PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

WHO headquarters, Geneva
Monday, 30 May 2016, scheduled at 09:30

Chairman: Ms M.P. MATSOSO (South Africa)
later: Dr R. BUSUTTIL (Malta)

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FIRST MEETING

Monday, 30 May 2016, at 09:35

Chairman: Ms M.P. MATSOSO (South Africa)
later: Dr R. BUSUTTIL (Malta)

1. **ELECTION OF CHAIRMAN, VICE-CHAIRMEN AND RAPPORTEUR:** Item 1 of the provisional agenda

   The CHAIRMAN said that the Board would proceed to elect its Chairman, Vice-Chairmen and Rapporteur before adopting its agenda. She drew attention to Rule 12 of the Rules of Procedure of the Executive Board, which set out the procedures for electing Officers of the Board. Following the principle of rotation among WHO regions, Dr Raymond Busuttil (Malta) had been nominated for the office of Chairman of the Executive Board.

   **Dr Raymond Busuttil (Malta) was elected Chairman.**

   **Dr Busuttil took the Chair.**

   The CHAIRMAN thanked the Board for electing him and paid tribute to his predecessor. He drew attention to Rule 12 of the Rules of Procedure of the Executive Board, which set out the procedures for electing Officers of the Board. Following the principle of geographical rotation, and on the basis of consultations in the respective regions, the following nominations had been made for the four Vice-Chairmen: Ms Faeqa Saeed Alsaleh (Bahrain), Dr Ramjanam Chaudhary (Nepal), Dr Thomas Frieden (United States of America) and Ms Zhang Yang (China).

   **Ms Faeqa Saeed Alsaleh (Bahrain), Dr Ramjanam Chaudhary (Nepal), Dr Thomas Frieden (United States of America) and Ms Zhang Yang (China) were elected Vice-Chairmen.**

   The CHAIRMAN said that, under Rule 15 of the Rules of Procedure of the Executive Board, if the Chairman was unable to act in between sessions, one of the Vice-Chairmen should act in his or her place; the order in which the Vice-Chairmen would be requested to serve should be determined by lot at the session at which the election had taken place.

   **It was determined by lot that the Vice-Chairmen would serve in the following order: Mr Frieden (United States of America), Dr Chaudhary (Nepal), Ms Zhang Yang (China), Ms Alsaleh (Bahrain).**

   The CHAIRMAN said that, pursuant to Rule 12 of the Rules of Procedure of the Executive Board and in accordance with the principle of rotation among geographical regions, Mr Omar Sey (Gambia) had been nominated Rapporteur.

   **Mr Sey was elected Rapporteur.**
2. OPENING OF THE SESSION: Item 2 of the provisional agenda

The CHAIRMAN declared open the 139th session of the Executive Board.

The representative of COLOMBIA, speaking in her capacity as Chair of the informal open-ended working group of Member States, reported on its work. There had been no consensus on the inclusion of an agenda item addressing the health and well-being of lesbian, gay, bisexual and transgender people. An interactive dialogue had been held on 26 February 2016 to facilitate a constructive exchange of national experiences, and tackle the priority health care needs of the whole population, leaving no one behind and bearing in mind that inclusion was a principle for the health sector. She had prepared a summary of proceedings that was not indicative of any consensus, actions or way forward. It had been circulated to focal points on 24 March 2016. She had received comments from some Member States and regions that focused on certain aspects in the summary in order to clarify national and regional positions. She highlighted the importance of dialogue and listening to each other as a foundation on which to build.

The representative of the UNITED STATES OF AMERICA said that the results of the dialogue indicated a way forward for Member States, since there had been strong recognition that health systems should be structured and staff trained to ensure that no one was left behind, whatever challenges a specific population faced, such as age, sex, ethnicity, migrant status, sexual orientation, gender identity or disability. Another point of potential discussion in the future was improving health information, including the benefits and challenges of disaggregating data for underserved populations, for example.

The representative of the NETHERLANDS, speaking on behalf of the European Union and its Member States and of Norway, said that enjoyment of the highest attainable standard of physical and mental health, which could not be achieved without access to health services, was a human right recognized in international treaties ratified by most of the Member States in the room. He appreciated the candour of Member States at the dialogue and their willingness to share national experiences, which described the stigmatization, discrimination and therefore barriers faced by different populations. The European Union and its Member States remained convinced that WHO needed to continue to address all barriers and help Member States overcome stigmatization in the health system and to ensure that health services truly left no one behind.

