanism governance, including the selection process and criteria for access to meetings, the confusion on how to label inputs from non-State actors and the inappropriate handling of the concerns of nongovernmental organizations during the recent dialogue on strengthening international cooperation.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, expressed concerns that the global mechanism had ignored calls for caution regarding corporate lobbying and had given access to a wide range of businesses and public-private partnerships. Instead of promoting partnerships with corporations that were undermining efforts to promote healthy diets, Member States should bring in effective legislation to control them.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, called on governments to create and fully implement more responsible and binding legislation to limit the exposure of the public to noncommunicable disease risk factors such as fatty foods, tobacco and alcohol. She called for greater involvement from nongovernmental organizations, especially youth-led and youth-driven clusters, for better tailored youth-oriented programmes on noncommunicable disease awareness and prevention. Disseminating ethical research and debating best practices for different cultural settings would allow the creation of a more proactive approach to combating noncommunicable diseases.

The representative of the UNION OF INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that Appendix 3 to the global action plan should be strengthened to reflect a comprehensive policy approach to noncommunicable disease response that could be tailored to different populations. She strongly supported including information on implementation constraints as part of Appendix 3, and not as an addendum. She also supported listing interventions alongside their cost-effectiveness ratio in the updated Appendix 3, and opposed setting a threshold for inclusion. She urged WHO to consider the impact of policy options on intermediary outcomes along the pathway to health outcomes. The process of updating Appendix 3 should include official and transparent multistakeholder consultations between May and November 2016.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) assured Member States that WHO would support countries in the preparations for the United Nations high-level meeting in 2018 and would strengthen country-level work by providing technical assistance for policy implementation.

The CHAIRMAN took it that the Board wished to adopt the draft resolution contained in document EB138/10, as amended by Canada.

The resolution, as amended, was adopted.¹

The meeting rose at 17:50.

¹ Resolution EB138.R4.

THIRTEENTH MEETING

Saturday, 30 January 2015, at 09:30

Chairman: Ms M.P. MATSOSO (South Africa)

1. WHO REFORM: Item 5 of the agenda (continued)

Framework of engagement with non-State actors: Item 5.3 of the agenda (document EB138/7) (continued from the fifth meeting, section one)

The representative of ARGENTINA, speaking in his capacity as Chair of the Open-ended Intergovernmental Meeting on the draft framework of engagement with non-State actors, said that he had taken note of the comments by representatives of Member States and nongovernmental organizations during the current session of the Board. Representatives had attached importance to implementation of the draft framework and had agreed with the Secretariat's proposal to provide a report on the practical details concerning implementation. He proposed that an Open-ended Intergovernmental Meeting should be held from 25 to 27 April 2016, where participants could discuss the parts of the draft resolution that had not yet been considered, and focus on the implementation of the draft framework of engagement with non-State actors. The draft framework would be submitted to the Sixty-ninth World Health Assembly, accompanied by an analysis of the practical implications and resources. In the light of the proposed course of action, he invited the Board to consider the following draft decision:

The Executive Board decides to:

- (1) endorse the request of the Open-ended Intergovernmental Meeting to extend its mandate, so that it may resume its work for a final session from 25 to 27 April 2016, in order to submit a consensus text of the draft framework and a draft resolution to the Sixty-ninth World Health Assembly through the Programme, Budget and Administration Committee; and
- (2) request the Secretariat to present an objective and balanced report on the implications for WHO of the implementation of the framework, well in advance of the final session.

The representative of the UNITED STATES OF AMERICA, supporting the proposed draft decision and course of action, sought assurance that the report on implications would deal with the implications of the implementation of the framework, rather than the financial implications.

The representative of SWEDEN, endorsing the proposed draft decision and course of action, sought assurance that the report on implications would be available four weeks prior to the session of the Open-ended Intergovernmental Meeting in April. He proposed that, in addition, one week before the session, the Secretariat should organize a briefing for all Member States, which should be broadcast via webcast.

The representative of CANADA said that her country was committed to ensuring that the framework of engagement with non-State actors remained an enabling tool, so that WHO could remain a leader in global health. Before negotiations on the draft framework could be concluded, however, further discussions were needed on the framework's implications at all levels. Canada

welcomed the forthcoming report on implications and approved the course of action proposed by the representative of Argentina.

The representative of SOUTH AFRICA, speaking on behalf of the Member States of the African Region, reaffirmed the Region's commitment to the finalization of the draft framework. She endorsed the proposed draft decision, noting that it would help prevent further discussions on text that had already been agreed upon ad referendum during the negotiations.

The representative of FRANCE supported the proposed course of action and the proposal by the representative of Sweden to hold an information session one week before the session of the Open-ended Intergovernmental Meeting.

The representative of NORWAY,¹ expressing support for the proposal by the representative of Sweden, emphasized that the issue of implementation should not be addressed exclusively through negotiations on the draft resolution, but also in the context of the draft framework itself. The draft framework should be viewed as an accountability tool and the Secretariat must therefore apply it to the letter. He urged the Secretariat to ensure that the implications report was balanced and provided a factual account of the implications of implementation at all three levels of the Organization, rather than merely listing the positive aspects and the challenges.

The representative of MONACO¹ expressed support for the proposed draft decision and agreed with the representative of Norway on the importance of producing a balanced report.

The representative of PANAMA¹ asked whether the regional committees would be consulted on issues in the draft framework of engagement with non-State actors that were of relevance to them.

The LEGAL COUNSEL said that there had been no discussion on referring the draft framework of engagement with non-State actors to the regional committees. The Secretariat would, however, ensure that the document on implications reflected the views of all regions, as had been requested during previous discussions.

The representative of BRAZIL, supporting the proposed draft decision, stressed that the document on implications should be balanced, setting out both the difficulties faced and a constructive view of how the draft framework could be applied, including information on how to proceed, the requirement for additional human or financial resources and methods for mobilizing resources. It would be important to finish the draft framework before considering the financial and implementation implications in detail.

The representative of SWITZERLAND¹ said that the word "balanced" would apply to a political document, whereas he expected the draft framework to be a technical document.

The representative of ALGERIA,¹ expressing appreciation for the progress made on the draft framework, said that the document should be considered in its entirety before moving on to the implementation aspects and that the parts which had already been agreed during negotiations should not be reopened for discussion.

The representative of ARGENTINA, speaking in his capacity as Chair of the Open-ended Intergovernmental Meeting on the draft framework of engagement with non-State actors, thanked representatives for their support for the proposed draft decision and assured them that all parts of the

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

text which had been agreed during negotiations had been subject to lengthy and careful discussions, including on the implementation aspects. Although the implementation and consistency of the document would be reviewed at a later stage, the aim from the outset had been to produce a text that could be applied in practice.

The CHAIRMAN, reminding representatives that further proposals for textual amendments could be submitted at the intercessional meeting, took it that the Board wished to proceed as the Chair of the Open-ended Intergovernmental Meeting on the draft framework of engagement with non-State actors had suggested, taking into account the modification proposed by the representative of Sweden.

It was so agreed.

The Board noted the report and adopted the decision.¹

2. PROMOTING HEALTH THROUGH THE LIFE COURSE: Item 7 of the agenda (continued)

Health in the 2030 Agenda for Sustainable Development: Item 7.2 of the agenda (document EB138/14) (continued from the twelfth meeting, section 1.)

The CHAIRMAN drew attention to a draft resolution proposed by Georgia, Japan, Norway, Thailand, Zambia and the Member States of the European Union, on strengthening essential public health functions in support of the achievement of universal health coverage, which read as follows:

The Executive Board,
Having considered the report on health in the 2030 Agenda for Sustainable Development,²

RECOMMENDS to the Sixty-ninth World Health Assembly the adoption of the following resolution:

The Sixty-ninth World Health Assembly,

(PP1) Noting the importance of public health functions as the most cost-effective, comprehensive and sustainable ways to enhance the health of populations and individuals and to reduce the burden of disease;

(PP2) Recognizing also the need to strengthen public health governance, institutional and technical capacities in countries in order to contribute effectively to population health and protect people from the social and economic consequences of ill-health in a globalized world;

(PP3) Acknowledging that Goal 3 of the 2030 Agenda for Sustainable Development (Ensure healthy lives and promote well-being for all at all ages) with its 13 health targets, together with the multiple other health-related targets and goals in the 2030 Agenda, will require strong intersectoral action in order to be fully implemented;

(PP4) Reaffirming the commitment made in United Nations General Assembly resolution 70/1 of 25 September 2015, entitled “Transforming Our World: the 2030 Agenda for Sustainable Development”, especially target 3.8 (Achieve universal health

¹ Decision EB138(3).

² Document EB138/14.

coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all) which will contribute to ending poverty and fighting inequality and injustice;

(PP5) Recalling United Nations General Assembly resolution 67/81 (2012) on global health and foreign policy, acknowledging that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative and rehabilitative basic health services and essential, safe, affordable, effective and quality medicines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poorest and marginalized segments of populations in accordance with the principle of social inclusion, in order to enhance their ability to realize their right to the enjoyment of the highest attainable standard of physical and mental health;

(PP6) Further recalling that United Nations General Assembly resolution 67/81 (2012) also recognizes that effective and financially sustainable implementation of universal health coverage is based on a resilient and responsive health system that provides comprehensive primary health care services, with extensive geographical coverage, including in remote and rural areas, and with a special emphasis on access to populations most in need, and that has an adequate skilled, well-trained and motivated workforce, as well as capacities for broad public health measures, health protection and addressing determinants of health through policies across sectors, including promoting the health literacy of the population;

(PP7) Recalling also resolution WHA62.12 (2009) on primary health care, including health system strengthening, which urges Member States to put people at the centre of health care by adopting, as appropriate, delivery models focused on local and district levels that provide comprehensive primary health care services including health promotion, disease prevention, curative and palliative care, and noting the importance of equitable and affordable access to services;

(PP8) Further recalling resolution WHA64.9 (2011) on sustainable health financing structures and universal coverage, which recognizes that effective health systems delivering comprehensive health services, including preventive services, are of utmost importance for health, economic development and well-being and that these systems need to be based on equitable and sustainable financing;

(PP9) Recalling also United Nations General Assembly resolution 68/300 (2013), the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases, which recognizes, inter alia, that insufficient progress in the prevention and control of noncommunicable diseases undermines social and economic development throughout the world, and which commits to the implementation of effective multisectoral public policies to promote health, and to strengthen and orient health systems to address prevention and control of noncommunicable diseases and underlying social determinants through people-centered primary health care and universal health coverage throughout the life cycle;

(PP10) Recalling regional resolutions EURO/RC61/R2 on strengthening public health capacities and services in Europe: a framework for action, PAHO CD42.R14 on essential public health functions and CD53/5 on strategy for universal access to health and universal health coverage, WPRO/RC53.R7 on essential public health functions, as well as briefing to the sixty-second session of the WHO Regional Committee for the Eastern Mediterranean on assessing essential public health functions in the Eastern Mediterranean Region, encouraging Member States to strengthen essential public health functions as a basis for improving public health practice and as a means of achieving resilient health systems moving towards universal health coverage;

(PP11) Recognizing that essential public health functions are the primary responsibility of Member States and support the achievement of the objectives of universal health coverage, facilitate the financial feasibility thereof by reducing health risks and threats, the burden of noncommunicable and communicable diseases and contribute to the achievement of other health related sustainable development goals and targets;

