



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

140TH SESSION

GENEVA, 23–31 JANUARY 2017

SUMMARY RECORDS

GENEVA
2017

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ASEAN	– Association of Southeast Asian Nations	UNAIDS	– Joint United Nations Programme on HIV/AIDS
FAO	– Food and Agriculture Organization of the United Nations	UNCTAD	– United Nations Conference on Trade and Development
IAEA	– International Atomic Energy Agency	UNODC	– United Nations Office on Drugs and Crime
IARC	– International Agency for Research on Cancer	UNDP	– United Nations Development Programme
ICAO	– International Civil Aviation Organization	UNEP	– United Nations Environment Programme
IFAD	– International Fund for Agricultural Development	UNESCO	– United Nations Educational, Scientific and Cultural Organization
ILO	– International Labour Organization (Office)	UNFPA	– United Nations Population Fund
IMF	– International Monetary Fund	UNHCR	– Office of the United Nations High Commissioner for Refugees
IMO	– International Maritime Organization	UNICEF	– United Nations Children’s Fund
IOM	– International Organization for Migration	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
OIE	– World Organisation for Animal Health	WMO	– World Meteorological Organization
PAHO	– Pan American Health Organization	WTO	– World Trade Organization

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PREFACE

The 140th session of the Executive Board was held at WHO headquarters, Geneva, from 23 to 31 January 2017. The proceedings are issued in two volumes. The present volume contains the summary records of the Board's discussions and details regarding the membership of committees. The resolutions and decisions, and relevant annexes are issued in document EB140/2017/REC/1. The list of participants and officers is contained in document EB140/DIV./1 Rev.1.

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¹ As adopted by the Board at its first meeting (23 January 2017).

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EB140/1 Rev.1	Agenda ¹
EB140/1 (annotated)	Provisional agenda (annotated)
EB140/2	Report by the Director-General to the Executive Board at its 140th session
EB140/3	Post of Director-General Draft contract
EB140/4	Post of Director-General Options for the conduct of the election on the basis of paper-based voting ²
EB140/5	Report of the Programme, Budget and Administration Committee of the Executive Board
EB140/6	Report of the regional committees to the Executive Board
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EB140/10	Health workforce coordination in emergencies with health consequences
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EB140/14	Implementation of the International Health Regulations (2005) Draft global implementation plan

¹ See page xi.

² See document EB140/2017/REC/1, Annex 3.

EB140/15	Implementation of the International Health Regulations (2005) Public health implications of the implementation of the Nagoya Protocol
EB140/16	Review of the Pandemic Influenza Preparedness Framework
EB140/16 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board or Health Assembly ¹
EB140/17	Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth ²
EB140/18	Principles for global consensus on the donation and management of blood, blood components and medical products of human origin
EB140/19	Addressing the global shortage of medicines and vaccines
EB140/20	Evaluation and review of the global strategy and plan of action on public health, innovation and intellectual property ³
EB140/20 Add.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly
EB140/21	Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination
EB140/22	Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination Terms of reference of the expert committee on health research and development
EB140/23 and EB140/23 Add.1	Member State mechanism on substandard/spurious/false-labelled/falsified/counterfeit medical products
EB140/24	Promoting the health of migrants
EB140/25	Global vaccine action plan
EB140/26	Global vector control response

¹ See document EB140/2017/REC/1, Annex 7.

² See document EB140/2017/REC/1, Annex 4.

³ See document EB140/2017/REC/1, Annex 5.

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EB140/27	Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018 ¹
EB140/27 Add.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly ²
EB140/28	Draft global action plan on the public health response to dementia
EB140/28 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board or Health Assembly ²
EB140/29	Public health dimension of the world drug problem
EB140/30	Report of the Commission on Ending Childhood Obesity: implementation plan
EB140/31	Cancer prevention and control in the context of an integrated approach
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EB140/32	Progress in the implementation of the 2030 Agenda for Sustainable Development
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EB140/34	Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): adolescents' health
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EB140/38	Overview of WHO reform implementation
EB140/39, EB140/40 and EB140/40 Add.1	Governance reform: follow-up to decision WHA69(8) (2016)

¹ See document EB140/2017/REC/1, Annex 1.

² See document EB140/2017/REC/1, Annex 7.

EB140/41	Engagement with non-State actors
EB140/42	Engagement with non-State actors Non-State actors in official relations with WHO ¹
EB140/43	Foundations and awards
EB140/44	Provisional agenda of the Seventieth World Health Assembly and date and place of the 141st session of the Executive Board
EB140/45	Appointment of the Regional Director for the Eastern Mediterranean
EB140/46	Human resources: update
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EB140/48	Amendments to the Staff Regulations and Staff Rules ²
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EB140/50	Reports of advisory bodies Expert committees and study groups
EB140/50 Add.1	Reports of advisory bodies Expert committees and study groups Expert advisory panels and committees and their membership
Information documents	
EB140/INF./1	Post of Director-General Nomination of candidates
EB140/INF./2	WHO presence in countries, territories and areas: 2015 report

¹ See document EB140/2017/REC/1, Annex 6.

² See document EB140/2017/REC/1, Annex 2.

³ See document EB140/2017/REC/1, Annex 7.

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EB140/INF./3	Governance reform: follow-up to decision WHA69(8) (2016) Draft forward-looking planning schedule of expected agenda items for the Executive Board and Health Assembly
EB140/INF./4	Statement by the representative of the WHO staff associations
EB140/INF./5	Assessed contributions by Member States and Associate Members, showing a 10% increase in total assessed contribution financing for 2018–2019

Diverse documents

EB140/DIV./1 Rev.1	List of members and other participants
EB140/DIV./2	Preliminary daily timetable
EB140/DIV./3	List of decisions and resolutions
EB140/DIV./4	List of documents

COMMITTEES AND SELECTION PANELS¹

1. Programme, Budget and Administration Committee²

Ms Faeqa Saeed Al-Saleh (Bahrain, member ex officio), Dr Lyonpo Tandin Wangchuk (Bhutan), Ms Zhang Yang (China), Dr Mukengeshayi Kupa (Democratic Republic of the Congo), Dr Francisco Neftalí Vásquez Bautista (Dominican Republic), Professor Benoît Vallet (France), Mr Omar Sey (Gambia), Dr Mahmoud Al-Sheyyab (Jordan), Dr Jamal Mansour Al-Harbi (Kuwait), Dr Raymond Busuttil (Malta, member ex officio), Ms Olivia Wigzell (Sweden), Dr Phusit Prakongsai (Thailand), Dr Stewart Jessamine (New Zealand) and Dr Thomas Frieden (United States of America).

Twenty-fifth meeting, 18–20 January 2017:³ Dr Phusit Prakongsai (Thailand, Chairman), Ms Faeqa Saeed Al-Saleh (Bahrain, member ex officio), Mr T. Chopel (Bhutan, alternate to Dr Lyonpo Tandin Wangchuk), Ms Zhang Yang (China), Dr Mukengeshayi Kupa (Democratic Republic of the Congo, Vice-Chairman), Dr Francisco Neftalí Vásquez Bautista (Dominican Republic), Mr C. Tellier (France, alternate to Professor Benoît Vallet), Mr Omar Sey (Gambia), Mr Z. Abuhassan (Jordan, alternate to Dr Mahmoud Al-Sheyyab), Mr H. Abulhasan (Kuwait, alternate to Dr Jamal Mansour Al-Harbi), Dr Raymond Busuttil (Malta, member ex officio), Dr Stewart Jessamine (New Zealand), Mrs V. Bard (Sweden, alternate to Ms Olivia Wigzell) and Ms A. Blackwood (United States of America, alternate to Dr Thomas Frieden).

2. Sasakawa Health Prize 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 25 January 2017: Dr Raymond Busuttil (Malta, Chairman), Dr Nguyen Kim Tien (Viet Nam) and Professor Etsuko Kita (representative of the founder).

3. United Arab Emirates Health Foundation Selection Panel⁵

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 24 January 2017: Dr Raymond Busuttil (Malta, Chairman), Ms Faeqa Saeed Al-Saleh (Bahrain) and Dr Mohammad Salim Al Olama (representative of the founder).

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 EB139(3) (2016), with changes of representatives for the Dominican Republic, Jordan and Kuwait.

³ See document EBPBAC25/DIV./1.

⁴ Decision EB139(6) (2016).

⁵ Decision EB139(5) (2016).

4. Dr LEE Jong-wook Memorial Prize for Public Health 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 24 January 2017: Dr Raymond Busuttil (Malta, Chairman), Dr Pauly Jean Rosell-Ubial (Philippines) and Mr Kim Inseong (representative of the founder).

¹ Decision EB135(5) (2014).

FIRST MEETING

Monday, 23 January 2017, at 09:35

Chairman: Dr R. BUSUTTIL (Malta)

1. OPENING OF THE SESSION: Item 1 of the provisional agenda

Opening of the session

The CHAIRMAN declared open the 140th session of the Executive Board and welcomed all participants. The current session was of particular significance as the Board would be required to nominate three candidates for the post of Director-General and approve the draft proposed programme budget 2018–2019.

Election of officers

The CHAIRMAN noted that Dr Ramjanam Chaudhary, the Board member designated by Nepal, who had been elected as a Vice-Chairman of the Board for the South-East Asia Region at the Board's 139th session, had been replaced by Mr Gagan Kumar Thapa. He drew attention to a proposal by the Member States of the South-East Asia Region to elect Mr Thapa as a Vice-Chairman of the Board for the Region for the remainder of the term. If there was no objection, he would take it that the proposal was acceptable to the Board.

It was so agreed.

2. ADOPTION OF THE AGENDA: Item 2 of the provisional agenda (documents EB140/1 and EB140/1 (annotated))

The CHAIRMAN recalled that the Officers of the Board had previously recommended that consideration of an additional agenda item, on revitalizing physical activity for health, should be deferred to the 141st session of the Board. However, they had reconsidered their recommendation, taking into account the importance of the item to the prevention of noncommunicable diseases, the fact that the item was unlikely to cause controversy, and an explanation by Thailand that a full discussion was not being sought at the current session; rather, consideration of the item would serve mainly to provide a mandate to the Secretariat to prepare a report and action plan to be submitted, through the Board at its 142nd session, for consideration by the Seventy-first World Health Assembly. Accordingly, the Officers of the Board were proposing that the item should be included as a sixth subitem under provisional agenda item 10 on noncommunicable diseases.

The representative of SWEDEN, supported by the representatives of the NETHERLANDS and CANADA, said that she fully recognized the significance of revitalizing physical activity for health and the need for WHO to play a role in that respect; nevertheless, it was important, from a governance and budgetary perspective, to give the Director-General and the Organization a clear mandate and to ensure that the available budget was not spread over too many areas. The provisional agenda was already lengthy and, moreover, delegations had not been given the opportunity to prepare for a

discussion on the proposed item. It would therefore be preferable to defer consideration of the proposed item to the 141st session of the Executive Board.

The representative of THAILAND, supported by the representative of BHUTAN, said that physical inactivity was the neglected risk factor for noncommunicable diseases: the Global Strategy on Diet, Physical Activity and Health dated back to 2004 and there was currently no stand alone global strategy on physical activity. He recalled that considerable interest had been shown by Member States in a side event on physical activity held at the Sixty-ninth World Health Assembly, at which participants had agreed that it was imperative to build the global momentum to promote physical activity. After outlining some of the activities carried out in Thailand to promote physical activity, he called on the Board to include the proposed item on the agenda of the current session, in order to enable the Secretariat to prepare the necessary documentation for discussion by the Board at its 142nd session and for subsequent consideration by the Seventy-first World Health Assembly.

The representative of TURKEY said that the subject of physical activity certainly merited consideration by the Board. The Secretariat should prepare a report to aid discussions on the item at the 141st session of the Executive Board.

The CHAIRMAN suggested, in the light of the comments made, that at the current session the Secretariat could simply be given the remit to prepare a preliminary report for discussion at the 141st session of the Executive Board, the results of which could be used to prepare an action plan to be discussed at the 142nd session of the Board, with a view to its consideration by the Seventy-first World Health Assembly.

The representative of NEW ZEALAND said that discussion of the issue should not be drawn out over a number of meetings; the proposed item should be included on the agenda of the Board only once, whether at the current or a future session, in order to allow for the full discussion of the subject.

The representative of the CONGO, noting the fullness of the provisional agenda and the fact that delegations had not been given the opportunity to prepare for a discussion on the proposed item, expressed support for the proposal made by the Chairman.

The DIRECTOR-GENERAL recalled that, in view of the heavy provisional agenda and in the interests of upholding the objectives of governance reform, the Officers of the Board had initially decided to recommend that consideration of the proposed item should be deferred. She observed, however, that there was agreement regarding the importance of the issue of physical activity. One solution might be to include the proposed item on the agenda of the current session of the Board and rather than open the item for discussion, simply to request the Secretariat to prepare a global action plan for discussion at the 142nd session of the Executive Board and subsequent consideration by the Seventy-first World Health Assembly.

The representatives of the DOMINICAN REPUBLIC, SWEDEN, the PHILIPPINES and COLOMBIA expressed support for the proposal by the Director-General.

The representative of the CONGO, expressing support for the proposal by the Director-General, nevertheless emphasized the importance of ensuring that the necessary documentation was made available before the consideration of the proposed item.

The CHAIRMAN, responding to the comment made by the representative of the Congo, gave his assurances that the relevant documentation would be made available before discussion of the proposed item.

The DIRECTOR-GENERAL, emphasizing that note had been taken of the positions expressed, reaffirmed that, in order to move ahead and save time, there would be no discussion on the item at the current session.

The CHAIRMAN thanked the Director-General for that clarification. He took it that, as proposed by the Director-General, the Executive Board wished to include the proposed item on revitalizing physical activity for health as agenda item 10.6; the item would not be opened for discussion, but would instead provide a mandate for the Secretariat to prepare the necessary documentation for consideration by the Board at its 142nd session.

It was so agreed.

The CHAIRMAN, turning to the recommendation by the Officers of the Board not to include on the agenda of the current session an item requested by New Zealand on rheumatic heart disease, explained that in view of the fullness of the agenda, and as rheumatic heart disease was not a significant concern in all regions, it had been suggested that it would be more appropriate to consider the item at a regional level. However, noting the need for a global approach to tackling rheumatic heart disease, New Zealand had requested that the item should be included on the agenda of the 141st session of the Executive Board. The Officers of the Board had therefore reconsidered its recommendation and proposed that the item should be included on the agenda of the 141st session of the Executive Board. The Chairman took it that the recommendation by the Officers of the Board was acceptable to the Board.

It was so agreed.

The representative of INDIA,¹ supported by the representatives of BRAZIL¹ and the BOLIVARIAN REPUBLIC OF VENEZUELA,¹ expressed regret, given the topic's importance in relation to the Organization's core mandate, that the Officers of the Board had recommended not to include an agenda item on the report of the United Nations Secretary-General's High-level Panel on Access to Medicines. He called for the proposed item to be included on the agenda of the current session of the Board.

The representative of the ISLAMIC REPUBLIC OF IRAN,¹ calling for further explanation of the recommendation by the Officers of the Board, reiterated the request to include the proposed item on the provisional agenda of the current session of the Board.

The CHAIRMAN, noting that the Board had a long and complex provisional agenda for the current session, said that there would be ample opportunity to comment on the findings of the report of the United Nations Secretary-General's High-level Panel on Access to Medicines under an existing provisional agenda item (either item 8.3 or item 8.5). If there was no objection, he would take it that the Board wished to proceed in that manner.

It was so agreed.

The CHAIRMAN drew attention to a proposal by the Secretariat to delete provisional agenda item 13.2, Amendments to the Financial Regulations and Financial Rules, as no proposals for amendments had been received. He also drew attention to a proposal by the Secretariat to delete provisional agenda item 14.5, Independent Expert Oversight Advisory Committee: membership renewal. Referring to the post of Director-General, he drew attention to a proposal to amend the title of

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

to a proposal to amend the title of provisional agenda item 4.3 to read “Procedures for the conduct of the election”. He said that, if there was no objection, he would take it that the Board agreed to those proposals.

It was so agreed.

The agenda, as amended, was adopted.¹

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 participated in sessions of the Board as an observer. She 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 said he took it that the Board wished to accede to the request.

It was so agreed.

The CHAIRMAN, reviewing the preliminary daily timetable contained in document EB140/DIV./2, drew attention to the timetable for the discussion of agenda item 4, Post of Director-General, and the discussion of item 15.1, Appointment of the Regional Director for the Eastern Mediterranean. He recalled that open meetings related to those items would be held in compliance with Rule 7 of the Rules of Procedure of the Executive Board, which meant that members of the Board and their alternates and advisers could attend them, that Member States not represented on the Board and Associate Members could send one representative each without the right to participate, and that the Secretariat’s attendance would be limited to essential staff only. Furthermore, no official record would be made of those meetings. He took it that the Board agreed to the arrangements as proposed, subject to adjustment in the light of the foregoing discussion and to any developments during the week.

It was so agreed.

The CHAIRMAN also drew attention to a proposal by the Secretariat to consider item 7.1, Health emergencies, together with the first part of item 7.4, Implementation of the International Health Regulations (2005) – Draft global implementation plan. It was also proposed that a discussion of the elements of item 15.3, Human resources: update, relating to polio transition planning, should be included in the discussion of item 7.3, Poliomyelitis, and that item 7.5, Review of the Pandemic Influenza Preparedness Framework, should be considered together with the second part of item 7.4, Implementation of the International Health Regulations (2005) – Public health implications of the implementation of the Nagoya Protocol. In addition, it was proposed that a discussion of the element of item 15.3, Human resources: update, relating to criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions, should be included in the discussion of item 14.3, Engagement with non-State actors. If he heard no objection, he would take it that the Board agreed to those proposals.

It was so agreed.

¹ Document EB140/1 Rev.1.

3. REPORT BY THE DIRECTOR-GENERAL: Item 3 of the agenda (document EB140/2)

The DIRECTOR-GENERAL, introducing her report, said that rising wealth inequality had been identified as the most significant trend that would shape global development over the next decade, as action was taken to deliver fair social outcomes under the 2030 Agenda for Sustainable Development. She highlighted some recent WHO achievements. A landmark report on the economics of tobacco and tobacco control had shown how tobacco control could save lives while generating revenue for health and development, countering false claims by the tobacco industry that tobacco control harmed economies. New financing arrangements had been agreed for WHO's prequalification programme, which was helping to make medical products more affordable and ensure more abundant and predictable supplies, as well as equity among manufacturers. Information had been published on a range of subjects, cementing the Organization's position as a respected source of authoritative data. The recent news of the development of an effective Ebola vaccine had been particularly uplifting.

The Organization had made significant progress in strengthening its response to disease outbreaks and emergencies. A shortlist of pathogens with epidemic potential had been drawn up and a research and development blueprint formulated with the aim of cutting the time needed to develop and manufacture candidate products for treatment or vaccination from years to months. Steps were being taken to prepare emergency medical teams, with stringent WHO verification and registration requirements. The Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits, set up in 2011, stood as a ground-breaking model for partnership with the private and nongovernmental sectors, with the aim of ensuring greater fairness in global public health. Despite the progress made, the world must remain watchful for the early signs of the next influenza pandemic.

(For the discussion of the report, see section 5.)

4. TRIBUTE TO THE MEMORY OF DR DONALD HENDERSON AND DR HALFDAN MAHLER

The DIRECTOR-GENERAL paid tribute to two public health leaders who had died since the previous session of the Executive Board. Dr Donald Henderson had been most strongly identified with the eradication of smallpox. More recently, he had contributed to the design of the ring vaccination approach used to test an Ebola vaccine in Guinea.

The eradication of smallpox had been achieved during Dr Halfdan Mahler's long tenure as Director-General of the Organization. He was best remembered for his commitment to primary health care and for the 1978 Alma-Ata Declaration on primary health care that had launched the Health for All movement.

The Board stood in silence for one minute.

The representative of DENMARK expressed appreciation for the tribute paid to Dr Mahler, who had served as Director-General from 1973 to 1988 at a critical juncture in the Organization's history, when it had been redefining its role in the light of the Health for All movement. Dr Mahler had spent most of his career in the Organization, earning personal and professional respect from those who worked with him.

5. REPORT BY THE DIRECTOR-GENERAL: Item 3 of the agenda (document EB140/2) (resumed)

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia aligned themselves with the statement. The European Union strongly encouraged WHO to play the lead role in implementing the health-related Sustainable Development Goals set out in the 2030 Agenda for Sustainable Development and supported the focus of the Organization's programme activities to that end; however, greater clarity was needed on priorities and time frames for action at the global, regional and national levels. A plan should be drawn up in that regard to serve as the basis for the draft thirteenth general programme of work. Strong and resilient health systems were necessary not only in achieving the Sustainable Development Goals but also for preventing, detecting and responding immediately to health-related emergencies. The Director-General was therefore to be commended on implementing the emergency reform process, which all Member States should support.

Transition planning for poliomyelitis eradication remained a key challenge. While the recent increase in the number of staff funded by the Global Polio Eradication Initiative was a matter of concern, the impact that withdrawing polio funding would have on other public health programmes was even more worrying. The reform process, which was a shared responsibility of the Secretariat and Member States, must continue, with even more linkages between expenditure and outputs and increased internal cost efficiencies. The question of ensuring the sustainable funding of programmes, in particular the WHO Health Emergencies Programme, and the intensity of the workload of the governing bodies continued to cause concern. Governance and the reform thereof fell mainly to Member States, which must take urgent and decisive action to rationalize the governing bodies' agendas, balancing States' sovereign rights with their global responsibilities.

The representative of MEXICO said that health now occupied a central position on the development agenda. Without good health, there could be no progress or well-being. However, advances in the field of health had, in many cases, resulted in gaps and inequalities that would have to be addressed with better-targeted efforts and use of resources under the 2030 Agenda for Sustainable Development. The spread of unhealthy lifestyles burdened societies with serious health problems. Those problems could not be solved by medical services or medication alone – resolving them was the shared responsibility of all.

The representative of the NETHERLANDS said that the WHO Health Emergencies Programme was an example of a major step forward in terms of WHO reform, but its impact could be affected by funding issues. He asked how realistic the Programme budget 2016–2017 and draft proposed programme budget 2018–2019 would be, if there was a continued heavy reliance on voluntary contributions. His Government supported the increase in assessed contributions proposed in the draft, and called on Member States to pay serious heed to the strong case that had been made by the Director-General for such an increase.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, expressed satisfaction at the establishment of the WHO Health Emergencies Programme, the progress made with respect to governance reform, the adoption of the Framework of Engagement with Non-State Actors, and the success achieved in tackling various diseases and epidemics. To meet future challenges, health systems had to be reinforced at the national level and WHO leadership strengthened in line with the One Health approach.

The extent of the gaps in the financing of the programme budget was a major concern. He expressed support for the proposed increase in assessed contributions, and suggested that underfinanced programmes could also be funded by expanding the donor base and encouraging Member States to make unearmarked voluntary contributions. Universal health coverage was a

priority, and Member States needed support to build the core capacities required to implement the International Health Regulations (2005) and prevent and control noncommunicable diseases. In the face of increasing antimicrobial resistance, the needs of all countries had to be taken into account when prioritizing global action, in particular in terms of affordable access to health products, as recommended by the High-level Panel on Access to Medicines convened by the United Nations Secretary-General. The Member States of the Region required support to manufacture essential medicines locally, making full use of the flexibilities set out in the 2001 Doha Declaration on the TRIPS Agreement and Public Health.

Noting that the African Region was particularly vulnerable to environmental risk factors, he called for a coordinated global response on health, the environment and climate change comprising appropriate political action and sufficient financial investment. WHO reform should be implemented more rapidly and in a sustained manner, so as to enable the Organization to become more effective, dynamic and transparent, to improve the alignment of governance at all three levels, and to meet Member States' needs more effectively.

The representative of the RUSSIAN FEDERATION said that her country welcomed efforts to increase the effectiveness of WHO, identify new approaches to improve public health, put health before politics and strengthen health systems. The Russian Federation had achieved Goals 4 and 5 of the Millennium Development Goals and had made considerable progress in reducing the burden of noncommunicable diseases. It continued to support work on noncommunicable diseases at the global level and hosted the geographically dispersed office on noncommunicable diseases in Moscow.

The Russian Federation welcomed the Framework of Engagement with Non-State Actors. It attached importance to removing language barriers for the sharing of knowledge and experience, and supported WHO efforts with respect to Russian translation. She noted the important role played by WHO in saving lives in emergency situations, and said that her country was one of many to have proposed the establishment of a special emergency fund and programme. It had, for many years, provided human, technical and material resources, including vaccines, for WHO missions. She concluded by drawing attention to the Global Ministerial Conference on Tuberculosis, to be held in Moscow in November 2017.

The representative of CHINA said that the Ninth Global Conference on Health Promotion, held in Shanghai in November 2016, had adopted two outcome documents: the Shanghai Declaration on Health Promotion and the Shanghai Consensus on Healthy Cities. During his recent visit to WHO headquarters, the Chinese President had signed a Memorandum of Understanding with WHO on health sector cooperation under the One Belt, One Road initiative, which would help to foster implementation of the health-related Sustainable Development Goals. Her Government was taking the requisite measures under the International Health Regulations (2005) in responding to the recent case of human infection with avian influenza A(H7N9) virus, and would continue to strengthen its communication with WHO.

The representative of SWEDEN said that her country looked forward to the establishment of the ad hoc inter-agency coordination group as an outcome of the 2016 high-level meeting of the United Nations General Assembly on antimicrobial resistance. The Swedish Minister of Health had written that morning to the United Nations Secretary-General and the WHO Director-General, on behalf of the Alliance of Champions against antimicrobial resistance, stressing the need for urgent action on the issue. While Sweden noted the work undertaken by the Secretariat to increase gender representation and equality at WHO, there was room for improvement. All Executive Board members were invited to join the call to action, to be launched on 24 January 2017, for equal gender representation within WHO, in delegations to the Executive Board and in the incoming leadership of WHO.

The representative of TURKEY expressed appreciation for the Director-General's professionalism, dedication, enthusiasm and common sense, and thanked her for having contributed so much to WHO during her terms of office.

The representative of the PHILIPPINES said that the Director-General's pledge 10 years earlier, to work tirelessly with Member States to make the world a healthier place, was on the path to fulfilment. Health had been incorporated as a central element of numerous international agreements, including the 2030 Agenda for Sustainable Development. The next step would be to ensure that the principles enshrined in those agreements were embedded in regional and national policies and implemented at the local level. WHO would remain Member States' partner throughout that process.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO expressed special appreciation for the Director-General's support during the recent outbreaks of yellow fever and Ebola virus disease in his country. The Director-General's report showed that huge advances had been made, but much remained to be done. Member States had to work together to create complementarities in terms of resource mobilization. He expressed support for all means of ensuring adequate funding, including an increase in assessed contributions.

The representative of NEPAL said that recently introduced restrictions on the sale of tobacco products in his country had prompted an outcry among the finance and trade authorities, industry and private sector entities, which believed that those restrictions would harm the economy. Plans to tax sugar-sweetened beverages and improve air quality were also expected to give rise to opposition, on the same grounds. More studies and evidence were needed to bolster the Government's case that such measures would have not only public health, but also economic, benefits. A platform was needed allowing people from different departments and sectors to share their views and move ahead in the same direction.

The representative of CANADA said that Member States had a collective responsibility to work together to achieve improved health outcomes for all citizens. Regardless of the health issue at hand, what was needed was evidence-based policy, innovation, broad engagement, a focus on the most vulnerable people and on addressing health inequities – and ultimately, securing political will. Achievement of the Sustainable Development Goals depended on the ability to mainstream health throughout all ministries.

The representative of LIBYA said that attempts should be made to find ways to ensure minimum levels of health in those countries of the Eastern Mediterranean Region where armed conflict had undermined health systems and the provision of basic health services.

The representative of KAZAKHSTAN said that, as a result of the Director-General's leadership over the previous 10 years, important health topics that constituted obstacles to development, such as noncommunicable diseases and antimicrobial resistance, had been addressed by the United Nations and political commitment had been mobilized to tackle them. Equity in health had been put on the world development agenda, and health had become a cross-cutting issue for the achievement of the Sustainable Development Goals. The Director-General's focus on working with Member States had ensured that WHO did not simply issue norms and standards but also helped countries to implement them.

The representative of PAKISTAN said that his country attached particular importance to tackling noncommunicable diseases; issues of particular concern included tobacco use, lifestyle changes, nutritional interventions and the scale of management required. The recent outbreak of Ebola virus disease had highlighted the limitations and determination of the international community in responding to emerging infectious diseases and the importance of an effective system for the implementation of the International Health Regulations (2005). His country would be pleased to share its experience in piloting a joint external evaluation tool with respect to the International Health Regulations (2005) and the Global Health Security Agenda.

The representative of INDIA¹ said that maintaining WHO's role as the international leader in global public health policy-making must remain a priority. With regard to the Director-General's appeal to increase assessed contributions, he said that the programme budget should be better aligned with the Sustainable Development Goals, and the needs and priorities of developing countries should be placed at the centre of implementation efforts. Greater attention should be given to research and development in health and access to medical innovation, and he hoped that the Coalition for Epidemic Preparedness Innovations, which India had recently joined, would serve as a platform to accelerate the development of vaccines for emerging infectious diseases.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA¹ said that the lessons learned from the Ebola virus disease outbreak had been key in the development of an emergency response programme, which should be regularly reviewed. He welcomed the progress made in tobacco control and commended the key role of WHO in encouraging countries to continue their tobacco control efforts. He called for further collaboration with pharmaceutical companies in the research and development of new vaccines and for ongoing efforts to strengthen coordination at all three levels of the Organization.

The representative of SPAIN¹ said that she recognized the importance of health systems strengthening in order to consolidate progress, work towards achieving the Sustainable Development Goals and be able to respond to emerging risks. She noted with satisfaction the progress made in implementing the Global Strategy for the Prevention and Control of Noncommunicable Diseases, and stressed the need to reorient health systems to cope with an ageing population. She welcomed the establishment of the WHO Health Emergencies Programme, noting that her country was preparing to collaborate actively in the global health emergency workforce. Spain called for a multidisciplinary and intersectoral approach in tackling the important issue of antimicrobial resistance. Her country supported the global vaccine action plan and called on all countries to work towards eradicating poliomyelitis and contain poliovirus. WHO must retain its leadership and coordination role in the global health arena and continue its process of reform.

The representative of BRAZIL¹ said that the Director-General was to be commended for her interaction with Member States and prompt and innovative responses to global issues of public health concern, including the outbreaks of severe acute respiratory syndrome, Ebola virus disease and Zika virus disease. The WHO Framework Convention on Tobacco Control should to be strengthened, and the Director-General's call for action on noncommunicable diseases should be heeded. Continued efforts should be made to combat HIV/AIDS, malaria and tuberculosis and promote access to affordable medicines for all.

The representative of JAPAN¹ said that his country greatly appreciated the Director-General's efforts in transforming the global health architecture, including in establishing the WHO Health Emergencies Programme and the WHO Contingency Fund for Emergencies and in ensuring coordination with key players in the health emergency and humanitarian fields. Japan trusted that WHO would continue to play a leading role in addressing such important issues as strengthening the global health architecture, attaining universal health coverage, promoting health throughout the life course, combating antimicrobial resistance and promoting relevant research and development. The incoming Director-General should further advance the reform agenda.