The representative of THAILAND shared the concerns expressed by the previous two speakers. Common ground should be found in order for discussions to take place concerning population groups with specific health problems and how such health problems affect the wider population. There were sensitivities in some countries to certain terminology; he expressed the hope that terminology acceptable to everyone could be found in order to enable more work to be done on the issue.

The representative of URUGUAY\(^1\) said that an undesirable precedent had been set by the fact that the subject under discussion had not been included as an agenda item. Despite many efforts since 2013, Member States had been unable to have a frank exchange about access to health by lesbian, gay, bisexual and transgender people, which was a clear illustration of the discrimination and stigmatization faced by those population groups. Such a situation ran counter to the commitment to guarantee the right of everyone to enjoy the highest attainable standard of physical and mental health. For the moment, a debate among Member States was not possible, thus the Secretariat should

\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
strengthen its technical work and continue to draw up policy options and proposals for measures that would guide health systems on the basis of scientific evidence and best practices.

The representative of ALGERIA, speaking on behalf of the African Region, noted the summary by the Chair of the informal open-ended working group, which had highlighted the lack of consensus. The African Region fully supported the principle of non-discrimination in the provision of health care but emphasized that the possible inclusion of an item on the Board’s agenda concerning the health and well-being of lesbian, gay, bisexual and transgender populations remained controversial, in particular because contexts differed in different countries. Until there was consensus in that regard, it could not be included and dialogue should continue. The summary that had been presented to the informal open-ended working group was the sole responsibility of the Chair.

The representative of ARGENTINA stressed the transparency and inclusiveness of the procedure. The meeting had been positive, since it had offered an opportunity to hear the different views. Universal health coverage was a priority for Argentina and he therefore supported any initiative to combat stigmatization and discrimination.

The representative of PANAMA expressed regret that the subject was not an agenda item for discussion. The lack of information about the health of lesbian, gay, bisexual and transgender people concealed their health status and delayed action that could be taken to combat stigmatization, improve health and save lives. The Organization should strengthen technical cooperation to support countries in compiling and analysing data on the health needs of those population groups, the obstacles they faced in accessing health care and the effect of stigmatization on their health and well-being. Such measures should help promote equal access to health services.

The representative of AUSTRALIA voiced his disappointment at the fact that Member States could not agree to discuss the health challenges facing lesbian, gay, bisexual and transgender people. There was clear evidence that those population groups suffered high rates of violence, mental health conditions and HIV, and were denied appropriate health care services due to stigmatization and discrimination or because their status was misclassified as a disease. The health challenges of other populations had been discussed in the governing bodies. His country was committed to working with other Member States to achieve universal health coverage for all people, regardless of sexual orientation or gender identity, and to advocate the principle set out in the WHO Constitution: “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.” He requested that the Secretariat should continue its technical work on the health needs of lesbian, gay, bisexual and transgender people.

The representative of BRAZIL emphasized the importance of supporting public policies geared towards universal health coverage and access to medicines, health services and treatment. The Secretariat should continue its evidence-based technical activities that took into account the public health perspective, with a view to moving the issue forward.

The representative of CANADA stressed the importance of dialogue on the issue and on continued technical support from the Organization. The higher rates of anxiety, stress and suicide ideation caused by homophobia, biphobia and transphobia created barriers to accessing health

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1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
services. More data were needed to understand the health issues of all vulnerable groups and how to overcome those barriers. Although her country would take steps to that end, the issue was global.

The representative of MEXICO expressed regret that the issue had not been included on the Board’s agenda and stressed the need for continued dialogue on the matter within the Board. There should be no discrimination in the provision of health care, and his country was taking legislative and practical steps to ensure that was so.

The representative of the RUSSIAN FEDERATION reiterated that the provision of health services without discrimination should be ensured in accordance with the WHO Constitution. Before continuing dialogue on the subject or including the issue on the Board’s agenda, which would require resources, the Secretariat should be requested to gather data on cases where those particular population groups were denied full access to health care.

The representative of EGYPT urged Member States to refrain from making substantive comments on the subject as if it had been included on the Board’s agenda. As noted in the balanced summary presented by the Chair of the informal open-ended working group, there was no consensus among Member States to include such an agenda item.

3. ADOPTION OF THE AGENDA: Item 3 of the provisional agenda (documents EB139/1 Rev.1 and EB139/1(annotated))

The CHAIRMAN took it that the Board agreed to adopt the provisional agenda contained in document EB139/1.