(PP12) Noting that essential public health functions that span across multiple non-health sectors and address, among other things, economic, environmental and social determinants of health, benefit the health of the entire population and could be undersupplied without government intervention;

(PP13) Recognizing that successful implementation of essential public health functions requires strengthening of governance and public health capacities, which may include, inter alia, building the knowledge and evidence base for policy options and strategies; ensuring sustainable and adequate resources, agency support and skilled and dedicated staff; assessing health and health-related gender impacts of different policy options; understanding the political agendas of other sectors and creating intersectoral platforms for dialogue and addressing challenges, including with social participation; evaluating the effectiveness of intersectoral work and integrated policy-making and working with other sectors of government to advance health and well-being;

(PP14) Recalling resolution WHA58.3 (2005), encouraging Member States to strengthen and maintain public health capacities to detect, report, assess and respond to public health emergencies and public health risks, as part of countries' obligations to fully implement the International Health Regulations (IHR 2005); and resolution EBSS3.R1 (2015) of the Special Session of the Executive Board on Ebola, which recognized the importance of addressing long-term systemic gaps in capacity to prevent and detect health threats and to respond to them effectively with the aim to improve health security at national, regional and global levels, and noting that this equally requires intersectoral action;

(PP15) Underscoring the integrated, cross-cutting nature of the Sustainable Development Goals, which call for multisectoral action and provide new legitimacy for addressing wider determinants of health,

(OP) 1. URGES Member States:¹

- (1) to show leadership and ownership in establishing effective health governance by national and subnational health authorities including cross-sectoral health policies and integrated strategies aiming to improve population health to achieve Sustainable Development Goal target 3.8 on universal health coverage and other health related Sustainable Development Goals, in accordance with nationally set priorities, accelerating their achievement, as appropriate, through establishing and enhancing monitoring, evaluation and accountability mechanisms and capacities;
- (2) to enhance international cooperation to achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all;
- (3) to invest adequate sustainable resources for health system strengthening towards universal health coverage, including needs-based allocation among socioeconomic groups in favour of the most vulnerable and deprived populations

¹ And, where applicable, regional economic integration organizations.

within national contexts in order to reduce burden of disease, financial risks, inequality and injustice;

(4) to enhance institutional and operational capacity and infrastructure for public health, including scientific and operational competence of public health institutions, as appropriate to national circumstances, as well as a cross-sectoral infrastructure for delivering essential public health functions, including the capacity to address existing and emerging health threats and risks;

(5) to invest into the education, recruitment and retention of a fit-for-purpose and responsive public health workforce that is effectively and equitably deployed to contribute to effective and efficient delivery of essential public health functions, based on population needs;

(6) to ensure coordination, collaboration, communication and synergies across sectors, programmes and, as appropriate, other relevant stakeholders, with a view to improving health, protecting people from the financial risk of ill-health, and promoting a comprehensive approach to public health in support of the achievement of universal health coverage throughout the life cycle;

(7) to foster approaches that systematically tackle social, environmental and economic determinants of health and health inequity, taking into account gender impacts;

(8) to monitor, evaluate, analyse and improve health outcomes, including through the establishment of comprehensive and effective civil registration and vital statistics systems and effective delivery of essential public health functions, equitable access to quality health care services, and the level of financial risk protection;

(OP) 2. REQUESTS the Director-General:

(1) to develop and disseminate technical guidance on the application of essential public health functions, taking into account WHO regional definitions, in the strengthening of health systems and for the achievement of universal health coverage;

(2) to facilitate international cooperation and to continue and enhance support to Member States upon request in their efforts to build the necessary institutional administrative and scientific capacity, providing technical support in relation to essential public health functions, for health systems strengthening, including to prevent, detect, assess and respond to [threats to public health] and integrated and multisectoral approaches towards universal health coverage; and to develop facilitating tools in this regard;

(3) to take the leading role, facilitate international cooperation and foster coordination in global health at all levels, particularly in relation to health system strengthening, including essential public health functions, supportive to the achievement of the health related sustainable development goals and targets;

(4) to report on the implementation of this resolution [as part of the reporting to the World Health Assembly on progress towards the achievement of health related targets in the 2030 Agenda for Sustainable Development, as appropriate.]

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

Resolution: Strengthening essential public health functions in support of the achievement of universal health coverage			
A. Link to the general programme of work and the programme budget			
<p>1. Please indicate to which impact and outcome in the Twelfth General Programme of Work, 2014–2019 and which output in the Programme budget 2016–2017 this draft resolution will contribute if adopted.</p> <p>Twelfth General Programme of Work, 2014–2019: Given that essential public health functions by definition touch on a wide range of health goals, the resolution will contribute to all eight impact goals: reduce under-5 child mortality; reduce maternal mortality; reduce the number of people dying from AIDS, tuberculosis and malaria; eradicate poliomyelitis; reduce dracunculiasis; reduce premature mortality from noncommunicable diseases; prevent death, illness and disability arising from emergencies; and reduce rural-urban difference in under-5 mortality.</p> <p>Programme budget 2016–2017: Outcome 3.4 Strengthened intersectoral policies and actions to increase health equity by addressing social determinants of health; Outcome 3.5 Reduced environmental threats to health; Outcome 4.3 Improved access to, and rational use of, safe, efficacious and quality medicines and other health technologies; Outcome 4.2 Policies, financing and human resources in place to increase access to integrated, people-centred health services; Outcome 4.4 All countries having well-functioning health information, eHealth, research, ethics and knowledge management systems to support national health priorities; Outcome 5.1 All obligations under the International Health Regulations (2005) met; Outcome 5.3 Countries with the capacity to manage public health risks associated with emergencies; Outcome 5.4 All countries are adequately prepared to prevent and mitigate risks to food safety; and Outcome 5.6 All countries adequately respond to threats and emergencies with public health consequences.</p>			
<p>2. If there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017, please provide a justification for giving consideration to the draft resolution.</p> <p>Not applicable.</p>			
<p>3. What is the proposed timeline for implementation of this resolution?</p> <p>To be aligned with the 2030 Agenda for Sustainable Development.</p> <p><i>If the timeline stretches to future programme budgets, please ensure that further information is provided in the costing section.</i></p>			
B. Budgetary implications of implementation of the resolution			
<p>1. Current biennium: estimated budgetary requirements, in US\$</p> <p>The areas of work highlighted in the resolution touch on: (a) awareness and advocacy; (b) coordination; (c) country support; and (d) monitoring and evaluation. The broad scope of the work currently being done across WHO in the areas of essential public health makes estimating the amounts of the current budget being devoted to these areas a complex task. An analysis is nevertheless presented below.</p> <p>The majority of the work will have to be done with the current resources and staffing.</p>			
Level	Staff	Activities	Total
Country offices	0	19 950 000	19 950 000
Regional offices	0	1 200 000	1 200 000
Headquarters	0	1 000 000	1 000 000
Total	0	22 150 000	22 150 000

1(a) Is the estimated budget requirement in respect of implementation of the resolution fully included within the current programme budget? (Yes/No) Yes.			
1(b) Financing implications for the budget in the current biennium: – How much is financed in the current biennium? 100% Monitoring and evaluation implications of the resolution will be incorporated into broader efforts to monitor the health-related goals of the 2030 Agenda for Sustainable Development. – What are the gaps? None. – What action is proposed to close these gaps? Not applicable.			
2. Next biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	0	19 950 000	19 950 000
Regional offices	0	1 200 000	1 200 000
Headquarters	0	1 000 000	1 000 000
Total	0	22 150 000	22 150 000
2(a) Financing implications for the budget in the next biennium: – How much is currently financed in the next biennium? Financing gaps may arise once the implications for WHO's work have been determined. – What are the financing gaps? Unknown at present. – What action is proposed to close these gaps? Any gaps would be addressed as part of the Organization-wide coordinated resource-mobilization plan for dealing with funding shortfalls in the programme budget for the next biennium.			

The representative of FINLAND,¹ invited to take the floor by the CHAIRMAN at the request of the representative of SWEDEN, said that, following informal discussions on the draft resolution, the following amendments had been agreed: the word “primary” had been deleted from the eleventh preambular paragraph and in subparagraph 2(2) the words “threat to public health” had been replaced by “public health events”. In subparagraph 2(4), the words “to the World Health Assembly” had been added after the word “report”; the words “as part of the reporting to the World Health Assembly on progress towards” had been replaced by “as a contribution to”; and the words “as appropriate” had been deleted.

The resolution, as amended, was adopted.²

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

² Resolution EB138.R5.

3. NONCOMMUNICABLE DISEASES: Item 6 of the agenda (continued)

Public health dimension of the world drug problem including in the context of the Special Session of the United Nations General Assembly on the World Drug Problem, to be held in 2016: Item 6.4 of the agenda (document EB138/11)

The representative of SWEDEN, speaking on behalf of Argentina, Australia, Colombia, Guatemala, Mexico, the Netherlands, Norway, Panama, South Africa, Sweden, Switzerland, the United States of America, Uruguay and Zambia, highlighted the important part played by WHO in providing guidance on the public health aspects of the world drug problem and in detecting and assessing new psychoactive substances. The aim of the discussion by the Board was to find a balanced and integrated global approach to the world drug problem and to strengthen WHO's role in that field and its cooperation with other United Nations and international organizations. Finding a public-health centred approach to the world drug problem could also contribute to the achievement of the Sustainable Development Goals. A follow-up discussion should be held during the Sixty-ninth World Health Assembly.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the protection of public health must be at the heart of the international drug control system. Public health should be defined broadly to include protection, early detection and intervention and risk and harm reduction. The approach of the European Union was to implement a balanced, integrated and evidence-based approach, in which dependant drug users were considered, first and foremost, as people in need of care and treatment. He agreed that the issue should be further addressed at the Health Assembly in May 2016 and believed that WHO's expertise should be acknowledged in the outcomes of the Special Session of the United Nations General Assembly on the World Drug Problem. A comprehensive strategy should be drawn up by 2019.

The representative of ARGENTINA, speaking on behalf of the Region of the Americas, underlined the need for a comprehensive, people-centred approach based on scientific evidence and experience and tailored to the needs and realities of individual countries. Noting the importance of WHO's mandate in promoting public health with respect to drug use and in safeguarding the objectives of international drug control conventions, he said that collective and coordinated action was essential and that the Regional Office for the Americas had made progress in that regard. Given that the outcome of the Board's discussion would feed into the upcoming Special Session of the United Nations General Assembly, his delegation was in favour of holding a follow-up meeting, to take place at the Sixty-ninth World Health Assembly.

The representative of ERITREA, speaking on behalf of the African Region, commended the report's focus on the critical public health elements of drug policies and its recognition that drug abuse policies had to be implemented in a multisectoral, coordinated manner at both the national and international levels. It was important to stress that governments would need more technical and financial support in order to implement their policies and that the national context must always be taken into account when developing any action plan. Member States in his Region recognized the gravity of the health problems related to drug abuse and had, therefore, been adopting initiatives, such as the WHO Mental Health Gap Action Programme.