The representative of FINLAND¹ said that the incoming Director-General should share the present Director-General's unwavering commitment to reform and emphasized the importance of keeping WHO relevant within the global health architecture and in the context of the 2030 Agenda for

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

Sustainable Development. While the WHO Health Emergencies Programme had demonstrated the Organization's ability to adapt to new circumstances, a new focus on emergency response should not come at the expense of improving preparedness and fully implementing the International Health Regulations (2005). The Framework of Engagement with Non-State Actors would greatly facilitate the establishment of new partnerships for development.

The representative of DENMARK¹ said that he recognized the efforts made to align priorities in the draft proposed programme budget 2018–2019 with the health-related Sustainable Development Goals, and looked forward to the establishment of greater linkages with the 2030 Agenda for Sustainable Development. His country was concerned about a shortfall in funding and called for sustainable solutions to ensure that the programme budget was realistic and fully funded. He called on all countries to accelerate reforms with a view to achieving universal health coverage and emphasized the importance of sexual and reproductive health and rights for all.

The representative of ITALY,¹ noting the progress made in the area of reform, expressed support for WHO's leadership on the global health agenda and welcomed the alignment of the work of several United Nations agencies around the vital issue of health. He called for further efforts in tackling noncommunicable diseases. Issues such as migrants' health and climate change would influence health issues in the decades to come.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that health was a crucial component of any effective response to global emergencies and could also in itself be the cause of an emergency, as the recent Ebola virus disease and Zika virus disease outbreaks and other outbreaks had shown. He expressed appreciation for the Director-General's efforts in reforming emergency health programmes, and for the Organization's engagement in difficult and dangerous situations where others had failed. A strong WHO was crucial to an effective response to health needs in fragile settings and to extending health coverage to those hardest to reach.

The DIRECTOR-GENERAL, expressing appreciation for the positive comments made, said that WHO was owned by its Member States; the Secretariat would act on their guidance to ensure that WHO was relevant and fit for purpose.

6. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 5 of the agenda (document EB140/5)

The representative of THAILAND, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee had noted the report of the Independent Expert Oversight Advisory Committee, the decrease in the number of outstanding audit recommendations and the fact that the Secretariat was paying greater attention to the recommendations. The Secretariat had been advised to continue to make progress in that regard. The Committee had endorsed the Advisory Committee's request for a summary of the significant audit recommendations for 2016 and management responses. It had also endorsed the Advisory Committee's proposal for reporting on special audits. The importance of follow-up of audit recommendations and risk management at all levels of the Organization had been highlighted, as had the need to apply the lessons learned. Further information about the implementation of the procurement strategy had been sought. Concerns had been expressed, including in respect of the

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

shortfall in funding of the Organization's work, the overdependence on voluntary contributions and the small size of the donor base.

The Committee had also noted the report by the Secretariat on information management and technology. The digital transformation of WHO was welcomed. It was emphasized that the integrated digital platform should be: started in 2017; used throughout the Organization, especially by the WHO Health Emergencies Programme; and used to ensure the wide distribution of high-quality information to countries.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, said that he welcomed the progress concerning WHO reform outlined in the document. He supported the proposed increase in assessed contributions for the biennium 2018–2019, but suggested that other funding sources should be identified, as the increase alone would not be sufficient to cover the shortfall in funding. The Secretariat should use available resources efficiently and strengthen resource mobilization mechanisms, including in the regional offices.

The representative of THAILAND expressed support for the proposed 10% increase in assessed contributions. In the absence of an agreement, his Government would nevertheless endeavour to make available the same amount in the form of a regular, unearmarked voluntary contribution.

The representative of SWEDEN said that the Committee's discussions had been fruitful and constructive and highlighted complex and challenging issues to be addressed. However, a distinction must be drawn in the report between Member States that were members of the Committee and those that were not.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO said that every effort must be made to mobilize the financial resources needed. While assessed contributions were important, other options should also be explored.

The representative of PAKISTAN said that it would not be prudent, at the present juncture, to divert polio-specific funding to programmes on noncommunicable diseases.

The representative of TURKEY expressed appreciation for the valuable work and recommendations of the Programme, Budget and Administration Committee.

The representative of NEW ZEALAND said that a smoother procedure must be developed for the finalization of the report.

The representative of the UNITED STATES OF AMERICA said that the Secretariat should review the procedures for developing the report and the level of detail required. A common approach should be developed to refer to members and non-members of the Committee.

The representative of GERMANY,¹ supported by the representative of NORWAY,¹ said that the meeting had been constructive. However, members should, in future, refrain from renegotiating issues when discussing the report.

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

The representative of BRAZIL¹ recalled that, while the meeting had been fruitful, it had been difficult to agree on the report, which had been prepared by the Secretariat, rather than negotiated by the Committee. It had therefore been necessary to introduce some changes during its consideration. The document before the Board provided a basis for decision-making and for establishing a process to discuss issues of concern in an interlinked manner, including the challenges relating to the financial sustainability of the Organization.

The meeting rose at 12:25.

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

SECOND MEETING

Monday, 23 January 2017, at 14:30

Chairman: Dr R. BUSUTTIL (Malta)

1. REPORT OF THE REGIONAL COMMITTEES TO THE EXECUTIVE BOARD: Item 6 of the agenda (document EB140/6)

The REGIONAL DIRECTOR FOR EUROPE said that the agenda for the sixty-sixth session of the Regional Committee for Europe had been drawn up with due consideration for the alignment of the work of the regional and global governing bodies. Governance reform remained a priority and was being implemented through the Standing Committee of the Regional Committee for Europe's subgroup on governance, which was considering how to decrease the number of regional strategies and action plans and avoid duplication of activities at the global level. The Regional Committee for Europe had taken note of the recommendations of the open-ended intergovernmental meeting on governance reform. Regional implementation of the Framework of Engagement with Non-State Actors was being coordinated with implementation at the global level.

While the new approach to health emergencies was commendable, the funding gap was worrying. Technical capacity remained the greatest concern, and must be ensured in a balanced manner across the three levels of the Organization, including through investment in the country focus strategy. The main priority in the Region was implementation of Health 2020, the European health policy framework. A new platform had been established to bring together the health, education and social policy sectors, which supplemented the Region's cross-sectoral work on environment and health, and health and finance. A regional road map for achieving the Sustainable Development Goals would build on national development plans. At its sixty-sixth session, the Regional Committee had adopted the strategy and action plan for refugee and migrant health in the Region.

The representative of NEW ZEALAND said that it could be useful for regional reports to identify potential capacity to lead global policy development initiatives, with a view to moving away from the idea that all major projects must be led from headquarters and making use of regional offices' capacity to lead global projects in an inclusive manner.

The representative of THAILAND said that he wished to draw attention to the particular emphasis that had been placed on physical exercise during the sixty-ninth session of the Regional Committee for South-East Asia. Morning exercise sessions attended by participants, including ministers, the Regional Director and the Director-General, had boosted the profile of physical activity in his Region.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, speaking on behalf of the Member States of the African Region, said that the report provided a useful overview of the relationship between regional and global priorities and enabled the various regions to learn from each other's experiences, successes and challenges.

The REGIONAL DIRECTOR FOR THE AMERICAS recalled that, at its sixty-eighth session, the Regional Committee for the Americas had adopted a resolution on the Framework of Engagement with Non-State Actors, underscoring the commitment of PAHO Member States towards the implementation of the Framework. The Regional Committee had also considered, among other things,

the PAHO Health Emergencies Program, which was in line with the WHO Health Emergencies Programme.

The Region had received certification for the elimination of measles, while plans of action to eliminate malaria and 10 neglected infectious diseases had been adopted by the Regional Committee. The prevention and control of HIV and other sexually transmitted infections had been discussed and 17 Member States had announced their readiness for verification of the elimination of mother-to-child transmission of HIV and syphilis. The Strategy for Arboviral Disease Prevention and Control had been adopted in the wake of the outbreak of Zika virus disease in the Region. The definition of resilient health systems and a policy document on access to and rational use of strategic and high-cost medicines had been discussed. A strategy for universal health coverage that would include migrants had been approved.

The REGIONAL DIRECTOR FOR AFRICA said that, at its sixty-sixth session, the Regional Committee for Africa had been updated on WHO reform at the regional level, known in the African Region as the Transformation Agenda. That Agenda involved, among other things, the development of technical key performance indicators to improve the results focus of activities in the Region, and would be independently evaluated. Technical items under discussion in the Regional Committee had included health security, the implementation of the International Health Regulations (2005) and the adoption of a regional strategy for health security and emergencies. The process of joint external evaluation had been embraced in the Region, and several Member States in the Region were preparing for that evaluation process.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that the Regional Committee for South-East Asia, at its sixty-ninth session, had discussed WHO reform from the programme, governance and management perspectives. Emphasis was being placed on deliverables and results and the Regional Committee had noted the reduction in the number of technical items on its agenda. Some 32 Regional Committee resolutions had been dealt with, and the session had been paperless. Managerial reform efforts were appreciated, including management and compliance dashboards, and programme review missions to countries across the Region to identify best practices and areas for improvement in administration and programme management. The robust process for the development of the draft Proposed programme budget 2018–2019 had been welcomed, in particular the identification of priorities at the country level and their alignment with global commitments, and efforts on accountability, transparency and risk management. The financial implications of a reduced budget for poliomyelitis activities following transition efforts had been considered.

Ministerial round table meetings had been held on the 2030 Agenda for Sustainable Development and its Sustainable Development Goals, and on strengthening health systems to address noncommunicable diseases at the primary health care level. Antimicrobial resistance, implementation of the International Health Regulations (2005), ending preventable maternal and child mortality, addressing neglected tropical diseases, and health emergencies had also been discussed.

The Board noted the report.

2. POST OF DIRECTOR-GENERAL: Item 4 of the agenda

Options for the conduct of the election on the basis of paper-based voting: Item 4.3 of the agenda (document EB140/4)

The CHAIRMAN proposed that item 4.3 of the agenda should be discussed in three stages, namely consideration of: the draft decisions on paper-based voting at sessions of the Board and at the Health Assembly, as contained in document EB140/4; the practical aspects of the voting process at sessions of the Board; and the modalities of the interviews of short-listed candidates.

It was so agreed.

The LEGAL COUNSEL presented document EB140/4, which outlined the reasons for using a paper-based voting system, options for improving the efficiency of that system to reduce the time taken to complete one round of voting from three hours to 80 minutes, and a list of the requisite amendments to or suspensions of the Guiding Principles for the Conduct of Elections by Secret Ballot and Rules of Procedure of the World Health Assembly. The Board was invited to consider the two draft decisions contained in EB140/4: draft decision 1 on the use of a paper-based voting system; and draft decision 2, in which the Board was invited to choose whether it wished to recommend that the Health Assembly should: (a) amend the Guiding Principles and Rules of Procedure to incorporate the changes for future use; or (b) suspend certain parts of them to allow for a temporary change in procedure.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed disappointment that an electronic voting system could not be applied. The proposals outlined in document EB140/4, however, could be accepted on the condition that due consideration would be given to the security of the ballot. In draft decision 2, she supported a temporary suspension under option (b), rather than a permanent amendment, of the Rules of Procedure, with a view to maintaining momentum for the development of an electronic voting system.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, said that he supported the options to improve efficiency. The Guiding Principles and Rules of Procedure should be amended for future use, in accordance with draft decision 2, option (a).

The representative of NEW ZEALAND said that, while he agreed that an electronic voting system would be preferable and that efforts to develop such a system should continue, the Guiding Principles and Rules of Procedure should be amended in accordance with draft decision 2, option (a), rather than temporarily suspended.

The representative of THAILAND said that he preferred paper-based voting and supported draft decision 2, option (a).

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that she would accept the majority opinion.

The CHAIRMAN invited the Board to adopt draft decision 1 on the use of a paper-based voting system for nomination of the Director-General, contained in paragraph 29 of document EB140/4.

It was so decided.¹

The CHAIRMAN said that, in the light of the foregoing consensus on amending, rather than suspending, the Rules of Procedure, he wished to invite the Board to adopt draft decision 2, option (a), contained in paragraph 29 of document EB140/4.

It was so decided.²

The CHAIRMAN drew attention to the procedures for paper-based voting that had been used in the past, as set out in document EB140/4, paragraphs 15–26, and document EB140/INF./1, and proposed that the Board should proceed as outlined in those documents. He proposed that two tellers should be appointed to assist with vote counting for the short-listing and nomination. He asked Ms Heidi Botero Hernández (Colombia) and Ms Benjaporn Niyomnaitham (Thailand) to serve as the tellers. In line with previous practice, paper ballots would be printed, and after use shredded, in the middle of the room, in front of the Board members. For each successive round of voting, new ballots would be printed on the Chairman's instruction.

With respect to the modalities of the interviews of short-listed candidates, the candidates' presentations would proceed as set out in document EB140/4, paragraphs 27 and 28. He suggested that the question and answer session held during interviews should be carried out according to the revised procedure that had been circulated to Board members in a letter and which took into account Board members' views. Under that revised procedure, each Board member would be given five tokens marked with the name of their Member State. Each token would be a different colour, with one colour for each candidate. Each candidate's colour would be drawn by lot at the same time as the order for the short-listed candidates' interviews. Following each candidate's oral presentation, Board members would be given time to write down a question. Members wishing to ask a question would be requested to place the coloured token corresponding to the candidate being interviewed in one bag. Once all the tokens had been collected by the ushers, the Chairman would draw one token by lot and the representative of the Member State drawn would subsequently be called upon to ask his or her question in any of the official languages of WHO. The process would be repeated until the allotted 30 minutes of the question and answer session had expired. The 30 minutes would begin with the reading of the first question. Board members would be allowed one minute to ask the question and would be permitted to ask one question only, and would be requested not to ask questions that had already been answered in the candidate's presentation or in response to a previous question. During the 30-minute question and answer session, the candidate would be allowed three minutes to answer a question. Two sets of traffic lights would be used. One would signal the duration of the question and answer session, while the other would signal the one minute allotted to Member States to ask questions and the three minutes for the candidate's response. If there were not enough questions to fill the allotted 30 minutes, the candidate could give an additional presentation until the 30 minutes were exhausted.

It was so agreed.

¹ Decision EB140(1).

² Decision EB140(2).

3. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 7 of the agenda

Health emergencies: Item 7.1 of the agenda

- **WHO response in severe, large-scale emergencies** (document EB140/7)
- **The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme** (document EB140/8)
- **Research and development for potentially epidemic diseases** (document EB140/9)
- **Health workforce coordination in emergencies with health consequences** (document EB140/10)

Implementation of the International Health Regulations (2005): Item 7.4 of the agenda

- **Draft global implementation plan** (document EB140/14)

The CHAIRMAN recalled that the Board had agreed to consider item 7.1 of the agenda together with the first part of item 7.4 of the agenda.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme presented the Committee's first report to the Board. She described the main functions of the Committee, as outlined in paragraph 2 of its report, and said that the WHO Health Emergencies Programme had already: improved rapid detection of and response in recent outbreaks; more structured responses to humanitarian crises; and more professionalized incident management. The Committee had mainly focused its assessment on eight thematic areas. Noting the common structure across the three levels of the Organization, she said that regional offices were aligning their health emergency structures, but that implementation of the Programme at the country level should proceed more quickly. Progress had been made in recruitment at the regional level, particularly in the African Region and Eastern Mediterranean Region, and at headquarters, but there was a need to recruit personnel for health emergency posts quickly at the country level. Optimizing and streamlining recruitment would help to achieve a better balance across the Organization's three levels. WHO representatives and incident managers needed relevant and adequate training and support, in order to respond appropriately to emergencies. WHO had adopted a new common incident management system that had been used successfully during the recent outbreaks of Zika virus disease and yellow fever, and the system could be adapted to different contexts.

She welcomed the WHO Protocols for Risk Assessment, Grading of Emergencies and Incident Management and the second edition of the Emergency Response Framework, which would be available at the end of January 2017. The Committee advised the WHO Health Emergencies Programme to work closely with appropriate counterparts, and recognized the successful rapid disbursement of the WHO Contingency Fund for Emergencies. However, while national governments were key partners, partnerships with non-State actors at the country level should be cultivated, within the Framework of Engagement with Non-State Actors. The Committee was pleased with the progress made in advancing the Global Health Cluster and Global Outbreak Alert and Response Network. Specialized initiatives related to emergency medical teams and the growing number of disease- and hazard-specific, clinical and laboratory networks were also noted. Recognizing the importance of the International Health Regulations (2005), she expressed satisfaction that the Programme had completed joint external evaluations in 27 countries across all six regions. The Committee would review the extent to which the joint external evaluation tool was suitable for its purpose.

The Committee had noted with concern that only 56% of the US\$ 485 million required for the biennium 2016–2017 had been received as at December 2016, and the Chair called on Member States to honour their commitments. The WHO Health Emergencies Programme should strengthen its

resource mobilization capacity, diversify its donor portfolio and pursue innovative financial strategies. She commended the successful and innovative fundraising efforts of the WHO representative in the Syrian Arab Republic, which had been made under difficult circumstances. That model for fundraising at the country level would help country offices to fund the posts planned under the Programme. The Secretariat should proactively highlight the successes of the Programme and strongly promote investment. Unless Member States and donors increased their financial commitments, funding shortfalls would severely constrain WHO's ability to respond to future health emergencies and implement the Programme. She recognized the commitment of staff working at the country level, particularly those in difficult circumstances. In addition to the commitment of the Secretariat, Member State engagement and commitment, both political and financial, was essential for the Programme's success.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as the Republic of Moldova, aligned themselves with her statement. Sustainable health security could only be ensured through the full implementation of the International Health Regulations (2005) and strong health systems. She recognized the Secretariat's role in leading the WHO Health Emergencies Programme, enabling effective emergency responses and providing technical leadership to increase preparedness and resilience. Commending the common incident management system, she said that the full implementation of the Programme would require work at the regional and country levels, aligned with the work of the Global Health Cluster and emergency medical teams.

Recognizing that the Programme was underfunded, the European Union and its Member States requested that the Secretariat should prepare a five-year strategic plan that would set out the funding requirements for the Programme as a whole, including how the WHO Contingency Fund for Emergencies would be sustained. That strategic plan should: demonstrate what gains would be made as governance improved; include scenarios that allowed for flexibility; and make an economic business case for enabling the Programme to respond to emergencies in a timely, sustainable and holistic manner, with clear lines of decision-making and accountability, and in coordination with humanitarian partners. Such a plan should set out the financial commitments required from Member States.

The recent process of developing an Ebola vaccine could be used as a template for the development of new medical countermeasures, and she urged the Secretariat to galvanize multisectoral support for such initiatives. She welcomed the blueprint for research and development preparedness and rapid research response, and called on the Secretariat to facilitate the exchange of data and samples, as that should be a priority.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that she hoped that the Independent Oversight and Advisory Committee would be empowered to deliver robust solution-focused recommendations, and asked whether the Committee had received adequate support from the Secretariat and was able to freely express its concerns. She shared some of the Committee's concerns, in particular with regard to the WHO Contingency Fund for Emergencies. It was disappointing that many Member States had not invested satisfactorily in that much-needed and valuable Fund, and that some Member States and donors were not permitting their funding for health emergencies to be used to replenish it. An official replenishment plan for the Fund was needed. WHO had to have the funds available to be able to respond effectively in health emergencies. She urged Member States and partners to make financial contributions, as the United Kingdom had, in line with the "no-regrets approach" advocated in the report.

The representative of the NETHERLANDS said that the Committee's report deserved a structured follow-up. He asked whether it would be feasible for future reports to be delivered sufficiently in advance of sessions of the Board or at the Health Assembly to allow the Director-General and the Executive Director of the WHO Health Emergencies Programme to respond

in writing. He urged the Secretariat to improve the implementation of the Programme across the three levels of the Organization, and asked the Committee to provide a more detailed assessment of the work to be done.

The representative of the DOMINICAN REPUBLIC said that countries in the Region of the Americas would continue to require technical and financial support to strengthen risk management and response to natural disasters. The research and development road maps to tackle potentially epidemic diseases were only partially defined at the country level, and the lack of agreements on sharing resources between partners led to the duplication and fragmentation of work; for example, during the recent regional chikungunya vaccine trial, bilateral cooperation had been insufficiently coordinated among participating Member States. Given that research and development results were not always widely available or critically reviewed by national authorities, they were not readily integrated into national policies.

The representative of the UNITED STATES OF AMERICA, commending the WHO Health Emergencies Programme, asked when permanent changes would be seen in the field. WHO should continually seek to optimize emergency response, learning from past experience, and leveraging new efficiencies from leading and coordinating emergency preparedness, prevention and response. The Global Health Security Agenda and the joint external evaluation tool were critical for increasing accountability and partnerships to implement fully the International Health Regulations (2005). He welcomed WHO's leadership of the Global Health Cluster. Recalling that adequate resourcing was essential for the success of the WHO Health Emergencies Programme, he commended the recruitment of 24 full-time Global Health Cluster coordinators. As staff working under the Global Polio Eradication Initiative had frequently been the first responders in emergency situations, WHO should consider the impact on emergency response of transition planning as the Initiative's staff and budget were phased out. WHO should participate actively in that transition planning, as good performance would be crucial for increasing donor support. He urged WHO to develop new ways of communicating with donors and Member States about the Programme, namely regarding progress made, challenges being faced and proposed solutions to those challenges.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region in reference to document EB140/8, said that the deployment of WHO representatives with experience of working in emergency situations and the establishment of the common incident management system had had a positive impact on public health in the Region. She applauded the Member States that had completed joint external evaluations and urged more Member States to do the same. She encouraged WHO to move away from emergency response and focus on preparedness and prevention, and on strengthening national health systems. In that context, Member States should: harmonize policies and procedures in the context of the One Health approach; implement the common integrated management system; prioritize risk mapping; fully implement the International Health Regulations (2005); and establish national and regional emergency response teams. She recommended that the African Public Health Emergency Fund should be linked to other contingency funds and funding mechanisms and advocated the strengthening of collaboration with other partners in the Global Health Cluster. She urged WHO to strengthen its resource mobilization capacity and diversify its donor portfolio.

The representative of the RUSSIAN FEDERATION said that the Committee should adopt a more critical approach and should focus on identifying the best ways to implement the WHO Health Emergencies Programme. Although independent external evaluation was important, he disagreed with the importance attached to joint external evaluation and said it was not useful for the Committee to review the suitability of this tool. Similarly, as the Alliance for Country Assessments for Global Health Security had not been endorsed by all Member States, the Committee should rather use its limited time to produce specific recommendations for WHO.

The representative of THAILAND said that the joint external evaluation tool would facilitate transparent and accountable capacity development. Active engagement by regional and country offices and other partners and national implementation of the International Health Regulations (2005) would help to develop emergency response capacity in Thailand. Her Government had approved a US\$ 100 000 contribution to the South-East Asia Region Emergency Fund. Equal research and development partnerships, implementation of agreements on the manufacture of and access to essential medical products, and intellectual property management mechanisms were needed. WHO should strengthen the Global Outbreak Alert and Response Network and work with existing regional and subregional networks to improve coordination.

The representative of VIET NAM said that health emergencies were becoming more intense and more frequent, requiring effective national, regional and global responses. He welcomed the proposed coordination across the three levels. Member States should strengthen national surveillance systems and build a network of emergency operations centres in order to coordinate its emergency response effectively. Joint external evaluation was essential to identify core capacities required to address public health emergencies. Strengthening the role of National IHR Focal Points would facilitate timely information sharing. The Secretariat should coordinate the work of development partners at all three levels of the Organization, and provide technical support to Member States where required.

The representative of CHINA recognized progress made under the WHO Health Emergencies Programme in its eight key areas. The common integrated management system had produced positive results during recent outbreaks of Zika virus disease and yellow fever. Health security was a priority, and the Government of China had worked closely with WHO to respond to recent outbreaks and epidemics. Health emergency care and assistance plans would strengthen national response capacities. Within the framework of the International Health Regulations (2005) and at the advice of the Committee, the Chinese Government would continue to work with WHO and its Member States to safeguard health security.

The representative of COLOMBIA said that WHO should continue efforts to align coordination and response to emergencies using a multihazard approach in order to deal with different regional and local contexts more effectively. During the recent outbreak of Zika virus disease, the provision of information on the evolution and consequences of the disease had been vital and the declaration of a public health emergency of international concern had facilitated resource management and emergency response activities in Colombia. Progress had to be made on implementing WHO's global observatory on health research and development, to facilitate information exchange and guide decision-making. Support should be provided to Member States to build national preparedness and response capacity, and train health care workers. Improved secure digital platforms for information and data sharing would increase the effectiveness and efficiency of emergency response.

The representative of NEPAL said that the WHO Health Emergencies Programme's focus on building capacity at the country level would facilitate more comprehensive and prompt emergency responses. The health sector should develop and test comprehensive emergency preparedness and response plans clearly linked to the relevant plans of other sectors. In addition, stronger emphasis should be placed on dovetailing plans to strengthen health systems and enhance their resilience to emergencies. The 2015 earthquake in Nepal had demonstrated the need to focus on post-disaster recovery strategies to rebuild health systems weakened by natural disasters. The Programme should assist countries in developing that capacity. He also recommended that the Secretariat should explore innovative financing options to ensure adequate funding for the Programme.

The representative of MEXICO said that emergency responses could be improved by implementing the research and development blueprint. Data and sample sharing ensured equitable access to possible treatment, in accordance with international standards; and generic standards should be developed for priority diseases to facilitate coherent monitoring, prevention and control.

Technology sharing supported research and development activities, enabling low- and middle-income countries to tackle potentially epidemic diseases. WHO should continue to align its preparedness and response activities with those of other humanitarian actors and Member States. It was important to strengthen coordination while recognizing Member States' different organizational and coordination mechanisms. WHO should scale up its production of norms and guidelines and provide linkages between Member States and international organizations. He called on the Secretariat and Member States to maintain and, where appropriate, increase budgets for preparedness and response and operational costs for the implementation of the WHO Health Emergencies Programme and the United Nations Plan of Action on Disaster Risk Reduction.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO said that WHO had to fulfil its leadership role in the coordination of health emergencies. A well-coordinated initial response would mean that the acute phase of an emergency would be concluded swiftly. Effective and efficient planning and coordination would enable remaining resources to be redirected to stabilization, development and resilience activities. It was important to move away from reactive interventions, and seek to increase emergency preparedness, involving local communities, through monitoring and alert systems. The WHO Contingency Fund for Emergencies, and other similar funds, were crucial but had to be fully funded.

The representative of TURKEY said that the WHO Health Emergencies Programme implementation plan should be shared with country offices. He was sure that funds for the Programme could be swiftly raised. He highlighted the significance of the common incident management system.

The representative of CANADA said that regular communication with Member States regarding WHO's work in outbreaks and emergencies was critical in order to strengthen humanitarian response and ensure adequate resources for the implementation of the WHO Health Emergencies Programme. She therefore supported the Committee's recommendation to diversify the donor portfolio with a view to mobilizing resources. The Organization should consider how it would prioritize resources, including the WHO Contingency Fund for Emergencies, while the Programme remained underfunded.

The representative of KUWAIT said that priority should be given to strengthening the workforce and building capacity at the regional level. It was also important to address regional capacity for emergency and post-emergency response. She was concerned at the lack of financing for the WHO Health Emergencies Programme and expressed the hope that a budget plan would be drawn up for the following years. Member States' contributions should be earmarked at a regional level. Kuwait, for example, was currently contributing funds to help the response to emergency situations in the Middle East.

The representative of ALGERIA said that maintaining a strategic focus on emergency prevention and preparation was a sustainable investment. While national efforts to mobilize resources for emergencies in particular should be stepped up, underfunding at all levels should be addressed and knowledge exchange in that regard would prove beneficial. He drew attention to the African Public Health Emergency Fund and the national emergency fund that had been set up in his country; the latter had raised a large sum of money for that purpose.

The representative of SWEDEN said that she was concerned by the shortage in funding for the WHO Health Emergencies Programme and the WHO Contingency Fund for Emergencies. Sweden had participated to that end and she encouraged other Member States to contribute.

The representative of PAKISTAN said that aligning health emergencies preparedness and response and allocating appropriate human resources remained a challenge; the latter would require human resources to be identified at the global and regional levels. The Committee's next report should address the strengthening of local health systems, particularly in countries at risk of health

emergencies. Given current financial constraints, the Committee should consider harnessing funding from philanthropic sources. Research and development should be prioritized to ensure that decision-making was evidence based.

The representative of the CONGO, speaking on behalf of the Member States of the African Region in reference to document EB140/7, said that he recognized the scope of health emergencies in his, and other, regions. While commending the recent containment of Ebola virus disease and yellow fever, he expressed concern at reports of Zika virus disease and vectors of such viruses in Cabo Verde. Preparedness and response plans in the African Region should be strengthened based on analyses of risk assessments, and the capacity to implement the International Health Regulations (2005) and resources had to be mobilized in that regard. The WHO Contingency Fund for Emergencies should replace the African Public Health Emergency Fund to prevent duplication of donor efforts. The Board should recommend to the Health Assembly the strengthening of regional and country offices in order to decentralize health emergencies response. Cross-border initiatives towards emergency preparedness, prevention and response should be strengthened; and simulations should be carried out at the national level.

The representative of LIBYA said that all Member States had a responsibility to contribute resources and to cooperate closely in order to address complex emergency situations. He expressed the hope that in-depth studies would be conducted by competent experts to set priorities and identify the support needed. The status of emergencies in the Middle East should be upgraded given the gravity of the conflicts and the forced displacement of populations in that region. The Libyan Government had insufficient financial and human resources to assist the large numbers of migrants entering the country as a result of conflict.

The representative of ERITREA, speaking on behalf of the Member States of the African Region in reference to document EB140/9, said that the Secretariat should complete the research and development road maps for the remaining 10 priority pathogens with epidemic potential (that for Middle East respiratory syndrome coronavirus having been completed), and give due consideration to those pathogens relevant to the African Region. The findings of vulnerability assessments and mapping of epidemic diseases conducted in the Region should be used to develop research and development blueprints and road maps. Health threats in the Region should be tackled and solutions should be affordable for at-risk populations. There should be an enabling environment for data and sample sharing, in line with the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization. Capacity building for laboratory services would facilitate the rapid detection of priority pathogens and clinical trials of new vaccines and therapies. Innovative resource mobilization for Member States' research and development in respect of potentially epidemic diseases should be encouraged.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region in reference to document EB140/10, said that the Regional Office for Africa had made significant progress regarding health workforce coordination in emergencies with health consequences, including the signing of a collaboration framework agreement with the Center for Disease Control and Prevention in Africa and the provision of support for the West African Regional Center for Disease Control and Prevention, with a view to building a regional health workforce. International efforts to tackle emergencies and improve the well-being of populations were being undermined by shortages in human resources. A joint regional meeting of the WHO Health Emergencies Programme, the Global Outbreak Alert and Response Network and regional partners had been organized for 2017 to deal with health workforce emergency coordination, and aimed to encourage Member States to support resource mobilization for emergency preparedness and response, and to engage with health institutions and potential partners to build health workforces.

The representative of GERMANY¹ said that she supported the proposal that the Committee's next report should be submitted before the Health Assembly in May 2017, and that the Secretariat should prepare a written response. She welcomed efforts to align health emergency preparedness and response and to coordinate with partners of the Global Health Cluster. She expressed concern regarding the funding shortfall for the WHO Health Emergencies Programme. As her Government was a donor to the Programme and the WHO Contingency Fund for Emergencies, she supported an increase in the WHO budget in order to secure sustainable financing for that Programme.