The agenda was adopted.

The CHAIRMAN proposed that the Board should take up its agenda items in numerical order.

It was so decided.

4. OUTCOME OF THE SIXTY-NINTH WORLD HEALTH ASSEMBLY: Item 4 of the agenda

The representative of ALGERIA, speaking on behalf of the 47 Member States of the African Region, expressed appreciation for the conduct of the Health Assembly, the pertinent remarks made by the Director-General and the relevance of the Health Assembly’s general discussion. His region had been able to share its concerns and the challenges it faced, particularly with regard to the fragility of health systems in emergency situations. The African Region had played an active and constructive role in the formal and informal discussions held in the search for consensus on sensitive issues. He drew attention to the need for the Organization to continue its governance reforms, to work with non-State actors and to ensure that the process of electing its next Director-General was transparent and equitable. Decisions were needed on the role of WHO in emergency situations and on the International
Health Regulations (2005).\textsuperscript{1} He emphasized the importance of implementing the Global Strategy for Women’s, Children’s and Adolescents’ Health\textsuperscript{2} and the need to continue global efforts to support and strengthen health systems. His region had worked hard to ensure the adoption of decisions and resolutions on those issues. Though many challenges remained, significant progress had been made in the areas of health emergency management, governance reform and collaboration with non-State actors. It was to be hoped that future Health Assemblies would see their workload reduced to ensure that sufficient time could be devoted to all agenda items. Timely publication of documentation in all languages would help delegations to prepare for the Health Assembly.

The representative of CHINA said that, while progress had been made in reforming the Organization’s governance, time constraints during the Health Assembly had made the work of some drafting groups less transparent than was desirable. Moreover, some key issues had not been discussed fully. Her country had hoped to see an agenda item on insect vector control, for instance. Member States should be more focused in deciding on the agendas of the Executive Board and the World Health Assembly.

The representative of COLOMBIA noted that it was interesting to see how many topics of importance to global health were discussed by the Organization’s governing bodies. The Organization had a fundamental role to play in guiding Member States as they tackled common challenges. The Sixty-ninth World Health Assembly had adopted resolutions and decisions in a number of key areas, such as HIV, tuberculosis, hepatitis, ageing and nutrition. He particularly welcomed its commitment to ending the inappropriate promotion of foods for infants and young children and tackling childhood obesity. It was important for the Organization to preserve its technical and scientific nature and for the agendas of its governing bodies to be well balanced.

The representative of the PHILIPPINES noted that, despite its very tight schedule, the Health Assembly had adopted a number of important resolutions, most significantly on the Framework of Engagement with Non-State Actors.\textsuperscript{3} Echoing concerns that there were too many items on the Health Assembly’s agenda, she urged the Executive Board to prioritize better so as to ensure that the quality of discussion was not compromised by the quantity of issues.

The representative of SWEDEN pointed out that the Health Assembly’s overcrowded agenda not only reflected a lack of ability to prioritize and use the general programme of work and the programme budget as central steering tools, but also posed a democratic problem: smaller delegations, in particular, were unable to participate equally. It was disappointing that the reform process had not yielded agreement on specific measures to tackle those problems. Member States and the Secretariat should work together to improve the situation. She welcomed the important decisions taken by the Health Assembly, particularly on reforming the Organization’s work in health emergency management, the Framework of Engagement with Non-State Actors and the Global Plan of Action on Violence.

The representative of TURKEY emphasized the importance of the Health Assembly’s work, particularly the decisions it had taken on the Framework of Engagement with Non-State Actors, healthy ageing, health emergency management and the Global Plan of Action on Violence.

\textsuperscript{1} Document A69/20.
\textsuperscript{2} Document A69/16.
\textsuperscript{3} Resolution WHA69.10.
The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed strong support for the comments made by the representatives of the Philippines and Sweden. The Board must play a role in better prioritizing the use of Secretariat resources and in governance reform as a whole.

The representative of THAILAND noted that, while the increasing number of items on the governing bodies’ agendas reflected Member States’ interest in the work of the Organization, deciding how to merge various items was a challenge. He suggested that the work of the Health Assembly could be improved by reducing the length of time allowed to each speaker, giving notice in advance if agenda items were to be merged, and better management of intersessional activities.