The representative of the UNITED STATES OF AMERICA called for strengthened cooperation between WHO, UNODC and UNAIDS in order to tackle the public health aspects of the world drug problem. Given the alarming rate at which psychoactive substances were being produced, there was a need to accelerate the WHO review process. His country supported a comprehensive approach that included the broad policy goals of prevention, treatment, recovery, rational access to controlled medication and monitoring and evaluation. Treatment programmes should focus on recovery from

substance use disorders and any co-occurring mental conditions, while recovery support services should facilitate employment, housing, health care and community relationships.

The representative of THAILAND, noting that it was unclear from the report whether a monitoring and evaluation framework had been adopted, said that the absence of such a framework would make implementation of drug policies less effective. Culturally specific interventions were needed to help overcome the misconceptions associated with the needle and syringe exchange programme, which had nevertheless yielded positive results.

The representative of CANADA said that a public health approach to reducing demand was an essential component of both national and international drug policy. Governments had an important role to play in helping to protect their citizens from the consequences of problematic substance use. That involved, for example, promoting public awareness and providing treatment and care. She supported calls for international cooperation to ensure the availability of, and access to, controlled substances for medical purposes.

The representative of CHINA expressed appreciation for the report but questioned the use of the term “harm reduction”. Joint efforts should be made to ensure the adequate availability of controlled substances for medical and scientific purposes, while at the same time preventing abuse, diversion and trafficking. Such an approach had been successful in the case of ketamine. China had taken measures to regulate the use of narcotic drugs, many of which had been a great success, and it was willing to share its experiences in that regard.

The representative of BRAZIL, noting that more coordinated efforts were needed to promote integrated, equitable and effective strategies to tackle the world drug problem, urged countries to explore evidence-based approaches focused on healthcare. Efforts should target harm reduction and voluntary treatment. Providing the health and justice sectors with incentives to collaborate in the promotion of rehabilitation and social reintegration programmes was crucial. Furthermore, priority should be given to vulnerable groups who had historically been excluded from public policies.

The representative of NEW ZEALAND said that the evidence to support the prevention and treatment of drug abuse had been available for more than two decades, but continued to be ignored at the policy level, with significant human cost. It was time for WHO to step up and promote the consideration of drug abuse as a health issue rather than as a justice problem. The upcoming Special Session of the United Nations General Assembly on the World Drug Problem provided an opportunity to send a clear signal on the need to focus on the public health aspects of drug abuse, such as the issue of access to controlled substances that were essential medicines, which would be required for the achievement of the Sustainable Development Goals and universal health coverage. He encouraged Member States to implement the proposed approach at the national, regional and global levels through interactions with the United Nations and other relevant international organizations.

The representative of ARGENTINA observed that recent developments in neuroscience had enabled better understanding of the addiction process and facilitated the application of preventive models based on the development of resilience. Those developments had also given rise to new knowledge enabling the formulation of treatment and care programmes with a more holistic and integrated approach. Harm reduction policies had ethical limitations and were only valid in certain contexts. He stressed the importance of incorporating a health perspective into the work of the Special Session of the United Nations General Assembly on the World Drug Problem.

The representative of PAKISTAN noted with concern that a large proportion of the world’s population lived in countries where the levels of consumption of opioid analgesics were less than five defined daily doses per million inhabitants. He urged WHO to provide guidance to Member States on

maintaining the delicate balance between access and control. Monitoring and evaluation could play a significant role in that regard.

The representative of SAUDI ARABIA stressed the importance of working together to prevent drug abuse and its consequences. Prevention activities contributed to reducing crime and prevention and treatment services helped to reduce the socioeconomic consequences of addiction. He expressed support for the development of a well-balanced international strategy to promote drug control. WHO should provide technical support to Member States to strengthen their capacities to implement such a strategy.

The representative of COLOMBIA¹ said that it was important to develop new approaches to address the global drug problem in a more effective, balanced and comprehensive manner, incorporating a public health and human rights perspective. WHO had an important leadership role to play in that regard and an intersectoral approach was crucial. Punitive policies and laws made it more difficult for users to access harm reduction services. Guaranteeing access to controlled substances and promoting alternative uses should be a priority for all. Excessively restrictive policies had contributed to a global crisis in which millions of patients, including those with terminal cancer, were unable to access controlled drugs for palliative care or pain relief. Specific public health measures were needed to reduce the epidemiological burden resulting from the inadequate use of opiate and prescription drugs and to address the threat posed by new psychotropic drugs.

The representative of AUSTRALIA¹ said that the outcome document from the Special Session of the United Nations General Assembly on the World Drug Problem should address the full range of drug issues in a balanced way, including public health, human rights, development, crime and social stability aspects. There was sufficient flexibility in the existing international drug-related treaties to enable Member States to implement a variety of policies, including ensuring access to controlled substances for medical purposes. Australia strongly supported the Joint UNODC/WHO Programme on Drug Dependence Treatment and Care and hoped that WHO would continue to support actions to increase access to controlled drugs for medical purposes. The Secretariat should also continue work on developing norms and standards on the treatment of substance misuse disorders, including in relation to new psychoactive substances and amphetamine-type stimulants. He encouraged the Secretariat to share its report to the Executive Board with the negotiators on the outcome document for the Special Session.

The representative of GUATEMALA¹ said that the issue of drug use should be addressed from a public health perspective, which involved an emphasis on prevention, non-stigmatization of users and recognition of their rights and measures that reduce the harm associated with their use. Different responses were needed for the different substances and different sectors of the population. The upcoming Special Session of the United Nations General Assembly on the World Drug Problem was an important opportunity for Member States to consider, among other things, the key public health elements required for a comprehensive drug policy, taking into account lessons learned from the current approach in both policy and scientific terms. In the light of the burden placed on public health systems, she reiterated the important role of WHO in providing scientific evidence and guidance; guidelines related to the narcotic drugs and psychotropic substances already regulated by the United Nations drugs conventions and to new psychoactive substances were important in that regard.

The representative of MEXICO¹ noted that the global drug reality was becoming increasingly complex, with the existence of more than 250 new, uncontrolled psychoactive substances and the decision taken by some countries to deregulate other substances that were subject to international

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

control. In the light of the challenges faced, comprehensive approaches based on public health, protection of human rights and economic and social development were needed. The Special Session of the United Nations General Assembly on the World Drug Problem would provide an excellent opportunity to build consensus on the need for such approaches. She encouraged the Secretariat to continue its efforts to ensure that the public health perspective was included in the preparatory work for the Special Session.

The representative of ZAMBIA¹ welcomed the proactive efforts of WHO to highlight the public health approach to the global drug problem. The unbalanced approach used in the past had led to instability in his country's health system and had created challenges, including limited access to essential medicines and reduced capacity to manage patients that were drug addicts effectively. He encouraged WHO to participate actively in the upcoming Special Session of the United Nations General Assembly on the World Drug Problem.

The representative of SPAIN,¹ welcoming the call for a more balanced approach that gave equal importance to health protection and public safety, stressed the importance of prevention campaigns that were adapted for different population groups. Demand reduction policies should be based on scientific evidence in respect of both care and treatment. He supported harm reduction activities, particularly opioid substitution therapy and needle distribution programmes, both of which had been part of Spain's strategy for many years. The cost of prevention and treatment activities was significantly lower than that for the broader health care and criminal justice activities associated with untreated drug dependence.

The representative of SWITZERLAND¹ underscored the need for the Special Session of the United Nations General Assembly on the World Drug Problem to trigger a paradigm shift in the approach to the global drug problem, which should be based on human rights and health. It was important to improve access to controlled substances for the treatment of pain and other symptoms, and at the same time to recognize the health dimension of consumption of illegal drugs. It was time to place the individual at the heart of drug policies; Switzerland, in collaboration with Colombia, had organized a number of events on that theme, which would continue to do so in the run up to the Special Session. The key message of those events was the importance of giving health and human rights a central role in drug policies. The report by the Secretariat should be transmitted to the Commission on Narcotic Drugs for its consideration.

The representative of PANAMA¹ highlighted the need for a coordinated, multisectoral and comprehensive response to access to controlled medicines and underscored the key role that WHO could play in guiding and developing normative and technical evidence-based policies on the monitoring and evaluation of trends and conditions related to drug use. She encouraged Member States to implement resolution WHA67.19 (2014) on palliative care to improve access to controlled medicines and to support collaboration with relevant United Nations agencies. It was important to approach drug-related issues from a public health and a human rights perspective; Panama had called for the Special Session of the United Nations General Assembly on the World Drug Problem to adopt an action plan aimed at closing the gap between the need for and availability of controlled substances for health care, promoting harm reduction and addressing the social determinants of drug use.

The representative of URUGUAY¹ reiterated the importance of strengthening the health dimension of drugs policies, at both the international and the national levels. When adapting solutions to national contexts it was important to avoid eroding human rights, particularly the right to health, which should be a core component of all policies on the topic. Experience had shown that a focus on

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

punishment had not been effective. It was therefore essential to guarantee access to and the availability of high quality care, treatment and rehabilitation services for drug users through evidence-based strategies. Access to controlled medicines, particularly for the treatment of pain and palliative care should also be guaranteed; WHO should continue to provide support in that area. She noted that the promotion of harm reduction strategies had proved cost-effective.

The representative of INDONESIA,¹ highlighting the steps taken by his country to improve the accessibility of controlled medicines and prevent misuse, called on WHO to continue to provide technical assistance to Member States on the development and implementation of an action plan on monitoring. International cooperation based on the principle of common and shared responsibility would be required through an integrated approach and a multidisciplinary, mutually reinforcing, balanced and comprehensive review of strategic supply and demand and culturally specific actions.

The representative of UNAIDS welcomed the stronger focus on a people-centred health and rights approach to the world drug problem, which was consistent with the overarching purpose of drug control to ensure the health, well-being and security of individuals while respecting their human rights. Much remained to be done in that regard, and UNAIDS had therefore formulated five key policy recommendations that it hoped would be reflected in the outcome document of the United Nations General Assembly Special Session on the World Drug Problem, namely: recognition of the main purpose of drug control; accountability for the delivery of health services for people who used drugs; full implementation of harm reduction and HIV services; support and care, rather than punishment, for people who used drugs; and the integration of HIV services with other health and social protection services.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, voiced concern at the limited availability of controlled medicines, especially opioid analgesics, in much of the world. She strongly recommended that the United Nations should develop a plan of action for addressing that problem; review drug regulations to ensure they did not needlessly impede proper medical use of controlled substances; ensure adequate training of health professionals in the use of controlled medicines and in strategies to prevent misuse and diversion; and ensure that pain and palliative care were included in universal health coverage packages. The United Nations response to drugs should be system-wide, with WHO acting as the lead agency.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, emphasized that health care professionals had to act before people became addicted, and urged governments and civil society to raise awareness of the harm that drugs could cause. She called for investment in evidence-based prevention focusing on young people. Drug users were widely stigmatized, criminalized and penalized; like other patients suffering from chronic conditions, however, they should receive appropriate treatment and recovery services, and their human rights should be respected. Opiate use remained the most problematic form of drug use globally and accounted for most admissions for drug-use treatment in Asia and Europe. Health staff should protect drug users from blood-borne viral diseases in particular, and from overdoses.