The representative of SPAIN¹ said that the WHO Health Emergencies Programme should contribute to making WHO's leadership more effective, building capacity in Member States and facilitating effective emergency response. Spain participated in the Global Outbreak Alert and Response Network and trained teams under the framework of the European Medical Corps. While efforts should be made to rationalize and prioritize spending, funding for health emergencies preparedness and response should be guaranteed under WHO's programme budget.

The representative of NORWAY¹ while welcoming the recruitment of 24 Global Health Cluster coordinators, said that he was concerned by the continuing problems regarding the competence of WHO representatives, and the logistics and security preparation for Global Outbreak Alert and Response Network personnel, particularly since those shortcomings had previously been identified during the Ebola virus disease outbreak and response. Human resources, including personnel for the Global Outbreak Alert and Response Network, should be deployed urgently and recruitment processes had to be fit for purpose. WHO had to learn from previous emergency situations, and work closely with its partners, including the GAVI Alliance.

The representative of EGYPT¹ said that the lack of clarity on the classification of emergencies in the Committee's report could lead to confusion regarding lines of authority in such situations. Insufficient recruitment at country level was alarming, and priority should be given to filling posts in country offices. Implementing the core capacities under the International Health Regulations (2005) should also be a priority. Given the funding shortfall, he asked how resources would be allocated between operational response and building International Health Regulations (2005) core capacities. He recognized that joint external evaluations remained voluntary. The existence of other initiatives to assess the implementation of International Health Regulations (2005) core capacities could lead to a duplication of work, and should be overseen by WHO.

The representative of AUSTRALIA¹ said that he agreed with the need to accelerate the implementation of the WHO Health Emergencies Programme at the country level, and prioritize the recruitment of staff for country offices. WHO should invest in systemic planning to ensure the effective use of resources. The benchmarking of staffing profiles against those of peer organizations and humanitarian agencies would be a useful exercise. In the light of plans to expand the Global Outbreak Alert and Response Network, he requested further information regarding the differences in the roles of that Network, emergency medical teams and the Organization's operational capacity. He commended the Director-General's ongoing commitment to provide support to all countries in achieving and maintaining the core capacities under the International Health Regulations (2005) and welcomed the progress made by countries that had already completed joint external evaluations. Compliance with the International Health Regulations (2005) was critical if Member States were to be capable of providing an effective response to emerging global health threats. He expressed concern that the Programme was underfunded and encouraged Member States to contribute thereto.

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

The representative of ANGOLA¹ said that WHO had provided targeted support to various States facing humanitarian crises, to help to control disease outbreaks. Many emergency situations could only be managed through preventive inter-State actions in cooperation with the Secretariat. The recent yellow fever outbreak in Angola had been brought under control with support from WHO and other partners. International technical cooperation should focus on research and development in the African Region with a view to preventing health emergencies and combating falsified and counterfeit medical products.

The representative of JAPAN¹ said that it was important to ensure a balanced distribution and recruitment of personnel across the three levels of the Organization, and that priority in that respect should initially be given to the African Region and the Eastern Mediterranean Region. Expressing concern at the lack of funding for the WHO Health Emergencies Programme and the WHO Contingency Fund for Emergencies, he said his Government had made significant financial contributions to both the Programme and the Fund. The Fund was crucial in ensuring a rapid response to health emergencies and must be funded and replenished in a sustainable manner. WHO should ensure an appropriate balance between its normative and operational functions, and between the management of disease outbreaks and the health consequences of humanitarian situations. He called on the Health Assembly to consider matters raised by the Committee, and said that information on any improvements made should be contained in the Committee's next report. The Committee should continue to monitor the Programme and make candid recommendations.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that the Federation supported the harmonization of the various health emergencies mechanisms. She supported WHO's development of research and development road maps for 11 priority pathogens with epidemic potential and recommended that the scope of those road maps should be expanded to tackle barriers to the use of new technologies on the ground. Multisectoral responses to health emergencies should be country specific and should empower local communities and strengthen national capacities. She commended the development of the guidance for managing ethical issues in infectious disease outbreaks.

The representative of ITU said that information and communication technology was essential to the achievement of the Sustainable Development Goals. Among other initiatives, ITU had collaborated with WHO to develop national eHealth strategies and co-found the Commission on Information and Accountability for Women's and Children's Health, and had provided assistance to victims of natural disasters.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme, responding to the request for a strategic plan that included analysis and a set of scenarios, recalled that the Committee's mandate was derived from decision WHA69(9) (2016) on the reform of WHO's work in health emergency management, and the Director-General's report on that subject (document A69/30), and also from decision WHA69(14) on implementation of the International Health Regulations (2005). It would not go beyond that agreed mandate. In that regard, she recalled that the Committee's report reflected the work undertaken in four months in the light of the agreement by Member States to begin implementation of the WHO Health Emergencies Programme on 1 July 2016 and to complete the transition of existing staff into the new structure by 1 October 2016. She also recalled that Member States had agreed on the need for a single, common results framework and, in decision WHA69(14), on the need to consult the regional committees.

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

The Committee received good support from the Secretariat at all three levels, as required for its operation. It had a duty to do everything possible to prevent devastation in health emergencies. The Committee would strive to deliver its next report on time, although that would depend on the assessments conducted. A number of meetings had been scheduled with Member States and with all regional directors. The joint external evaluation tool had been recommended by the Committee, not designed by it. The Director-General was responsible for consulting regional committees on the draft global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response. The African Region had already adopted the joint external evaluation tool. The Committee wanted to ensure that the Programme was implemented under the Organization's leadership in partnership with others. The joint external evaluation was indeed voluntary, but it was important to see how effective it was and to ensure that activity on the ground was taken into account in the evaluation.

A MEMBER OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme, supported by another MEMBER, said that the Committee members strived to remain neutral and independent, and were able to speak out on the basis of their findings.

The DIRECTOR-GENERAL said that the Committee had scheduled a face-to-face meeting to finalize the evidence collected from interviews with country offices and Regional Directors, and to determine whether the WHO Health Emergencies Programme had been implemented in a fair and transparent manner. The next Committee report would be issued four weeks before the Seventieth World Health Assembly, and the Secretariat would provide a response to that report three weeks before that Health Assembly. The Secretariat could prepare a five-year strategic plan, including scenarios and an economic business case, which could be issued six weeks before the 142nd session of the Board in January 2018.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that she supported the proposed timeline for the strategic plan.

The DIRECTOR-GENERAL said that Member States should adopt a country focus and ensure the implementation of core capacities under the International Health Regulations (2005). The Secretariat would strengthen capacity in country offices and provide additional staff training. Cultural change in countries and for WHO staff was needed, as was preparedness. Collaboration with non-health ministries and heads of State was essential to tackle health emergencies. The WHO Health Emergencies Programme had a major funding gap, and Member States were encouraged to increase their financial contributions to the core budget, appeals and the WHO Contingency Fund for Emergencies.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed concern about the length of the timeline for the strategic plan, as some Member States might experience challenges in achieving the necessary levels of financial commitment in the absence of a robust economic case and an explanation of how that financing fitted into a broader vision for WHO. The Secretariat should propose an interim measure that would provide Member States with information on the work already carried out and a long-term view, and that allowed for an economic case to be built in order to increase financial commitments.

The DIRECTOR-GENERAL proposed that, during the development of the five-year plan, the Secretariat should report regularly to Member States in order to share its assessments, obtain feedback and refine the process. The suggested time frame was required to allow for governing bodies processes.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that work on the economic business case was in process. The blueprint for research and development preparedness and

rapid research response was a critical tool. Agreement had been reached with other relevant departments in headquarters on 11 priority pathogens with epidemic potential and the related implementation plan was under way. A new data-sharing policy had been published in 2016. The WHO Contingency Fund for Emergencies had proven effective in 11 emergencies to date and the options for its replenishment would be explained in the five-year strategic plan.

He agreed that a country focus was important and that a new country business model was needed, which would improve operations and allow for greater fundraising at the country level. Such a model would require significant new financing at the country level. The retention of posts at headquarters for the WHO Health Emergencies Programme, to avoid disrupting the Programme, could give the impression that more posts had been filled at headquarters than at the country or regional levels. In fact, 75% of planned posts under the Programme were at the regional or country levels and around 90% of new posts had been recruited at the regional and country levels. A preliminary assessment of the capabilities of senior staff had been conducted internally and with other United Nations organizations.

Communication would be improved in terms of the sharing of progress, success stories and challenges, both internally and externally. Regarding the links between prevention, preparedness, recovery and response, it was paramount to work on the entire spectrum of activities spanning those areas. Work was being carried out to ensure stronger collaboration with health-systems departments, in particular on strengthening health systems in fragile contexts. Emphasis had been placed on national capacity-building, including for National IHR Focal Points, and with respect to emergency operation centres and local models. He agreed with comments on the importance of adopting a multisectoral approach and a focus on national capacity building, and said that progress was being made in that direction, particularly with respect to One Health programmes and emergency medical teams.

The CHAIRMAN took it that the Committee wished to note the report contained in document EB140/8.

It was so agreed.

(For the continuation of the discussion on item 7.1 and on the first part of item 7.4, see the summary record of the third meeting, section 3.)

The meeting rose at 17:40.

THIRD MEETING

Tuesday, 24 January 2017, at 11:00

Chairman: Dr R. BUSUTTIL (Malta)

1. STAFFING MATTERS: Item 15 of the agenda

**The meeting was held in open (private) session from 09:00 to 11:00,
when it resumed in public session.**

Appointment of the Regional Director for the Eastern Mediterranean: Item 15.1 of the agenda (document EB140/45)

At the invitation of the CHAIRMAN, the RAPPORTEUR read out the following resolution adopted by the Board while the meeting had been held in open (private) session:¹

The Executive Board,

Considering the provisions of Article 52 of the Constitution of the World Health Organization;

Considering also the nomination made by the Regional Committee for the Eastern Mediterranean at its sixty-third session,

1. APPOINTS Dr Mahmoud Fikri as Regional Director for the Eastern Mediterranean as from 1 February 2017;
2. AUTHORIZES the Director-General to issue to Dr Mahmoud Fikri a contract for a period of five years from 1 February 2017, subject to the provisions of the Staff Regulations and Staff Rules;
3. AUTHORIZES the Director-General to amend the conditions of employment of Dr Fikri as follows: “You will not participate in the United Nations Joint Staff Pension Fund but will instead receive as a monthly supplement the contribution that the Organization would have paid each month to the Pension Fund had you been a participant.”

The CHAIRMAN congratulated Dr Fikri on his appointment and conveyed the Board’s best wishes for success in his post.

At the invitation of the CHAIRMAN, Dr Fikri took the oath of office contained in Staff Regulation 1.10 and signed his contract.

The REGIONAL DIRECTOR-ELECT FOR THE EASTERN MEDITERRANEAN said that it was a great honour to be appointed Regional Director. He thanked Member States and the Executive Board for giving him the opportunity to contribute to the health and well-being of the people of the

¹ Resolution EB140.R1.

Eastern Mediterranean Region and paid tribute to the efforts of the outgoing Director, Dr Ala Din Alwan. He also thanked the Director-General and the Secretariat for their support.

He said that he was committed to working with the Member States of the Eastern Mediterranean Region to ensure that the challenges they faced were addressed in a timely and efficient manner. As Regional Director, his priorities would include tackling emergencies, strengthening health systems, controlling communicable and noncommunicable diseases, reducing maternal and child mortality and addressing inequities by focusing on the social determinants of health. Particular attention would be given to eradicating poliomyelitis in the Region, supporting human resources development, and ensuring universal health coverage in all countries of the Region. Regional and country offices would be made more responsive to the needs of Member States through the promotion of transparency, the better utilization of available resources and the greater delegation of authority to technical staff. He would also seek to foster greater collaboration with other United Nations organizations, development partners and non-State actors.

The DIRECTOR-GENERAL congratulated Dr Fikri on his appointment, welcoming his list of programmatic priorities and his commitment to managing resources in an accountable and transparent manner, which was in line with the main objectives of WHO reform.

Expression of appreciation to the outgoing Regional Director for the Eastern Mediterranean

At the invitation of the CHAIRMAN, the RAPPORTEUR read out the following resolution adopted by the Board while the meeting had been held in open (private) session:¹

The Executive Board,

Desiring to express its appreciation to Dr Ala Din Alwan for his services to the World Health Organization;

Mindful of Dr Ala Din Alwan's lifelong, professional devotion to the cause of international health, and recalling especially his five years of service as Regional Director for the Eastern Mediterranean;

Recalling resolution EM/RC63/R.8, adopted by the Regional Committee for the Eastern Mediterranean, which designates Dr Ala Din Alwan as Regional Director Emeritus,

1. EXPRESSES its profound gratitude and appreciation to Dr Ala Din Alwan for his invaluable and longstanding contribution to the work of WHO;
2. ADDRESSES to him on this occasion its sincere good wishes for many further years of service to humanity.

The DIRECTOR-GENERAL thanked Dr Ala Din Alwan for his leadership and contribution to the work of the Organization in many areas, and wished him every success in his future endeavours.

The representative of PAKISTAN, welcoming the incoming Regional Director for the Eastern Mediterranean and wishing him success, highlighted some of the contributions made by his predecessor, who had taken office at a challenging time for both the Region and the Organization. He had worked tirelessly on the priority areas he had identified, promoting health in the Region and beyond and striking a balance between emergency response and routine operations. Convinced of the benefits of investing in human capacity, he had spearheaded efforts to strengthen public health in a range of areas. Not only had he been a great public health leader, he had also been a personal inspiration to many.

¹ Resolution EB140.R2.

The representative of KUWAIT congratulated the incoming Regional Director on his appointment and expressed appreciation to his predecessor. The Eastern Mediterranean Region continued to present many challenges, and his country would support the new Regional Director in any way it could.

The representative of the UNITED STATES OF AMERICA said that his country would support the incoming Regional Director in working to build a strong, effective, transparent and accountable Regional Office. He commended the outgoing Regional Director, who had served with distinction and made significant changes to strengthen and reform the work of the Regional Office in challenging times.

2. POST OF DIRECTOR-GENERAL: Item 4 of the agenda (continued)

Nomination of candidates: Item 4.1 of the agenda (document EB140/INF./1)

The CHAIRMAN, announcing the result of the open (private) meeting at which the Executive Board had decided on the shortlist of five candidates for nomination for the post of Director-General, said that it was a tribute to the Organization that the post had attracted so many highly competent and distinguished individuals. The task of drawing up a shortlist had been particularly difficult. He read out the names of the candidates on the shortlist in alphabetical order:

Dr Tedros Adhanom Ghebreyesus
Dr Flavia Bustreo
Professor Philippe Douste-Blazy
Dr David Nabarro
Dr Sania Nishtar.

3. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 7 of the agenda (continued)

Health emergencies: Item 7.1 of the agenda (continued from the second meeting, section 3)

- **WHO response in severe, large-scale emergencies** (document EB140/7) (continued)
- **Research and development for potentially epidemic diseases** (document EB140/9) (continued)
- **Health workforce coordination in emergencies with health consequences** (document EB140/10) (continued)

Implementation of the International Health Regulations (2005): Item 7.4 of the agenda (continued from the second meeting, section 3)

- **Draft global implementation plan** (document EB140/14) (continued)

The CHAIRMAN invited the Board to continue its consideration of the report contained in document EB140/7.

The representative of CANADA, noting the progress made in the area of emergency reform, said that the success of the Organization's efforts to that end would be judged by their impact in the field. In the face of the increasing risks faced by medical personnel and humanitarian workers engaged in medical duties in emergency situations, she welcomed the collection of data on attacks against medical staff and facilities, in line with United Nations Security Council resolution 2286 (2016), and called for such attacks to cease. It was essential for all parties to conflict to comply with international humanitarian law obligations. She further welcomed the joint statement issued by WHO and other members of the United Nations Inter-Agency Standing Committee calling for immediate, unconditional and safe humanitarian access to those affected by the Syrian crisis.

The representative of the NETHERLANDS, welcoming the Organization's work in health emergencies and the new WHO Health Emergencies Programme, condemned recent attacks on humanitarian and health care workers and asked what the Organization was doing to protect such workers. Greater attention should be paid to sexual and reproductive health and rights in emergencies. Commending the Organization's efforts to control Zika virus disease, he asked whether an exercise on lessons learned was under way. Given the financial shortfalls described in the report contained in document EB140/7, he asked what the operational consequences would be if new funding for the WHO Contingency Fund for Emergencies and specific appeals was not forthcoming.

The representative of the PHILIPPINES expressed satisfaction with the new WHO Health Emergencies Programme, especially its grading process, which supported appropriate and effective responses to emergencies, and with the Organization's work to improve the coordination of emergency response among stakeholders in all sectors and at all levels. The adoption of the incident management approach was important in delineating the specific roles of all concerned. Her country had already begun to implement an incident management system and had undertaken capacity-building activities for responders and for local and national officials. With WHO support, it was also strengthening its national emergency management teams. Among other things, training had been provided in strategic risk assessment and vulnerability analysis. The importance of research and evidence in improving policies and emergency response programmes could not be overstated.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, welcoming the new WHO Health Emergencies Programme, said that it was important to maintain momentum and bring about the improvements at the country level that were necessary to achieve the desired future response capabilities. He asked whether all departments at WHO headquarters were actively supporting the Programme and were ready to respond to its leadership in the event of an emergency, and whether leadership was clear for all levels and types of emergencies. He emphasized the importance of the WHO Contingency Fund for Emergencies and of a replenishment plan.

The representative of KUWAIT said that political instability, armed conflict and violence had undermined health in many parts of the Eastern Mediterranean Region, including among displaced persons. Furthermore, the targeting of health sector personnel and infrastructure continued to pose a major challenge in many countries in the Region. He called for the implementation of United Nations Security Council resolution 2286 (2016).

The representative of FIJI, referring to tropical cyclone Winston that had hit Fiji in February 2016, said that even Grade 1 emergencies could have significant health, social and economic repercussions in small countries. His Government was extremely grateful for the generous support it had received, including the emergency assistance provided by WHO and other United Nations organizations. WHO had proven itself to be a capable partner in emergency situations and its willingness to learn lessons from past emergencies was encouraging.

The representative of CHINA commended WHO's timely and effective responses to emergencies in 2016. Public health sectors, particularly in developing countries, faced difficulties in enhancing their surveillance and information sharing capacities. He said that his Government would continue to support the WHO Contingency Fund for Emergencies and participate actively in global public health emergency response work.

The representative of BHUTAN, speaking on behalf of the Member States of the South-East Asia Region, said that, in 2016, the WHO Regional Office for South-East Asia had provided technical and financial support through the South-East Asia Regional Health Emergency Fund to Bhutan, the Democratic People's Republic of Korea, Indonesia, Myanmar and Sri Lanka in the wake of emergencies. The Regional Office had adopted the prescribed structure of the WHO Health Emergencies Programme, and had reviewed and prioritized the regional activities related to the Programme, as well as country preparedness. Noting that of all WHO regions, the South-East Asia Region bore one of the highest burdens of emergencies, he highlighted the need for additional financial resources in order to provide adequate support to the Member States of the Region.

The representative of the UNITED STATES OF AMERICA, commending the progress made by WHO in responding to recent outbreaks and other health emergencies, welcomed the recent implementation of structural changes within the Organization and asked when permanent changes would be apparent in the field. It was essential to inform Member States about efforts made by the Executive Director and regional directors to refine the new WHO Health Emergencies Programme in the light of lessons learned. It was of paramount importance that WHO should play an active, leading role in coordinating responses to large-scale, complex health emergencies. The Organization must continue to prioritize such work and leverage the new preparedness, prevention and response efficiencies resulting from implementation of the Programme. He welcomed the implementation of the incident management system. The Global Health Security Agenda and the joint external evaluation tool were critical to enhancing accountability, strengthening partnerships and promoting compliance with the International Health Regulations (2005). The availability of sufficient resources would be critical to the success of the Programme; the Secretariat must assess the impact on health emergency response capacity of changes to the budget and staff numbers resulting from the Global Polio Eradication Initiative transition process. He called on the Secretariat to communicate more effectively with donors and Member States on the progress achieved and challenges faced.

The representative of BELGIUM¹ said that the report provided little information on the core missions of WHO in emergency situations, namely: assessing threats and needs; supporting health ministries in coordinating the response; monitoring health situations; and leading and coordinating the Global Health Cluster. In future reports on this agenda item, it would be useful to have more information on WHO's role as Global Health Cluster coordinator, such as whether it had developed effective relationships, held regular coordination meetings and agreed priorities with all relevant stakeholders, and whether it was able to obtain the information necessary to monitor emergencies. The provision of such information would allow Member States to fulfil their oversight role.

The representative of ZIMBABWE¹ said that it was regrettable that funding gaps were curtailing the ability to respond effectively to those in need. Threats to health workers, the destruction of health facilities, and the blocking of access to areas in need, particularly in conflict zones, hampered the work of WHO and its partners. It was nevertheless encouraging to observe that surveillance by a variety of means continued to inform response planning. WHO's incident management system appeared to be having positive results, and it was to be hoped that timely and focused responses would continue to improve health outcomes and reduce the risks to WHO's reputation. The Inter-Agency Standing

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

Committee approach should be fully exploited to address factors that had a positive or negative impact on WHO's ability to respond to emergencies.

The representative of GERMANY¹ said that he supported the suggestions made by the representative of Belgium with regard to the content of future reports on the agenda item. WHO should act in situations in which it had a comparative advantage, avoid duplication of efforts and remain neutral at all times. It should also make available transparent information on the contributions of its partners, in order to promote the best use of available resources. Bearing those points in mind, although Germany was currently expanding its cooperation with WHO in humanitarian contexts – in addition to supporting the Organization's work in Ukraine, it was developing its cooperation with the WHO Health Emergencies Programme in Iraq and Nigeria – it was choosing the projects with care and monitoring them closely.

The observer of PALESTINE said that WHO should continue to support efforts to build the Palestinian health system, especially during emergencies. Referring to document EB140/7, he asked the Secretariat to replace the designation "West Bank and Gaza Strip" with the official name "occupied Palestinian territory".

The representative of BRAZIL¹ said that it was important for WHO to continue helping countries to strengthen their national health systems, in particular with respect to human resources, laboratory capacities for surveillance and vector control, and research and development. Although WHO had declared that the outbreak of Zika virus disease was no longer a public health emergency of international concern, it had supported his country's decision to maintain the outbreak as a national emergency. WHO should continue to articulate the need for collaboration and resource mobilization, especially for those with malformations of the nervous system as a consequence of infection with the virus, for care networks and for the development of vaccines. While it was understandable that emergencies should be emphasized at WHO through a programme designed to meet the challenges faced by the Organization in recent years in relation to the International Health Regulations (2005) and its public health mandate, funding remained an issue that Member States had to discuss, in order to ensure that resources were not lacking or diverted from other, equally critical core areas and missions.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, expressed concern at the safety of health care workers in health emergencies. WHO should strengthen its global leadership role in surveillance and data collection and take steps to prevent health care workers from becoming the target of attacks. Noting that governments, international organizations, the private sector and civil society bore a shared responsibility to provide the necessary resources, she called on Member States to examine their role in closing the funding gap. Greater recognition of the critical role of young people in health emergencies was essential.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, expressed concern at the number and severity of emergencies and the increasing number of health care workers and facilities targeted in conflict situations. Those involved in conflict situations must protect civilians and health care capacities and respect the ethical obligation of health personnel to treat all patients. He called for the full dissemination and implementation of the ethical principles of health care in times of armed conflict and other emergencies and urged governments to fulfil their obligations under international humanitarian law. He commended the countries that had committed resources to new treatment and isolation centres in regions most heavily burdened by new epidemics. WHO should assess the timeliness and effectiveness of international

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

interventions. In addition, governments should include disaster medicine training as part of university and postgraduate courses. Member States must accept experienced and qualified foreign physicians without discrimination, and should develop and test ethical disaster management plans for clinical care and public health.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that in two situations in 2016 – the yellow fever outbreak in Angola and the Democratic Republic of the Congo, and the acute nutritional crisis in north-east Nigeria – lack of clarity about medical leadership responsibilities between national and international health authorities and over-reliance on surveillance mechanisms at the expense of concrete response capacity had resulted in unnecessary suffering and deaths. Member States should support effective WHO leadership in the response to health emergencies and bolster WHO's local capacity through expedited and prioritized recruitment at the country level. The incident management system should be adapted to community needs and harness local capacity. Member States should also encourage WHO in its efforts to establish the blueprint for research and development preparedness and rapid research response so as to ensure that the products developed were affordable, effective and equitably accessible.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) thanked the regional offices for their collaboration in implementing the new WHO Health Emergencies Programme and expressed particular appreciation for the work of WHO staff and partners in delivering services on the ground in often fragile and insecure conditions.

Responding to the points raised, he said that the increased targeting of health conveyances, workers and facilities was of grave concern; better data collection on relevant incidents, sustained advocacy and engagement with all parties to conflicts were crucial for their protection. WHO currently relied heavily on the broader United Nations system to support its security capacity and that of its partners. Establishing full security provisions was costly and time-consuming; greater investment was needed to enable the Organization to ensure the safety of its staff, facilities and partners in increasingly complex operational environments.

Preliminary lessons learned from the ongoing response to the Zika virus disease outbreak included the critical importance of collaboration and leadership with PAHO and of the WHO Contingency Fund for Emergencies. Where strong regional and country capacity existed, decentralized decision-making in the implementation of the incident management system had proven effective, with headquarters taking the lead in the development of technical guidelines, coordination, establishment of strategic and operational plans, and implementation of the blueprint for research and development preparedness and rapid response research.

He was optimistic that funding for the new WHO Health Emergencies Programme would be forthcoming, since Member States had agreed on the reform. Without sufficient funding, the Organization would be unable to: fully implement a robust global detection and surveillance system for new events; play its full leadership role concerning the International Health Regulations (2005) and emergency preparedness; or transform itself into a cutting-edge institution for management of infectious diseases.

Joint external evaluations were voluntary and embedded in the broader monitoring and evaluation framework. Internal collaboration with WHO technical departments was strong. Decisions regarding Grade 3 emergencies were taken at the highest level of the Organization, although a degree of flexibility was retained with regard to Grade 2 emergencies; keeping decision-making as close to the ground as possible had proved to be effective. He thanked China for its support for the WHO Contingency Fund for Emergencies. Middle- and low-income countries played a critical role in health event detection, surveillance and preparedness. Field-level staffing was critical and deployment was under way. Turning to lessons learned, he explained that a new framework was currently being implemented that included learning in real time, as part of after-action reviews and through more formal evaluations. He confirmed that no voluntary contributions had been diverted to the WHO

Health Emergencies Programme at the central level and that the use of voluntary contributions was fully in line with long-term trends and proportions.

The Board noted the report contained in document EB140/7.

The CHAIRMAN invited the Board to continue its consideration of the report contained in document EB140/14.

The representative of MEXICO expressed support for the draft global implementation plan for the International Health Regulations (2005). His country was committed to identifying the best strategies to carry out that plan, working with others at the international level to tackle global threats. He emphasized the importance of comprehensively monitoring how the Regulations were being implemented. Voluntary evaluation mechanisms, particularly the joint external evaluation tool, must be clearly structured and aligned with the provisions of the Regulations and agreed by Member States. In terms of budgeting, the Organization's resources must be allocated efficiently and transparently.

The representative of the DOMINICAN REPUBLIC expressed support for the draft global implementation plan and for the actions outlined, including for improving event management and risk assessment – areas in which her country was still building capacity. WHO should strengthen its role in helping States Parties to the International Health Regulations (2005) evaluate and build their core capacities, the establishment of which would also facilitate disaster risk reduction. WHO should also mobilize resources, including for the provision of training and information sharing at the country level.

The representative of the UNITED STATES OF AMERICA expressed support for the development of a five-year global strategic plan to improve public health preparedness and response and looked forward to participating in that process. In order to maintain the current momentum, the implementation of recommendations from joint external evaluations and the International Health Regulations (2005) country planning process must continue and be accelerated while the global strategic plan was being prepared. He commended the efforts of WHO and its regional and country offices in their rapid response to countries' resounding interest in undergoing joint external evaluations. Support should be provided to enable countries to close any gaps in preparedness, and reports on evaluations must be published promptly to facilitate follow-up. Multisectoral engagement, including from outside the health sector, was crucial to the implementation of the International Health Regulations (2005). With regard to area of action 5, he strongly encouraged WHO to engage with sectors other than health in determining a process to address additional health measures taken by countries. He expressed support for area of action 4 and recommended the development of hazard assessment procedures to prioritize the rapid sharing of assessment results with countries.

The representative of CHINA expressed support for the objectives, timelines and measures contained in the draft global implementation plan. The five-year global strategic plan should take into consideration the differences in governance and public health capacities among countries. Action to improve the monitoring and evaluation of and reporting on core capacities should aim to help countries to enhance their core capacities; WHO should play a leading role in that process. Voluntary external evaluations should be conducted by experts from different countries and the results published in a transparent and timely manner. The Western Pacific Region had proved to be particularly vulnerable to public health emergencies and needed additional support.

The representative of VIET NAM agreed with the recommendations concerning the development of the draft global implementation plan. He expressed support for the joint external evaluations and had no objection to areas of action 5 and 6 of the draft global implementation plan. His Government was committed to complying with the process of adapting any additional health measures under the International Health Regulations (2005); however, support from WHO and other development partners would be needed in that regard. He suggested that the draft global implementation plan should categorize countries based on their level of core capacities under the International Health Regulations (2005), in order to tailor the support provided to the needs of individual countries. His country was committed to maintaining and strengthening its core capacities and would assist in the implementation of the International Health Regulations (2005) at the global, regional and national levels.

The meeting rose at 12:30.

FOURTH MEETING

Tuesday, 24 January 2017, at 14:30

Chairman: Dr R. BUSUTTIL (Malta)

PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 7 of the agenda (continued)

Health emergencies: Item 7.1 of the agenda (continued)

- **Research and development for potentially epidemic diseases** (document EB140/9) (continued)
- **Health workforce coordination in emergencies with health consequences** (document EB140/10) (continued)

Implementation of the International Health Regulations (2005): Item 7.4 of the agenda (continued)

- **Draft global implementation plan** (document EB140/14) (continued)

The CHAIRMAN invited the Board to continue its consideration of the report contained in document EB140/14.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, called on WHO to finalize the draft global implementation plan that was to be submitted to the Health Assembly in 2018. The joint external evaluation tool had been incorporated into the regional strategy for health security and emergencies 2016–2020. He asked the Secretariat to support Member States in all six areas of action contained in the draft global implementation plan.

The representative of BAHRAIN said the areas of action contained in the draft global implementation plan should be fully implemented, with priority being given to the needs of countries with high vulnerability and low capacity. She emphasized the importance of providing support to States Parties under area of action 1, noting that linking core capacity building with health systems strengthening would require additional cooperation. It was vital that monitoring, evaluation and reporting should be improved under area of action 3. The recommendations made by the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response should be fully taken into account when improving event management under area of action 4. The Secretariat should promote the timely sharing of scientific and technical information and data from public health clinical examinations.

The representative of THAILAND expressed support for the joint external evaluation tool, which ensured transparency and international accountability. WHO should support regional and transregional networks that facilitated disease surveillance and response to public health emergencies. Finally, the WHO Health Emergencies Programme should strengthen event management capacity at border-crossing points.

The representative of COLOMBIA said that that Member States should continue to undertake self-assessment, including joint external evaluations, and fulfil their annual reporting requirements.

The efforts of those Member States fully implementing the International Health Regulations (2005) should be recognized, and WHO should provide incentives for other Member States to do so. It was vital that information security and intellectual property should be protected when promoting information sharing, and he called on the Secretariat to clarify the scope of the planned real-time web-based platform for reporting and information sharing mentioned under area of action 4 in the draft global implementation plan.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and the Republic of Moldova aligned themselves with her statement.