The representative of NEW ZEALAND said that the open-ended agendas and work programmes of the Health Assembly were unsustainable in the current financial climate. The Board, in its role as a proxy for Member States, had the opportunity to review and prioritize the governance of the Health Assembly and the expertise to consider the strategic direction that the Organization would take in coming bienniums. Expressing support for the comments made by the representatives of Sweden, the United Kingdom of Great Britain and Northern Ireland, the Philippines and others, he suggested a joint meeting of the Board and Secretariat on WHO strategy and operational prioritization as part of the Organization’s wider reform agenda.

The representative of LIBERIA said that focusing on agreeing and presenting strong regional positions and reducing the time devoted to reports on activities in individual countries would make the work of the Health Assembly more efficient. Discussion should be limited to technical issues arising from reports submitted and presentations made. Dispensing with some of the formal greetings employed might also save time.

The representative of CANADA echoed the comments made by previous speakers.

The representative of FIJI explained that countries with small delegations, such as his own, had experienced great difficulties in coping with the extensive agenda. Setting priorities would enable full participation of smaller States and he encouraged Member States to move in that direction.

The representative of VIET NAM, highlighting key outcomes of the Sixty-ninth World Health Assembly, said that Member States and WHO should endeavour to improve agenda setting, further limit the time allocated to speakers and avoid repetitive statements.

The representative of MEXICO noted that one key outcome of the Health Assembly was its decision regarding a forward-looking schedule for the agendas of the Executive Board and the Health Assembly. The valuable comments from Member States illustrated the crucial importance of that decision to improving the work of WHO’s governing bodies.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO remarked that the implementation of the Millennium Development Goals had shown that the greatest enemy was time. When it came to the Sustainable Development Goals, implementation should be prioritized and the mobilization of resources through synergies and cooperation was crucial.

The DIRECTOR-GENERAL, thanking Members for their comments, noted that concern about the scale of the Health Assembly’s agenda was not new. An agenda of 76 items undermined inclusiveness, since small delegations lacked the capacity to participate in all relevant discussions. She
encouraged Member States, who were responsible for setting the agenda, to exercise discipline and work towards more inclusive agenda management.

The CHAIRMAN said that the Officers of the Board would take up the issue of agenda management and prepare relevant proposals for consideration by the Executive Board at its 140th session.

5. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 5 of the agenda (document EB139/2)

The Chairman of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee had considered the Secretariat’s annual report on evaluation and noted with appreciation the measures taken in that regard. The Committee had requested that the Secretariat should prioritize activities under the Evaluation Workplan 2016–2017 and present the prioritized list at the Committee’s twenty-fifth meeting, and provide information on the progress made on indicators for the reform dashboard in the next evaluation report. Lessons learned from corporate evaluations should inform regional committee discussions on the topic.

The Committee had considered the annual report of the Independent Oversight Advisory Committee. Member States had shared the Advisory Committee’s concern regarding open audit recommendations and had requested that the Secretariat should establish a standardized process of escalation; improve institutional learning; extend the sharing of evaluations; continue to strengthen internal controls; and ensure zero tolerance of wrongdoing. Some Member States had reiterated their concerns about direct financial cooperation agreements and had requested that the issue should be given priority. Regional Directors had briefed the Committee on initiatives undertaken in their respective regions to strengthen internal controls and improve compliance. It had been noted that the Directors of Administration and Finance were facilitating institutional learning on matters related to oversight.

With reference to the report on external and internal audit recommendations: progress on implementation, the Committee had urged the Secretariat to prioritize the implementation of audit recommendations, and to undertake a process of institutional learning through a review of audit recommendations that focused on recurring problems.

The Committee had further considered the Reports of the Joint Inspection Unit. One Member State had welcomed recommendation 3 relating to procurement. With regard to real estate issues, the Secretariat had informed the Committee that the Geneva Working Group on Buildings and Renovations had not issued any reports, but that it would endeavour to obtain information on identified best practices, in order to share them with Member States. The Secretariat had also informed the Committee that the draft long-term agreement policy and related procedures would be ready by the third quarter of 2016.

Based on her own experience, extending the tenure of the Chairman of the Committee to two terms would be highly beneficial. Furthermore, given the specific nature of the Committee’s work, the members assigned to it must possess the necessary expertise. Timely availability of documents, even in draft form, would improve the Committee’s work. Given the nature of issues discussed, it might also be useful to consider extending the time limit for speakers to four minutes. It seemed unproductive to interrupt speakers that made valuable, detailed contributions for the sake of a time limit.