The representative of the WORLD HEPATITIS ALLIANCE, speaking at the invitation of the CHAIRMAN, said that, while he was fully supportive of the position set out in the report by the Secretariat, he was dismayed that the recently released draft outcome document of the United Nations General Assembly Special Session failed to mention viral hepatitis. He exhorted Member States to ensure that the final outcome document was closer to the public health approach adopted by WHO and

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

did not weaken the evidence-based, agreed approach and wording on harm reduction. The outcome document should include references to viral hepatitis whenever it referred to HIV.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation) said that, as a normative agency and one of the four treaty bodies to the international drug control conventions, and the only one with a mandate to carry out medical and scientific assessments of substances to determine whether they should be controlled under the conventions, WHO had a mandate to promote evidence-based drug policy options in the field of public health. To that end, it would build on its experience to formulate and strengthen the public health dimension of drug policy and continue to promote improved access to controlled substances for medical and scientific purposes with a view to simultaneously preventing abuse, diversion and trafficking. In cooperation with UNAIDS and UNODC, it would maintain its support for the implementation of a comprehensive package of evidence-based interventions to reduce the harm associated with drug use, based on the technical guide endorsed at the highest political level by United Nations bodies, other key partners and donor agencies. It would continue to help Member States to strengthen their health systems and public health entities by supporting the coordination and implementation of evidence-based prevention, treatment of drug dependence and harm reduction, and ensuring adequate access to controlled medicines. It would also continue to strengthen monitoring and evaluation systems at all levels and was enhancing its work on a broad and comprehensive information system. Furthermore, it would remain an active participant in activities relating to the public health dimension of the world drug problem in the context of the Special Session of the United Nations General Assembly on the World Drug Problem, which had also been included as an item on the agenda of the Sixty-ninth World Health Assembly.

The Board noted the report.

Addressing the challenges of the United Nations Decade of Action for Road Safety (2011–2020): outcome of the Second Global High-level Conference on Road Safety – Time for Results: Item 6.5 of the agenda (document EB138/12)

The CHAIRMAN drew attention to a draft resolution proposed by Brazil and the Dominican Republic, which read as follows:

The Executive Board,

Having considered the report on addressing the challenges of the United Nations Decade of Action for Road Safety (2011–2020): outcome of the Second Global High-level Conference on Road Safety – Time for Results,¹

RECOMMENDS to the Sixty-ninth World Health Assembly the adoption of the following resolution:

The Sixty-ninth World Health Assembly,

(PP1) Having considered the report on addressing the challenges of the United Nations Decade of Action for Road Safety (2011–2020): outcome of the Second Global High-level Conference on Road Safety – Time for Results;

(PP2) Recognizing that road traffic injuries constitute a public health problem and a leading cause of death and injury around the world, with significant health and socioeconomic costs;

(PP3) Recalling resolution WHA57.10 (2004) on road safety and health, which accepted WHO's role in coordinating efforts and providing leadership and guidance to

¹ Document EB138/12.

Member States, and resolution WHA60.22 (2007) on health systems: emergency care systems;

(PP4) Welcoming the proclamation of the Decade of Action for Road Safety (in United Nations General Assembly resolution 64/255, Improving global road safety (2010)) and the reiteration of the General Assembly's invitation to United Nations Member States to play a leading role in implementing the activities of the Decade of Action (resolution 68/269 (2014));

(PP5) Commending the work of the WHO Secretariat in coordinating global road safety initiatives through the United Nations Road Safety Collaboration, in providing secretariat support to the Decade of Action, and in leading efforts to raise awareness, increase capacity and provide technical support to Member States;

(PP6) Further recognizing that a multisectoral and intersectoral approach is needed to reduce the burden of road traffic deaths and injuries and that evidence-based interventions exist; that the health sector has a significant role to play in improving road user behaviour, promotion of health, communication and education regarding preventive measures, data collection and post-crash responses; and that a "safe system approach" involves several other sectors for vehicle safety regulations, enforcement, road infrastructure and road safety education and management;

[PP6bis. Reaffirming that providing basic conditions and services to address road safety is primarily a responsibility of governments; and further recognizing that addressing road safety is a shared responsibility and demands multistakeholder collaboration (based on PP15 and 16 from the Brasília Declaration);]

(PP7) Welcoming the large number of activities since 2004 that contribute to reducing the number of deaths and serious injuries due to road traffic crashes, in particular: the publication of several manuals for decision-makers and practitioners; the periodic publication of global status reports on road safety; the proclamation of the Decade of Action for Road Safety 2011–2020; the marking of three global United Nations road safety weeks; the outcome of the First Global Ministerial Conference on Road Safety (Moscow, 2009); the inclusion of targets 3.6 and 11.2 in the 2030 Agenda for Sustainable Development, and the outcome of the Second Global High-Level Conference on Road Safety (Brasília, 18 and 19 November 2015),

(OP) 1. ENDORSES the Brasília Declaration on Road Safety, the outcome document of the Second Global High-level Conference on Road Safety (Brasília, 18 and 19 November 2015);

(OP) 2. CONSIDERS that all sectors, including the public health sector, should intensify their efforts to meet the international road safety targets set by the Decade of Action and the 2030 Agenda for Sustainable Development and accelerate their activities, including the collection of appropriate data on road traffic deaths and injuries by Member States within existing structures for use in prevention and education, the strengthening of emergency care systems and response infrastructure (including pre-hospital and facility-based trauma care) as well as comprehensive support to victims and their families and rehabilitation support services for those injured in road traffic crashes;

(OP) 3. URGES Member States:¹

- (1) to implement the Brasília Declaration on Road Safety;
- (2) to renew their commitment to the Decade of Action for Road Safety 2011–2020 and to implement the Global Plan for the Decade of Action for Road Safety 2011–2020;
- (3) to act upon the results, conclusions and recommendations of WHO's global status reports on road safety;
- (4) to develop and implement, if they have not already done so, a national strategy and appropriate action plans which pay particular attention to vulnerable road users with special focus on children, youth, older persons and persons with disabilities, and for which commensurate resources are available;
- (5) to adopt and enforce laws on the key risk factors, including speeding, drinking alcohol and driving, and failure to use motorcycle helmets, seat-belts and child restraints, and to consider implementing appropriate, effective and evidence-based legislation on other risk factors related to distracted or impaired driving;
- (6) to improve the quality of road safety data by strengthening efforts to collect appropriate, reliable, and comparable data for road traffic injury prevention and management, including the impact of road traffic crashes on health and development as well as the economic impacts and cost-effectiveness of interventions;
- (7) [to support a process for the development, definition and use of national road safety indicators and targets to reduce road traffic injuries and fatalities, aimed at the achievement of the goal of the Decade of Action for Road Safety 2011–2020 and the road safety-related targets of the 2030 Agenda for Sustainable Development;]
- (8) to implement a single emergency national access number and improve prevention and emergency medicine training programmes for health sector professionals in respect of road traffic crashes and trauma;

(OP) 4. REQUESTS the Director-General:

- (1) [to facilitate, with the full participation of Member States and in collaboration with organizations in the United Nations system, including the United Nations regional commissions, through the existing mechanisms, a transparent, sustainable and participatory process with all stakeholders for developing voluntary global targets to reduce road traffic fatalities and injuries, in accordance with operative paragraph 29 of the Brasília Declaration on Road Safety;]
- (2) to provide support to Member States in implementing evidence-based policies and practices to improve road safety and to mitigate and reduce road traffic injuries in line with the Global Plan for the Decade of Action for Road Safety 2011–2020 and the 2030 Agenda for Sustainable Development;
- (3) to provide technical support for strengthening of pre-hospital care, trauma and rehabilitation services;
- (4) to maintain and strengthen evidence-based approaches to raising awareness for prevention and mitigation of road traffic injuries and to facilitate such work globally, regionally and nationally;
- (5) to report on progress made in implementing this resolution to the Seventieth World Health Assembly.

¹ And, where applicable, regional economic integration organizations.

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

Resolution: Addressing the challenges of the United Nations Decade of Action for Road Safety (2011–2020): outcome of the Second Global High-level Conference on Road Safety – Time for Results			
A. Link to the general programme of work and the programme budget			
1. Please indicate to which impact and outcome in the Twelfth General Programme of Work, 2014–2019 and which output in the Programme budget 2016–2017 this draft resolution will contribute if adopted. Twelfth General Programme of Work, 2014–2019: Impacts: reducing premature mortality from noncommunicable diseases; and preventing death, illness and disability arising from emergencies. Outcome: 2.3 Reduced risk factors for violence and injuries with a focus on road safety, child injuries, and violence against children, women and youth. Programme budget 2016–2017: Output 2.3.1 Development and implementation of multisectoral plans and programmes to prevent injuries, with a focus on achieving the targets set under the United Nations Decade of Action for Road Safety 2011–2020.			
2. If there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017, please provide a justification for giving consideration to the draft resolution. Not applicable.			
3. What is the proposed timeline for implementation of this resolution? A process to set targets and indicators will be developed in biennium 2016–2017 and other activities referred to in the resolution will be carried out in bienniums 2016–2017 and 2018–2019 <i>If the timeline stretches to future programme budgets, please ensure that further information is provided in the costing section.</i>			
B. Budgetary implications of implementation of the resolution			
1. Current biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	1 200 000	1 300 000	2 500 000
Regional offices	1 000 000	500 000	1 500 000
Headquarters	2 000 000	1 300 000	3 300 000
Total	4 200 000	3 100 000	7 300 000
1(a) Is the estimated budget requirement in respect of implementation of the resolution fully included within the current programme budget? (Yes/No) Yes.			
1(b) Financing implications for the budget in the current biennium: – How much is financed in the current biennium? US\$ 5.84 million – What are the gaps? US\$ 1.46 million – What action is proposed to close these gaps? The gaps will be addressed through the Financing Dialogue and extrabudgetary funding.			

2. Next biennium: estimated budgetary requirements, in US\$			
Level	Staff	Activities	Total
Country offices	1 300 000	1 500 000	2 800 000
Regional offices	1 100 000	750 000	1 850 000
Headquarters	2 200 000	1 200 000	3 400 000
Total	4 600 000	3 450 000	8 050 000
2(a) Financing implications for the budget in the next biennium:			
– How much is currently financed in the next biennium?			
US\$ 1.81 million			
– What are the financing gaps?			
US\$ 6.24 million			
– What action is proposed to close these gaps?			
The gaps will be addressed through the Financing Dialogue and extrabudgetary funding.			

The representative of BRAZIL said that reducing traffic deaths and injuries would require effective action and society's cooperation, above and beyond international commitment. The draft resolution had been submitted with a view to obtaining the endorsement by the Sixty-ninth World Health Assembly of the Brasilia Declaration adopted by the Second Global High-level Conference on Road Safety and the measures it proposed for: strengthening and improving legislation and enforcement; ensuring safer ways to protect the most vulnerable road users; ensuring sustainable public transportation; heightening road user awareness of risk factors, prevention and protection; improving post-crash response and rehabilitation services; and strengthening international cooperation on safety in traffic. Three paragraphs of the draft remained in square brackets, and some of the points it contained would have to be aligned with forthcoming discussions in the United Nations General Assembly. He suggested that the Board should continue to discuss the draft during the intersessional period, with a view to reaching a consensus on the text.