The draft global implementation plan was welcome, although it was less substantial than had been expected. While it was right to prioritize countries with high vulnerability and low capacity, all countries should implement core capacities, especially relating to health security, under the International Health Regulations (2005), with the support of WHO. Implementation of the International Health Regulations (2005) in the European Union was supported through its framework on health security. She said that she supported the development of a five-year global strategic plan, which should be ambitious but realistic, and adequately resourced. A bottom-up approach was required in developing related national action plans which integrated universal health coverage, and should incorporate joint regional actions.

She asked for clarification regarding the implementation of the new monitoring and evaluation framework for the International Health Regulations (2005), with particular regard to external evaluations; coordination across the three levels of WHO; and the role of other actors and initiatives. The joint external evaluation tool would contribute to the development of tailored national action plans for the implementation of the International Health Regulations (2005). In addition, WHO should provide targeted technical support to strengthen countries' public health capacities. WHO's Strategic Partnership Portal, if maintained, could help raise financial and in-kind contributions. WHO regional offices should support and strengthen the National IHR Focal Points network through training and guidance. The planned real-time web-based platform for reporting and information sharing and the scientific advisory group of experts should be aligned with the WHO Health Emergencies Programme incident management system and the procedures for public health emergencies of international concern. She noted the requirements relating to additional health measures, as contained in area of action 5 of the draft global implementation plan, but sought clarification on the higher levels of authority for non-compliance cases referred to in paragraph 28(b) of document EB140/14.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that significant progress should be made on the five-year global strategic plan before the proposed deadline of 2018. The prioritization of support to countries with high vulnerability and low capacity was welcome, but would require collaborative, cross-sector, sustainable and country-led approaches to the implementation of the International Health Regulations (2005). She commended the joint external evaluations, which had proven useful in the United Kingdom, as they ensured that needs were identified and national planning was supported. The WHO Strategic Partnership Portal was also useful, but had to be accurate and up to date. She commended efforts made in the African Region to strengthen regional capacity on disease preparedness, with integrated disease surveillance and response and a real-time strategic information system.

The representative of the NETHERLANDS said that the draft global implementation plan should focus more on concrete actions. Implementation of the International Health Regulations (2005) should not wait until the adoption of a five-year strategic plan in 2018. Joint external evaluations were a crucial tool, and WHO should monitor follow-up to evaluations that had taken place. Having previously requested an extension for the implementation of core capacities under the International Health Regulations (2005), the Government of the Netherlands had achieved full implementation in October 2016.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said the draft global implementation plan would be a useful tool, but that a more detailed and action-oriented plan had been expected. It did, however, provide a good balance between existing provisions of the International Health Regulations (2005) and elements that could improve overall implementation and management of disease outbreaks. She welcomed the proposed monitoring and evaluation framework, and Member States' commitment to the joint external evaluation tool. She supported the prioritization of countries with high risk and low capacity, and noted that States Parties could collaborate under Article 44 of the International Health Regulations (2005). She also commended the proposals in the draft plan on information sharing and the establishment of risk assessment tools. National IHR Focal Points required standard operating procedures that took national contexts into account to empower Member States to meet their obligations under the International Health Regulations (2005).

The representative of the RUSSIAN FEDERATION said that it was difficult to evaluate the effectiveness of the draft global implementation plan because it seemed to be a list of targets without concrete actions, expected outcomes or indicators. Some concerns raised in regional committees had not been taken into account, in particular regarding WHO's role in implementing the plan, improving monitoring and evaluation and the funding and operation of the joint external evaluation tool. Referring to paragraph 8 of the draft plan, he said that it would be better if external partners contributed resources directly to WHO rather than creating counterproductive parallel initiatives. He asked whether there was a reason for the Secretariat's proposals.

He stressed the need for broad discussion and approval of the proposed five-year global strategic plan, as well as new tools for monitoring, evaluation and reporting, before they were launched. He asked for clarification regarding the voluntary nature of the joint external evaluations, as the Annex to the draft plan referred to the need to carry out evaluations in more than 30 countries by the end of 2017.

Therefore, he requested the Secretariat to organize additional discussions on the draft global implementation plan and to submit a report to the Seventieth World Health Assembly with specific measures, expected outcomes and indicators. In future, measures contained in the draft plan should not be linked directly to the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response, as those recommendations had been relevant in the context of the response to the Ebola virus disease, but had fulfilled their purpose. His Government nonetheless supported efforts to implement the International Health Regulations (2005) and would continue its voluntary contributions in that regard.

The representative of CANADA encouraged Member States to volunteer to undergo a joint external evaluation, which was a core component of the proposed monitoring and evaluation framework. It was important to develop national action plans that were flexible and tailored to individual country needs in order to address gaps in core capacities; in some situations a regional plan might be more appropriate in order to ensure the efficient use of scarce resources.

The representative of PAKISTAN, highlighting his country's experience of the joint external evaluation tool, said that a global pool of experts should be established for the joint external evaluations. There were a number of challenges to be addressed when developing a national five-year action plan on the implementation of the International Health Regulations (2005), in relation to the adoption of a One Health approach, incident management, human resource capacity and resource mobilization.

The representative of ZIMBABWE¹ said that the mobilization of financial resources should be a standalone area of action, as a lack of funding severely hindered efforts to adopt a multisectoral approach. Furthermore, the draft global implementation plan should have clear operational goals and one-, three- and five-year reviews should be undertaken. He expressed support for the joint external evaluation tool, which should result in support to address the gaps identified. The draft plan should emphasize the role of the affected country in the management of public health events. Strengthening integrated disease surveillance and response would continue to be critical for the early detection, reporting and control of potential outbreaks. Further explanation was needed with regard to a number of issues, including how cases of non-compliance would be addressed, the meaning of “reviewing criteria” in paragraph 28(a) in the draft implementation plan, and how newly established WHO policies and mechanisms would ensure the accessibility and affordability of the vaccines and medicines developed as a result of data sharing during an emergency situation.

The representative of SWITZERLAND¹ stressed that in order for the International Health Regulations (2005) to be implemented as rapidly as possible, it was vital to ensure that the Secretariat had the necessary means and resources and for Member States to receive tailored support. Turning to the draft global implementation plan, she said that areas of action 5 and 6 required further consideration: non-compliance with WHO temporary recommendations prevented accurate communication with the population and reduced the credibility of national and international authorities. The rapid sharing of scientific information was key to the development of adequate and effective measures; both WHO and national authorities needed to establish platforms in that regard.

The representative of PANAMA¹ said that better communication was needed between WHO and relevant actors in order to ensure transparency, the effective use of available financial resources, and full implementation of the draft global implementation plan. In the light of the increase in numbers of transcontinental migrants, more efforts were needed to strengthen Member States’ core capacities, with emphasis on cross-border coordination and collaboration, and active cooperation with regional and country offices.

The representative of JAPAN¹ highlighted the importance of effective global partnerships, WHO leadership and country ownership for strengthening core capacities, which had not yet been implemented in many Member States. Universal health coverage helped to enhance preparedness at the country level, and further coordination between relevant organizations, including WHO and the World Bank, was vital. When responding to large-scale infectious disease emergencies, a coordinated multisectoral response in line with the International Health Regulations (2005) was needed; the Inter-Agency Standing Committee system-wide (Level 3) activation procedures for infectious disease events agreed upon by the Principals of that Committee were particularly important in that regard. The next step would be to test those procedures through exercises.

The representative of INDONESIA¹ said that the importance of the active involvement of Member States and collaboration with multiple sectors, non-State actors and international partners should be taken into account in the draft global implementation plan. In addition, the joint external evaluations would contribute to the proper implementation of the International Health Regulations (2005).

The representative of BANGLADESH¹ emphasized the importance of strong monitoring and evaluation, effective coordination among Member States, the appropriate allocation of technical and financial resources, and increased efforts at the national level to the success of the draft global implementation plan. Drawing attention to the significant progress made in Bangladesh in respect of

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

the implementation of the International Health Regulations (2005), he called for continued technical assistance and guidance from WHO and other relevant partners to enable that work to be completed.

The representative of INDIA¹ said that it was important to recognize Member States' different levels of development and the effect that that had on their capacity and available resources to meet health challenges. Mechanisms to provide financial and technical support were therefore required. Regarding the joint external evaluations, it was important that safeguards were put in place to address concerns about the scope of the evaluations, which should not be a precondition for the receipt of financial and technical support. Careful consideration was also needed of issues related to transparency, independence, data security and donor funding.

The representative of ARGENTINA¹ said that, although WHO should play a leading role in risk assessment during a public health event, the Organization's role in strengthening existing mechanisms at the country level should not be underestimated. Care should be taken, when setting up a new scientific advisory group of experts to assess infectious disease-related risks, to avoid duplication of work. The final version of the draft global implementation plan should include details of the participatory process to be followed in order to establish a standard procedure for the monitoring and management of additional health measures. It was important to continue to improve mechanisms and processes for information sharing.

The representative of AUSTRALIA¹ said that he welcomed the focus on supporting the core capacities under the International Health Regulations (2005) in the context of broader health system strengthening efforts and the prioritization of assistance for countries with high vulnerability and low capacity, noting that more consultation was needed on areas of action 5 and 6. Strong leadership, investment in global and regional partnerships, and sustainable financing would be essential to achieve the goals of the draft global implementation plan and WHO should continue to work closely with relevant stakeholders, including development banks, to ensure that efforts were complementary and leveraged WHO's comparative advantage. He urged Member States to make use of the joint external evaluation tool, noting that Australia had made a commitment to undertake an assessment using the tool in late 2017.

The representative of BRAZIL¹ recalled that the International Health Regulations (2005) were legally binding, and as such any alterations to essential elements of that document should take the form of amendments rather than recommendations. A number of questions related to the draft global implementation plan remained unanswered in areas such as compliance, monitoring and evaluation, in particular with regard to peer and external assessments. Rather than provide operational details, the document should provide policy guidelines on areas such as monitoring and evaluation and data sharing. Although the draft plan had been considered by the regional committees, many of their proposals had not been incorporated. Therefore, a second discussion of the document by the regional committees would be useful.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that epidemic preparedness and response started and ended with communities; recent outbreaks had demonstrated that without community-driven efforts to prevent, detect and respond to infectious disease threats, government efforts could be delayed. Therefore, she encouraged WHO to highlight the integral role of communities and community-based organizations in its guidance. Moreover, core capacities under the International Health Regulations (2005) at the community level should also be strengthened.

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

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that a more robust implementation of the International Health Regulations (2005) was essential to the reforms under the new WHO Health Emergencies Programme and to stronger global health security, and he noted that Member States had expressed significant interest in joint external evaluations. The draft global implementation plan was a work in progress, and feedback from the regional committees had been taken into account.

He noted that the draft global implementation plan should be relevant for all, with an initial focus on countries with high vulnerability and low capacity, and that it should be closely linked to emergency preparedness and health system strengthening. Any peer assessment was critical, but was only a starting point for building national capacity. WHO should maintain its leadership role while developing relevant partnerships under the One Health approach.

The role of National IHR Focal Points was key, and would be strengthened. The Director-General was the first authority to whom States Parties could submit disputes between two or more States Parties for resolution; disputes between States Parties and WHO would be submitted to the Health Assembly. In terms of coordination, the joint external evaluations secretariat was fully operational. In 2016, 28 joint external evaluations had been completed and 37 would be conducted in 2017; thus he recognized both the Organization's ambition and the work it was doing. He reiterated the voluntary nature of the joint external evaluations.

The Secretariat would seek to include Member States' suggestions for improving timelines, indicators, and desired outcomes in the draft global implementation plan. Member States could find clarification of action area 5 in paragraph 28 of the draft global implementation plan and Article 43 of the International Health Regulations (2005).

The CHAIRMAN took it that the Board wished to request the Secretariat to take into account the comments and suggestions made during the discussion when preparing the final draft global implementation plan to be submitted to the Seventieth World Health Assembly for discussion.

It was so agreed.

The CHAIRMAN invited the Board to continue its consideration of the report contained in document EB140/10.

The representative of FRANCE called on WHO to continue its efforts to improve workforce coordination in emergencies and add the European Medical Corps and other regional and national reserves to the emergency response roster, which should also define the operating rules, mobilization mechanisms, and criteria for use of such reserves. WHO should provide plans and tools to improve internal and external coordination of the health workforce. The planned expansion of the Global Outbreak Alert and Response Network was commendable, but the process for alerting and deploying experts and Network partners should be formalized. The Network should mobilize national institutions through the National IHR Focal Points network, rather than approach them directly.

The representative of the RUSSIAN FEDERATION said that the need for effective coordination of the health workforce during emergencies had become particularly evident during the Ebola virus disease outbreak. As the Secretariat had no emergency capacity of its own, it could and should rely on the resources of Member States. To be most effective, health workforces for emergencies needed to be identified and validated before a crisis took place. In that regard, WHO should conduct more outreach. The progress made in verifying emergency medical teams was welcome. WHO should work with Member States to identify and certify emergency mobile laboratories. Considerable efforts had been made to ensure coordination at the global level, but the importance of regional coordination in emergency response should not be overlooked, as help from neighbouring countries might be the fastest to arrive. More efforts should be made to establish regional partnerships. He expressed support for the Global Outbreak Alert and Response Network.

The representative of GERMANY¹ welcomed progress at the global level, in particular the temporary expansion of the Inter-Agency Standing Committee, to be known as IASC+, and its Level 3 activation procedures, noting that training in that regard would be required for staff in the field. She welcomed the recruitment of 24 Global Health Cluster coordinators, and encouraged WHO to share its coordination experience with partners. Registration of type 1 emergency medical teams should not be delayed. Her country was committed to supporting the multidisciplinary public health rapid response teams that would complement the emergency medical teams, under the coordination of the Global Outbreak Alert and Response Network. A simulation exercise to identify issues and shortcomings in health crisis management would be carried out with health ministers in May 2017, under the auspices of Germany's Presidency of the G20.

The representative of the UNITED STATES OF AMERICA said that he welcomed the progress made in coordinating the response to health emergencies under the Global Health Emergency Workforce, but asked the Secretariat how it would promote coordination in responses to all types of hazards, including infectious diseases, through partnerships and networks. He recommended that the Secretariat should establish a central leadership for the Global Health Emergency Workforce to define working methods for different types of emergencies; strengthen coordination between the Global Health Emergency Workforce and the Inter-Agency Standing Committee; and further define how elements of the Global Health Emergency Workforce, such as standby partnerships and the emergency medical team initiative, would be aligned with the WHO Health Emergencies Programme. He asked what additional changes would be made to support the Global Health Cluster.

The representative of SWITZERLAND¹ asked for additional information on progress made regarding the pandemic preparedness and response supply chain and the possibilities for public-private partnerships. Given the burden of due diligence imposed on field staff by the Framework for Engagement with Non-State Actors, she asked whether progress had been made in that regard. She called for solutions to protect health structures and workers more effectively against attack, in compliance with international humanitarian law.

The representative of BENIN¹ said that emergency response efforts were hindered by shortages of human resources, in particular in the health workforce. Appropriate structures and systems should be put in place to meet the needs of those affected by health emergencies, and particular attention should be paid to information management. Depending on the type of emergency, various skill sets would be needed to develop and distribute new vaccines and other health care products, prevent and control infectious diseases, and relaunch essential services. The effective implementation of coordination policies would facilitate cooperation at the regional, national and international levels.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that the collection of data on attacks on health facilities, workers and patients was of growing importance, as such attacks were increasing, especially during conflicts. He thanked the Secretariat for its leadership in disseminating such information, which required the cooperation of regional and country offices and of Member States.

The representative of UNICEF expressed support for a collective response to humanitarian and health crises. Together with WHO and other partners, UNICEF was strengthening capacity to respond to health crises through its Health Emergencies Preparedness Initiative. She welcomed the recently adopted Inter-Agency Standing Committee Level 3 activation procedures for infectious disease events.

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

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) agreed that although the Inter-Agency Standing Committee system-wide Level 3 activation procedures for infectious disease events were an important first step, training would be required in order for them to be effective.

Within the global health emergency workforce, Global Health Cluster coordinators worked primarily in humanitarian situations, emergency medical teams in natural disasters, and the Global Outbreak Alert and Response Network in infectious disease outbreaks. Coordination was therefore complex and areas of work often overlapped as situations developed; therefore, no one formula was universal. In some contexts, WHO should rely on national emergency operation centres to manage responses, while large-scale events required the leadership of WHO or the Global Health Cluster.

A multi-year strategic plan was being developed to address many of the issues being faced by the Global Health Cluster, including its role in advocacy. Of the 24 new health cluster coordinators to be recruited, 20 had already been identified. The scope of emergency medical teams was increasingly moving beyond direct clinical care to national capacity building and targeted trauma response in areas of conflict. The role of the Global Outbreak Alert and Response Network was to be expanded, to include rapid response public health teams, and that would include adopting peer-review and quality assessment initiatives. In addition, WHO's role in supply and logistics was being reviewed in the context of the work of other United Nations organizations and partners, and the results of that review would be reported in 2017.

The Board noted the report.

The CHAIRMAN invited the Board to continue its consideration of the report contained in document EB140/9.

The representative of CANADA said that her country's commitment to public health and support for the blueprint for research and development preparedness and rapid research response was evidenced by its efforts to develop a vaccine and therapeutic treatment for Ebola virus disease. She expressed support for the holistic approach adopted by the Organization for addressing the challenges faced during disease outbreaks. The Secretariat should indicate how it proposed to develop global norms for sharing data and results during health emergencies, and whether those norms would be reviewed and endorsed by Member States.

The representative of BAHRAIN said that platforms for information exchange were an essential component of the research and development blueprint that needed to be accessible to all countries, especially those that did not have their own research capacity. It was important to build institutional capacity for research and development in developing countries.

The representative of CHINA noted that the ninth Global Conference on Health Promotion had taken place in Shanghai, China in November 2016. Since potential epidemics often originated in developing countries, strengthening the research and development capacities of those countries should be at the heart of the research and development blueprint. In 2016, a Chinese emergency medical team had completed the classification process and been verified by the Secretariat.

The representative of the RUSSIAN FEDERATION expressed support for WHO's coordinating role with regard to potentially epidemic diseases. Parallel multilateral initiatives, while important, were subsidiary instruments. She noted the need to reduce the delay between the onset of a public health emergency and the arrival on the market of effective diagnostic tests, vaccines and medicines. Two Ebola vaccines had been registered in the Russian Federation in 2015, and efforts to design diagnostic, preventive and therapeutic products for the most dangerous pathogens were also under way.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed support for the research and development blueprint, which should cover product development and operational research for epidemics, due to the critical relationship between those two areas. Putting in place structures for a rapid research and development response to potential epidemics and those that materialized was essential; discussions between her Government and the Secretariat on funding for the research and development blueprint were at an advanced stage and the United Kingdom stood ready to share its experience in respect of research and development. She asked what steps were being taken by the Secretariat to secure additional funding for the research and development blueprint, and to ensure smooth collaboration and effective competition, while avoiding unnecessary duplication of activities.

The representative of the UNITED STATES OF AMERICA said that the research and development blueprint should remain focused on reducing delays between the identification of a potential outbreak and the deployment of interventions. Although the Organization's efforts to coordinate research in disease outbreaks should be supported, he expressed concern about extending the role of WHO beyond its capacity. The Secretariat should coordinate and provide information to facilitate research agenda-setting by stakeholders and work with Member States and research entities, particularly on clinical trials, rather than define the research and development agenda. The Secretariat should clarify how it would clearly differentiate between the roles of providing guidance and conducting research.

More information should be provided on the development of a capacity-building tool relating to standard material transfer agreements. He urged the Secretariat to ensure that processes and procedures were in place for evaluating medical countermeasures during future emergencies, given that research conducted during outbreaks should be held to the same standards as other clinical research. More information should be provided on the research and development blueprint's workstreams and its engagement in the Global Research Collaboration for Infectious Disease Preparedness, the Coalition for Epidemic Preparedness Innovations, and other relevant bodies.

The representative of NORWAY¹ said that WHO played a crucial normative role in vaccine development and implementation and an important facilitating role for other vaccine research and development initiatives. She welcomed the establishment of the Coalition for Epidemic Preparedness Innovations.

The representative of JAPAN¹ said that, as a board member of the Coalition for Epidemic Preparedness Innovations, the Government of Japan contributed US\$ 25 million a year to that initiative. He called on Member States and partners to join the Coalition and asked the Secretariat to provide continuous technical guidance on research and development for epidemic preparedness.

The representative of SWITZERLAND¹ said that, in the light of new global initiatives, such as the Coalition for Epidemic Preparedness Innovations and the Global Antibiotic Research and Development Partnership, and the overlap of certain diseases, it was important for the Secretariat to facilitate synergies and promote effective coordination between the three workstreams of antimicrobial resistance, neglected tropical diseases and diseases with epidemic potential.

The representative of INDIA¹ said that Member States needed to assess with care the implications of WHO assuming the role of an operational agency in addition to its standard-setting role, including the budgetary implications. The research and development blueprint should be aligned with the broader WHO research and development agenda. Health research and development should be needs-driven and evidence-based and guided by the core principles of affordability, effectiveness,

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

efficiency and equity. He asked for more details of the proposed public health financial model for supporting research and product development on priority emerging pathogens. He expressed concern that the Secretariat's report did not explicitly recognize the realignment of product prices with research costs as an essential component of that model. The Coalition for Epidemic Preparedness Innovations, of which India was a member, should be closely aligned with the research and development blueprint and address issues related to product prices, access to therapeutics and intellectual property.

The representative of BRAZIL¹ said that he supported the call to broaden discussion of the research and development blueprint to take into account intellectual property issues related to access to medicines and their pricing and affordability, and the delinkage of research and development costs from product prices. In that connection, the recommendations deriving from the United Nations Secretary-General's High-level Panel on Access to Medicines should be taken into consideration.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, stressed the need to ensure prompt medical interventions following identification of an outbreak in order to save lives. It was critical to prioritize funding for the development and implementation of tools, including the required regulatory and procurement systems. He called on the Secretariat and Member States to accelerate progress and looked forward to working with relevant stakeholders.

The representative of the WORLD FEDERATION OF ACUPUNCTURE-MOXIBUSTION SOCIETIES, speaking at the invitation of the CHAIRMAN, said that acupuncture should be included in the provision of emergency medical services for the relief of symptoms such as pain and anxiety. In a crisis, his federation could offer to deploy qualified medical professionals to support emergency medical teams.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that WHO's primary role was as the leading standard-setting organization in the area of health. Research and development funds should benefit low- and middle-income countries; capacity building for countries at risk should ensure equitable access to research and development information; transparency should be guaranteed regarding private sector involvement in the Coalition for Epidemic Preparedness Innovations; and ethical standards should be upheld during clinical vaccine trials. She urged Member States to ensure that the focus of resource mobilization was not only on crises but also on strengthening health systems, especially in low- and middle-income countries, as the most sustainable approach to the prevention of health emergencies.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that breast-milk substitutes were often systematically deployed in emergencies, disregarding the lifeline that breastfeeding could constitute for starving infants. WHO could play a key role in reversing that situation by promoting emergency preparedness protocols to improve long-term food security. Such protocols should limit the emphasis placed on product-based, short-term solutions and apply strict criteria to the purchase and distribution of breast-milk substitutes, when required. Training should be conducted to raise awareness of breastfeeding and the risks of substitutes.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that the Secretariat was committed to ensuring that research on potentially epidemic diseases went beyond research and development for medical counter-measures and included epidemiological research and

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

community-based (qualitative) research, such as the activities on Zika virus infection in the context of the WHO's research and development blueprint. Cognizant of the fact that it could not cover all epidemiological or community-based research, WHO was committed to working in close cooperation with other organizations, under the auspices of a global coordination framework. He congratulated several Member States for their commitment to the development of vaccines against diseases with epidemic potential. The Secretariat was engaged in consultations with various stakeholders on the establishment of a capacity-building tool to determine fair conditions for sample and data sharing. A statement on the sharing of epidemiological data had been published on the Organization's website in 2016.

Approximately US\$ 700 million had been raised for the Coalition for Epidemic Preparedness Innovations. Coordination with the Coalition included advocating, from WHO's position as an observer on the Coalition board, for policies that prioritized access, affordability and open innovation, in line with recommendations by the Consultative Expert Working Group on Research and Development; prioritizing pathogens on which the Coalition should focus its efforts, which included Middle East respiratory syndrome coronavirus, Lassa and Nipah viruses; setting up target product profiles; and consulting with Member States on effective regulatory pathways for emergency review of vaccines against epidemic diseases. The research and development blueprint was a cross-cutting WHO initiative which would remain under the oversight of the Member States. The Secretariat was committed to reporting on results and seeking Member State guidance on further priorities. Lastly, he thanked the United Kingdom for its contributions to the research and development blueprint.

The Board noted the report.

Antimicrobial resistance: Item 7.2 of the agenda (documents EB140/11 and EB140/12)

The CHAIRMAN drew attention to a draft resolution on improving the prevention, diagnosis and clinical management of sepsis proposed by Australia, Austria, Colombia, Costa Rica, Estonia, Germany, Ireland, Jamaica, Japan, Luxembourg and Switzerland, which read:

The Executive Board,

PP1. Having considered the report on improving the prevention, diagnosis and clinical management of Sepsis;¹

PP2. Concerned that sepsis continues to cause every year approximately six million deaths worldwide, most of which are preventable;

PP3. Recognizing that sepsis as a syndromic response to infection is the final common pathway to death from most infectious diseases worldwide;

PP4. Considering that sepsis has a unique and time-critical clinical course which in the early stages is highly amenable to treatment through early diagnosis and timely and appropriate clinical management;

PP5. Considering also that infections which may lead to sepsis can often be prevented through appropriate hand hygiene, access to vaccination programmes, access to improved sanitation and water availability and other infection prevention and control best practices;

PP6. Recognizing that while sepsis itself cannot always be predicted its ill effects in terms of mortality and long term morbidity can be mitigated through early diagnosis and appropriate and timely clinical management;

PP7. Recognizing the need to improve measures of prevention of infections and control of the consequences of sepsis, due to inadequate infection prevention and control programmes, insufficient health education and recognition of early sepsis, inadequate access to affordable,

¹ Document EB140/12.

timely, appropriate treatment and care, insufficient laboratory services as well as the lack of integrated approaches to the prevention and clinical management of sepsis;

PP8. Noting that healthcare associated infections represent a common pathway through which sepsis can lead to an increased burden on the healthcare resources;

PP9. Considering the need for an integrated approach to addressing sepsis that focuses on prevention, early recognition through clinical and laboratory services and timely access to healthcare including intensive care services, with reliability in the delivery of the basics of care including intravenous fluids and the timely administration of antimicrobials where indicated;

PP10. Acknowledging that:

- (i) the inappropriate and excessive use of antimicrobials contributes to the threat of antimicrobial resistance;
- (ii) the Global Action Plan on antimicrobial resistance¹ adopted by resolution WHA68.7 (2015) as well as resolution WHA67.25 (2014) urged WHO to accelerate efforts to secure access to effective antimicrobials and to use them responsibly and prudently;
- (iii) sepsis represents the most vital indication for the responsible use of effective antimicrobials for human health;
- (iv) in the absence of appropriate and timely clinical management including effective antimicrobials sepsis would be almost universally fatal;
- (v) ineffective or incomplete antimicrobial therapy in sepsis and more generally related to infections may be a major contributor to the increasing threat of antimicrobial resistance; and
- (vi) the incidence of some resistant pathogens may be reduced by the use of appropriate vaccines;

PP11. Recognizing that many vaccine-preventable diseases are a major contributor to sepsis and reaffirming resolution WHA45.17 (1992) on immunization and vaccine quality which urged Member States, inter alia, to integrate cost-effective new vaccines into national immunization programmes in countries where it is feasible;

PP12. Recognizing the importance of strong functional health systems which include organizational and therapeutic strategies in order to improve patient safety and outcomes from sepsis of bacterial origin;

PP13. Recognizing the need to prevent and control sepsis, to increase timely access to correct diagnosis and to provide appropriate treatment programmes;

PP14. Recognizing the advocacy efforts of stakeholders, in particular through existing activities held every year on 13 September² in many countries, to raise awareness regarding sepsis,

OP 1. URGES Member States:³

- (1) to include prevention, diagnosis and treatment of sepsis in national health system strengthening policies and processes, in the community and in healthcare settings according to international guidelines, through health promotion and health services;
- (2) to reinforce existing or develop new strategies leading to strengthened infection prevention and control programmes including by strengthening hygienic infrastructure, promoting hand hygiene, and other infection prevention and control best practices, clean childbirth practices, infection prevention practices in surgery, improvements in sanitation, nutrition and delivery of clean water, access to vaccination programmes, provision of

¹ Document A68/20 Antimicrobial resistances: Draft global action plan on antimicrobial resistance.

² See document EB140/12 paragraph 10: civil society organizations promote a World Sepsis Day on 13 September.

³ And, where applicable, regional economic integration organizations.

effective personal protective equipment for health professionals and infection control in health care settings;

(3) to continue in their efforts to reduce antimicrobial resistance, and promote the appropriate use of antimicrobials in accordance with the Global Action Plan on Antimicrobial Resistance¹ including development and implementation of comprehensive antimicrobial stewardship activities;

(4) to develop and implement standard and optimal care and strengthen medical counter measures for diagnosing and managing sepsis in health emergencies, including outbreaks, through appropriate guidelines with a multisectoral approach;

(5) to increase public awareness of sepsis through health education, including on patient safety, to ensure prompt initial contact between affected persons and the healthcare system;

(6) to develop training for all health professionals on infection prevention and patient safety and the importance of recognizing sepsis as a preventable and time-critical condition with urgent therapeutic need and of communicating with patients, relatives and other parties using the term “sepsis” in order to enhance public awareness;

(7) to promote research aimed at innovative means of diagnosing and treatment of sepsis across the lifespan;

(8) to develop and implement monitoring and evaluation tools in order to focus attention on and monitor progress towards improving outcomes from sepsis, including the development and fostering of specific epidemiologic surveillance systems and to guide evidence-based strategies for policy decisions related to preventive, diagnostic and treatment activities and access to relevant health care for survivors;

(9) to engage further in advocacy efforts to raise awareness of sepsis, in particular through supporting existing activities² held every year on 13 September in Member States;

OP 2. REQUESTS the Director-General

(1) to draw attention to the public health impact of sepsis including by publishing a report on sepsis, describing its global epidemiology and impact on the burden of disease and identifying successful approaches for integrating the timely diagnosis and management of sepsis into existing health systems by the end of 2018;

(2) to support Member States as appropriate, to define standards and establish the necessary guidelines, infrastructures, laboratory capacity, strategies and tools for reducing the incidence of, mortality from and long-term complications of sepsis;

(3) to collaborate with other organizations in the United Nations system, partners, international organizations and other relevant stakeholders in enhancing access to quality, safe, efficacious and affordable treatments of sepsis in developing countries while taking into account relevant existing initiatives;

(4) to report to the Seventy-third World Health Assembly, through the Executive Board, on the implementation of this resolution.

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

Resolution: Improving the prevention, diagnosis and management of sepsis
A. Link to the General Programme of Work and the Programme budget

¹ Document A68/20 Antimicrobial resistances: Draft global action plan on antimicrobial resistance.

² See document EB140/12 paragraph 10: civil society organizations promote a World Sepsis Day on 13 September.