The DIRECTOR-GENERAL agreed that it was important to ensure that members of the Programme, Budget and Administration Committee were experts in financial management, administration and risk management, rather than in technical health issues. The suggestions made by
the outgoing Chairman of the Committee should be considered closely. Member States had made tremendous progress in improving WHO management and governance and should keep up the good work.

The representative of TURKEY drew attention to the Committee’s outstanding work.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, said that he welcomed the inclusion of recommendations by the Executive Board in the Member State consultative process on governance reform. The Director-General’s efforts to implement the financing dialogue and the progress made in regard to the evaluation policy were also praiseworthy. Welcoming the report of the Independent Oversight and Advisory Committee, he emphasized the need to minimize irregularities and reiterated some countries’ concern over certain direct financial cooperation agreements. Retired and current WHO staff must have access to equitable health coverage. The biennial Evaluation Workplan for 2016–2017 should be strengthened. He took note of the report on real estate. Work undertaken to align WHO’s regulatory framework with the International Civil Service Commission’s recommendations, including amendments to the Staff Rules, should be commended. It was encouraging that the draft long-term agreement policy and related procedures on procurement would be ready by the third quarter of 2016.

The representative of SWEDEN noted that the twenty-fourth meeting of the Programme, Budget and Administration Committee had been somewhat unusual. Non-members had participated more actively than members, some of whom had been absent altogether. While efforts had been made to improve gender equality in human resource management, measures such as flexible working hours and working from home were needed to tackle the root causes of gender inequality. Her delegation looked forward to contributing to those discussions during its forthcoming membership of the Committee.

The representative of THAILAND said that ambitious plans often faltered at the implementation stage. Implementation was hard and evaluation could be a sobering experience. It was therefore crucial that evaluation should be firmly embedded during the planning stage of global strategies and action plans.

The representative of CANADA enquired as to whether Member States were expected to take a decision on tenure of the Chairman of the Programme, Budget and Administration Committee prior to the Committee’s twenty-fifth meeting. It would be useful for the Secretariat to brief Member States on the expected skills of Committee members.

The DIRECTOR-GENERAL said that Chairmen of the Programme, Budget and Administration Committee had served longer terms in the past in certain circumstances, for example, when the country that held the chairmanship had voluntarily allowed the incumbent to remain as Chairman. Should Member States decide that two-year tenure should become standard procedure, the Secretariat stood ready to implement that decision. She would also discuss requirements for Committee membership with the regional directors.

The Executive Board noted the report.
6. **TECHNICAL AND HEALTH MATTERS:** Item 6 of the agenda

**Dementia:** Item 6.1 of the agenda (document EB139/3)

The CHAIRMAN drew attention to a draft decision proposed by the delegations of Austria, Canada, Denmark, Dominican Republic, Ethiopia, Finland, Germany, Japan, the Republic of Korea, Luxembourg, Malta, Monaco, the Netherlands, Panama, Switzerland, the United Kingdom of Great Britain and Northern Ireland, the United States of America, Uruguay and Zambia, which read:

The Executive Board, having considered the report by the Secretariat on Dementia:¹

(1) noted that the response to the global burden of dementia can be greatly enhanced by a shared commitment among Member States and all other stakeholders to put in place the necessary policies and resources for care of people with dementia, to promote research, to find disease-modifying treatments or cure, and to give adequate priority to action against dementia in national and global political agendas;

(2) decided to request the Director-General to develop with the full participation of Member States and in cooperation with other relevant stakeholders a Draft Global Action Plan on public health response to Dementia, for consideration by the Seventieth World Health Assembly, through the 140th session of the Executive Board.

The financial and administrative implications for the Secretariat were:

<table>
<thead>
<tr>
<th>Resolution: Dementia</th>
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<tbody>
<tr>
<td><strong>A. Link to the general programme of work and the programme budget</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>General Programme of Work: output 2.2.2.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Not applicable.</td>
</tr>
<tr>
<td>3. What is the proposed timeline for implementation of this resolution?</td>
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</tbody>
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*If the timeline stretches to future programme budgets, please ensure that further information is provided in the costing section.*

¹ Document EB139/3.
B. Budgetary implications of implementation of the resolution

1. Current biennium: estimated budgetary requirements, in US$ million

<table>
<thead>
<tr>
<th>Level</th>
<th>Staff</th>
<th>Activities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country offices</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>Headquarters</td>
<td>0.14</td>
<td>0.46</td>
<td>0.6</td>
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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?
  0

- What are the gaps?
  US$ 0.6 million.