The representative of JORDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that road traffic injuries constituted a major problem worldwide, and particularly in the Eastern Mediterranean Region, where road accident fatality rates were higher than the global average. Although Member States were attempting to meet international commitments to road safety, their efforts were often incoherent and did not enjoy strong institutional support. It was crucial to enhance the quality of relevant data and existing legislation must be strengthened and implemented appropriately. He endorsed the adoption of a strong resolution on road safety that drew on the Brasilia Declaration and other global initiatives, supported by a strong commitment by Member States to implement its provisions. The resolution must call for enhanced support to be provided to the regions and countries that shouldered a heavy burden in terms of road accident injuries. He called on WHO to provide appropriate technical support to help strengthen the health sector through the adoption of a multisectoral approach, and to widen the scope of efforts to prevent road accident injuries, including by improving emergency medical services, trauma care and rehabilitation services.

The representative of the CONGO, speaking on behalf of the Member States of the African Region and noting that the availability of financial and human resources was an essential factor in reducing the number of traffic-related deaths, said that the international financial crisis and falling commodity prices had considerably limited the ability of African governments to take action. The Member States of her Region therefore called on WHO to step up its technical and financial support with regard to: vehicle safety standards; improved national and transnational road infrastructure; road user behaviour; activities by national institutions and bodies to prevent accidents; national human

resource capacities; road user awareness of the dangers of failing to respect road safety measures; public training in response and first aid; and capacity-building for country and regional offices.

The representative of the DOMINICAN REPUBLIC observed that the number of traffic-related deaths and disabilities had reached epidemic proportions in many countries, with most accidents affecting people who were economically active and between the ages of 15 and 30; they placed a huge burden on families and society and were a cause of impoverishment. Given the significant financial cost of road accidents, strengthening the health sector, heightening awareness, applying legislation, and establishing a system of vehicle inspection and technically viable roads were of crucial importance. It was vital to implement the Brasilia Declaration and, for that reason, the Dominican Republic had agreed to cosponsor the draft resolution.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that WHO should provide strategic leadership on the issue of road safety. The United Kingdom wished to share its experience and to learn from the achievements of others. It supported the objective of increasing awareness and shaping safer behaviour among road users, and was working hard to protect vulnerable road users, in particular cyclists. With respect to the draft resolution, the proposed text in square brackets required further discussion in which his delegation would be pleased to participate.

The representative of the RUSSIAN FEDERATION, noting that her Government had hosted the First Global Ministerial Conference on Road Safety in 2009 and highlighting the role that the media could play in promoting road safety, underscored the need to address issues relating to traffic policy and road infrastructure. The Russian Federation had substantially reduced the number of accident victims by protecting more vulnerable road users such as children and pedestrians. Her delegation endorsed the report by the Secretariat.

The representative of SAUDI ARABIA said that road safety was a major public health burden in Saudi Arabia where strategies had been adopted to reduce road traffic deaths and injuries. He called on Member States to promote scientific research in partnership with car manufacturers in order to study the impact of equipment such as global positioning systems on health and introduce innovations that could contribute to harm reduction.

The representative of THAILAND said that all deaths and injuries due to road traffic accidents were preventable and health authorities had it in their power to contribute to ending the crisis by strengthening emergency services, treatment, care and rehabilitation. However, the health sector should also promote safe mobility, efficient transport, and stronger law enforcement in respect of speed limits and drunk driving. Such actions required multisectoral cooperation. She called on the Director-General to support Member States by encouraging policy decision-makers to consider establishing an effective – or strengthening any existing – multisectoral mechanism to promote road safety, and to consider institutionalizing or strengthening the existing national road safety authorities. She supported the draft resolution.

The representative of the UNITED STATES OF AMERICA said that his Government was committed to reducing the number and severity of road traffic crashes and considered that public health played a key role in achieving the relevant goals under the United Nations Decade of Action for Road Safety (2011–2020) and the 2030 Agenda for Sustainable Development. In the United States of America, efforts were being made to avoid the use of the expressions “traffic accident” and “road accident”, on the basis that such events were preventable.

The representative of ARGENTINA called on WHO to take on a more decisive role in the area of road safety. Particular consideration should be given to including road safety in primary health care;

carrying out an epidemiological study of road traffic deaths and injuries; and developing a post-accident protocol, considering the interventions of all actors. He supported the draft resolution.

The representative of CANADA said that, despite steady progress on road safety in Canada, motor vehicle collisions remained a leading cause of injury, mortality, morbidity and disabilities. Accordingly, Canada was embarking on a new road safety strategy, developing technologies to improve safety, reduce congestion and reduce vehicle emissions. She supported the draft resolution.

The representative of KAZAKHSTAN said that, in spite of stringent legislation in his country, road traffic mortality rates continued to be high. Improvements were needed in infrastructure, access to medical centres, vehicle design and local authority action. Accidents often involved young people, which highlighted the significant social dimension of the problem. Increased efforts were needed to promote road safety education and to ensure that stringent measures were taken against those who did not abide by the regulations. He supported the draft resolution.

The representative of NAMIBIA said that, although the United Nations Decade of Action for Road Safety 2011–2020 set out clear requirements for Member States, more emphasis should be placed on road user behaviour, road infrastructure development and safer vehicle design. In that regard, she stressed the need to: enforce road traffic regulations, including with regard to the suspension of driving licences for repeat offenders; limit blood alcohol levels to 0.5%; provide safe pathways for pedestrians and safe public transport; and ensure that vehicles met the criteria set by the United Nations World Forum for Harmonization of Vehicle Regulations. She supported WHO's leadership on action for road safety and the proposal to develop specific indicators and targets to improve the monitoring framework.

The representative of SURINAME said that her country was fully committed to the goal of improving health and well-being through road safety. She supported the draft resolution.

The representative of the PHILIPPINES observed that road traffic injuries had far-reaching implications for health systems, people's lives and countries as a whole. Measures to prevent road traffic injuries and deaths included those taken to address other health concerns, which highlighted the importance of taking a multisectoral approach; WHO was well placed, in its convening capacity, to play a key role in that regard. Furthermore, vigorous awareness-raising campaigns should be conducted on the effects of road traffic injuries and on prevention. She supported the draft resolution.

The representative of CHINA said that low- and middle-income countries bore a particularly high burden of fatalities due to road traffic accidents. WHO should continue its work to promote road safety and Member States should define road safety roles and responsibilities within their health sectors. China had made significant strides in introducing road safety legislation in recent years. Indicating her support for the draft resolution, she requested that the phrase "improve the behaviour of road users" should be added in the second paragraph, and that a new subparagraph 3(4) should be inserted to read: "to establish a multisectoral collaborative mechanism with well designed and clearly defined functions for the implementation of a national road safety plan".

The representative of JAPAN said that the health sector should increase its focus on road safety. Road traffic deaths and injuries were preventable, and some prevention measures, such as using seatbelts, child seats and helmets, were extremely cost-effective compared to other life-saving interventions. He supported the draft resolution.

The representative of SOUTH AFRICA said that road traffic safety was an extremely important area of work; South Africa wished to cosponsor the draft resolution.

The representative of FRANCE said that improving road safety was an important public health issue that required WHO's full commitment through a multisectoral approach. Work would continue in France to consolidate the significant progress achieved using that approach. He supported the draft resolution.

The representative of MOROCCO said that his Government had implemented a series of measures under its national road safety strategy that had achieved significant results. It was currently developing a new strategy for the period 2016–2025 based on the goals established by the Second Global High-level Conference on Road Safety, and adopting a multisectoral approach involving the sectors of health, transport, education, inland security and finance.

The representative of LUXEMBOURG¹ reaffirmed her Government's commitment to improving road safety; Luxembourg was also pleased to cosponsor the draft resolution.

The representative of KENYA¹ said that, in her country, half of those who had died in road crashes in 2014 had been pedestrians: a particularly sad statistic considering that road traffic deaths and injuries could be prevented. She requested WHO to continue supporting Member States in the development and implementation of evidence-based policies to improve road safety and reduce road traffic injuries in line with the Global Plan for the Decade of Action for Road Safety 2011–2020 and the 2030 Agenda for Sustainable Development. She supported the draft resolution.

The representative of GUATEMALA¹ said that his country wished to cosponsor the resolution.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, cautioned that WHO's relationship with the Fédération Internationale de l'Automobile could constitute a conflict of interest. In that respect, she noted that the report by the Secretariat cited a fact sheet by the International Road Assessment Programme, which was sponsored by that federation. Although WHO's 2004 World report on road traffic injury prevention had highlighted that motorization increased exposure to the risk of road injury, the report by the Secretariat nevertheless focused largely on the need for improvements to vehicles and roads, and very little on the need for improved public transport, urban planning and alternatives to motorized transport. She urged the Secretariat to take a more balanced approach in that regard.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) said that the report would be updated in the light of discussions held by the United Nations General Assembly in April 2016, before its submission to the Health Assembly.

The CHAIRMAN said that she took it that that Board wished to hold intersessional consultations in order to finalize the draft resolution in the light of the discussions to be held in April 2016 by the United Nations General Assembly, for its submission to the Sixty-ninth World Health Assembly.

It was so agreed.

The meeting rose at 12:30.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

FOURTEENTH MEETING

Saturday, 30 January 2016, at 14:30

Chairman: Ms M.P. MATSOSO (South Africa)

1. PROMOTING HEALTH THROUGH THE LIFE COURSE: Item 7.6 of the agenda (continued)

Role of the health sector in the sound management of chemicals: Item 7.6 of the agenda (document EB138/18) (continued from the seventh meeting, section 1)

The representative of CANADA said that, despite significant progress, consensus had not been reached on the draft resolution. Further intersessional work was required in order to finalize the text for consideration by the Sixty-ninth World Health Assembly. Panama had joined the group of Member States cosponsoring the draft resolution.

The CHAIRMAN said that she took it that the Board agreed with the representative of Canada's proposal to further discuss the draft resolution between the 138th session of the Executive Board and the Sixty-ninth World Health Assembly.

It was so agreed.

2. FINANCIAL MATTERS: Item 11 of the agenda

Financing of Programme budget 2016–2017: Item 11.1 of the agenda (document EB138/42)

The representative of THAILAND expressed concern that WHO's capacity to respond to emergency situations caused by the outbreak of infectious diseases was dependent on assessed contributions. The time had come to increase such contributions to ensure secured funding for emergency response. A large proportion of voluntary contributions was provided by only a handful of donors, and almost all of those contributions were earmarked. Without an increase in assessed contributions, the situation could not be remedied.

The representative of CANADA said that she welcomed the efforts to improve the transparency of WHO's financing through the programme budget web portal, and the establishment of a Department for Coordinated Resource Mobilization within the Director-General's Office. She expressed appreciation for WHO's commitment to broaden its contributor base to include non-traditional donors, and the Director-General's decision that WHO would join the International Aid Transparency Initiative.

The representative of the REPUBLIC OF KOREA, endorsing the establishment of the web portal, said that better transparency and accountability would significantly help expand the contributor base in the long term. Securing multiyear funding and flexible voluntary contributions was crucial in order to increase the predictability of WHO programme budgets and to achieve substantial outcomes through long-term projects. There were regional discrepancies in implementation, as countries had

different budget situations and accounting systems, and different levels of coordination with national financial authorities. WHO should therefore continue its efforts to increase the flexibility, predictability and sustainability of financing through a strategic approach with a high level of alignment, and taking regional contexts into consideration.