<p>1. Please indicate to which outcome in the Twelfth General Programme of Work, 2014–2019 and to which output in the Programme budget 2016–2017 this draft resolution would contribute if adopted.</p> <p>Twelfth General Programme of Work, 2014–2019, category 3, outcome: increased access to interventions for improving health of women, newborns, children and adolescents; category 4, outcome: policies, financing and human resources are in place to increase access to people-centred, integrated health services; category 5, outcome: increased capacity of countries to build resilience and adequate preparedness to mount a rapid, predictable and effective response to major epidemics and pandemics. Programme budget 2016–2017, outputs: 3.1.1; 3.1.2; 3.1.4; 3.1.6; 4.2.3; and 5.2.2.</p>			
<p>2. Please provide a short justification for considering the draft resolution, 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.</p> <p>Not applicable.</p>			
<p>3. Please indicate the estimated implementation time frame (in years or months) for any additional deliverables.</p> <p>4.5 years</p>			
<p>B. Budgetary implications for implementation of additional deliverables</p>			
<p>1. Current biennium – estimated, additional budgetary requirements, in US\$ millions:</p> <p>None</p>			
<p>(i) Please indicate the level of available resources to fund the implementation of the proposed resolution in the current biennium, in US\$ millions:</p> <ul style="list-style-type: none">– How much are the resources available to fund the proposed resolution in the current biennium? US\$ 0.40 million (in-kind staff contribution across regional offices and WHO headquarters).– How much would the financing gap be? US\$ 1.68 million.– What are the estimated resources, not yet available, if any, which would help to close the financing gap? Zero.			
<p>2. 2018–2019 (if required): estimated budget requirements, in US\$ millions:</p> <p>US\$ 4.63 million.</p>			
Level	Staff	Activities	Total
Country offices	0.00	1.20	1.20
Regional offices	1.35	0.48	1.83
Headquarters	1.20	0.40	1.60
Total	2.55	2.08	4.63
<p>3. Future bienniums beyond 2018–2019 (if required) – estimated budgetary requirements, in US\$ millions:</p> <p>US\$ 4.63 million.</p>			

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries of Turkey, the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina and Ukraine, the Republic of Moldova and Georgia aligned themselves with her statement. She welcomed the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance. She urged the United Nations Secretary-General to establish the ad hoc inter-agency coordination group as described in United Nations General Assembly

resolution 71/3 (2016) to provide practical advice on effective action to address antimicrobial resistance as a matter of urgency and ensure that it was operational in early 2017. She invited the Director-General to provide an update on progress made by the ad hoc inter-agency coordination group and on the planned next steps with the new Secretary-General. Work on a global development and stewardship framework should be expedited and take into account the One Health approach. The Secretariat should present a road map with deliverables and deadlines for its development prior to the Seventieth World Health Assembly. She encouraged all Member States to establish national action plans on antimicrobial resistance. The Secretariat and Member States should strengthen efforts to prevent infections that might lead to sepsis and momentum should be maintained to achieve the objectives set out in the Secretariat's report on antimicrobial resistance.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that antimicrobial resistance could only be tackled with a clear delivery and leadership role for WHO. It was critical to establish the ad hoc inter-agency coordination group as promptly as possible. She encouraged further work to raise awareness of the antimicrobial resistance of the pathogens in HIV infection, tuberculosis and malaria and proposed that joint efforts should be undertaken with other agencies, such as the International Drug Purchase Facility, to leverage expertise. She urged the Organization to ensure close collaboration with FAO and OIE in all projects based on the One Health approach and to intensify efforts to prevent infections that could result in sepsis.

The representative of CANADA outlined some of the actions taken by her Government to address antimicrobial resistance. It was vital to develop a common vision of the One Health approach among Member States and ensure fair and equitable access to antimicrobial medicines. A gradual or phased approach to the implementation of a global development and stewardship framework would take into account the need to remain flexible in light of national plans and priorities.

The representative of MEXICO drew attention to the different responses to antimicrobial resistance by Member States, due to differences in health system capacities and inter-agency coordination. Member States needed to demonstrate multisectoral efforts and commitment, and should be supported by relevant international organizations. Training for health staff on detection, prevention and control should be strengthened. It was necessary to step up research into new antimicrobial medicines, explore alternative methods such as traditional medicine, study cause-and-effect relationships, and examine the presence of antibiotics in waste water and their potential transmission to drinking water. Health regulation provisions on the development, use and disposal of antimicrobial medicines for application in human and animal health and agriculture should be revised. Governments and other stakeholders should make a commitment to securing adequate and sustained financing for such actions. Member States should hold discussions on the outstanding issues relating to the global action plan on antimicrobial resistance, including a global development and stewardship framework, and draft a text for submission to the Health Assembly. Consistency should be ensured in discussions in other multisectoral forums on the international response to antimicrobial resistance, in order to underscore the multisectoral aspect of the One Health approach and the work led by WHO, FAO and OIE.

The representative of the NETHERLANDS commended the progress made through tripartite collaboration on antimicrobial resistance between WHO, FAO and OIE and said that all United Nations organizations should accelerate their work on tackling antimicrobial resistance, which was a joint effort. In the light of the adoption of the global action plan on antimicrobial resistance and the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance, a true multisectoral approach should be taken.

The representative of CHINA said that his Government had implemented a national plan on antimicrobial resistance and he encouraged other Member States to do the same and to implement the relevant WHO and United Nations General Assembly resolutions. He called for strengthened

cooperation between health ministries and agriculture ministries, the release of relevant information on surveillance, and guidance for health professionals on the rational use of antimicrobial medicines. WHO should sustain technical support for Member States and help developing countries to establish surveillance systems, provide staff training on antimicrobial resistance and enhance their capacity to combat the problem. The Organization should adopt measures to facilitate communication among the regions.

The representative of TURKEY said that, since sepsis was an increasingly important issue, it would be expedient to revise and reconsider national plans on infectious diseases. He proposed that, in paragraph 1(5) of the draft resolution, the words, “to increase public awareness of sepsis” should be replaced by “to increase public awareness of protection from infectious diseases”, because it would be more useful to inform the public of general preventive measures.

The representative of VIET NAM said that his Government had been the first in the Western Pacific Region to implement a national action plan on antimicrobial resistance. Countries such as Viet Nam would benefit from collective support at the global level. WHO should undertake extensive consultations on a global development and stewardship framework, with the participation of Member States, to ensure consideration of the specific contexts and needs of countries and the highest possible level of stakeholder accountability.

The representative of BAHRAIN said that there was an urgent need to control the unrestricted use of antibiotics to prevent the emergence of antibiotic-resistant bacteria. It was essential to implement the global action plan and develop options for establishing a global development and stewardship framework.

The representative of the PHILIPPINES said that her Government had created the Inter-Agency Committee on Antimicrobial Resistance, chaired by the Department of Health, with support from WHO, FAO and OIE; during its first summit in 2015, stakeholders had expressed support for implementation of the national multisectoral action plan on antimicrobial resistance. Her Government had also initiated the development of an ASEAN declaration to combat antimicrobial resistance. Other political leaders and forums should make similar high-level declarations and promote multisectoral awareness-raising and support.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, said that a broad-based, urgent and concerted response was needed to address the growing threat of antimicrobial resistance to human and animal health and agriculture, particularly in developing countries. Access to high-quality, new and affordable medicines, vaccines and diagnostic tools should be prioritized, particularly for HIV/AIDS, malaria and tuberculosis, in order to ensure uniform progress. He emphasized the importance of greater investment in research and development and technology transfer. Suggestions on how to achieve the five strategic objectives of the global action plan would be welcome. Sufficient technical and financial support for the development, implementation and evaluation of national action plans should be ensured, in order to enable Member States to meet the relevant deadlines.

The representative of the CONGO highlighted the issues faced by developing countries in combating antimicrobial resistance, including the delay in sharing new molecules that were discovered and used in developed countries, the increasing ineffectiveness of insecticides and vector repellents used to protect against communicable diseases, and increasing resistance to antiviral medicines. The Secretariat should therefore ensure that all Member States were able to adopt and implement national action plans on antimicrobial resistance, support Member States in improving the management of medicines and promote the dissemination in the field of guidelines on anti-infective medicines in collaboration with FAO. He proposed that, after the fifth preambular paragraph of the draft resolution, the following text should be added: “Considering that forms of septicemia associated with

nosocomial infections are severe, hard to control and have high fatality rates;”, and that in the tenth preambular paragraph, an additional subparagraph should be added to read: “immunocompromised patients are most at risk from very serious forms of septicaemia”.

The representative of JAMAICA said that the emergence of resistant organisms was a cause of concern in lower- and middle-income countries in particular. Given the inappropriate use of antibiotics in the health, agriculture and other sectors, and the unregulated sale of such drugs, a One Health approach was crucial to managing that global problem. The development and implementation of national action plans must be accelerated. Increasing understanding of antimicrobial resistance among the general public and in particular health care workers, was critical. Support for public awareness campaigns must continue. WHO, FAO and OIE should work with other partners to finalize a global development and stewardship framework to fight antimicrobial resistance. He expressed support for the draft resolution.

The representative of the RUSSIAN FEDERATION said that the Russian Federation had advocated for a focus on prevention, the development of alternative treatments and timely methods of diagnosis in the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance. Developing innovative treatments was particularly important, not only to deal with existing resistant strains of pathogens, but to ensure that the pathogens did not develop resistance to new treatments. The development of new vaccines was also essential. She would submit, in writing, proposed amendments to the draft resolution, with a view to bringing it into line with the wording of the political declaration, and requested that the Russian Federation should be added to the list of sponsors of the draft resolution.

The representative of THAILAND said that although fewer than half of WHO Member States had embarked on the development of a national action plan on antimicrobial resistance, action without planning was preferable to planning without action. Addressing antimicrobial resistance in the treatment of HIV infection, tuberculosis and malaria should be a priority at the country level. With regard to the draft resolution, in the tenth preambular paragraph, the words “sepsis and more generally related to infections” should be replaced by “in infections including sepsis”. In the eleventh preambular paragraph, the words “and affordable” should be inserted after “cost-effective”. In paragraph 1(1) the words “through health promotion and health services” should be deleted. At the beginning of paragraph 1(8), the words “to apply and make best use of the ICD system to establish the prevalence and profile of sepsis and AMR, and” should be added.

The representative of SWEDEN said that momentum must be maintained in the implementation of the global action plan; efforts, including Secretariat assistance, to develop national plans of action should be commended. National plans must be in implementation by the time of the Seventieth World Health Assembly. Global surveillance was crucial to fully understanding the impact of antimicrobial resistance on public health, economies and societies as a whole. The Public Health Agency of Sweden had been designated as the WHO collaborating centre for antimicrobial resistance containment and Sweden would host the second high-level technical meeting on antimicrobial resistance surveillance for local and global action. He urged all Member States to address the global threat posed by antimicrobial resistance, and to push for action in the governing bodies of FAO and OIE, to ensure a One Health approach.

The representative of the DOMINICAN REPUBLIC said that his country was relying on WHO support to integrate and manage antimicrobial resistance in the treatment of tuberculosis, malaria and HIV infection, to monitor nosocomial infections, and to formulate an intersectoral response between ministries and other bodies to determine the potential impact of veterinary public health on antimicrobial resistance. WHO should mobilize resources in a transparent manner, through the WHO Health Emergencies Programme, to ensure full implementation of the global action plan.

The representative of NEW ZEALAND underscored the added value of work such as the review on antimicrobial resistance commissioned by the Government of the United Kingdom in advocating for national action plans and garnering sufficient political engagement, funding and support for their implementation. Implementation of the draft resolution could be facilitated by aligning its contents, where appropriate, with action on antimicrobial resistance and the work of other relevant programmes.

The representative of FIJI said that the challenges identified in Fiji's national action plan on antimicrobial resistance remained relevant and stemmed from limited public awareness of the threats posed by antimicrobial resistance, lack of effective surveillance and difficulties in translating strategic goals into practical action where antimicrobials were prescribed. He said that he welcomed the development of a stewardship framework to fight antimicrobial resistance and thus promote collaboration between WHO, FAO and OIE, which should be extended to the work of those organizations at the country level. In the light of the increasing burden of noncommunicable diseases, he drew attention to concerns about the potential inappropriate use of antimicrobials to treat sepsis arising as a complication of diabetes. Antimicrobial resistance was a global challenge. Developed countries should take the lead in encouraging the responsible stewardship of antimicrobial use, while developing countries should build their capacity to monitor and detect resistance to antimicrobials. He expressed support for the intent of the draft resolution, yet questioned the extent to which the recommendations represented realistic expectations for resource-constrained countries.

The representative of the UNITED STATES OF AMERICA said that it was time to move from concern to action and focus on surveillance and response, infection control, stewardship and the development of new vaccines and infection control techniques. WHO should work with the Executive Office of the United Nations Secretary-General to establish an ad hoc inter-agency coordination group to provide strong leadership and coordination for all stakeholders involved in the fight against antimicrobial resistance. He welcomed the draft resolution. Improved sepsis prevention was essential, and links should be made with antimicrobial resistance and surveillance, since they would guide empirical antimicrobial regimens for suspected sepsis and optimize antibiotic management. Attention should be paid to de-escalating antibiotic treatment where appropriate. Sepsis interventions were complementary to antibiotic stewardship efforts, both of which were intended to improve patient care and safety.

The representative of COLOMBIA said that the United Nations high-level meeting on antimicrobial resistance had been a significant step in raising awareness about the threats associated with antimicrobial resistance and promoting an intersectoral approach to addressing the challenges. WHO support was essential to ensure that all Member States could step up their research into antimicrobial resistance and implement public information campaigns. He expressed support for the draft resolution.

The CHAIRMAN suggested that all further proposals to amend the draft resolution on improving the prevention, diagnosis and management of sepsis should be submitted to the Secretariat in writing, so that a revised draft could be produced.

It was so agreed.

(For continuation of the discussion and adoption of a resolution, see the summary record of the seventh meeting, section 2.)

The representative of FRANCE said that her delegation wished to propose a draft decision under item 8.1 of the agenda, on human resources for health.

The CHAIRMAN recalled that in line with the Rules of Procedure of the Executive Board, draft decisions or resolutions should have been submitted by the close of the first day of the session. If there were no objections, however, the proposed draft could still be accepted.

It was so agreed.

The meeting rose at 17:40.

FIFTH MEETING

Wednesday, 25 January 2017, at 09:00

Chairman: Dr R. BUSUTTIL (Malta)

POST OF DIRECTOR-GENERAL: Item 4 of the agenda (continued)

Nomination of candidates: Item 4.1 of the agenda (document EB140/INF./1) (continued from the third meeting, section 2)

Draft contract: Item 4.2 of the agenda (document EB140/3)

The meeting was held in open (private) session.

The meeting rose at 13:00.

SIXTH MEETING

Wednesday, 25 January 2017, at 14:30

Chairman: Dr R. BUSUTTIL (Malta)

POST OF DIRECTOR-GENERAL: Item 4 of the agenda (continued)

Nomination of candidates: Item 4.1 of the agenda (document EB140/INF./1) (continued)

Draft contract: Item 4.2 of the agenda (document EB140/3) (continued)

The meeting was held in open (private) session.

The meeting rose at 17:00.

SEVENTH MEETING

Wednesday, 25 January 2017, at 17:30

Chairman: Dr R. BUSUTTIL (Malta)

**The meeting was held in open (private) session from 17:30 to 18:15;
it then resumed in public session.**

1. POST OF DIRECTOR-GENERAL: Item 4 of the agenda (continued)

Nomination of candidates: Item 4.1 of the agenda (document EB140/INF./1) (continued from the third meeting, section 2)

At the request of the CHAIRMAN, the RAPPORTEUR read out the resolution on the nominations for the post of Director-General adopted by the Board in open (private) session:¹

The Executive Board,

1. NOMINATES

Dr Tedros Adhanom Ghebreyesus
Dr David Nabarro
Dr Sania Nishtar

for the post of Director-General of the World Health Organization, in accordance with Article 31 of the Constitution;

2. SUBMITS this nomination to the Seventieth World Health Assembly.

The CHAIRMAN said that the members of the Board had been greatly impressed by the calibre of all the candidates. It was a tribute to the Organization that highly competent and distinguished individuals had applied for the post of Director-General. He congratulated the three nominees.

Draft contract: Item 4.2 of the agenda (document EB140/3) (continued)

At the request of the CHAIRMAN, the RAPPORTEUR read out the resolution on the draft contract of the Director-General adopted by the Board in open (private) session:²

¹ Resolution EB140.R3.

² Resolution EB140.R4.

The Executive Board,
In accordance with the requirements of Rule 107 of the Rules of Procedure of the World Health Assembly,

1. SUBMITS to the Seventieth World Health Assembly the draft contract establishing the terms and conditions of appointment of the Director-General;¹
2. RECOMMENDS to the Seventieth World Health Assembly the adoption of the following resolution:

The Seventieth World Health Assembly,

I

Pursuant to Article 31 of the Constitution and Rule 107 of the Rules of Procedure of the World Health Assembly,

APPROVES the contract establishing the terms and conditions of appointment, salary and other emoluments for the post of Director-General;

II

Pursuant to Rule 110 of the Rules of Procedure of the World Health Assembly,

AUTHORIZES the President of the Seventieth World Health Assembly to sign this contract in the name of the Organization.

The CHAIRMAN said that the Secretariat had been asked to determine each nominee's preference with regard to the treatment of pension entitlements and to report thereon to the Seventieth World Health Assembly.

2. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 7 of the agenda (continued)

Antimicrobial resistance: Item 7.2 of the agenda (documents EB140/11 and EB140/12) (continued)

The CHAIRMAN drew attention to a revised draft resolution proposed by Australia, Austria, Colombia, Costa Rica, Estonia, Germany, Ireland, Jamaica, Japan, Luxembourg, the Russian Federation and Switzerland, which read:

The Executive Board,

PP1. Having considered the report on improving the prevention, diagnosis and clinical management of sepsis;²

PP2. Concerned that sepsis continues to cause every year approximately six million deaths worldwide, most of which are preventable;

¹ See Annex.

² Document EB140/12.

PP3. Recognizing that sepsis as a syndromic response to infection is the final common pathway to death from most infectious diseases worldwide;

PP4. Considering that sepsis has a unique and time-critical clinical course which in the early stages is highly amenable to treatment through early diagnosis and timely and appropriate clinical management;

PP5. Considering also that infections which may lead to sepsis can often be prevented through appropriate hand hygiene, access to vaccination programmes, access to improved sanitation and water availability and other infection prevention and control best practices.

Forms of septicaemia associated with nosocomial infections are severe, hard to control and have high fatality rates; [Congo]

PP6. Recognizing that while sepsis itself cannot always be predicted its ill effects in terms of mortality and long term morbidity can be mitigated through early diagnosis and appropriate and timely clinical management;

PP7. Recognizing the need to improve measures of prevention of infections and control of the consequences of sepsis, due to inadequate infection prevention and control programmes, insufficient health education and recognition of early sepsis, inadequate access to affordable, timely, appropriate treatment and care, insufficient laboratory services as well as the lack of integrated approaches to the prevention and clinical management of sepsis;

PP8. Noting that healthcare associated infections represent a common pathway through which sepsis can lead to an increased burden on the healthcare resources;

PP9. Considering the need for an integrated approach to addressing sepsis that focuses on prevention, early recognition through clinical and laboratory services and timely access to healthcare including intensive care services, with reliability in the delivery of the basics of care including intravenous fluids and the timely administration of antimicrobials where indicated;

PP10. Acknowledging that:

- (i) the inappropriate and excessive use of antimicrobials contributes to the threat of antimicrobial resistance;
- (ii) the Global Action Plan on antimicrobial resistance¹ adopted by resolution WHA68.7 (2015) as well as resolution WHA67.25 (2014) urged WHO to accelerate efforts to secure access to effective antimicrobials and to use them responsibly and prudently;
- (iii) sepsis represents the most vital indication for the responsible use of effective antimicrobials for human health;
- (iv) in the absence of appropriate and timely clinical management including effective antimicrobials sepsis would be almost universally fatal;
- (v) ineffective or incomplete antimicrobial therapy **in infections including sepsis and more generally related to infections [Thailand]** may be a major contributor to the increasing threat of antimicrobial resistance; and
- (vi) the incidence of some resistant pathogens may be reduced by the use of appropriate vaccines;

(vii) recognizing that immunocompromised patients are most at risk from very serious forms of septicaemia; [Congo]

PP11. Recognizing that many vaccine-preventable diseases are a major contributor to sepsis and reaffirming resolution WHA45.17 (1992) on immunization and vaccine quality which urged Member States, inter alia, to integrate cost-effective **and affordable [Thailand]** new vaccines into national immunization programmes in countries where it is feasible;

PP12. Recognizing the importance of strong functional health systems which include organizational and therapeutic strategies in order to improve patient safety and outcomes from sepsis of bacterial origin;

¹ Document A68/20 Antimicrobial resistances: Draft global action plan on antimicrobial resistance.

PP13. Recognizing the need to prevent and control sepsis, to increase timely access to correct diagnosis and to provide appropriate treatment programmes;

PP14. Recognizing the advocacy efforts of stakeholders, in particular through existing activities held every year on 13 September¹ in many countries, to raise awareness regarding sepsis,

OP 1. URGES Member States:²

- (1) to include prevention, diagnosis and treatment of sepsis in national health system strengthening policies and processes, in the community and in healthcare settings according to international guidelines, ~~through health promotion and health services;~~ **[Thailand]**
- (2) to reinforce existing or develop new strategies leading to strengthened infection prevention and control programmes including by strengthening hygienic infrastructure, promoting hand hygiene, and other infection prevention and control best practices, clean childbirth practices, infection prevention practices in surgery, improvements in sanitation, nutrition and delivery of clean water, access to vaccination programmes, provision of effective personal protective equipment for health professionals and infection control in health care settings;
- (3) to continue in their efforts to reduce antimicrobial resistance, and promote the appropriate use of antimicrobials in accordance with the Global Action Plan on Antimicrobial Resistance³ including development and implementation of comprehensive antimicrobial stewardship activities;
- (4) to develop and implement standard and optimal care and strengthen medical counter measures for diagnosing and managing sepsis in health emergencies, including outbreaks, through appropriate guidelines with a multisectoral approach;
- (5) to increase public awareness of **protection from infectious diseases—sepsis** **[Turkey]** through health education, including on patient safety, to ensure prompt initial contact between affected persons and the healthcare system;
- (6) to develop training for all health professionals on infection prevention and patient safety and the importance of recognizing sepsis as a preventable and time-critical condition with urgent therapeutic need and of communicating with patients, relatives and other parties using the term “sepsis” in order to enhance public awareness;
- (7) to promote research aimed at innovative means of diagnosing and treatment of sepsis across the lifespan, **including for new antimicrobial and alternative medicines, rapid diagnostic tests, vaccines and other important technologies, interventions and therapies; [Russian Federation]**
- (8) **to apply and make best use of ICD system to establish the prevalence and profile of sepsis and AMR, and [Thailand]** to develop and implement monitoring and evaluation tools in order to focus attention on and monitor progress towards improving outcomes from sepsis, including the development and fostering of specific epidemiologic surveillance systems and to guide evidence-based strategies for policy decisions related to preventive, diagnostic and treatment activities and access to relevant health care for survivors;

¹ See document EB140/12 paragraph 10: civil society organizations promote a World Sepsis Day on 13 September.

² And, where applicable, regional economic integration organizations.

³ Document A68/20 Antimicrobial resistances: Draft global action plan on antimicrobial resistance.

- (9) to engage further in advocacy efforts to raise awareness of sepsis, in particular through supporting existing activities¹ held every year on 13 September in Member States;

OP 2. REQUESTS the Director-General

- (1) to draw attention to the public health impact of sepsis including by publishing a report on sepsis, describing its global epidemiology and impact on the burden of disease and identifying successful approaches for integrating the timely diagnosis and management of sepsis into existing health systems by the end of 2018;
- (2) to support Member States as appropriate, to define standards and establish the necessary guidelines, infrastructures, laboratory capacity, strategies and tools for reducing the incidence of, mortality from and long-term complications of sepsis;
- (3) to collaborate with other organizations in the United Nations system, partners, international organizations and other relevant stakeholders in enhancing access to quality, safe, efficacious and affordable **types of [Russian Federation] treatments of sepsis and infection prevention and control, including immunization, particularly [Russian Federation]** in developing countries while taking into account relevant existing initiatives;
- (4) to report to the Seventy-third World Health Assembly, through the Executive Board, on the implementation of this resolution.

The representative of NEPAL said that recent studies indicated that the South-East Asia Region would bear the highest burden of antimicrobial resistance. Without timely interventions, antimicrobial resistance had the potential to become a significant health, economic and social problem. It was of concern that no new antibiotics had been produced for human use in over a decade; the rational use of available antibiotics was therefore essential. The Secretariat should take into consideration the issue of access to antibiotics faced by developing countries such as Nepal, which was as much of a public health dilemma as inappropriate use. It was therefore important to adopt an approach that addressed those two health challenges equally, including through advocacy and public awareness-raising activities, in particular at the national and local levels. His Government was committed to mitigating the threat posed by antimicrobial resistance.

The representative of LIBERIA said that she endorsed the statement made by the representative of New Zealand. It was important to accelerate implementation of the global action plan on antimicrobial resistance and to consider the range of mechanisms for dealing with the issue, including the One Health approach, the International Health Regulations (2005) and national action plans to strengthen health systems. Such mechanisms would also serve to address sepsis-related issues. Member States should be given additional time to consider the draft resolution, as it involved a range of pharmaceutical, diagnostic and device-manufacturing costs and had the potential, especially for low-income countries, to shift attention away from health system strengthening.

The representative of PAKISTAN said that stakeholders must recognize all factors contributing to antimicrobial resistance, which included the inappropriate use of medicines, a lack of access to diagnostic and other health technologies, and inadequate medical strategies in under-resourced health systems. Noting that readily available and affordable vaccines could in many cases prevent the use of antibiotics, he called for an economic evaluation to be carried out in order to highlight the need for affordable vaccines for poorer populations. Systematic regulation of the private sector was necessary, particularly in developing countries, in order to contain both the overuse and the inappropriate use of antimicrobials. Special consideration should be given to specific diseases, such as multidrug-resistant

¹ See document EB140/12 paragraph 10: civil society organizations promote a World Sepsis Day on 13 September.

tuberculosis, that required a more aggressive approach at the global level. The situation in the area of animal husbandry was particularly alarming, as a broad spectrum of antimicrobials was being used in large quantities for treatment and prophylaxis, in the absence of a regulatory framework. Governments should establish multisectoral platforms to develop, implement and monitor national policies and strategies on antimicrobial resistance. Action to tackle antimicrobial resistance must prioritize the needs of patients and health workers.

The representative of JAPAN¹ said that his Government accorded high priority to the issue of antimicrobial resistance. The momentum generated in tackling antimicrobial resistance had to be translated into concrete action at the regional and country levels. To that end, WHO, in close collaboration with FAO and OIE, should provide Member States with technical support to enable them to take action, including the promotion of prudent use of antimicrobials. His Government stood ready to share its experiences and technologies in that regard. Sepsis, which was preventable and treatable, had become an issue in both developed and developing countries and therefore required action at the global level. It was critical to disseminate knowledge and promote education and training for health care professionals on prudent use of antimicrobials, especially in secondary and tertiary hospitals.

The representative of AUSTRALIA¹ expressed strong support for the establishment of an ad hoc inter-agency coordination group and asked for continued updates on the steps taken to that end, noting that rapid action was needed in order to build on the global momentum. He looked forward to the creation of a global development and stewardship framework on antimicrobial medicines, which should strike a balance between issues of access, appropriate use, the strength of scientific knowledge and elements of the One Health approach, and welcomed further engagement with Member States on its development. He acknowledged the substantial body of work that WHO had undertaken to address the issue of sepsis.

The representative of BANGLADESH¹ said that his Government had stepped up its efforts to control antimicrobial resistance following a One Health approach, including through the development of a national strategy and action plan and the expansion of laboratory networks. It was important to recognize the link between antimicrobial resistance and universal health coverage, in order to situate the challenges related to antimicrobial resistance within the wider framework of the Sustainable Development Goals. Although access to antimicrobials without prescription posed challenges, the availability of such medicines by prescription only constrained access, particularly in resource-limited settings. The rapid scaling up of universal health coverage under the supervision of a trained health workforce would be essential, and would require the mobilization of adequate financial and technical resources to support least developed and developing countries. An update on the establishment of a global development and stewardship framework would be appreciated.

The representative of NORWAY¹ asked what steps the Secretariat was taking to follow up with the 103 countries that had not yet responded to the survey developed by WHO, OIE and FAO on the status of development of a national action plan on antimicrobial resistance. Noting that monitoring and evaluation were crucial components of the global action plan, he said there was a need for the development of a system to enable countries to report on antimicrobial resistance using the joint external evaluation tool. Given the role of the environment and the ecosystem as a whole in the spread of antimicrobial resistance, and in keeping with the One Health approach, he encouraged WHO to work with UNEP and other entities of the United Nations system heavily involved in the work to achieve the Sustainable Development Goals, such as UNDP and UNICEF. He stressed the urgent need for the rapid establishment of both an ad hoc inter-agency coordination group and a global development and stewardship framework, with the involvement of all relevant stakeholders.

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

The representative of INDONESIA¹ said that her Government had implemented an antimicrobial resistance containment programme in 2016, heightening public awareness of the issue through communication, education and training, capacity building and surveillance. However, limited resources and institutional capacity remained a challenge to such efforts. Her Government encouraged multisectoral collaboration in the context of the One Health approach and had participated actively in various high-level meetings to strengthen advocacy and secure engagement at the national, regional and global levels. She requested the Secretariat to work with FAO and OIE to provide specific and coordinated support to Member States in developing national action plans, noting that her Government was in the process of drafting its own action plan.

The representative of GERMANY¹ said that the report on antimicrobial resistance to be submitted to the Seventieth World Health Assembly should include information on: activities undertaken to tackle bacterial resistance, not just resistance of HIV and the pathogens causing tuberculosis and malaria; progress in other areas, such as the implementation of the Global Antimicrobial Resistance Surveillance System; the launch of the Global Antibiotic Research and Development Partnership; and the joint activities undertaken by WHO, FAO and OIE. Accelerated efforts and joint action would be required at all levels in order to fulfil the commitments set out in the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance and in the global action plan on antimicrobial resistance.

During its presidency of the G20, her Government would address antimicrobial resistance focusing on two elements: the One Health approach; and research and development for new antibiotics, alternative therapies and rapid point-of-care diagnostics. The G20 agriculture ministers had agreed to restrict use of antibiotics in veterinary medicine to therapeutic use alone, and had stated that responsible and prudent use of antibiotics in food-producing animals did not include use to promote growth in the absence of a risk analysis.

Her Government had sponsored the draft resolution on sepsis in order raise awareness, strengthen prevention, early diagnosis and timely management of the condition, and ensure that health workers were trained to handle cases of sepsis. Sepsis management must form an integral part of health management systems.

The representative of GHANA¹ said that the report set out in document EB140/11 provided no information about the reasons for the slow progress in developing a global development and stewardship framework, and clarification of processes leading up to the conclusion of the framework would be appreciated. The establishment of the framework and preparation of national action plans could take place simultaneously, in particular as the provision of certain information and development of standards for action plans would be facilitated by the framework.

The representative of SWITZERLAND¹ said that he would welcome further information on the establishment of an ad hoc inter-agency coordination group. Having outlined some of the steps taken in his country with regard to antimicrobial resistance, which included contributing financially to the Global Antibiotic Research and Development Partnership, he called on all stakeholders to increase investment in research and development on new antibiotics and diagnostic tools.