- What action is proposed to close these gaps?
  Through coordinated resource mobilization and voluntary specified funding.

2. Next biennium: estimated budgetary requirements, in US$ million

<table>
<thead>
<tr>
<th>Level</th>
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</table>

2(a) Financing implications for the budget in the next biennium: in US$ million

- How much is currently financed in the next biennium?
  0

- What are the financing gaps?
  0

- What action is proposed to close these gaps?
  Not applicable.

The representative of the DOMINICAN REPUBLIC highlighted the importance of drawing attention to the medical, social, economic and human costs of dementia. The statistics were alarming: dementia was already among the leading causes of disability and death in older people and was projected to grow exponentially in the coming years as a result of the global increase in life expectancy. Furthermore, in low- and middle-income countries, some 80% of mental health patients were not treated, and even in high-income countries the treatment ratio was comparatively low. Urgent action was needed to develop broad, public health-based responses to improve the lives of dementia patients, carers and their families. Governments needed to develop special plans and policies for the prevention, diagnosis and treatment of dementia, or incorporate those elements into existing mental health programmes for older people. The draft decision requested that the Director-General should
prepare a global action plan on the health response to dementia, to be submitted to the Seventieth World Health Assembly in order to give dementia patients the attention they deserved.

The representative of JAMAICA said that significant research on dementia had been undertaken in his country, which would like to provide regional leadership in the Caribbean Community to launch a healthy ageing initiative. Dementia should be addressed at the Seventieth World Health Assembly.

The representative of the RUSSIAN FEDERATION expressed support for the draft decision, which her country would like to cosponsor. As life expectancy increased, quality of life was crucial. More research on geriatrics and gerontology, including on psychological health, was crucial to prevent, diagnose and treat illnesses associated with old age and ensure better medical and social support for older people.

The representative of the NETHERLANDS, speaking on behalf of the European Union and its Member States, said that he recognized WHO’s leadership role in addressing dementia at all levels and welcomed the establishment of a global dementia observatory. Concerted action and unified responses were needed to overcome the global challenges posed by dementia. Key issues included raising awareness of dementia, facilitating cross-sectoral and sustained involvement from all stakeholders and promoting the needs of families and caregivers to ensure their physical and mental well-being. He supported the draft decision.

The representative of the UNITED STATES OF AMERICA said that he supported the statement by the representative of the Dominican Republic. Isolation was one of the most difficult aspects of dementia and collective attention to the issue was therefore important to all persons affected by the disease. It was unfortunate that no link had been established between health interventions and a reduced risk for dementia later in life. The Organization’s strategies aligned with his country’s approach to dementia. He supported the draft decision.

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, noted that a significant increase in his region of people affected by dementia was linked to the use of tobacco products and lack of exercise. Given the rising number of people living with dementia who did not receive proper care, the issue should be a priority for social and health care services. Awareness should be raised of the impact of dementia and the magnitude of the problem. Measures to improve health services should be in line with, but not limited to, the strategies recommended in the Secretariat’s report and should build on existing strategies on ageing and noncommunicable diseases.

The representative of KUWAIT urged greater global efforts to address the burden of dementia and the challenges it posed to health systems. Key issues included diagnosis and support for people living with dementia, proper surveillance of the disease and increased awareness to reduce stigma. Member States would need support from WHO, international partners and non-State actors to implement the strategies to strengthen health services recommended in the report. A global strategy could serve as a road map for all Member States to effectively address dementia.

The representative of KAZAKHSTAN said that the awareness-raising element of the Secretariat’s recommended strategies should be strengthened. The majority of people with dementia lived in low- and lower-middle-income countries, which would struggle to effectively address dementia and follow the Secretariat’s recommendations, due to a lack of resources. Innovative and inexpensive recommendations were needed, alongside effective and reasonably-priced generic drugs.
Greater emphasis should be placed on building a relationship with the pharmaceutical industry to further research in that regard. He supported the draft decision.

The representative of THAILAND stated that he would like to cosponsor the draft decision. He emphasized the importance of dementia prevention and surveillance at the community level and the need to strengthen Member States’ primary health care and long-term care services as part of universal health coverage and in order to tackle the symptoms and conditions associated with dementia. He proposed that paragraph two of the draft decision should be amended by replacing the phrase “draft global action plan on public health response to dementia” with the words “draft global strategy and plan of action on public health response to dementia with clear goals and targets”.