The representative of MEXICO¹ reiterated the concerns raised by the Programme, Budget and Administration Committee regarding the need to strengthen the mobilization of resources and the strategic use of flexible funds to achieve full financing of the programme budget. The web portal – which was welcome – should include information on performance, indicating both the level of implementation and the level of financing, in order to ensure the alignment of the budget, implementation and performance.

The representative of SWITZERLAND¹ said that efforts should be made to improve the quality of financing, by continuing to encourage flexibility. Comparative information on contributors would be useful for the purpose of assessing the situation and considering changes to financial policies. It was important to ensure that financial contributions for specific programmes covered the associated costs. The application of the approved programme support costs was essential in order to avoid weakening the performance of the Organization.

The representative of SPAIN¹ expressed appreciation for the increased predictability of WHO's financing, noting that bilateral dialogue should nevertheless continue with donors.

The ASSISTANT DIRECTOR-GENERAL (General Management) said that, although the financing outlook for the 2016–2017 biennium was encouraging, challenges would be encountered for 2018–2019, owing to the global financial situation and competing global priorities. It was therefore important to continue the financing dialogue between the Secretariat and Member States. The programme budget was WHO's main instrument of accountability; it was therefore important to ensure that it was fully funded. Furthermore, it was essential to work within the programme budget, if there was no crisis or emergency, to avoid the fragmentation of WHO's work and of resource mobilization activities, as had happened in the past. Noting that some programmes were overfunded in the programme budget and others were underfunded, he said that the challenges currently being faced were linked more to the alignment of financing than to the proportion of assessed and voluntary contributions. Active discussion was needed with donors on that issue. In that regard, he pointed out that some voluntary contributions were flexible. For the 2015–2016 biennium, the Director-General had taken action to ensure a more strategic use of flexible funds, which had meant that there had been no lack of resources in any of the programme areas for that period. In addition, funds had been allocated rapidly and upfront in October and November 2015, so that the programme budget could be operational immediately in 2016. Additional resources, which had not been fully allowed for when developing the 2016–2017 programme budget, would be required for the implementation of the emergency response programme, and further work would be needed with respect to the goals relating to the 2030 Agenda for Sustainable Development.

The Board noted the report.

Scale of assessments: Item 11.2 of the agenda (documents EB138/43 and EB138/43 Add.1)

The CHAIRMAN said that, in the absence of any objection, she took it that the Board wished to note the report contained in document EB138/43 and adopt the draft resolution on the scale of assessments for 2017 contained in document EB138/43 Add.1.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

It was so agreed, and the resolution was adopted.¹

3. MANAGEMENT AND LEGAL MATTERS: Item 12 of the agenda (continued)

Evaluation: update and proposed workplan for 2016–2017: Item 12.1 of the agenda (document EB138/44)

The representative of NAMIBIA, speaking on behalf of the Member States of the African Region, said that a strong organizational culture of evaluation was key to increasing the relevance, impact, efficiency and sustainability of all WHO actions. Organizational and individual learning should be facilitated through a formalized and institutionalized process of impartial and independent reflective practice, to enhance the collective institutional knowledge needed to continually transform WHO and maintain its responsiveness. The 2015 evaluation of WHO's presence at country level had focused heavily on the performance of national programmes but less on the added value and key contributions of WHO country offices. Evaluations should clearly specify the facilitative processes engaged in by successful country offices, their added value, and how they could be further strengthened and replicated. He looked forward to the finalization of an evaluation tracking tool to make institutional learning more systematic and engage all levels of WHO more comprehensively.

The representative of MEXICO² supported the recommendations made by the Programme, Budget and Administration Committee on establishing a culture of evaluation and the priority areas identified for the evaluations included in the 2016–2017 workplan (document EB138/3). The workplan should include a schedule with start and end dates for evaluation activities that were pending or in progress. It would be useful for the schedule to be reflected in the table annexed to the annual report by the Secretariat to the Executive Board, for monitoring purposes.

The REPRESENTATIVE OF THE DIRECTOR-GENERAL (Evaluation and Organizational Learning) said that a report on the evaluation of the WHO presence in countries would be available in the following weeks. The request for an evaluation tracking tool was also noted, work on which was under way. It would be available the following month and a website had just been developed. Furthermore, a schedule of evaluations would be included in the annual report to the Executive Board in May 2016 and made available on the website once the workplan had been completed.

The Board noted the report and approved the Organization-wide evaluation workplan for 2016–2017.³

Real estate: update on the Geneva buildings renovation strategy: Item 12.2 of the agenda (document EB138/45)

The CHAIRMAN recalled that item 12.2 had been discussed by the Programme, Budget and Administration Committee the previous week and drew attention to the Committee's report in document EB138/3, which contained a summary of its discussion. She invited the Board to note the report by the Director-General contained in document EB138/45 and the draft resolution as amended by the Committee in document EB138/3.

¹ Resolution EB138.R6.

² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

³ See document EB138/2016/REC/1, Annex 3.

The DIRECTOR (Operational Support and Services) gave a presentation on the Geneva buildings renovation strategy, focusing on the renovation design, the financing of the strategy and the governance of its implementation.

The representative of CANADA expressed support for the reduction of the original cost estimates for construction and for the renovation of the main buildings, and suggested to the Secretariat that, in the workplan, it should consider change management processes and the engagement of staff in the development of the new offices.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said, regarding governance, that clear accountability was needed for the renovation project, with defined roles and responsibilities for the Member State advisory body and the WHO project board. On needs assessment, the renovation project should meet WHO's requirement for flexibility. Flexible work policies should be developed, including a move away from a one-to-one desk ratio. The renovation project required a full and comprehensive long-term financing strategy.

The representative of SPAIN,¹ underlining the importance of ensuring adequate resources for the Real Estate Fund at all times to avoid the need for additional financing, expressed support for the draft resolution.

The representative of MEXICO¹ endorsed the establishment of a Member State advisory body. Referring to the draft terms of reference for such a body, circulated in the meeting of the Programme, Budget and Administration Committee, she suggested that the recommendations of the body should be submitted in writing to the Director-General and included in her reports. The advisory body should issue advice and recommendations with the aim of ensuring compliance with the schedule and the approved project budget. The terms of reference should specify that members of the advisory body must serve in their personal capacity and would not receive any compensation or payment from WHO, the project contractors, or any other entity or individual for their participation. Clarity would be welcome from the Secretariat on the consultations to be held on the adoption of the terms of reference and on how they would be integrated into the amended report that would be submitted to the Sixty-ninth World Health Assembly.

The representative of GERMANY¹ said that she supported the strategy, the timeline, the way forward and the governance structure proposed, in particular the energy-saving approach of the strategy. The project should remain flexible regarding changes to staff numbers, taking into account WHO's emergency reform. She supported the draft resolution as amended by the Programme, Budget and Administration Committee and the establishment of a Member State advisory body. More time was needed to study the proposed terms of reference in detail. It would be preferable for each of the WHO regions to be represented on the advisory body by two Member States. Further information was needed on the selection process.

The representative of POLAND¹ asked whether the experience of other international organizations in Geneva in respect of buildings renovation had been taken into account in the strategy.

The representative of AUSTRALIA¹ commended the strategy.

The DIRECTOR (Operational Support and Services) said that regular consultations were held with counterparts at other international organizations in Geneva. The terms of reference had been circulated during the twenty-third meeting of the Programme, Budget and Administration Committee

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

and initial consultations on them would be based on dialogue with Member States' missions. The comments by Member States would be taken into account and reflected in the relevant documentation, which would be finalized prior to the Sixty-ninth World Health Assembly.

The CHAIRMAN took it that the Board wished to adopt the draft resolution as amended.

The resolution, as amended, was adopted.¹

Hosted health partnerships: Item 12.4 of the agenda (documents EB138/47, EB138/47 Add.1 and EB138/47 Add.2)

The CHAIRMAN drew the attention of the Board to paragraphs 22–27 of the Report of the Programme, Budget and Administration Committee of the Executive Board, contained in document EB138/3, which outlined the discussion on hosted health partnerships by that Committee.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, speaking on behalf of the Member States of the African Region, welcomed the reports by the Secretariat. With regard to the recovery by WHO of costs associated with hosted partnerships, the new approach should adhere to the principles of fairness, transparency, harmonization and simplicity and be cost-effective. Work on generic hosting terms should continue. He noted the review of the Partnership for Maternal, Newborn and Child Health. The Roll Back Malaria Partnership should be strengthened through restructuring to deliver on malaria control and elimination targets, particularly in endemic countries.

The Board noted the report.

Reports of committees of the Executive Board: Item 12.5 of the agenda

- **Standing Committee on Nongovernmental Organizations** (document EB138/48)

The CHAIRMAN drew the attention of the Board to the proposed draft resolution and decision.

The resolution and decision were adopted.²

- **Foundations and awards** (document EB138/49)

Dr A.T. Shousha Foundation Prize

Decision: The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Prize Committee, awarded the Dr A.T. Shousha Foundation Prize for 2016 to Dr Walid Ammar from Lebanon for his significant contribution to public health in Lebanon, in particular in the areas of primary health care and health policy, and for his efforts in translating research and evidence into policy, programmes and practice. The laureate will receive the equivalent of 2500 Swiss francs in United States dollars.³

¹ Resolution EB138.R7.

² Resolution EB138.R8 and decision EB138(4), respectively.

³ Decision EB138(5).

Ihsan Doğramacı Family Health Foundation Prize

Decision: The Executive Board, having considered the report of the Ihsan Doğramacı Family Health Foundation Selection Panel, awarded the Ihsan Doğramacı Family Health Foundation Prize for 2016 to Professor Sir Michael Marmot from the United Kingdom of Great Britain and Northern Ireland for his significant contribution in the field of global public health, particularly in respect of the social determinants of health and the health of women and children. The laureate will receive US\$ 20 000.¹

Sasakawa Health Prize

Decision: The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2016 to the Federation of Medicus Mundi Spain for its innovative project “Transforming public health systems on the basis of primary health care principles”, which was developed in El Salvador, Guatemala and Peru and the Plurinational State of Bolivia more than two decades ago. The laureate, as an organization, will receive US\$ 40 000.²

United Arab Emirates Health Foundation Prize

Decision: The Executive Board, having considered the report of the United Arab Emirates Health Foundation Selection Panel, awarded the United Arab Emirates Health Foundation Prize for 2016 to Dr Palize Mehmett from China, who is being honoured for the innovative work she has carried out over 30 years in the field of public health and in the fields of epidemics and disease control and prevention. The laureate will receive US\$ 20 000.³

His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion

Decision: The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel, awarded the His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion for 2016 to Dr Michal Novák from Slovakia for his outstanding contribution over the past 30 years to research on the causes and treatment of Alzheimer’s disease. The laureate will receive US\$ 20 000.⁴

Dr LEE Jong-wook Memorial Prize

Decision: The Executive Board, having considered the report of the Dr LEE Jong-wook Memorial Prize Selection Panel, awarded the Dr LEE Jong-wook Memorial Prize for 2016 to Dr Alireza Mesdaghinia from the Islamic Republic of Iran. The laureate will receive US\$ 100 000.⁵

¹ Decision EB138(6).