The representative of DENMARK¹ said that the clear requirements to establish multisectoral action plans and ensure the prudent use of antibiotics were welcome. Robust, integrated surveillance of antibiotic use and development of antimicrobial resistance in all sectors was important and Denmark fully supported the adoption of a One Health approach. Her country would welcome the establishment of an ad hoc inter-agency coordination group in the first quarter of 2017.

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

The representative of PANAMA¹ said that it was important to raise awareness of antimicrobial resistance, and welcomed the global action plan on antimicrobial resistance. She expressed her country's willingness to be added to the list of sponsors of the draft resolution on sepsis, noting the importance of early diagnosis, treatment, capacity-building for health care workers, and the appropriate use of antibiotics. Effective, inclusive multisectoral action at the global, regional and national levels was essential, including for rationalizing the use of antibiotics, controlling the emergence of resistance and promoting the development of new antimicrobial medicines. Vaccines should be recognized as an effective means of prevention.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA¹ said that a lack of understanding of the scale of the problem of antimicrobial resistance was a major issue. Member States had to recognize the need for urgent multisectoral action, and WHO should enhance its awareness-raising activities using innovative methods in order to inform the public, not merely the scientific and medical community. He sought clarification regarding the progress made in establishing a global development and stewardship framework and when the results of the proposed ad hoc inter-agency coordination group expert consultation would be shared with Member States. Tackling antimicrobial resistance was a particularly ambitious task in low-income countries, where better monitoring and surveillance to obtain data on antimicrobial resistance were needed. The Secretariat should collaborate with Member States to develop policy and regulatory frameworks.

The representative of BRAZIL¹ expressed support for the convening of an ad hoc inter-agency coordination group and the establishment of a global development and stewardship framework. He would welcome further consultation on the framework and noted the relevance of the recommendations made by the United Nations Secretary-General's High-level Panel on Access to Medicines on alternative innovation mechanisms in combating antimicrobial resistance. In adopting a One Health approach to the issue of antimicrobial resistance, the human–animal interface must be tackled strictly on the basis of scientific evidence. The highly relevant issue of sepsis should be addressed in connection with the global action plan on antimicrobial resistance and related national plans.

The representative of ZIMBABWE,¹ recognizing the importance of developing detailed national action plans to address antimicrobial resistance, said that Member States should be assisted in establishing national surveillance and data collection mechanisms. The Secretariat should organize interim briefings for Member States on the status of a global development and stewardship framework, before the Seventieth World Health Assembly.

The representative of INDIA,¹ having outlined some of the steps taken at the national level to tackle antimicrobial resistance, sought clarification from the Secretariat regarding the slow progress in establishing a global development and stewardship framework. He said that the framework, which should be developed through an intergovernmental process, must focus not only on controlling the production, distribution and sale of antibiotics, but also on areas that were not receiving enough attention, such as research and development and affordable access to new and existing antimicrobials, including for those for HIV infection, tuberculosis and malaria.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that multistakeholder action was vital in tackling antimicrobial resistance, and urged governments to consult national dental associations when developing their national action plans. In order to optimize antibiotic use and combat antibiotic resistance, all prescribers, including dentists, would have to examine prescribing behaviours and the effectiveness of current guidelines.

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

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that a successful global development and stewardship framework would require close collaboration between physicians and pharmacists. She welcomed the work undertaken by the WHO Expert Committee on Selection and Use of Essential Medicines concerning the appropriate use of antibiotics and fully supported the establishment and implementation of diagnostic tools to tackle antimicrobial resistance.

The representative of the INTERNATIONAL FEDERATION OF BIOMEDICAL LABORATORY SCIENCE, speaking at the invitation of the CHAIRMAN, said that the shortage of qualified biomedical laboratory scientists constituted a barrier to a comprehensive antimicrobial resistance-monitoring programme. The harmonization of standards was essential to improve the collection, interpretation and use of data on antimicrobial resistance, which could foster innovations conducive to new diagnostic methods, targeted interventions and improved patient care.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that research and development would play an essential role in global efforts to tackle antimicrobial resistance. Accountability in meeting commitments on antimicrobial resistance, including compliance with General Assembly resolution 71/3, was essential. Efforts to establish an ad hoc inter-agency coordination group should therefore be accelerated.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that sustained and coordinated multisectoral action on antimicrobial resistance was needed and noted the importance of political engagement at the national level to implement the commitments set out in the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance. Despite the important role played by nurses, many initiatives promoting prudent antimicrobial prescribing and management had failed to include them, limiting the impact on patient outcomes; nurses must be included in surveillance, monitoring and auditing activities. She called for the finalization of a global development stewardship framework.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that a global development and stewardship framework must support antimicrobial innovation by promoting open, collaborative modes of research and development that ensured fair returns on public investment. WHO should exercise leadership in advancing the framework. The principles of affordability, equity and delinkage of the costs of research and development and the price of health products must be taken into account in all mechanisms to address antimicrobial resistance, and every effort must be made to promote policy coherence. Noting the critical gaps in national action plans, she said that the provision by WHO and its partners of adequate financial and technical resources was essential for setting up and implementing national action plans, in particular in developing and least developed countries. The process for establishing an ad hoc inter-agency coordination group must be transparent and inclusive, and conflicts of interest must be avoided.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, said that action on antimicrobial resistance must address knowledge gaps, including on the use of alternatives to antimicrobials, and welcomed the Memorandum of Understanding between China and the United Kingdom of Great Britain and Northern Ireland on antimicrobial resistance research and collaboration. Students in the field of health care should be involved in initiatives to combat antimicrobial resistance, and modules concerning antimicrobial resistance should be more widely included in pharmacy curricula.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN said that the focus must now be on ensuring the full implementation of commitments on antimicrobial resistance through the development, funding and execution of national

action plans, and the establishment of policy and regulatory frameworks, including a global development and stewardship framework. Surveillance, laboratory and diagnostic capacities, infection prevention and control, health systems and human resources must also be strengthened in developing countries. She welcomed the decision to hold a high-level meeting of the General Assembly on tuberculosis in 2018. Efforts must be made to increase affordable access to vaccines, diagnostics and medicines, which were critical in reducing antibiotic use. Research and development on new health technologies was crucial, but public health safeguards that had already been agreed on, such as the delinkage of research and development costs from prices and sales, must be respected.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that she was concerned that the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance did not contain specific targets. The slow progress concerning national regulations on dispensing antibiotics without a prescription and on using antibiotics for non-medical purposes was also worrying. A focus on education was advisable. Learning modules on appropriate antibiotic use, infection prevention and antimicrobial resistance should be provided before and while working as a health care professional, and she called on Member States and WHO to fund and support independent basic and continuing education on antimicrobial resistance through academic institutions and health professionals' organizations. Her association stood ready to assist and participate in the development and dissemination of teaching modules to physicians and other health care professionals.

The DIRECTOR-GENERAL expressed appreciation for the strong support shown for the global action plan on antimicrobial resistance and for the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance. She had held discussions with the new United Nations Secretary-General on ways to ensure full implementation of the political declaration, including through the establishment of an ad hoc inter-agency coordination group. She hoped that equitable geographical and gender balance would be ensured in the group. WHO continued to provide technical support to countries in the development of their national action plans. She acknowledged the need to examine and recognize the relationships and interlinkages among the various mechanisms outlined in the political declaration, including the proposed global development and stewardship framework on antimicrobial medicines and the global action plan on antimicrobial resistance.

The SPECIAL REPRESENTATIVE OF THE DIRECTOR-GENERAL (Antimicrobial Resistance) said that the Secretariat was working closely with the Office of the United Nations Secretary-General in preparation for the launch of the ad hoc inter-agency coordination group and would be ready to take swift action upon its establishment. In the context of transparency and accountability, Member States would be provided with updates on the activities of the group.

To date, 49 Member States had finalized their national action plans and a further 67 countries were on track to complete them before the Seventieth World Health Assembly; the Secretariat was providing support to the remaining countries to facilitate their progress in that regard.

A total of 30 countries had already enrolled in the Global Antimicrobial Resistance Surveillance System, launched in March 2016, and another 10 were in the enrolment process, indicating that good progress had been made in the area of surveillance. Progress was also being made towards the finalization of a report on the global development and stewardship framework for submission to the Seventieth World Health Assembly. The report would include information on the latest revision of the Model Lists of Essential Medicines, which included a core list of antibiotics, and on work to identify priorities for research and development, including a priority list of pathogens for which product development was needed.

The Board noted the reports contained in documents EB140/11 and EB140/12.

The representative of JAMAICA, speaking on behalf of the sponsors of the draft resolution on sepsis, read out proposed editorial amendments to the draft resolution. In preambular paragraph 10(v), the words “antimicrobial therapy in infections” should be amended to “antimicrobial therapy of infections” and in preambular paragraph 10(vii), the words “recognizing that” should be deleted. In paragraph 1(5), “protection from infectious diseases” should be replaced by “the risk of progression to sepsis from infectious diseases” and in paragraph 1(8), “make best use of” should be replaced by “improve the use of the”.

The CHAIRMAN took it that the Board wished to adopt the draft resolution as amended.

The resolution, as amended, was adopted.¹

The meeting rose at 19:40.

¹ Resolution EB140.R5.

EIGHTH MEETING

Thursday, 26 January 2017, at 09:10

Chairman: Dr R. BUSUTTIL (Malta)

1. PROGRAMME AND BUDGET MATTERS: Item 12 of the agenda

Overview of financial situation: Programme budget 2016–2017: Item 12.1 of the agenda (document EB140/35)

The CHAIRMAN, introducing the item, recalled that the subject had been discussed in detail by the Programme, Budget and Administration Committee of the Executive Board, as reflected in its report (document EB140/5), and urged the Board to build on that discussion, rather than cover the same ground.

The representative of THAILAND, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, said that, following its discussions, the Committee had recommended that the Executive Board should note the report by the Secretariat providing an update on the financing and implementation of the Programme budget 2016–2017, which was contained in document EB140/35. It had also recommended to the Executive Board that further discussions with the Secretariat should take place on the Proposed programme budget 2018–2019, especially on the affordable level of assessed contributions, savings and efficiencies, the prioritization of activities, the impact of voluntary contributions, and resource mobilization.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND called on WHO to undertake scenario planning, as suggested by the Independent Expert Oversight Advisory Committee, given the financial vulnerability that came from its dependence on voluntary funding and its small donor base. While her Government remained committed to the principle of zero budget growth across the entire United Nations system, it would support the proposed increase in assessed contributions on the understanding that such an increase neither represented a change in policy nor set a precedent.

Having scrutinized the Organization's operating model, she was confident that increased assessed contributions would be spent effectively for maximum impact. The Organization should continue its reform processes and reprioritize its work to ensure that it delivered on its core mandate. Scrutiny would continue; however, the Organization must have flexible funds to support its core work, and she urged other Member States to agree to the proposed increase in assessed contributions.

The representative of the NETHERLANDS expressed concern at the figures presented in the report contained in document EB140/35, particularly with respect to the predictability of funding. He called on more Member States to provide core voluntary contributions so as to make the Organization's funding more flexible. The decrease in flexible funding was a key reason to support the proposed increase in assessed contributions. He noted that, according to the report, in view of the potential impact of financial shortfalls, the Organization might have to plan for a range of scenarios, including a reduction in activities. Such a situation would be unfortunate, particularly as one of the objectives of the reform had been to shape a realistic, not an aspirational, budget. He expressed support for the development of a value-for-money plan, an initial outline of which would be submitted to the Seventieth World Health Assembly.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, expressed support for the proposed increase of at least 10% in assessed contributions recommended by the High-level Panel on the Global Response to Health Crises. Welcoming the efforts to identify new contributors, he encouraged the Secretariat to look to intergovernmental organizations and development banks. He called for the more transparent management of resources that were difficult to mobilize and for an increase in voluntary contributions, a broader donor base, and innovative financing solutions.

The representative of CHINA said that divergent views had been expressed on the proposed increase in assessed contributions during the recent meeting of the Programme, Budget and Administration Committee; however, there had been agreement that the Organization should continue to play a leading role in the global health sector, and that Member States should enhance their financial support to the Organization. She called on those Member States whose assessed contributions would decrease to increase their voluntary contributions and requested the Secretariat to continue its efforts to improve the funding situation, including with regard to predictability.

The representative of the UNITED STATES OF AMERICA, expressing concern regarding the funding shortfall for 2017, urged other donors to support the WHO Health Emergencies Programme and the Organization as a whole. The greater predictability of funding since 2013 was to be applauded but there was room for further improvement. Expectations of funding levels must be more realistic. Budgeting should not be aspirational. The Secretariat and Member States must consider whether programmes that were chronically underfinanced were being budgeted for, and funded, in a sustainable manner. Coordinating resource mobilization was critical to reducing the vulnerability of programmes. He welcomed the continued improvements made to the programme budget web portal, which contributed to the transparency needed to attract new donors, and commended the Organization on joining the International Aid Transparency Initiative.

The representative of THAILAND asked what specific measures had been taken to close the funding gap for the Programme budget 2016–2017. His Government had already agreed to the proposed 10% increase in assessed contributions and would consider contributing the same amount in unarmarked voluntary funding if the proposal was not approved by Member States.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO emphasized that the Programme budget 2016–2017, which was based on the acknowledged needs of Member States and reflected realistic aims, must be implemented. Efforts should be redoubled to that end.

The representative of MEXICO, while welcoming the steps taken to increase predictability, flexibility and transparency in the allocation and use of funds, said that more information was needed on the current problems and possible solutions, including better prioritization. Member States should not be asked to increase their assessed contributions without guarantees of predictability, savings, alignment and flexibility in resources. Further dialogue with the Secretariat was needed with the aim of reducing the increase sought.

The representative of CANADA expressed satisfaction at the Organization's commitment to consultative, transparent budgeting and at its having joined the International Aid Transparency Initiative. She echoed calls for scenario planning on how the Organization anticipated dealing with the current budget shortfall, which should also inform the Secretariat's planning for the 2018–2019 biennium. Welcoming efforts to broaden the Organization's donor base, she called for more ambitious outreach to that end.

The representative of BHUTAN, expressing concern regarding the funding gap and the number of activities that might be affected, raised the issue of implementation being impeded by the release of funds in instalments. An increase of up to 10% in assessed contributions would be difficult for small

and developing countries to absorb, and he urged the Secretariat to be rigorous in its efforts to narrow the funding gap and improve the situation for the 2018–2019 biennium, ensuring that all programme areas received funding.

The representative of the RUSSIAN FEDERATION said that, despite the Secretariat's commendable efforts, the 2016 funding shortfall did not look set to improve markedly in 2017. She asked how the Secretariat planned to solve the problem and called for realistic and priority-driven scenario planning as a matter of urgency. At the meeting of the Programme, Budget and Administration Committee the previous week, there had been calls for further discussions to tackle the budget issues raised within the Committee. The WHO Health Emergencies Programme was a matter of particular concern and any review of that Programme should include consideration of the resources available to it, including in-kind contributions. The gap in funding for noncommunicable diseases was also worrying. She requested the Secretariat to submit an amended and more realistic budget for 2017 to the Seventieth World Health Assembly, together with an implementation report for the first four months of the year.

The representative of COLOMBIA said that a road map would enable Member States to reach consensus on the draft proposed programme budget 2018–2019 and on how it would be funded, thereby guaranteeing the financial sustainability of the Organization. The Executive Board should be considering how the Secretariat was planning to make the adjustments required for that draft programme budget to be adopted at the Seventieth World Health Assembly. The Secretariat should develop a revised budget scenario, based on Member States' comments, which clarified financing strategies, cost-saving proposals, and improved alignment with the 2030 Agenda for Sustainable Development. Informal consultations should be held with Member States on a revised version of the draft proposed programme budget, in order to encourage discussion on how it could be funded through increases in assessed contributions, more flexible voluntary contributions, improved resource mobilization and good governance. All proposals should be considered, to enable the next Director-General to implement the future programme budget in a sustainable manner.

The representative of MONACO,¹ encouraging further progress towards increased predictability and transparency in funding, expressed concern about the Organization's capacity for budget implementation, particularly at the country level. Budget implementation analysis for a given biennium should serve as the basis for planning the subsequent biennium properly; that should be taken into account in planning for 2018–2019. The proposed increase in assessed contributions would be considered, but more information in support of the proposal would be welcome. Any increase should be accompanied by greater transparency and accountability, particularly with regard to implementation.

The representative of AUSTRALIA¹ said that the chronic underfunding of programme areas such as noncommunicable diseases and the WHO Health Emergencies Programme remained a matter of concern. Member States had given the Organization the mandate to develop and implement that Programme and must ensure that it had the resources to act. Scenario planning on how shortfalls would be managed in all budget areas, including how work would be prioritized if additional funding could not be secured, would be welcome. Further action was also needed to widen the contributor base and encourage donors to provide flexible voluntary core funding.

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

The representative of JAPAN,¹ referring principally to the Organization's work on emergency preparedness and response, said that assuring donors that their contributions had been effectively managed, even if not allocated exactly as planned, would bolster donor confidence and increase the effectiveness of the Organization's work. The improved response to Zika virus and yellow fever had been a positive sign of successful reform in that area. The Secretariat should give due attention to reports by the Independent Expert Oversight Advisory Committee and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme with a view to enhancing accountability and instilling confidence in a wider range of donors.

The representative of GERMANY,¹ expressing concern about the significant funding gap, said that the proposal to increase assessed contributions was directly linked to the need for funding predictability. He supported all efforts to achieve a fully funded programme budget and said that his Government would donate an additional €25 million in 2017 for work on antimicrobial resistance, health systems, and reform, particularly in the area of emergency reform.

Noting the sharp decrease in income from core voluntary contributions, he asked whether the Secretariat was expecting any future increase in that income, especially from Member States that had not provided such contributions in the past, in the light of the Programme, Budget and Administration Committee discussion on using core voluntary contributions to offset an increase in assessed contributions. He asked for clarification on any secured funding for the draft proposed programme budget 2018–2019. Budgetary priorities and resource allocation had to be improved, given the increasing absence of flexible funding. An Organization-wide operational resource mobilization mechanism should be implemented as soon as possible.

The representative of ANGOLA¹ agreed with the comments made by the representative of Burundi.

The representative of BRAZIL,¹ speaking on behalf of the Member States of the Region of the Americas, expressed concern about the funding shortfall in the Programme budget 2016–2017. The Secretariat should continue working with Member States to broaden the donor base, address flexibility, predictability, prioritization and alignment of funding, and identify additional cost savings and efficiencies. Member States and the Secretariat should closely analyse the resources required to respond to public health needs and emergencies. The increase in the strategic budget allocation to the Region had to be fully funded to tackle issues of regional and global importance. Further consultations were required to discuss the proposed 10% increase in assessed contributions if consensus were to be reached prior to the Seventieth World Health Assembly.

Speaking in his capacity as the representative of Brazil, he noted that his Government's assessed contribution to WHO had increased by over 30% following changes to the United Nations scale of assessments for the period 2016–2018. Notwithstanding, it had sought to bring its contributions to WHO up to date; however, a 10% increase in assessed contributions would represent a significant challenge. Other solutions should be considered before such an increase was decided upon, and further consultations should take place in that regard.

The representative of SPAIN¹ expressed concern about WHO's ongoing financial vulnerability, despite recent efforts, which resulted from problems relating to internal management, budget increases, resource mobilization and prioritization. He called on the Secretariat to make proposals on how to achieve specific and quantifiable efficiencies and said that cost-saving priorities should be set at the executive level. It was important to consider whether the Programme budget 2016–2017 was realistic; whether incorporating the WHO Health Emergencies Programme into the programme budget had led to resources being reallocated; and which of WHO's activities had a greater or lesser impact

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on public health. Answering those questions would make the budgeting process for the biennium 2018–2019 less onerous for donors. He noted that it was difficult to reach consensus on budgetary matters, and that further consultations would be welcome.

The representative of ECUADOR¹ urged the Secretariat to ensure that documents related to the programme budget were made available well in advance of the Seventieth World Health Assembly in order to ensure that dialogue continued. Further discussions to analyse the Organization's difficult financial situation were welcome as long as they remained open, transparent and accessible by all. Any proposals should be clearly aligned with the Sustainable Development Goals and take into account reforms under way at the regional levels. The Secretariat's proposed scenarios should be reviewed, and that should include operational and emergencies-related priorities and the 10% increase in assessed contributions. She encouraged the Secretariat to bolster efforts to achieve gender parity within the Organization, which would be possible with political commitment. The Proposed programme budget 2018–2019 and the draft thirteenth general programme of work should be aligned with the 2030 Agenda for Sustainable Development, with a particular focus on the Organization's own objectives.

The ASSISTANT DIRECTOR-GENERAL (General Management), responding to comments, said that the last fully funded Programme budget had been in the biennium 2014–2015, and since then, the Organization's mandate had increased, particularly in the areas of health emergencies and antimicrobial resistance. There had been a decrease in flexible funding, particularly from core voluntary contributions, limiting the strategic use of those flexible funds. No additional income from core voluntary contributions was expected and the increase in earmarked funding did not provide WHO with flexibility, leading to programmes being under- or overfunded. In preparing the draft proposed programme budget 2018–2019, it was important to remember that the Director-General would need flexibility, as it was not possible to predict fully what would be needed in the next biennium. The current budget was realistic, and WHO would not have the current level of financial problems if it received the flexible funding it required.

The Secretariat was working to mobilize resources, broaden the donor base, reduce staff costs by freezing or delaying recruitment, reduce the travel costs of headquarters staff, and find more cost-effective ways to convene meetings. In addition, the Secretariat had moved some functions to less expensive locations, and in that respect he recalled the launch of the WHO Budapest Centre. The Secretariat should continue to establish priorities across and within programme areas, identifying which activities were more or less urgent. WHO should consider contributions as investments, and be able to demonstrate potential return to donors. Therefore, in scenario planning, WHO had to be able to determine whether promised returns had been attained, whether there was room for improvement and whether its goals were realistic. Underfunded programmes should not be automatically cut; rather the Secretariat should redefine what those programmes were realistically able to achieve. There should be a continuing dialogue with Member States to address the current budgetary situation; problems should not be postponed to the biennium 2018–2019. Given the opportunities for dialogue, such as the programme budget web portal, the financing dialogue, mission briefings and joining the International Aid Transparency Initiative, it was possible to monitor progress made in implementing the programme budget.

The representative of NEW ZEALAND asked whether the Secretariat was committed to implementing all the recommendations made by the Programme, Budget and Administration Committee in its report, as they would provide a good framework for moving forward in 2017 and 2018.

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

The ASSISTANT DIRECTOR-GENERAL (General Management) recalled that the recommendations made by the Programme, Budget and Administration Committee primarily referred to the biennium 2018–2019. The Secretariat would hold further consultations on the draft proposed programme budget 2018–2019, which would also address concerns relating to the current biennium.

The Board noted the report.

Proposed programme budget 2018–2019: Item 12.2 of the agenda (documents EB140/36 and EB140/INF./5)

The representative of the UNITED STATES OF AMERICA said that the measures taken to provide greater transparency through the programme budget web portal were welcome. Given the trend towards greater dependence on voluntary contributions, a strategic approach to resource mobilization was crucial. He asked the Secretariat to prepare a report on the implementation of cost recovery policies since 2013, for submission prior to the twenty-sixth meeting of the Programme, Budget and Administration Committee. A value-for-money plan would be useful. Given the potential impact of a failure to agree on an increase in assessed contributions, he considered that the situation warranted further discussion, but he would favour an increase at a lower rate than 10%. The Secretariat should prepare a revised draft proposed programme budget 2018–2019 that reflected a lower increase.

The representative of CHINA welcomed the proposed additional investment in the WHO Health Emergencies Programme and in combating antimicrobial resistance. Given the unpredictable nature of health emergencies, it was important to maintain the basic structure of that Programme, while ensuring flexible funding through additional resources. Regional and national circumstances must be taken into account and continued WHO assistance was required to build national emergency response capacities.

The representative of the PHILIPPINES expressed appreciation for the proposed additional investment in the WHO Health Emergencies Programme. A predictable and prompt emergency response was crucial to offsetting reduced funding for country-level technical cooperation. She commended the emphasis on addressing antimicrobial resistance and the inclusion of Category 6 on corporate services and enabling functions. She supported the proposed 10% increase in assessed contributions.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND expressed support for the focus on antimicrobial resistance and public health emergencies. Her Government was a major contributor to the WHO Contingency Fund for Emergencies. Other Member States should follow suit to enable the Programme to realize its potential. WHO needed to prioritize its work and identify where other partners were better placed to deliver, where programmes lacked capacity to deliver and which should be discontinued. The draft proposed programme budget 2018–2019 should therefore contain clear information on budget choices, options considered and value-for-money analyses and establish clear links with outcomes. She asked how WHO would make sure that reductions in some key corporate areas did not undermine progress on the reform agenda. A revised draft proposed programme budget 2018–2019 must be made available well in advance of the Seventieth World Health Assembly.

The representative of CANADA welcomed the explanation of the six main considerations that had shaped the draft proposed programme budget within the framework of the Sustainable Development Goals. She appreciated the proposed additional investment in the WHO Health Emergencies Programme and work on antimicrobial resistance, the focus on efficiency, and the idea of capitalizing on the expertise of Member States and partners. A successful financing model for WHO should be founded on the alignment of resources with priorities and their distribution across core mandates, while maintaining the agility to respond to new and urgent priorities. Different funding

scenarios should be developed to inform Member States' deliberations. Notwithstanding the need for budgetary discipline, she acknowledged the additional work created by the new WHO Health Emergencies Programme and the recommendation by the High-level Panel on the Global Response to Health Crises to increase assessed contributions by at least 10%, which was supported by many Member States.

The representative of NEPAL said that the South-East Asia Region had learned lessons on emergency preparedness and response from its experience of natural disasters in recent years and, with WHO support, had put them into practice. Given that track record and the Region's vulnerability, the proposed disproportionate cut in budget allocations for the WHO Health Emergencies Programme in the South-East Asia Region was cause for grave concern. She called on the Secretariat to consider a more equitable distribution of that budget allocation.

The representative of the NETHERLANDS said that there was a clear need for increased funding for work on health emergencies and welcomed the increased funding for work on antimicrobial resistance and reproductive, maternal, newborn and child health. Given the persistent imbalance between assessed and voluntary contributions, he supported the proposed increase in assessed contributions, which would be a step towards greater financial sustainability for WHO. At the same time, it was crucial to set priorities in order to close the funding gap, by focusing on the Organization's core mandates.

The representative of the RUSSIAN FEDERATION emphasized that the draft proposed programme budget 2018–2019 should be realistic. It should contain detailed information on how programmatic priorities were funded – including the identification of assessed and voluntary contributions – and which level of the Organization was responsible for implementation. In the absence of such information, it would be impossible to make a decision on the proposed increase in assessed contributions.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region, said that WHO should make full use of existing human resource capacities at the regional and country levels. It should also maximize the use of regular WHO employees, rather than temporary or consultant staff; establish close cooperation between the new WHO Health Emergencies Programme and the Health Systems and Innovations Cluster to avoid duplication; minimize travel-related expenditure, including by reducing the use of business class fares; and use existing WHO departments and units effectively to augment all aspects of preparedness and response to health emergencies. It might be advisable to put on hold all currently unfilled senior level vacancies and discuss the large budgetary commitments needed to fill those vacancies at the Seventieth World Health Assembly. Member States should liquidate and report on the finances received from WHO in a timely manner to enhance transparency and build donor confidence. She welcomed the continued emphasis on building strong and resilient health systems for universal health coverage, which needed greater investment, and the gradual shift away from disease-specific programmes and budgeting. The African Region supported the proposed increase in assessed contributions. It would be useful to discuss innovative financing at the Seventieth World Health Assembly, in order to ensure continuous streams of funding beyond assessed contributions.

The representative of SWEDEN said that additional investment was required to enable WHO to deliver on the tasks entrusted to it by Member States. While her default position was to maintain zero nominal growth, she was willing to consider proposals for an increase in assessed contributions. To that end, reform efforts must continue to ensure improved results-based management. Emphasis should be placed on strengthened internal control systems and improved financial and results reporting, especially at the country level. Efforts should also be made to broaden the donor base. Donors that were unable to provide unearmarked funding should explore other options to increase flexibility. The Secretariat should prepare a scenario reflecting the potential impact of a shortfall in

funding for the draft proposed programme budget 2018–2019. Funding for women's sexual and reproductive health should be sustained.

The representative of TURKEY said that the world needed a strong, well-funded WHO. In order to close the funding gap, the Secretariat must work to broaden the donor base and Member States must release additional funds. He supported the proposed increase in assessed contributions.

The representative of THAILAND said that she shared other Member States' concern at the proposed reduction in the health and emergencies budget for the South-East Asia Region, in particular given the Region's vulnerability to health emergencies, its high rate of implementation of health emergency-related funds and its progress in implementing the WHO reform agenda. It might be advisable to establish an informal group to further refine the draft proposed programme budget 2018–2019.

The representative of MEXICO said that the draft proposed programme budget 2018–2019 needed to take account of the lessons learned with regard to each programme category and global financial vulnerability. In addition to baseline and target outcome indicators, it might be useful to employ intermediate indicators to gain a better understanding of funding needs.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO said that the emphasis placed on public health emergencies, antimicrobial resistance and alignment with the Sustainable Development Goals had resulted in a greater need for funds. In order to ensure the financial viability of the draft proposed programme budget 2018–2019, Member States and partners must be made aware of that need and asked to contribute accordingly.

The representative of BHUTAN said that he shared the concerns expressed by the representatives of Nepal and Thailand about the proposed stagnation of the budget allocation for the South-East Asia Region in a context of increased budget allocations for other regions. In the light of the improved rate of implementation demonstrated by the Regional Office for South-East Asia and the transfer to that Region of the Asia Pacific Observatory on Health Systems and Policies, the Region's budget allocation in the draft proposed programme budget 2018–2019 should be increased.

There was a mismatch between vulnerability to public health emergencies and the allocation of funding. Over the past decade, the South-East Asia Region had borne approximately 25% of the global emergency-related mortality burden; the proposed budget for the WHO Health Emergencies Programme did not reflect that vulnerability and should be reviewed. Emergency response capacities must be built where they were needed.

The representative of BURUNDI said that the Secretariat should revisit its staff travel policy to minimize business class travel and use modern means of communication to free up funds.

The representative of NEW ZEALAND said that he took note of the Secretariat's intent to provide information in a more timely manner and its efforts to align the workplan with the Sustainable Development Goals. The Goals had provided an opportunity to change WHO's thinking on prioritization, programme development, programme alignment and implementation, and to reduce the duplication of work across the United Nations system; more innovation and partnership development were required to take advantage of the available opportunities. Actively pursuing health in all of the Sustainable Development Goals through the thirteenth general programme of work would reduce waste and increase cost-effectiveness. It would also move the Organization away from its currently narrow programme funding criteria to focus on programmes that were designed and delivered locally and regionally by all parts of government and civil society and would achieve the highest health value possible as determined by individual Member States.

The representative of PANAMA¹ said that the draft proposed programme budget 2018–2019 lacked details of which priority actions would be affected by a budget shortfall. The current reliance on voluntary contributions was a source of uncertainty, and indicators were needed to facilitate monitoring, evaluation and accountability. It was not clear from the document how funding had been distributed between the different categories and across the levels of the Organization. Prioritization, which was key, had not been adequately reflected. She expressed support for the recommendation by the Programme, Budget and Administration Committee that further discussions with the Secretariat should take place on the draft proposed programme budget 2018–2019, which should lead to a realistic draft proposed programme budget based on the Organization's needs and the strategic use of resources.