The representative of CANADA said that cooperation was needed at all levels of government and with other sectors to successfully address the public health challenge presented by dementia. Her Government was actively participating in global efforts on effective dementia treatment and prevention. She supported the Secretariat’s recommended strategies to coordinate global action and research. As a cosponsor of the draft decision, she encouraged the Board to support that draft decision, which would complement and reinforce the Global Strategy and Action Plan on Ageing and Health.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that dementia was a major challenge linked to ageing, lifestyle factors and noncommunicable disease. Her Government had led global activity to address dementia; the First Ministerial Global Dementia Conference in 2015 had paved the way for wider activity. More global activity was needed, however, with particular emphasis on dementia prevention and improved care of people with dementia.

The representative of BHUTAN, speaking on behalf of the Member States of the South-East Asia Region, noted the importance of timely intervention, in light of the costs associated with dementia and the fact that 60% of people with dementia lived in low- and middle-income countries. Dementia had not been considered a priority for public health in his region, which had led to a lack of awareness, late diagnoses and inadequate care. The global dementia observatory should be developed quickly, since it would allow Member States to formulate evidence-based policies and plans. A strategic action plan on dementia should be drafted that focused on prevention. He supported the draft decision.

The representative of SWEDEN expressed support for the development of a draft global action plan for consideration at the Seventieth World Health Assembly. Her country wished to cosponsor the draft decision.

The representative of MALTA said that the Secretariat’s report provided a good starting-point to tackle dementia globally. A coordinated and systematic global response would mitigate the impact of dementia, particularly in low- and middle-income countries that were unable to adequately respond to its many challenges. Dementia was not a direct consequence of ageing, and given available preventive measures, Member States should invest in public health strategies to, inter alia, increase awareness, enable early diagnosis and intervention and provide dementia-friendly care. Depression in people with dementia and their informal carers should be identified and treated; a multisectoral approach that included nongovernmental and patient advocacy organizations and informal carers was critical. The Organization should create a platform for countries to exchange best practices and information, support workforce capacity-building and the development of integrated community-based services, and should provide technical expertise to help countries develop and evaluate national policies and strategies.
The representative of COLOMBIA expressed its appreciation for the Secretariat’s plans to establish a global dementia observatory. The Organization should strengthen its global leadership role in addressing dementia and help countries develop national plans. His Government wished to cosponsor the draft decision, which should be approved at the 140th session of the Executive Board, in order that it could be quickly adopted and implemented by regional offices.

The representative of CHINA agreed with the Secretariat’s recommended strategies and called for more discussion of the draft decision. Global progress on dementia prevention and treatment was uneven due to the varying availability of financial and technical resources. Differences in social and economic development among Member States should be taken into consideration when developing measures and policies. The Organization should set up a platform for countries to exchange information and best practices.

The representative of MEXICO said that dementia prevention, including the mitigation of risk factors, should be based on existing data. He highlighted some of the strategies in the report, such as making dementia a public health priority and promoting international and national measures based on evidence, equity, inclusion and integration. He supported the development of a draft global action plan on public health response to dementia and wished to add his country as a cosponsor of the draft decision.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, said that the draft decision contained no specific reference to preventive measures, which were all the more important given that affordable pharmacological treatments for dementia were yet to be found. In that light, he suggested an amendment to the first paragraph of the draft decision, whereby the words “to implement prevention policies” should be inserted after the word “resources”.

The representative of the PHILIPPINES said that despite the development and implementation of models, strategies and interventions, the response to dementia had failed to meet expectations. In drawing up strategic guidance, it was important to take into account resource requirements to ensure that recommendations could be implemented, and to consider ways of building on existing strategies. Her country wished to cosponsor the draft decision.

The representative of the CONGO said that, as life expectancy and living conditions improved in the African Region, particularly in his country, dementia was becoming an increasing problem. The knowledge gap on dementia was reflected in stigmatization and instances of violence. Strategies to tackle dementia should be included in national and regional plans to combat noncommunicable diseases, ageing and violence. The Organization should assist Member States in taking a multisectoral approach to prevention and combating stigmatization, drug abuse and communicable diseases that had an impact on dementia. He supported the amendment to the draft decision proposed by the representative of Algeria and highlighted the need to develop affordable medicines.