² Decision EB138(7).

³ Decision EB138(8).

⁴ Decision EB138(9).

⁵ Decision EB138(10).

4. STAFFING MATTERS: Item 13 of the agenda

Statement by the representative of the WHO staff associations: Item 13.4 of the agenda (document EB138/INF./1)

The representative of the WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, PAHO and UNAIDS, said that the staff associations had been working well with management in the previous year. A memorandum of understanding had been negotiated with management in the European and Eastern Mediterranean regional offices and at headquarters, and the Joint Staff–Management Think Tank on Gender Equity had been established ahead of the deadline for implementation of the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women.

With regard to the reform of WHO's work in outbreaks and health emergencies, he recommended that management should tap into the expertise, experience and motivation of serving staff members across the world. As emphasized by the Special Envoy of the Secretary-General on Ebola, that specific workforce should be highly specialized and able to address health hazards and high-risk pathogens and support operations. It would need adequate support to address the public health, social and community dimensions of emergency response. Systems for recruitment and deployment should be based on clear, established rules and staff members must be provided with psychological support for an adequate period following their return. He recommended that an integrated approach should be implemented through the collective efforts of management, staff and Member States. He called on WHO to execute fully its duty of care for its staff, contractors and other personnel. They should be respected, protected and their rights ensured at all times.

He reiterated that staff members at all three levels of WHO should be included in the development and implementation of the global mobility policy and expressed surprise at the suggestion that staff representatives on WHO's Global Mobility Committee would receive observer status only. The question and answer section of the relevant WHO intranet page noted that the Global Mobility Committee would include staff representatives across the organization to ensure a fair and transparent process. He wondered whether the values incorporated in that answer were no longer considered relevant. WHO should demonstrate leadership by implementing exemplary policies that were cognizant of staff rights. Current practice at the Regional Office for the Western Pacific and at UNAIDS allowed staff representatives to participate fully in the respective mobility committees, a best practice that should be adopted across WHO. He expressed appreciation for the comment at the meeting of the Programme, Budget and Administration Committee that the geographical mobility policy lacked staff incentives and policy performance indicators. He recommended that appropriate incentives and evaluation criteria should be identified.

He expressed concern about frequent changes to WHO's staff rules to the detriment of staff rights and working conditions. Proposed changes to Staff Rule 230 "Classification Review" would remove the right of staff members to request reclassification and leave staff open to abuse through the assignment of additional responsibilities for prolonged periods without due recognition and commensurate pay and grade adjustment. He strongly objected to the proposed change, which would have a negative impact on WHO's core principles of equal pay for work of equal value.

An effective and credible internal justice system was crucial to the proper functioning of WHO and to staff health and productivity. The report commissioned by the Director-General to review WHO's internal justice system had set out 41 recommended actions that would strengthen the informal process and expand the formal process, rendering it equally accessible to all staff. Effective investigation of cases of harassment was needed, since the current process was not timely, transparent or effective. He urged the Board to: support the development of a staff–management joint working group on emergency workforce issues; support full membership of staff representatives on the Global Mobility Committee; reject changes to Staff Rule 230; and ensure the establishment of a speedy and effective mechanism to investigate harassment.

The representative of the UNITED STATES OF AMERICA said that he recognized that staff were the heart of WHO. The geographical mobility policy would enable staff to obtain diverse skills, strengthen technical excellence and realize “One WHO”. Despite the fact that the rotations of the first volunteers should have been confirmed already, the staff associations continued to pose procedural problems, instead of identifying solutions to advance the policy. There was little agreement between staff and management on rotation and few incentives to volunteer for rotation. All employees, particularly rank and file employees, needed to make the policy work. Although sustained institutional expertise was essential to WHO’s work, staff members who occupied the same positions or remained at headquarters for many years and were not available to move to overseas posts were not genuine international staff and should not benefit from the related allowances based on presumed mobility and temporary residence in Geneva. He supported the new internal justice system.

The representative of CHINA expressed support for the implementation of the geographical mobility policy in 2016, in order to improve staff performance and make the Organization more efficient. The diversification aspect of the policy was of particular interest: WHO should support capacity building, particularly in developing countries, and focus on developing countries’ representation. Given that personnel costs were a significant percentage of total expenditure, WHO should develop effective plans to improve the structure and use of funds.

The representative of SWEDEN welcomed the report and noted the hard work of WHO’s staff. The reform of work on outbreaks and emergencies and the geographical mobility policy were essential to rendering WHO fit for purpose. Given that staff would play the key role in implementing those reforms, she called for close cooperation between staff and management at all levels. She asked for clarification from the Secretariat of the decision by the Global Policy Group to downgrade automatically all vacant posts by one grade, which had been mentioned in the staff associations’ written statement. She welcomed the work of the staff associations on the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women.

The representative of BRAZIL said that, in the light of the large number of changes facing staff, management should be as inclusive as possible of staff representatives, hear their concerns and engage them in decision-making. The representative of the WHO staff associations had expressed relevant concerns. He asked for clarification of why the representative of the WHO staff associations had not spoken at the Programme, Budget and Administration Committee meeting, at the time when decisions were being made.

The representative of the OFFICE OF THE LEGAL COUNSEL said that the representative of the WHO staff associations addressed the Executive Board and not the Programme, Budget and Administration Committee for historical reasons. A resolution of the Executive Board provided for the presentation of a report by the staff associations, whereas no such resolution existed for the Programme, Budget and Administration Committee. An Executive Board resolution would be an appropriate means of allowing the participation of the WHO staff associations in the Programme, Budget and Administration Committee.

The representative of BRAZIL said that a more simple way forward would be to ensure that the WHO staff associations’ statement was issued earlier, in time for consideration by the Programme, Budget and Administration Committee.

The CHAIRMAN said she took it that that way forward was agreeable to the Board.

The DIRECTOR (Human Resources Management) reiterated her commitment to promoting open and effective dialogue between management and staff associations. Underlining that the Global Mobility Committee was designed to have an advisory role, she explained that staff association representatives from across the Organization would be provided with the same documentation as

Committee members and would be encouraged to express their views. Their comments would then be recorded in the Committee's report to the Director-General. It had never been the Board's intention for all vacant posts to be downgraded automatically. Rather, the Organization would continue to review the terms of reference for posts as a matter of routine and would conduct grading reviews where necessary.

The DIRECTOR-GENERAL said that the Organization's duty of care to its staff was being redefined in the wake of the Ebola crisis. WHO undertook not only to send people to difficult field locations, but also to ensure their safe return: if necessary, it would bear the costs of evacuation. WHO reform on response to emergencies would include several improvements to duty of care, including the provision of psychological support for employees returning from difficult duty stations. Member States had been demanding increased mobility for many years. The new policy would be implemented with a transition period; staff members would not be asked to uproot their families overnight. On the reclassification of staff positions (Staff Rule 230), ultimate responsibility for issues of workload and responsibilities should rest with managers. It remained the employee's prerogative to ask for a grading review; however, it was the duty of the manager to decide whether the job should stay at the current level or be upgraded. If, after a review, the position was upgraded, it would be opened for recruitment through a competitive and transparent process.

The representative of the WHO STAFF ASSOCIATIONS emphasized that the staff associations were not in any way opposed to staff mobility. However, they disagreed with the Global Policy Group's decision to downgrade them from fully-fledged members of the Global Mobility Committee to observers; it seemed counterproductive to the notion of inclusiveness. On the issue of classification review, he agreed with the Director-General that staff members should have the right to ask for a reclassification of their position if they felt that they had been carrying out duties worthy of a higher grade.

The Board took note of the report.

Human resources: annual report: Item 13.1 of the agenda (documents EB138/51 and EB138/51 Add.1)

The CHAIRMAN, recalling that the item had been discussed by the Programme, Budget and Administration Committee at its meeting the previous week, drew attention to the summary of the Committee's discussions contained in document EB138/3.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, asked the Secretariat to take greater account of staff mobility at all three levels of the Organization in the strategic management of human resources. The Secretariat should continue to manage staff mobility in line with country needs, so as not to jeopardize implementation of national programmes and health systems, and in the light of events in certain countries, notably pandemics and disease outbreaks. The process for selecting officials should be more transparent and equitable, and ensure a balanced geographical distribution of positions of responsibility. Experts from the countries and regions in which projects were implemented should be more closely associated with them. The increase in the number of tasks and responsibilities attributed to the country and regional offices should go hand in hand with the human and financial resources they needed to achieve their mission efficiently. She noted with satisfaction the efforts made by the Secretariat to achieve gender balance at all levels of responsibility, and called on it to do more to that end. The training possibilities offered to the staff of country and regional offices should be a standing and long-term activity. At the senior level, 32% of WHO Member States were either underrepresented or not represented at all, a fact that the Secretariat should take into account in its human resource management programmes.

The representative of CANADA welcomed the phased implementation of the global mobility scheme, which would allow WHO to learn from the voluntary phase and to assess gaps and challenges early in the process. It would be beneficial for Member States to learn more about the full scope of the proposals to improve accountability that were discussed at the Eighth Global Meeting of Heads of WHO Country Offices with the Director-General and regional directors. It was a source of concern that efforts to achieve gender balance across the Organization were lagging, especially at senior levels, and the Secretariat was strongly urged to address the issue.

The representative of JAPAN noted that numerical targets had been set to correct gender imbalance and asked whether a similar approach should not be applied to other areas of human resources reform. The Secretariat might wish to consider setting numerical targets for recruitment from outside a region, in order to diversify the human resource base in all regions. In so doing, it would naturally have to consider the specific nature of each situation.

The representative of the PHILIPPINES said that the global mobility scheme would not only foster technical excellence at all three levels of the Organization; it was also a good way to expose staff members to varied work environments and thus to hone their personal skills. Regarding the appointment, selection and training of WHO country representatives, she welcomed the steps taken to overcome the weaknesses in the process. The heads of WHO country offices were one of the Organization's most important categories of staff. They were the Member States' first level of contact with WHO, represented the face of WHO in the country concerned, were responsible for carrying out the WHO programme of cooperation there, and acted as the convener, facilitator and leader in health-related matters. They were best placed to guide the Member States' engagement with the Organization, especially in respect of the work of the governing bodies.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed support for the new mobility scheme, welcomed the progress made to date, and encouraged the Secretariat to implement the pilot phase flexibly in order to adapt the scheme, make it fit for purpose and enable a "One WHO" culture. Any exemptions had to be based on fair and transparent criteria, and meet an exceptional organizational need. She also welcomed the steps taken to improve gender parity, and the Director-General's commitment to increase the number of women staff in the professional and higher categories from 42% to 45% by 2017. The low proportion of women country representatives nevertheless remained a source of concern. While the progress made towards implementing resolution EBSS3.R1 (2015) on Ebola and towards strengthening the accountability of WHO country representatives was laudable, vacancies should be advertised more widely and transparently, and recruitment processes concluded more quickly, in line with the policy on broader recruitment.

The representative of the REPUBLIC OF KOREA noted with satisfaction that the Secretariat had drawn up a detailed implementation plan for the amendments to the Staff Rules and Staff Regulations relating to the global mobility scheme. He endorsed the proposal made by the delegate of Japan for ensuring gender balance and diversity in all regions, including in senior positions. The recruitment of staff from outside a region could help enhance understanding of other regions and foster stronger cooperation between regions. The Regional Office for the Western Pacific had, over many years, made progress in addressing the issue, which should be the subject of ongoing discussions in the context of WHO reform and human resources skills.