The representative of ZAMBIA¹ expressed concern that the implementation of resolution WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage had not been addressed in either the current programme budget or the draft proposed programme budget 2018–2019. The resolution applied to all Member States, not just those in the African Region, and its implementation would be critical to attaining the targets of the Sustainable Development Goals, including those on road safety, violence against women and girls, and emergency care systems in hospitals. He urged the Secretariat to continue building capacity to help Member States achieve those targets and called for the resolution to be reflected in the draft proposed programme budget.

The representative of DENMARK¹ said that WHO should continue to aim for zero nominal growth. She expressed concern at the reduction in core voluntary contributions and urged donors to provide fully flexible funds. She questioned the need to increase the budget ceiling, given the 8% increase agreed two years before. Concerning the proposed increase in assessed contributions, she stressed the importance of improving effectiveness and efficiency within the Organization and noted that increased assessed contributions might not be the only way forward.

The representative of the CZECH REPUBLIC¹ drew attention to the joint statement delivered at the recent meeting of the Programme, Budget and Administration Committee on behalf of Austria, Bulgaria, the Czech Republic, Hungary, Latvia, Mexico, Poland, the Russian Federation, Slovakia and Spain, setting out the doubts felt about the proposed increase in assessed contributions. The statement had called for better prioritization and alignment, a broader donor base with equal treatment for non-State actors, action on inefficiencies and the implementation of WHO reform. The timing of the discussion and the role of new leadership were not insignificant. The draft proposed programme budget 2018–2019 was not realistic in a context of increasing financial constraints for Member States. He questioned whether it was the right time to consider increasing assessed contributions.

The representative of BELGIUM¹ said that, although the progress report on the implementation of the 2030 Agenda for Sustainable Development (document EB140/32) listed six instruments of change and enabling factors that could be considered priorities, they did not seem to be reflected in the draft proposed programme budget 2018–2019 and it was unclear whether they were indeed priority areas for WHO. It would be a missed opportunity if the Organization waited until the biennium 2020–2021 to fully align its programme budget with the Sustainable Development Goals.

The representative of INDIA¹ said that persistent funding gaps were mainly due to an increasing reliance on earmarked voluntary contributions and declining assessed contributions. When the WHO Health Emergencies Programme had been approved, it had been understood that the Programme would not have an adverse impact on the Organization's core functions. The budget allocated to

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

tuberculosis, malaria and vaccine-preventable diseases – which continued to be major concerns for the South-East Asia Region – should therefore be maintained or increased. He expressed concern that, while resolution WHA69.23 (2016) had called for the mobilization of sufficient resources for the strategic workplan of the Consultative Expert Working Group on Research and Development: Financing and Coordination, the funds for that work had been reduced in the draft proposed programme budget 2018–2019.

The representative of MONACO¹ said that the draft proposed programme budget 2018–2019 lacked explanations as to why budget space had been reduced for certain categories and contained no information on the implementation levels attained in the preceding biennium. In particular, decreases in the budget lines for social determinants of health and health and the environment were hard to justify in view of the Sustainable Development Goals. She also noted that budget space for polio eradication had increased over the past biennium, even as regional offices were reducing polio-related activities. Although the situation had been explained in an information session the previous week, that information should have been included in the draft proposed programme budget 2018–2019. She called for a more detailed draft proposed programme budget 2018–2019 to be made available before the Seventieth World Health Assembly. She had no objection to the organization of further information sessions at which the Secretariat could respond to the questions that had been raised; however, she was not in favour of setting up a formal mechanism for that purpose, which might encroach on the work of the governing bodies.

The representative of LITHUANIA¹ said that WHO should continue work to improve accountability, transparency and efficiency and reduce administration and management costs. An increase in assessed contributions, which the Government of Lithuania did not support, could be avoided by broadening the donor base and increasing unearmarked contributions.

The representative of AUSTRALIA¹ praised efforts to align priorities with available resources and scale back the programme budget to present a more realistic budget pathway for the Organization given the ongoing funding vulnerabilities. The proposed increase in funding for health emergencies and antimicrobial resistance should nonetheless be safeguarded. Greater consideration should be given to the alignment of the draft proposed programme budget 2018–2019 with the Sustainable Development Goals. He shared the concern expressed by other Member States at the comparative lack of funding for the Western Pacific Region and the South-East Asia Region. The frequency and severity of natural disasters in the Western Pacific Region, which was an epicentre of emerging infection diseases, should be reflected in the allocation of resources. The Government of Australia was still considering the proposed increase in assessed contributions; to inform that process, an analysis of which categories would lose funding or otherwise be jeopardized if assessed contributions were not increased would be helpful in that regard.

The representative of SPAIN¹ said that he opposed an increase in assessed contributions. It was unfortunate that savings had not been linked to prioritization; in that respect, there was an ongoing misunderstanding of the term prioritization, which included de-prioritization and should lead to cost cutting. Member States should guide the Secretariat in establishing a priorities-based methodology, and cost-effectiveness indicators would be important in that respect. He stressed the need for specific numbers on the savings that could be achieved through efficiency measures, prioritization and cuts. Those amounts should be added together and subtracted from the proposed increase to assessed contributions, in order to determine what additional measures were needed.

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

The representative of LUXEMBOURG¹ said that she supported the proposed priorities. Her support for the proposed increase in assessed contributions would be dependent on good budget management and governance, based on transparency, the strategic use of funds, results-based management and accountability. She welcomed the initiative to produce a value-for-money-plan. In addition to its regular voluntary contributions – which were flexible and aligned with the programme budget – her country would be making an additional contribution of €1 million for the biennium 2018–2019 and an exceptional contribution of €500 000 in 2017 for the WHO Health Emergencies Programme. That was an increase of almost 10% compared to the previous biennium and testament to her Government's support of WHO and trust in its reform efforts.

The representative of SWITZERLAND¹ welcomed the alignment of the budget with the Sustainable Development Goals, which should be done more systematically in future. The financing gap was troubling and must be taken into account in the draft Proposed programme budget 2018–2019. The programme budget should reflect the priorities set by Member States and the Secretariat, rather than those indicated through voluntary contributions, and should not be based on which areas had previously been underfunded. He called for a realistic budget that would allow the Organization to respond to normal and crisis situations. The inclusion in the document of costed outputs had increased trust between Member States and the Secretariat. He called for long-term reflection that went beyond outsourcing and contracting to develop innovative reforms and cost-effective work methods. He noted the comments by the representative of Sweden on increasing the flexibility of voluntary contributions. He was willing to consider increases in the budget ceiling and assessed contributions.

The representative of NORWAY¹ said that, while she supported the increased budget space for antimicrobial resistance and the WHO Health Emergencies Programme, the decrease in budget space for health and the environment was unfortunate. She supported the proposed increase in assessed contributions and agreed with suggestions on the focus of further discussions on the draft proposed programme budget 2018–2019. However, those discussions should not determine cuts in specific areas or become a renegotiation of the entire document. She urged patience regarding financing for the WHO Health Emergencies Programme. A reduction in its budget space would be premature and could call into question WHO's commitment to meeting the world's post-Ebola expectations and have a negative effect on fundraising. Likewise, a reduction in budget space for antimicrobial resistance would compromise the Organization's ability to deliver on its commitments.

The representative of BRAZIL¹ expressed concern at the prospect of the shortfall in the Programme budget 2016–2017 carrying over into and having an impact on the next biennium. Although he supported the WHO Health Emergencies Programme, he expressed concern about its fundability at the levels proposed and the concentration of resources at WHO headquarters. Funding that Programme should not have a negative impact on other important areas of work, such as standards setting, access to medicines and health technologies, strengthening regulatory capacity and alignment with the 2030 Agenda for Sustainable Development. The reliance on voluntary funding would negatively affect programme coherence, as the earmarking of funds by donors tended to override the bottom-up priority setting process. A comprehensive discussion on the WHO funding model was needed to consider ways of overcoming systemic shortfalls, the inflexibility of voluntary funding, and achieving better alignment between priorities and the allocation of resources in the programme budget. At present, Brazil was not in a position to support the proposed increase in assessed contributions.

The representative of GERMANY¹ observed that there seemed to be consensus on a number of important points, including the need for the Organization's core mandate to be fully funded and

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

recognition that its mandate had broadened over the previous 10 years, the need to ensure that WHO had the capacity to prevent, detect and respond to potential future health crises, and the need to prevent WHO from becoming primarily an implementing agency for individual voluntary donors. Member States also shared a number of concerns related to, *inter alia*, the ongoing trend of reduction of flexible voluntary resources, the financial vulnerability of WHO resulting from its reliance on a small number of voluntary donors and the unpredictability of WHO's finances, given the limited level of long-term predictable funding. Germany supported the proposed increase in assessed contributions. Although the increase would not solve all of the Organization's financial challenges, it would send a strong and much-needed political message of Member States' trust in WHO. Member States must shoulder their global responsibility.

The representative of FINLAND¹ reiterated calls for clearer justification of budget lines and presentation of scenarios reflecting the impact of funding shortfalls. Improved transparency, evidence of improved practices, strategic prioritization in terms of programmes and cost savings, and clear commitment to implementation of reforms would help to make the business case for increasing WHO funding. Her country supported the proposed increase in assessed contributions and had already taken steps to include it in its budget planning for the next five years.

The representative of JAPAN¹ noted that one of the crucial lessons learned from the outbreak of Ebola virus disease was the need for flexible and predictable funding for health emergency response and preparedness. He asked whether the proposed increase in assessed contributions was linked to fulfilling that need. In addition, he requested further information on the Secretariat's efforts to prioritize and de-prioritize existing programmes, improve budget discipline, and clearly differentiate the roles of WHO and partners both inside and outside of the United Nations system.

The ASSISTANT DIRECTOR-GENERAL (General Management), recalling that the drafting of the programme budget was a long process, which included ongoing dialogue with Member States, stressed the importance of all feedback received, both at meetings and in written form. He encouraged Member States to submit specific issues in writing. The priority-setting process considered four main elements: bottom-up planning, which involved Member States identifying a maximum of 10 priorities at the national level in consultation with country offices; the adoption of resolutions by the governing bodies; emerging public health threats; and continuing obligations. A key shortfall of the budget process was the two-year cycle; public health issues rarely spanned just two years, meaning that activities started many years earlier often needed to be continued. Member States could state which activities they wished to limit or stop, but it was rare for there to be calls to stop actions in a given area. Acknowledging comments regarding the cost recovery policy, he said that a first draft of the value-for-money plan up to 2018 would be made available and suggested that the Secretariat could produce an information document on the matter for consideration during the next meeting of the Programme, Budget and Administration Committee and at the Seventieth World Health Assembly. He agreed that it was important to make savings without jeopardizing the WHO reform process.

In terms of the proposed limited increase in the draft proposed programme budget 2018–2019, he explained that the increase was focused on two areas that had been highlighted by Member States, namely antimicrobial resistance and emergency situations. The proposed increase was realistic rather than aspirational and would be needed for action at all three levels of the Organization. Based on feedback already received from the regional committees, reductions had been made to the initially proposed funding for the WHO Health Emergencies Programme. He acknowledged the calls for greater alignment with the Sustainable Development Goals; the Secretariat had taken steps to address that issue and would continue its endeavours in that regard. Nevertheless, full alignment would take time; 2020 would be a good target. The revised version of the draft proposed programme budget

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

2018–2019 would be available in mid-April 2017. Responding to comments about the reduction in funding for the WHO Health Emergencies Programme in the regional offices for South-East Asia and the Western Pacific, he explained that the first version of the draft proposed programme budget 2018–2019 had allowed for increases in all regions, but based on feedback from the regional committees, steps had been taken to consider in depth the absorption and expansion capacities of the different regional offices and the Organization as a whole. Changes had been made as a result. The comments received during the current session of the Executive Board would be taken on board and the Secretariat would ensure that priority needs in all regions were adequately captured. Consideration would also be given to a request by the Regional Office for South-East Asia for budget space for the Asia Pacific Observatory on Health Systems and Policies. The Secretariat would also have another look at strengthening the indicators in the draft proposed programme budget 2018–2019.

Regarding the implementation of resolution WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage, he explained that, although the item was not expressly stated in the budget, it would be included in several deliverables under outputs 4.2.1 and 4.2.3. The updated version of the draft proposed programme budget would specify what those deliverables and outputs would be. Lastly, he expressed his thanks to Germany and Luxembourg for their financial contributions, which would help WHO to fully implement the Programme budget 2016–2017.

The DIRECTOR-GENERAL said that, although progress had been made on transparency, accountability and financial responsibility, more remained to be done. Acknowledging comments regarding the importance of financial sustainability, she said that more informal discussion was needed to resolve medium- and long-term issues. An increase in assessed contributions would not be a silver bullet for the funding issues; a number of different solutions were needed to address systemic problems.

In order for the Secretariat to issue the finalized version of the draft proposed programme budget 2018–2019 six weeks prior to the Seventieth World Health Assembly, all Member State inputs needed to be received by the end of February, to allow for final drafting and translation. The Secretariat stood ready to provide updates on its efforts concerning cost-saving measures, transparency and prioritization. Prioritization was a significant challenge at the global level; the approach used in previous years had enabled WHO to designate a large number of priorities, whereas the current approach permitted a maximum of 10. Member States tended to ask the Secretariat to do more and more work without providing the funding required. Staffing costs were another important dimension; to respond to the issue the mobility policy had been introduced, which meant that staff members had to periodically change either duty station location or the area in which they worked. Steps were being taken to consolidate staff numbers through, for example, restructuring.

Currently, the draft proposed programme budget 2018–2019 contained many different areas of focus – more than the Sustainable Development Goals did. The focus of the Goals was integrated, multisectoral implementation at the country level; the narrow funding criteria for WHO programmes was a key challenge in that respect. One way to address that issue was to make use of and retrain existing staff members in the different clusters to respond to the needs of the Organization at any given time. Consolidating the budget by changing the format would also be a useful step, if Member States agreed. Reform of WHO was ongoing and would require the continued support and determination of Member States.

The CHAIRMAN said he understood that the Secretariat would take into account the comments made and the concerns expressed during the present session of the Executive Board and the twenty-fifth meeting of the Programme, Budget and Administration Committee when finalizing the Proposed programme budget 2018–2019 for consideration at the Health Assembly in May 2017.

It was so agreed.

2. FINANCIAL MATTERS: Item 13 of the agenda

Scale of assessments for 2018–2019: Item 13.1 of the agenda (document EB140/37)

The representative of the CONGO, speaking on behalf of the Member States of the African Region, expressed support for the scale of assessments for 2018–2019. However, recognizing the need for predictable funding, it should be noted that based on the percentages contained in the report, some African countries could find themselves in a difficult financial position should their national economic situations worsen during the biennium 2018–2019.

The ASSISTANT DIRECTOR-GENERAL (General Management), noting the challenges posed by setting scales of assessments so far in advance, said that solutions would be explored should a Member State find itself in such severe economic difficulty that it was unable to make statutory payments.

The CHAIRMAN said that, in the absence of any objection, he took it that the Board wished to adopt the draft resolution on the scale of assessments for 2018–2019 contained in document EB140/37.

The resolution was adopted.¹

3. HEALTH SYSTEMS: Item 8 of the agenda

Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth: Item 8.1 of the agenda (document EB140/17)

The CHAIRMAN drew attention to a draft decision on human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth, proposed by France and South Africa, which read:

The Executive Board, having noted the report on Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth² decided:

- (1) to welcome the report of the High-Level Commission on Health Employment and Economic Growth that was presented in September 2016 at the United Nations General Assembly and at the High-Level Ministerial Meeting on Health Employment and Economic Growth that was convened in December 2016;
- (2) to request the Director-General to finalize, by the time of the Seventieth World Health Assembly, in collaboration with ILO and OECD and in consultation with Member States, the five-year action plan 2017–2021 supporting the implementation of the recommendations of the High-Level Commission on Health Employment and Economic Growth;

¹ Resolution EB140.R6.

² Document EB140/17.

- (3) to request the Director-General to submit the five-year action plan for consideration and possible adoption by the Seventieth World Health Assembly;
- (4) to further request the Director-General, in consultation with Member States, to ensure that measures be adopted forthwith, focusing on the key recommendations of the report of the High-Level Commission on Employment and Economic Growth, including the development of intersectoral plans and investment in transformative education, promoting decent job creation in the health and social sectors and mutual benefit from international mobility of health workers.

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

Decision: Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth	
A. Link to the General Programme of Work and the Programme budget	
1. Please indicate to which outcome in the Twelfth General Programme of Work, 2014–2019 and to which output in the Programme budget 2016–2017 this draft decision would contribute if adopted.	<p>Twelfth General Programme of Work (2014–2019):</p> <p>Outcome: Increased access to health services or reduction of risk factors.</p> <p>Programme budget 2016–2017:</p> <p>Category: 4. Health systems.</p> <p>Programme area: Integrated people-centred health services</p> <p>Outcome: 4.2 – Policies, financing and human resources in place to increase access to integrated, people-centred health services</p> <p>Output: 4.2.2 – Health workforce strategies oriented towards universal health coverage implemented in countries.</p>
2. Please provide a short justification for considering the draft decision, 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.	<p>The draft decision reinforces and supports the implementation of the Global Strategy on Human Resources for Health: Workforce 2030 adopted by the World Health Assembly in resolution WHA69.19 (2016), and requests finalization of a five-year action plan that specifies activities for its first phase of implementation.</p>
3. Please indicate the estimated implementation time frame (in years or months) for any additional deliverables.	<p>The draft decision will generate momentum for the first five-year implementation phase of the 15-year Global Strategy on Human Resources for Health and the broader Sustainable Development Goal horizon to 2030. The draft decision requests intersessional work between the 140th session of the Executive Board and the Seventieth World Health Assembly to finalize the five-year action plan, which will take two months.</p>
B. Budgetary implications for implementation of additional deliverables	
1. Current biennium – estimated, additional budgetary requirements, in US\$ millions:	<p>No additional budgetary requirements.</p>
(i) Please indicate the level of available resources to fund the implementation of the proposed decision in the current biennium, in US\$ millions:	<p>– How much are the resources available to fund the proposed decision in the current biennium?</p> <p>Resources are available to fund the draft decision.</p>

<p>– How much would the financing gap be? No financing gap.</p> <p>– What are the estimated resources, not yet available, if any, which would help to close the financing gap? Not applicable.</p>
<p>2. 2018–2019 (if required): estimated budget requirements, in US\$ millions: Not applicable.</p>
<p>3. Future bienniums beyond 2018–2019 (if required) – estimated budgetary requirements, in US\$ millions: Not applicable.</p>

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia and Albania and the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia aligned themselves with her statement. She expressed support for the draft decision and urged Member States to further contribute to the consultative process concerning the deliverables and indicators of the five-year action plan referred to in the report. WHO's Global Strategy on Human Resources for Health: Workforce 2030 and the outcomes of the High-Level Commission would play a vital role in attaining Sustainable Development Goals 1 (End poverty in all its forms everywhere), 3 (Ensure healthy lives and promote well-being for all at all ages), 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all), 5 (Achieve gender equality and empower all women and girls) and 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all). To that end, intersectoral and cross-border cooperation and knowledge sharing in the areas of health workforce planning, skills forecasting, recruitment, deployment, retention and continuing the professional development of health workers should remain a priority.

The representative of CANADA expressed support for the recommendations contained in the report and strongly condemned the targeted attacks on health facilities and personnel around the world. The Secretariat should keep Member States abreast of the latest international agreements on health workforce migration in order to maximize the possibility of organizing mutually beneficial arrangements with other partners and stakeholders.

The representative of the UNITED STATES OF AMERICA supported the Commission's recommendations and immediate actions, with particular regard to job creation and service delivery, and encouraged WHO to act thereon. Appreciating the intersectoral consultation process, he said that the linkages between the implementation and monitoring of the Commission's five-year action plan and WHO's Global Strategy on Human Resources for Health: Workforce 2030 should be well defined.

Turning to the draft decision, he proposed that, in the second line of paragraph (2) of that draft decision, the phrase "and in keeping with the objectives of the Global Strategy on Human Resources for Health: Workforce 2030" should be inserted after the words "in consultation with Member States". He also proposed that the first line of paragraph (4) should be amended to read: "to further request the Director-General to work with Member States to adopt measures focusing on [...]".

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, said that the human resources crisis in the health sector represented a great challenge for many African countries. He therefore proposed that Member States should take decisive action to contribute to the five-year plan on the implementation of the outcomes of the High-Level Commission, establish an interagency global data exchange on the health labour market and develop an international platform on health workforce mobility.

The representative of PAKISTAN welcomed the focus on the linkages between human resources for health, and economic growth and the achievement of the Sustainable Development Goals. While supporting the call to scale up professional, technical and vocational training, he stressed that health workers must receive the highest quality training available. Noting the precarious and often dangerous situation facing health workers in areas of conflict, he urged WHO to recognize the hazards faced by frontline health workers and adopt measures aimed at providing safe working environments for medical staff around the world.

The representative of CHINA said that intersectoral cooperation would be crucial to the successful implementation of the Global Strategy on Human Resources for Health: Workforce 2030. His country would be happy to share its own experience and knowledge in developing human resources for health with other Member States, where appropriate.

The representative of JAMAICA, while recognizing the contribution that a strategic approach to health employment and economic growth made to global health security and economic development, said that closer attention should be paid to counteracting the shortage of human resources for health in source countries adversely affected by the international recruitment of domestic health workers. He urged WHO to take urgent action to mitigate those effects and promote the effective implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel. To that end, the Director-General should work with Member States on adopting measures to promote the mutually beneficial international mobility of health workers through collaborative approaches to training and the orderly movement of skilled health workers.

The meeting rose at 12:30.

NINTH MEETING

Thursday, 26 January 2017, at 14:35

Chairman: Dr R. BUSUTTIL (Malta)

HEALTH SYSTEMS: Item 8 of the agenda (continued)

Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth: Item 8.1 of the agenda (document EB140/17) (continued)

The representative of the PHILIPPINES said that economic growth was dependent on a healthy population, which in turn necessitated a strong health system with a qualified and capable workforce. The Member States of the South-East Asia Region were studying how best to implement at the national and regional levels the recommendations and immediate actions set out in the report of the High-Level Commission on Health Employment and Economic Growth. His Government accorded high priority to the issue of human resources for health and looked forward to participating in the consultation process for the proposed five-year action plan 2017–2021 through a multisectoral approach at the national, regional and global levels. He called on the Secretariat to provide guidance on retaining a focus on health priorities within the context of the Sustainable Development Goals.

The representative of FRANCE said that the report of the High-Level Commission had strengthened the economic basis for investing in the health workforce and set out an innovative intersectoral approach that was firmly in line with the objectives of the Sustainable Development Goals; the draft decision aimed to facilitate the implementation of that approach. She agreed with the amendments to the draft decision proposed by the representative of the United States of America and requested that the footnote “And, where applicable, regional economic integration organizations” should be inserted after the words “Member States” in paragraphs (2) and (4).

The representative of THAILAND expressed support for the recommendations and immediate actions set out in the report of the High-Level Commission. However, harmonizing the implementation of the recommendations at the country level, increasing fiscal space for health, and providing effective support and facilitating sustainable capacity-building would pose particular challenges. With regard to the draft decision, he proposed incorporating paragraph (1) into the preambular paragraph, to read: “The Executive Board, having noted the report on human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth, and welcoming the report of the High-Level Commission on Health Employment and Economic Growth, decides:”. Noting that the draft decision should not pre-empt the actions of the Seventieth World Health Assembly, he proposed the deletion of the phrase “and possible adoption” in paragraph (3) and the deletion of paragraph (4).

The representative of the RUSSIAN FEDERATION said that the full and timely implementation of the recommendations and immediate actions would accelerate the implementation of the Global Strategy on Human Resources for Health: Workforce 2030, contribute to the achievement of the targets of the 2030 Agenda for Sustainable Development and yield positive results in areas including job creation, the promotion of gender equality and the rights of women, the provision of specialized health training, the provision and organization of medical and health services, the use of technology and the response to crises and humanitarian emergencies. She highlighted the

urgent need to implement the recommendations on improving the protection and security of health workers, including those from international humanitarian organizations working in conflict areas and responding to humanitarian emergencies.

The representative of FIJI expressed support for the draft decision and endorsed the amendments proposed by the representative of the United States of America. He was pleased to note that recommendation 9 on international migration highlighted the fact that the international mobility of health workers could yield benefits not only for destination countries but also for source countries and for the health workers themselves. Expressing serious concern about the issue of violence against health workers, both in conflict and non-conflict zones, as well as verbal and non-verbal aggression between colleagues in the health workforce, he noted the need to emphasize that aggressive behaviour towards or among health workers was never acceptable.

The representative of NEPAL, expressing appreciation for the support provided to Nepal, nevertheless noted the need for increased support to be provided to enable the Member States of the South-East Asia Region to deal with the major challenges that they currently faced, including guidance on best practices and the development of a national strategy and plan. The review of the types and number of front-line health care workers was timely, in the light of the predicted rise in noncommunicable diseases, antimicrobial resistance, ageing populations and health emergencies. She requested Member States to reinforce the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel.

The representative of the DOMINICAN REPUBLIC said that urgent measures and a continuing dialogue between Member States were necessary in order to mitigate the effects of the migration of health care workers and ensure sufficient human resources for health at the national level.

The representative of LIBERIA, reading out a statement on behalf of South Africa,¹ expressed support for the draft decision. Gaps in human resources posed a serious threat to the ability to ensure the efficiency and effectiveness of health systems, and made it more difficult to improve health outcomes and deal with emergencies. The report of the High-Level Commission was a useful tool for further advocacy and for the implementation of the Global Strategy on Human Resources for Health: Workforce 2030, and it underscored the importance of a multisectoral approach.

The representative of SENEGAL,¹ noting the importance of the issue of human resources for health, welcomed the multisectoral and multidisciplinary approach outlined in the recommendations of the High-Level Commission. Developing countries seemed to be trapped in a vicious circle of insufficient health personnel and poor economic growth, resulting in woefully inadequate health structures and the damaging privatization of health care. Noting that the length and cost of medical training also posed a particular challenge, he called for the adoption of measures to promote both scientific study and professional training, including the development of courses to train community health workers and paramedics.

The representative of JAPAN¹ said that her Government was committed to tackling the issue of human resources for health. It was important for countries both to estimate the demand for health workers and to introduce quality standards. She called on the Secretariat to provide support to Member States in relation to training, equitable distribution and retention of the workforce, which would require a multisectoral approach. The WHO Global Health Workforce Statistics database was a useful tool for networking and information sharing among Member States.

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

The representative of CUBA¹ said that countries should ensure the availability of sustainable and adequate financial resources to train health workers. Epidemiological transitions, including ageing populations and a concomitant increase in noncommunicable diseases, were set to place an increasing burden on health care systems, underscoring the need to meet health workforce requirements. An innovative, multisectoral, strategic approach was required, including increased cooperation at the national and international levels. Cuba stood ready to share its experiences in that regard.

The representative of NORWAY¹ said that her Government continued to prioritize health workers and their employment as the cornerstone of the health system and looked forward to participating in work on the proposed five-year action plan. The recommendations must be a force for ensuring: the education and employment of women; appropriate labour market interventions and policies; and the attainment of universal health coverage. Clarification was needed on whether the action plan was intended as a tool for ILO, OECD and WHO, or for Member States' implementation. Appropriate indicators, an ambitious timeline for implementation, and a more detailed accountability scheme were needed. She highlighted the need for a whole-of-government approach and for ILO, OECD and WHO to develop appropriate joint working methods when supporting countries in the implementation of the action plan at the national level, including strong and close collaboration on the ground.

The representative of BRAZIL¹ said that the recommendations of the High-Level Commission should be the main focus of efforts to develop a five-year action plan. He questioned why the item under discussion had been included on the agenda, while the proposed item on the report of the United Nations Secretary-General's High-level Panel on Access to Medicines, which also contained a set of recommendations, had not. He welcomed the recommendations, but pointed out that a draft decision on the finalization of a five-year action plan might be premature, as countries had not been given sufficient opportunity to discuss them. The draft decision should distinguish between OECD, which was not a United Nations specialized agency, and WHO and ILO, and should refer to the United Nations regional commissions and the WHO regional committees.

The representative of ILO emphasized the need to scale up investments in the health workforce in order to achieve the Sustainable Development Goals. Investments in health employment were a driver of inclusive economic growth and decent work. An intersectoral, multistakeholder approach was needed to tackle the challenges of health workforce shortages. ILO was committed to working with OECD and WHO to support countries in the implementation of the recommendations and would continue to support the development and implementation of the proposed five-year global action plan. The millions of new jobs created in the health and social sectors must ensure good working conditions, improved occupational safety and health, and the recognition of workers' rights.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES, referring to recommendation 4, on health service delivery and organization, said that there was a need to ensure that all task-shifting initiatives were accompanied by quality assurance measures. Governments should develop a legal framework to support volunteers working with local organizations in health and social care. Regarding recommendation 6, on crises and humanitarian settings, she highlighted that the Federation's humanitarian health competency matrix was a useful tool in improving the way in which emergency health teams were recruited, trained and evaluated. Governments needed to strengthen domestic legislation to ensure safe access to and the delivery of health care in armed conflicts and other emergencies.

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, said that sufficient investment in the health workforce would facilitate the achievement of the Sustainable Development Goals and help to deliver universal health coverage. The Council was committed to supporting the implementation of the recommendations, which would require cross-sectoral collaboration, including with the public and private sectors, civil society, trade unions and training institutions. He urged all stakeholders to implement the recommendations in order to improve public health and unlock the potential of health employment.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that the achievements of the Federation included the adoption of the Global Vision for a Global Pharmaceutical Workforce and the Pharmaceutical Workforce Development Goals, in line with the principles of the High-Level Commission, the Global Strategy on Human Resources for Health: Workforce 2030 and Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Pharmacists should be taken into account under indicator 3.c.1 of the Sustainable Development Goals (Health worker density and distribution); the Federation stood ready to provide support to Member States in developing pharmaceutical workforce policies and plans within the framework of that indicator.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that the implementation of the recommendations of the High-Level Commission would be achieved only by upholding the fundamental rights of health care professionals. The Positive Practice Environments Campaign that had been initiated by a group of members of the Global Health Workforce Alliance proposed steps to foster satisfaction and resilience among health workers. Professional organizations had a key role to play in health policy-making and regulation.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the recommendations were based on an investment rather than a social model, wherein health and access to health care were viewed as a fundamental human right. The deployment of a greater number of community health workers would enhance access to health care, provide employment opportunities for women from poorer populations and stimulate economic growth. Tax reforms were imperative to enable countries to invest in the health workforce. She urged Member States to establish governance mechanisms and ensure sustained funding through bilateral agreements that included cost-sharing and progressive taxation measures. To that end, the WHO Global Code of Practice on the International Recruitment of Health Personnel should be reviewed and discussions on compensation and fiscal policies launched. Investment in robust mechanisms was imperative to ensure the implementation of the proposed five-year action plan at all levels.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that a community-oriented, fairly paid health workforce was essential in order to advance human development. She called on Member States to increase investment in health education and to ensure that medical and pharmaceutical training was aligned with the needs of local populations.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation) said that there was an urgent need to implement the immediate actions recommended by the High-Level Commission and develop innovative methods to address the long-standing challenges related to the health workforce. The Secretariat would continue to engage in a consultative process with Member States and other stakeholders, such as ILO and OECD, in order to finalize the five-year action plan for submission to the Seventieth World Health Assembly. The report of the High-Level Commission provided a clear case for investment in the health workforce and strengthened the link with the Sustainable Development Goals. An intersectoral and interministerial approach was critical to the success of the recommendations of the High-Level Commission. The work of the High-Level Commission

maintained momentum towards and should be strictly aligned with implementation of the global strategy on human resources for health. The five-year action plan would determine actions to facilitate country-driven leadership and implementation. Immediate priorities included job creation, transformative education, an international platform to maximize the mutual benefits of international labour mobility, the security and protection of health workers, and data. The Secretariat would continue to work closely with Member States and counted on their support and commitment.