The representative of TURKEY observed that dementia could be seen as an indicator of success for health systems. The response to the disease, however, was inadequate due to a lack of prioritization, human and financial resources and investment in research and development. The draft global action plan should position dementia as a global public health priority, intensify collaboration with G7, G20, OECD and Member States, develop guidelines including best practices with a gender-sensitive approach, align current and future resolutions to address health workforce and integrated care gaps, and mobilize financial support and technical expertise for the development of effective treatments. His Government supported and wished to cosponsor the draft decision.
The representative of VIET NAM expressed support for the Secretariat’s report. She recommended a number of strategies to deal with dementia in developing countries, namely through strengthening health systems – in particular primary health care – for the early detection of signs of dementia; improving care for people affected by dementia and their families; and creating better links between hospitals, specialists, community groups, families, carers and primary health care networks.

The representative of SWITZERLAND endorsed the statement by the Dominican Republic and called for urgent joint action with WHO on dementia. Given that no pharmaceutical treatments for dementia had yet been identified, the main treatment was providing comfort to those suffering from the disease. The second treatment was political will and action. There was no time to be lost and she called on the Executive Board to adopt the draft decision.

The representative of MONACO said that the Monegasque Association for Research on Alzheimer’s Disease had published a report on dementia and its consequences, which would be made available to the Executive Board. Each Member State should be supported by WHO to introduce policies that addressed dementia. She supported the draft decision.

The representative of GERMANY said that research was key to finding a cure for dementia and Germany participated in the European Union Joint Programme Initiative – Neurodegenerative Disease Research. She stressed the importance of exchanging good practices and recognized the global leadership role of WHO in that regard. She supported the adoption of the draft decision.

The representative of JAPAN highlighted the importance of approaching the issue of dementia from the perspective of society and communities, rather than only that of the health sector. His country had taken a cross-sectoral approach through a single national dementia strategy endorsed by 12 ministries and was ready to share its experience with other Member States. In that light, he called on the Secretariat to provide further technical guidance and support for Member States wishing to develop their own strategies and action plans. He supported the draft decision.

The representative of URUGUAY welcomed the Secretariat’s report and expressed support for the recommended strategies contained therein. She highlighted the need for an inter-institutional approach to dementia, given that its impact was not limited to the health sector. She urged the Executive Board to adopt the draft decision.

The representative of ITALY said that his country wished to cosponsor the draft decision, with a view to its adoption at the Seventieth World Health Assembly.

The representative of SOUTH AFRICA said that, although overall life expectancy in sub-Saharan Africa was lower than in developed countries, the number of people aged 60 and over was projected to rise. She welcomed the Secretariat’s report and looked forward to working with WHO to develop and strengthen her country’s national programmes on noncommunicable diseases and mental health, with a view to the management and prevention of dementia.

The representative of SLOVAKIA agreed that there was no time to lose. Member States should follow the example of countries that had adopted national programmes to combat dementia, its causes and consequences. She endorsed the strategies outlined in the report, highlighting the role of WHO in

1 Participation by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
coordinating the transfer of knowledge and experience. Her country wished to cosponsor the draft decision.

The representative of BANGLADESH\textsuperscript{1} said that, given that dementia was not yet a national priority in most countries, he supported the draft decision with the amendment proposed by the representative of Thailand.

The representative of the REPUBLIC OF KOREA\textsuperscript{1} said that she supported the statement given by the representative of Switzerland. The high prevalence of dementia among the elderly population of the Republic of Korea had prompted a concerted effort from the Government to combat the disease. Prevention and management of risk factors were essential to that effort. She hoped that the issue would be addressed at the Seventieth World Health Assembly to enable countries to share their experiences.

The representative of INDIA\textsuperscript{1} expressed concern at the number of people in the world suffering from dementia and the large proportion of those living in low- and middle-income countries. He presented a number of measures taken in India to secure the rights of the elderly and endorsed the Secretariat’s recommendations. A major barrier in the treatment of dementia was that many people saw it as a normal part of ageing and associated it with a significant physical, mental and financial burden on carers. Efforts to close the treatment gap for dementia were hampered by low levels of awareness and low human resource capacity. The situation called for a community outreach programme on dementia as part of the primary health care system. The possibility of replacing psychiatrists with general practitioners trained in dementia care should also be examined.

The representative of ZAMBIA\textsuperscript{1} said that, in view of the increasing prevalence of the disease, sustained efforts were needed to manage dementia, in particular to raise awareness of it among the general population and health workers. He called for the inclusion of preventive policies in planned activities and supported the draft decision as amended by the representative of Algeria. He would welcome collaboration and technical support from WHO and Member States to tackle the challenges of dementia.

The meeting rose at 12.30.