The representative of SWEDEN considered the global mobility scheme to be an essential element in making WHO fit for purpose, creating better career opportunities for WHO staff members worldwide, and enabling the Organization to work as "One WHO". She welcomed the measures taken to improve the process for appointing, selecting and training WHO country representatives, but asked for further information on those taken to enhance their managerial skills, including with regard to assessment of performance and training, and to ensure gender balance. Overall, the lack of gender

parity within WHO was a matter of real concern, and the Secretariat should intensify its efforts to reach an acceptable level of gender representation at all levels of the Organization.

The representative of SOUTH AFRICA recommended that, in addition to acting on the requests made by the Programme, Budget and Administration Committee in document EB138/3 in relation to the WHO internship programme, the Secretariat should develop a strategy to attract a more diverse group of interns to the Organization. A more managed approach to internships would help identify young talent for entry-level positions at WHO and develop the skills of young professionals returning to work in various sectors in their countries, where their exposure to the global health environment would enable them to perform much more effectively.

The representative of ALBANIA said that more clarity was required on the short- and long-term action to be taken in response to the underrepresentation of Member States in the international professional category. It was clear that reform of work on outbreaks and emergencies would have an impact on the geographical mobility policy.

The DIRECTOR (Human Resources Management) explained that the mobility policy had already been launched on a pilot basis; three years of implementation would be enough to fine-tune it before it became mandatory. The policy was both a staff development operation and a way for the Organization to align its working strategy with its internal workforce. It would also play a role in improving diversity and enhancing the “One WHO” understanding by increasing the movement of staff members between headquarters and regional offices, and vice versa. The Organization remained committed to redressing the gender balance and needed internal women candidates to apply for management positions. It also needed an intake of new candidates. Thought had been given to harmonizing the terms of reference for the heads of WHO country offices in countries, territories and areas, and their objectives and performance assessments. Noting the need for accountability of human resources as well as for programmatic accountability, she said that those heads of WHO country offices needed to exhibit impeccable standards of conduct and be very good managers. The Secretariat would work on a new internship strategy in the next few months and report back to the governing bodies.

The Board took note of the report.¹

Report of the International Civil Service Commission: Item 13.2 of the agenda (document EB138/52)

The representative of MEXICO² said that she supported the adoption of the common system compensation package, which was the result of extensive consultations with various agencies over three years. Her delegation had always favoured a more cost-effective, straightforward and modern package – in particular given the recent budget pressure on international organizations and increasing staff costs. Mexico would support the corresponding amendments to WHO’s Staff Regulations and Staff Rules, which would be presented to the Programme, Budget and Administration Committee and the Executive Board in the future.

The DIRECTOR (Human Resources Management) confirmed that WHO would be implementing United Nations General Assembly resolution 70/244, adopted on 23 December 2015, which had approved the new compensation package for international staff. The Secretariat would be preparing draft amendments to the Staff Rules to accommodate the new calculations of entitlements,

¹ See also the discussions on the amendments to the Staff Regulations and Staff Rules under item 13.3.

² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

and presenting them to the Executive Board for approval at its next session. In that context, it would also be presenting a draft amendment to change the mandatory age of separation to 65 years.

The Board took note of the report.

Amendments to the Staff Regulations and Staff Rules: Item 13.3 of the agenda (documents EB138/54 and EB138/54 Add.1)

The CHAIRMAN introduced document EB138/54, which contained five draft resolutions on amendments to WHO's Staff Regulations and Staff Rules. The financial implications of adopting those resolutions could be found in document EB138/54 Add.1. The drafts had been reviewed by the Programme, Budget and Administration Committee of the Executive Board, which recommended that the Executive Board should adopt the draft resolutions.

The representative of LIBERIA, speaking on behalf of the Member States in the African Region, sought clarification regarding the amendments that would need to be made in the light of resolution 69/251, in which the General Assembly had decided to raise the mandatory age of separation to 65 years for staff recruited before 1 January 2014, taking into account the acquired rights of staff. He asked what would be done to retain the institutional knowledge of those staff members retiring at the age of 62 years. He wished to know how many staff members were due to retire in 2017, and what would be the financial impacts of extending their service for a further three years. He also asked what measures were being taken to respect equitable geographical distribution in the extension of staff contracts. He endorsed the draft resolutions contained in document EB138/54.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that her delegation would support the proposed amendments to the Staff Regulations and Staff Rules on the basis of the commitment made by the Secretariat to explore ways to manage new internal justice functions across the Organization in a more cost efficient manner, in order to avoid any negative implications for the Programme budget 2016–2017.

The DIRECTOR (Human Resources Management) said that the United Nations General Assembly had decided to increase the mandatory age of separation to 65 years, applicable to all staff joining the United Nations common system from 1 January 2014. Later, the General Assembly had decided to apply that extension to the age of separation for all serving staff, the date of implementation for which would be 1 January 2018, taking into account staff members' acquired rights. As of 1 January 2018, any staff member reaching the age of 62 years would have the option either to retire at 62 years as foreseen at the time of appointment, or to stay for a further three years. Projections for staff retirement year-on-year had been made on the basis of staff retiring at the mandatory age of separation at the time of appointment. Those projections did not take account of potential requests for extension pursuant to the revised age of separation. The Secretariat would endeavour to calculate the possible financial implications of allowing staff members to postpone their retirement from the age of 62 years to the age of 65 years.

The DIRECTOR-GENERAL said that, as part of the common United Nations system, WHO respected the decisions of the United Nations General Assembly. Efforts were being made to keep experienced staff members in the Organization, and at the same time to open up new opportunities for young people. A balance must be struck in that regard. Careful consideration must be given to ensure that the appropriate human resources were allocated to each office. A more detailed analysis of staffing changes would be conducted, based on staff profiles and the projected financial impacts of retirements and contract extensions.

The representative of BRAZIL said that the reform process could be used as an opportunity to improve equitable geographical representation at all levels, in particular at the managerial level, in order to improve diversity within the Organization.

The CHAIRMAN invited the Board to adopt draft resolutions 1–5 contained in document EB138/54.

Resolutions 1, 2, 3, 4 and 5 were adopted.¹

5. MATTERS FOR INFORMATION: Item 14 of the agenda

Reports of advisory bodies: Item 14.1 of the agenda

- **Expert committees and study groups** (documents EB138/53 and EB138/53 Add.1)

The Board took note of the reports.

6. MANAGEMENT AND LEGAL MATTERS: Item 12 of the agenda (continued)

Provisional agenda of the Sixty-ninth World Health Assembly and date, place and draft provisional agenda of the 139th session of the Executive Board: Item 12.6 of the agenda (document EB138/50)

The DIRECTOR (Governing Bodies and External Relations) drew attention to the provisional agenda of the Sixty-ninth World Health Assembly, contained in document EB138/50. In order to better distribute the workload of the two committees, she proposed that the five subitems under the agenda item on health systems should be considered by Committee B, not Committee A as originally planned. She pointed out a correction to the draft provisional agenda of the 139th session of the Executive Board.

The representative of CHINA said that her delegation would continue its work to finalize the draft resolution on the global shortage of medicines, through an intersessional consultation.

The representative of LIBERIA said that she wished to propose an additional subitem to be included on the agenda of the 139th session of the Executive Board, under the item on health systems. The additional subitem would be on the use of geographical information, space science and technology for public health.

The representative of INDIA,² invited to take the floor by the CHAIRMAN at the request of the representative of NEPAL, and supported by the representatives of NEPAL, SOUTH AFRICA and NAMIBIA, proposed the inclusion of a subitem on mHealth on the agenda of the 139th session of the Executive Board, since mobile and wireless technologies could potentially have a substantial impact on health care around the world, and had not yet been discussed by the governing bodies. An

¹ Resolutions EB138.R9, EB138.R10, EB138.R11, EB138.R12 and EB138.R13. See also document EB138/2016/REC/1, Annex 2.

² Speaking by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

increasing number of Member States had launched mHealth programmes, and effective policy on that subject was therefore becoming increasingly necessary. mHealth had an important role to play in increasing access to health services in remote areas, and improving the efficiency of health systems, and could thus be a key contributing factor to the attainment of target 3.8 of the Sustainable Development Goals, which was to achieve universal health coverage. A detailed concept note on the proposed agenda item would be circulated.

The representative of AUSTRALIA,¹ supported by the representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, said that he agreed that the health systems item on the Health Assembly agenda should be moved to Committee B and accepted, but only reluctantly, the proposals to add to an already heavy provisional agenda. The large number of draft resolutions being considered, a large number of which required intersessional work, put additional pressure on the already overburdened staff of permanent missions in Geneva, as well as on the Secretariat. Furthermore, there was a risk that small delegations, many of which were from the Western Pacific Region, might be excluded from such work. There needed to be a better way to prioritize the work and efficiency of the governing bodies, and more restraint should be shown when putting forward agenda items. The governance reform work was critical to achieving that objective.

The LEGAL COUNSEL said that, under Rule 9 of the Rules of Procedure of the Executive Board, the Board could decide to include additional items on the provisional agenda of a subsequent session.

The DIRECTOR (Governing Bodies and External Relations) said that, in accordance with Rule 8 of the Rules of Procedure of the Executive Board, a draft provisional agenda would be circulated within four weeks of the closure of the current session, and would be open for Member States' comments and proposals. The Director-General would consult with the Bureau on the proposals and the recommendations would be reflected in the annotated agenda.

The representative of BRAZIL, supported by the representative of NORWAY, said that the two proposed items were novel and challenging. Detailed concept notes should be provided before a decision could be made regarding their inclusion in the agenda of the Board's next session.

The CHAIRMAN said she took it that the Board wished to invite the delegations of Liberia and India to submit their proposals, together with concept notes, for the consideration of Member States.

It was so agreed.

The CHAIRMAN invited the Board to adopt draft decision 1, on the date, place and provisional agenda of the Sixty-ninth World Health Assembly, contained in paragraph 7 of document EB138/50.

It was so decided.²

The CHAIRMAN invited the Board to adopt draft decision 2, on the date and place of the 139th session of the Executive Board, also contained in paragraph 7 of document EB138/50.

¹ Speaking by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

² Decision EB138(11).

It was so decided.¹

7. CLOSURE OF THE SESSION: Item 15 of the agenda

The DIRECTOR-GENERAL congratulated all participants on a productive session, despite its very heavy agenda. As a result of the Board's efforts, several resolutions would be forwarded to the Sixty-ninth World Health Assembly, which, when adopted, would guide the Organization's work to implement the 2030 Agenda for Sustainable Development. She and the regional directors were committed to expediting the process for WHO reform, which would serve to make the Organization stronger and more fit for purpose, with one budget, one workforce, one set of rules and processes, and one clear line of authority. The need for transformative change was urgent. She thanked the Chairman for her outstanding leadership.

The Board conveyed its best wishes to the Legal Counsel, Mr Gian Luca Burci, on the occasion of his retirement.

After the customary exchange of courtesies, the CHAIRMAN declared the 138th session of the Executive Board closed.

The meeting rose at 17:30.

¹ Decision EB138(12).

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