The Board noted the report.

The CHAIRMAN took it that the Board wished to resume consideration of the draft decision once consensus had been reached on the proposals for amendments.

It was so agreed.

(For adoption of the decision as amended, see below.)

Principles for global consensus on the donation and management of blood, blood components and medical products of human origin: Item 8.2 of the agenda (document EB140/18)

The representative of PAKISTAN expressed support for the principles for promoting ethical practices in the donation and management of medical products of human origin, some of which his country had already adopted, thereby resulting in the containment of misuse and illegal trade. Member States should be assisted in establishing deceased donor procedures, recipient waiting lists, organ banks and consent for organ donation in accordance with the local context. The establishment of an international platform to assess the new opportunities and challenges brought about by emerging technologies in the field of organ donation was essential to enable all Member States to benefit from such developments.

The representative of TURKEY looked forward to finalization of the report of the public consultation on the draft proposal on principles for global consensus on the donation and management of blood, blood components and medical products of human origin. He supported the wording of principle 5, which defined realistic guidelines on remuneration of donation to protect human dignity and prevent exploitation. With regard to principle 10, he expressed the hope that the final report would provide greater clarity regarding the balance between transparency of information and confidentiality of donors.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, said that most countries of the Region did not have the capacity to separate blood into its component parts. Despite up-to-date equipment, contamination remained a risk. Expressing support for the principles, he underscored the need to provide all regions with the opportunity to adapt them to the local context. WHO should establish a global regulatory framework on ethical principles of human tissue donation for therapeutic use. He requested WHO to provide support for the development of national legal coordination frameworks to manage blood transfusions and organ donations, including information sharing with other countries. Support should be provided to Member States in establishing a blood donation supervisory mechanism through national blood transfusion centres to ensure the safety of blood donors.

The representative of BAHRAIN underscored the need to further strengthen the principles set forth in the report. National compliance with the principles would require the establishment of adequate regulations and pharmaceutical surveillance. Given that countries encountered difficulties in applying the principles, she called on the Secretariat to provide support to Member States in developing policies and action plans to guarantee access to safe blood, blood components and medical products of human origin.

The representative of CHINA said that his country attached great importance to the management of blood, blood components and medical products of human origin and had set up a comprehensive management and operational system in line with national culture and traditions and WHO guidelines. It was essential to: strengthen cooperation among countries and regions; develop management systems that reflected national contexts; and adopt incentives for donation in accordance with domestic legislation and WHO principles. Organ donation from living persons should be strictly limited to recipients' relatives. She called on the Secretariat to continue to strengthen the technical support provided to Member States, particularly regarding the use of new technologies in developing countries, and to encourage donation.

The representative of MEXICO, welcoming the establishment of the guiding principles in general, noted the importance of measures to protect the dignity and human rights of donors. Principle 2 lent itself to confusion since it stipulated that people should be neither denied the opportunity of donating materials nor encouraged to donate where the opportunity did not exist. His Government had proposed the establishment of a system focused on voluntary and repeat donation. Principle 5 on policies governing payment of donation was not applicable in Mexico as donations were governed by law in line with principles of altruism and absence of financial gain. Remuneration was strictly prohibited for the acquisition and use of medical products of human origin and he could not, therefore, support principle 5. It was essential to continue refining the principles through the development of comprehensive strategic approaches supported by the relevant legislation.

The representative of FRANCE, welcoming the proposed principles, which echoed those set out in the Council of Europe Convention on Human Rights and Biomedicine, commended in particular the inclusion of principles on donor protection. She expressed reservation, however, concerning the use of the ambiguous term "financial neutrality" in principle 5, since it might legitimize payment for donation. In France, the donation of medical products of human origin was governed by principles of anonymity, consent and non-remuneration. She thus did not support principle 5 as it stood. In addition, further emphasis should be placed on the principles of "ethical donation" and "prohibition of financial gain". Noting that the French version of the report contained several discrepancies, she wished to submit a list of proposed amendments to the Secretariat.

The representative of the DOMINICAN REPUBLIC, noting the importance of the issue, said that his Government was developing policies and implementing measures to ensure the quality of donated blood, and was committed to implementing the recommended principles. Principle 2 on promoting equity in donation was linked to the national context, where efforts to improve the quality and availability of medical products of human origin, especially blood, were being undermined by the lack of coherence among the different constituents of the health sector.

The representative of the NETHERLANDS said that the proposed principles were essential in order to guarantee the best quality of blood and medical products of human origin for all recipients and donors worldwide, regardless of their socioeconomic background, and to safeguard vulnerable individuals susceptible to financial incentives. The availability of such products depended largely on the willingness of individuals to donate without remuneration. Any actions that endangered the principle of financial neutrality should be opposed.

The representative of the RUSSIAN FEDERATION agreed with the comments made by the representatives of France, Mexico and the Netherlands. Welcoming the proposed principles, she nevertheless expressed concern that the report did not refer to key international instruments such as the Charter of Fundamental Rights of the European Union, and the Council of Europe Convention on Human Rights and Biomedicine. The report should also include clear definitions of "biological materials", "medical products of human origin" and "bioimplants". Further elaboration of the principles relating to donation was required, taking into account the informed consent of donors before donation and the importance of providing safe, high-quality materials. Her Government had already

implemented legislation on the use of human organs and blood and was preparing an instrument on the use of human tissue. It was willing to share its expertise in the further elaboration of the principles.

The representative of CANADA expressed support for the proposed principles and for the collaborative approach taken by the Secretariat to consult with Member States on the development of the principles. Her Government had already implemented aspects of the principles in areas within its jurisdiction, such as maximizing product safety, quality and efficacy, and maintaining post-market surveillance and vigilance systems.

The representative of THAILAND said that, in the light of rising demand, decreasing numbers of donors and increasingly innovative manufactured medical products of human origin, a comprehensive and inclusive framework was essential to protect against exploitation and harm. There was a fine line between ethical support of donation of medical products of human origin and exploitation, particularly when remuneration was involved. His Government had already implemented proactive measures to ensure financial neutrality, such as mobile donation units, which reduced transportation expenses and prevented lost wages of donors. Regarding principle 9 on traceability, Member States should establish and maintain well-functioning registries of all recipients and living donors, as they were essential for the monitoring of health consequences, the early detection of complications, and the prompt provision of treatment. The Secretariat and other stakeholders should simplify the proposed principles, for example by using infographics, to ensure their practical implementation at the country level.

The representative of the CONGO said that significant progress had been made in the African Region over the past decade in terms of blood donation and the use of human blood in treatment and research, including the elaboration of a new regional strategy. Systems for human tissue and organ donation were being developed in Kenya, Nigeria and South Africa, and transplant programmes had been established. Those programmes should be developed into subregional hubs in order to support countries lacking the necessary technical capacity and address the needs arising from the increase in noncommunicable diseases. Organ donation in Africa needed to be regulated, taking into account ethical principles, voluntary consent, anonymity and infection risks. Obligatory organ donation in other countries led to the removal of organs without premortem consent, undermining ethical principles, and could result in abuses. The Secretariat should provide support to the Member States of the Region to establish a harmonized regional organ donation plan. His Government stood ready to participate in further elaboration of the proposed principles.

The representative of COLOMBIA said that the proposed principles were consistent with initiatives implemented in his country, such as the national blood system and national donation and transplant system, and would serve as a frame of reference for national regulations in economic, legal, ethical, technical and public health matters. Given the rise in health tourism in Colombia, it was crucial to protect the principle of financial neutrality in relation to medical products of human origin, in order to combat organ trafficking. To ensure transparency, the safety, quality and efficacy of procedures involving the use of medical products of human origin needed to be guaranteed. It was also important to prevent misleading advertising on cell therapy. Clarification of whether the proposed principles replaced, expanded or supplemented the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation was necessary. For example, while the Guiding Principles indicated that donations should be non-remunerated, the proposed principles stated that donors could receive remuneration.

The representative of NEW ZEALAND, expressing support for the adoption of the principles, said that they were aligned with existing practice in his country, including the reimbursement of lost wages. Member States should rapidly introduce the principles into their national regulatory and ethical frameworks to protect the health and welfare of donors and recipients.

The representative of FIJI expressed support for the proposed principles. Historically, access to medical products of human origin in Pacific Island countries had been limited, largely due to geographical location, poorly developed systems for the management of such products and a consequent lack of supply. However, that situation was changing as countries began to build local capacity, notably in transplantation. It was essential for legislative and regulatory arrangements to keep pace with the adoption of new clinical practices. The framework of principles came at an opportune moment for small developing countries, which were beginning to prepare national policies and legislation on the issue. His Government requested WHO and other development partners to continue providing support to help to improve access to such products.

The representative of PERU¹ said that it was his understanding that the proposed principles were rules to be followed, with a view to achieving a specific purpose. Their wording, in some cases, should refer to the competent authority responsible for attaining the proposed objectives. He therefore proposed amending the first line of principle 2 to read: “Governments are responsible for promoting equity in donation”.

The representative of BURKINA FASO,¹ while acknowledging the importance of the proposed principles, underscored the problems linked to the availability of and access to blood and medical products of human origin. In Burkina Faso, all patients requiring transfusions could obtain blood free of charge, and donations were voluntary and anonymous. Although the country had national and regional blood transfusion centres, the need for transfusions remained extremely high, and was even greater in winter due to increased numbers of cases of malaria. She urged the Secretariat and the international community to provide support to developing Member States, where limited access to blood and blood components remained a major concern.

The representative of SLOVAKIA¹ said that the report should include a reference to international instruments relating to biological materials and human rights. Donor selection should be clearly addressed under the essential safety mechanisms outlined in the report. Equity in donation did not mean that everyone automatically had the right to donate. A prudent approach should be advocated, with the possibility of accepting or declining donors based on factors such as medical history, health status and age. She requested the Secretariat to explain why the terms “blood and blood components” were included in the title, while greater reference was made in the report to “medical products of human origin”.

The representative of GERMANY¹ said that his country was concerned that an approach establishing common principles for all medical products of human origin would weaken the fundamental principles for organ, tissue and cell donation that had been established at international level. It was questionable whether the key considerations for implementation outlined in the document allowed for the necessary scope for application; for example, the stringent ethical requirements to which organ donation was subject could not be applied to donations of hair and urine. Industrially prepared plasma products were not adequately addressed in the document; donation and processing steps should be clarified. Principle 5, which allowed countries to choose whether or not to apply the principle of financial neutrality, infringed upon the principle of the prohibition of financial gain in organ, tissue, cell and blood donation enshrined in the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation and the Council of Europe Convention on Human Rights and Biomedicine, and therefore could not be supported. He would submit a proposed amendment in writing to the Secretariat.

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

The representative of MOROCCO¹ proposed that the heading for principle 9 should be amended, by replacing the words “vigilance and surveillance programmes” by “pharmacovigilance, haemovigilance and surveillance programmes”.

The observer of the HOLY SEE said that basic consensus on the proposed principles should be forthcoming, as they represented traditional values that underpinned both medical practice and the social fabric of human communities. While recognizing the severe lack of available donations, he said that procedures should be established to prevent the exploitation of vulnerable individuals, and noted that Pontifical Academy of Sciences would be holding a summit on organ transplant tourism in February 2017.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES expressed support for voluntary non-remunerated blood donation, which provided the foundation for safe and sustainable blood supply, helped guard against coercion and exploitation of vulnerable potential donors, and promoted equity in donation by engaging donors from all segments of society. Many countries still experienced chronic shortages of safe blood and blood products, and blood transfusions were not available for many of the world’s most vulnerable populations. Expanded global commitment was therefore needed to support all governments in providing essential blood services to their populations.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation) said that she had taken note of the comments made, in particular in refining the wording of some principles to balance the need for confidentiality and accountability. The report by the Secretariat was the product of a global consultative process, and the Secretariat was committed to conducting additional consultations with interested Member States, which would be used to draft an addendum to the report of the public consultation process. While the report by the Secretariat covered all medical products of human origin, paragraph 12 noted that the application of the principles might require different operational systems and regulatory oversight. She stressed that the report contained principles, not guidelines, which might have to be adapted in the light of national legislation or regional preferences. Principle 5 was particularly complex: a balance must be struck between establishing financial neutrality while taking care not to interrupt the supply of blood products to patients in need. The Secretariat would work with interested delegations to draft more consensual language on that principle.

The Board noted the report.

Addressing the global shortage of medicines and vaccines: Item 8.3 of the agenda (document EB140/19)

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Albania, the country of the stabilisation and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and Georgia, aligned themselves with her statement. The European Union welcomed the proposed definitions of “shortage” and “stock out” and commended collaborative work on health data management. Shortages and stock outs of medicines and vaccines had a significant impact on health systems, populations and patients. She called on the Secretariat to identify ways, within existing resources, of providing support to Member States in preventing and addressing stock outs, noting the importance of timely exchanges of information and mapping of the situation. Availability of medicines depended on all stages of the value chain. Medicines could not be treated as ordinary goods; the right balance must be struck between promoting

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

and financing research and development of new and better medicines for all, while ensuring that medicines were accessible and affordable for those in need. Shortage management plans should be elaborated under the aegis of WHO. Health systems must be strengthened and procurement and supply capacity at the country level must be improved, including through in-country donor coordination. Access to medicines in small markets was particularly important, and the challenges related to lack of authorization applications for essential medicines should be recognized.

The representative of ERITREA, speaking on behalf of the Member States of the African Region, said that while the technical definitions were welcome, the report did not provide sufficient information about the activities undertaken to assess the magnitude and nature of shortages of medicines and vaccines. The Secretariat should therefore prepare a comprehensive report on that issue while taking measures to optimize support for Member States in strengthening procurement and supply management systems, and improving quality control. Consideration should be given to increasing programme budget allocations for access to medicines and health technologies for the biennium 2018–2019, and support should be provided for ongoing efforts at the regional level.

The representative of BAHRAIN said that the global shortage of medicines and vaccines constituted a major challenge for health systems, which must be overcome by measures such as reducing wastage, rationalizing supply, promoting domestic production and research and development, and granting market authorizations. Vaccine production was crucial, and joint efforts were required to control medicine and vaccine prices. WHO should provide a list of products at risk of shortage and offer appropriate guidance. Noting the importance of regional cooperation to avoid shortages, she said that the countries of the Gulf Cooperation Council were working together to develop alternative medicines and vaccines.

The representative of MEXICO said that the proposed definitions were welcome. His country had faced problems related to shortages, in particular of vaccines, which could threaten the implementation of its national vaccine schedule. Information sharing and communication with regard to potential shortages should be strengthened.

The representative of THAILAND said that the definitions provided in the report were useful and noted that the oligopoly and monopoly status of certain medicines had a major impact on shortages. The Secretariat should review country experiences and synthesize good practices. Joint work between WHO and the Health Data Collaborative to gather and publish reliable data on shortages and stock outs was particularly welcome. Capacity-building for procurement and supply chain management was also essential.

The representative of CHINA welcomed the role of WHO in addressing the global shortage of vaccines and medicines. She outlined some of the steps being taken in her country to tackle the issue, including adapting procurement modalities, improving health insurance to include orphan drugs, completing national stockpile schemes, implementing medicine production plans and encouraging research and development. The Secretariat should collect and publish data on shortages and provide technical support to help Member States to ensure a timely response. She called for the establishment of a global priority framework to coordinate the response to shortages at the global, regional and national levels.

The representative of CANADA said that efforts were being made in Canada to address shortages through mandatory reporting requirements, and her country would willingly share its experience in that regard. While the harmonization of terminology was crucial to establish a common understanding, differences in regulatory frameworks could present challenges for the development of common definitions. The draft definition of shortage might be broadened to include medicines, health products and vaccines identified as non-essential, in line with the definition used in Canada.

The representative of KAZAKHSTAN said that he welcomed the proposed definitions. Shortages could be caused by monopolization of the market by certain pharmaceutical companies, as well as the imposition of certain patent policies to increase prices artificially and reduce supply. It was important to maintain open channels of communication with those producing medicines and vaccines and applying for patents, to negotiate prices and improve accessibility. The distribution and acquisition of medicines and vaccines should not be dictated by market forces alone; WHO leadership was essential.

The representative of JORDAN said that the report was timely. In Jordan, routine vaccinations were provided free of charge. Given the complex situation in the Middle East, and the heavy burden of refugees on Jordanian resources, considerable challenges had arisen. His Government wished to benefit from support from the GAVI Alliance to procure vaccines at reasonable prices.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO said that measures needed to be taken and opportunities grasped in countries, with the assistance of intergovernmental organizations, to help national governments establish the necessary mechanisms to ensure provision of essential medicines. Some countries already had experience in that regard and international partners existed. The time had come to establish a coordination mechanism to ensure that all opportunities for overcoming shortages and stock outs were optimized.

The representative of the RUSSIAN FEDERATION said that the rational use of resources was essential to overcome the challenges of shortages of medicines and vaccines. A national strategy had been adopted, through which models for pricing and procurement of medicines and costs of outpatient care were being set, with a view to increasing accessibility of treatment. An automated data collection and processing system was being set up to monitor public spending on medicines at the national, regional and municipal levels, which should be combined with efforts to develop local pharmaceutical production and coordinate price policies with producers and distributors of medicines.

The representative of FIJI said that, as a small island developing State, Fiji faced the dual challenge of being a small market for pharmaceutical suppliers and having a geographically remote location, with long lead times and high costs for the delivery of medicines. The views and experiences of small, remote countries must be given due consideration in the further consultations on the global shortage of medicines and vaccines.

The representative of the UNITED STATES OF AMERICA said that more data on potential medicine and vaccines shortages was essential, along with clear technical definitions. WHO's continued efforts to establish a framework for measuring shortages and develop a notification system were welcome.

The representative of COLOMBIA said that access to and availability of effective, safe and cost-effective medicines was essential to the enjoyment of the right to health. The factors affecting access to medicines, such as problems in procuring raw materials, must be addressed, including through effective price negotiations. Welcoming the efforts to develop the proposed definitions, he drew attention to the report of the United Nations Secretary-General's High-level Panel on Access to Medicines, which afforded an opportunity for States to enter into a frank and constructive discussion and build consensus on the issue.

The representative of PANAMA¹ said that the global shortage of medicines and vaccines constituted an impediment to universal health coverage. Despite not having its own definitions, her

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

country was taking steps to improve the supply chain for health products. Welcoming the efforts to develop the definitions set out in the report, she said that Panama would assist the Secretariat to broaden participation in the stakeholder consultations and to develop a notification system for medicines and vaccines at risk of shortage.

The representative of FINLAND¹ said that his country had established, under national law, a system of mandatory reserve supplies of certain medicines; the greater the use of those medicines, the more would be kept in stock. While that approach would not address the root causes of medicine shortages, it provided a useful buffer at the national level, which could serve as an example for other countries.

The representative of INDIA¹ said that the report did not cover issues related to innovation failure, manufacturers' decisions to discontinue production of less-profitable drugs, market distortions and price barriers. He highlighted the relevance of recommendations of the United Nations Secretary General's High-Level Panel on Access to Medicines, notably that governments should require manufacturers and distributors to disclose information pertaining to the costs of research and development, production, marketing and distribution of health technology, as well as any public funding received. WHO should maintain an accessible international database of the prices of patented and generic medicines and biosimilars. The technical definitions must take due account of issues relating to access and availability.

The representative of CUBA¹ said that efforts to combat shortages should focus on such key areas as renewed production of discontinued medicines, protection of essential medicines, development of new medicines, and fair pricing policies ensuring that medicines were available at lower cost in developing countries. Access to essential medicines must be guaranteed for all, and national and regional capacities to produce high-quality medicines should also be supported. The global shortage of medicines and vaccines must be addressed from a public health perspective, with a frank dialogue involving all stakeholders, increased cooperation and regulatory frameworks appropriate to the needs of each country.

The representative of NORWAY¹ said that the draft definitions required further work. The proposed definition of shortages should be broadened to cover products without marketing authorization in a given country and should not be restricted to products already approved and marketed nationally. The establishment of an information exchange system between Member States should also be explored.

The representative of BANGLADESH¹ said that the proposed definitions should be expanded to reflect the actual situation in developing countries, where shortages could be triggered by factors other than those related to the supply chain or production. Numerical scoring systems that would allow for international comparisons across countries were needed. Reliable data on the risk of supply-chain failure and the likelihood of stock outs should be available online. Countries should consider keeping reserve stocks of essential medicines, and governments should work with WHO to periodically update the Essential Medicines List. Pricing controls should be reviewed. The Interagency Supply Chain Group must become operational in the near future, and WHO must help countries to obtain prequalification for locally produced medicines and vaccines.

The representative of BRAZIL¹ thanked the Secretariat for taking a leadership role on the important issue. Examination of the relationship between the definitions of medicines and vaccines

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

shortages and access and affordability would be appreciated. He supported the development of a notification system, and called for discussions on fair pricing to be made more visible and transparent.

The representative of INDONESIA¹ said that clear and functional definitions of stock outs and shortages, which included context-appropriate guidance, were crucial for developing a notification system for medicines and vaccines at risk of shortage. Supply chain data must be used to facilitate planning and managed appropriately to improve access to medicines and vaccines. Her delegation looked forward to participating in the consultation of Member States in 2017.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA¹ said that WHO should provide support to Member States in evaluating obstacles to supply, including those linked to intellectual property, research and development, and the high costs of medicines. WHO should also facilitate bilateral dialogue for Member States to share expertise in shortage notification systems, and more should be done to ensure the involvement of manufacturers, wholesalers, procurement agencies and other stakeholders in those systems. Countries and national regulatory authorities should be empowered to implement regulations on reporting to mitigate the impact of shortages.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that the demand-side definitions should: emphasize the need to ensure that shortages and stock outs could be identified at any point in the supply chain, including at community level; and provide guidance on how to incorporate displaced and migrant populations in dose estimates. The latest guidance on dose-sparing strategies for vaccines should also be incorporated. Shortages were often more related to inequitable pricing structures than to poor stock management or availability.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC, speaking at the invitation of the CHAIRMAN, said that the Secretariat should consider access to controlled medicines in its broader Member State consultation in 2017 since the shortage notification system must also include controlled essential medicines. Examples of best supply chain and regulatory practices should be taken into account, as should the opioid price watch report, which had found that generic essential controlled medicines were often unaffordable and unavailable in the poorest countries.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that trigger points within the supply chain should be identified to determine better the common causes of shortages, which might include unpredictable country demand, complex regulatory requirements, and lack of timely communication. She called for dialogue between manufacturers and public health authorities to address challenges before shortages occurred. Collaborative efforts should be made to reduce and harmonize times for post-approval changes and in-country testing for lot release, and reduce the number of specific national product and packaging requirements. All stakeholders must be involved in developing solutions to ensure a sustainable and flexible supply of good-quality medicines.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that a coordinated global approach was required to address the shortage of medicines and vaccines, and recognized the leadership of WHO on the issue. The Federation was working with the Government of South Africa to organize a side event on shortages

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

during the Seventieth World Health Assembly. That event would allow the sharing of best practices and consideration of next steps in the implementation of resolution WHA69.25 (2016).

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that, since the adoption of resolution WHA69.25 (2016), little progress had been made on addressing the global shortage of medicines and vaccines, including in assessing the magnitude of the issues, initiating a global notification system and detecting shortages and stock outs at country level. The resolution on the issue that would be considered at the Seventieth World Health Assembly must be broadened to address vaccines and a response strategy within the global shortage notification system, cover diagnostics and ensure greater focus on in-country supply-chain issues, as opposed to manufacture-related issues. Member States had a responsibility to fund vital work at WHO on global shortages.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that issues relating to barriers associated with intellectual property and high prices imposed by monopolies were not clearly addressed. Innovation and access to medicines should also be considered. Without sufficient public health safeguards, the benefits of the large sums invested in research and development by the public sector would be reaped by the private sector. Novel incentives, such as granting prizes to innovators, would enable generic production of medicines from the outset, and would de-link the price of medicines from the cost of research and development. WHO and Member States should endorse the final report of the United Nations Secretary General's High-Level Panel on Access to Medicines and work to implement its recommendations.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that people living with cardiovascular disease acutely felt the impact of global shortages. Member States should prioritize the procurement of cardiovascular disease medicines; shortages could be avoided by combining cost-effective, generic cardiovascular disease medicines into one single medicine, known as a fixed-dose combination or a polypill. WHO should work with all stakeholders to increase manufacturing capacity of generic formulations of essential medicines.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation) thanked the representatives for their comments. The report was the first progress report and focused, as requested, on the definitions of shortages. Work on other aspects of resolution WHA69.25(2016) would be reported on subsequently. The process of developing the definitions had illustrated the complexity of the topic, and further consultations would be held, taking into consideration activities by global partners in improving procurement and supply chains. WHO would be serving as the secretariat for the Interagency Supply Chain Group for the next two years, which would allow close collaboration with relevant stakeholders. Notification systems had been discussed extensively at the 2016 International Conference of Drug Regulatory Authorities, and the potential of linking national reporting systems to regional and global systems had been considered. The need to identify vulnerable products had been highlighted, as had the importance of identifying shortages, and she noted the importance of early warning systems. She acknowledged the challenges associated with different-sized markets and remote island States, the importance of addressing access to medicinal products, needs-driven research and development, and pricing policies. WHO would, in cooperation with the Netherlands, be holding a fair-pricing forum to discuss options for improving transparency of price-setting mechanisms and policies for managing them in such a way as to ensure sustainable health systems and a continued supply of affordable medicines and vaccines. She looked forward to input from all Member States on that critical issue and to further cooperation with all stakeholders to address shortages of medicines and vaccines.

The Board noted the report.

Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth: Item 8.1 of the agenda (document EB140/17) (resumed)

The representative of FRANCE read out the proposed amendments to the draft decision. Paragraph (1) would be incorporated into the preambular paragraph, using the formulation “having welcomed” and the subsequent paragraphs would be renumbered accordingly. In the renumbered paragraph (1), the words “and relevant regional and specialized entities” would be inserted after “OECD” and “in keeping with the objectives of the Global Strategy on Human Resources for Health: Workforce 2030” would be added after “in consultation with Member States”. Paragraph (2) would read “to request the Director-General to submit the five-year action plan for consideration by the Seventieth World Health Assembly”. The beginning of paragraph (3) should read: “to further request the Director-General to work with Member States to adopt measures focusing on the key recommendations...”. The footnote “And, where applicable, regional economic integration organizations” would be inserted added after “Member States” in paragraphs (1) and (3).

The decision, as amended, was adopted.¹

The meeting rose at 17:30.

¹ Decision EB140(3).

TENTH MEETING

Friday, 27 January 2017, at 09:05

Chairman: Dr R. BUSUTTIL (Malta)

1. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 7 of the agenda (continued)

Poliomyelitis: Item 7.3 of the agenda (document EB140/13)

STAFFING MATTERS: Item 15 of the agenda (continued)

Human resources: update: Item 15.3 of the agenda document EB140/46)

The CHAIRMAN recalled that the Board had agreed to consider item 7.3 of the agenda together with item 15.3. In that connection, he drew the Board's attention to the discussion by the Programme, Budget and Administration Committee of document EB140/46, which was summed up in paragraphs 62–76 of the Committee's report (document EB140/5).

He further drew attention to a draft decision on poliomyelitis proposed by Angola, Australia, Canada, Colombia, the Congo, the Czech Republic, Finland, Germany, Ireland, Japan, Mexico, Monaco, New Zealand, Norway, Pakistan, South Africa, Sweden, Switzerland, the United Kingdom of Great Britain and Northern Ireland and the United States of America, which read:

The Executive Board, having considered the reports on poliomyelitis¹ and human resources: update;²

(PP1) recalled resolution WHA68.3 (2015) on poliomyelitis and encouraged Member States to ensure its full implementation;

(PP2) recalled previous discussions on the human resources aspects of the Global Polio Eradication Initiative in the Executive Board and the World Health Assembly, in particular on the issue of potential indemnities resulting from the termination of staff contracts;

(PP3) underlined the need for continued emphasis on an effective endgame effort to eradicate polio and the importance of ensuring that the Global Polio Eradication Initiative is fit for purpose, with adequate levels of qualified staff;

(PP4) emphasized the urgent need for effective transition planning, in line with the three main aims outlined in paragraph 19 of document EB140/13;

(PP5) further emphasized the need to continue to provide the appropriate, situation-specific and focused interventions, in particular in human resources and budgetary requirements, to the regions and countries where transmission has not been interrupted;

¹ Document EB140/13.

² Document EB140/46.

(PP6) recognizing the major and systemic challenges facing WHO that will result from the current winding-down of the Global Polio Eradication Initiative;

(PP7) called for appropriate prioritization of opportunities for internal reassignment so as to reduce potential liabilities and indemnities, in particular to strengthen the WHO Health Emergencies Programme and the Expanded Programme on Immunization, with emphasis given to retaining the highest-performing staff;

(PP8) emphasized the need to accelerate opportunities to shift or reprofile the 43% of staff funded by the Global Polio Eradication Initiative who work in polio-free countries while ensuring that appropriate resources remain in place for surveillance;

(PP9) reiterated its expectation that recruitment of staff for the Global Polio Eradication Initiative be carried out without incurring any avoidable costs resulting from the foreseeable future termination of contracts, including by synchronizing contract end dates, and requested WHO to ensure that standard contracts that meet this requirement are available and are used,

(PP10) DECIDED to request the Director-General:

(1) to present to the Seventieth World Health Assembly a report which outlines the programmatic, financial, and human-resource-related risks resulting from the current winding-down and eventual discontinuation of the Global Polio Eradication Initiative, as well as an update on actions taken and planned to mitigate those risks while ensuring that essential polio-related functions are maintained, and to present a first draft of that report to a meeting of Member States before the end of April 2017;

(2) to continue reporting regularly to the Health Assembly, through the Executive Board, on the planning and implementation of the transition process.

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

Decision: Poliomyelitis	
A. Link to the General Programme of Work and the Programme budget	
1. Please indicate to which outcome in the Twelfth General Programme of Work, 2014–2019 and to which output in the Programme budget 2016–2017 this draft decision would contribute if adopted.	Twelfth General Programme of Work, 2014–2019, category 5, outcome: no cases of paralysis due to wild or type-2 vaccine-related poliovirus globally. Programme budget 2016–2017, output 5.5.4: polio legacy work plan finalized and under implementation globally.
2. Please provide a short justification for considering the draft decision, 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.	Not applicable.
3. Please indicate the estimated implementation time frame (in years or months) for any additional deliverables.	A 3–6 month independent study of programmatic, financial and human resource consequences of the end of the polio programme, including cessation of funding, is to be completed mid-2017. The contract is to be issued in February 2017. The results are to be fully reported in January 2018, at the 142nd session of the Executive Board; progress reports are to be given at the Seventieth World Health Assembly, in May 2017, and the Executive Board at its 141st session, following the Health Assembly.

B. Budgetary implications for implementation of additional deliverables
1. Current biennium – estimated, additional budgetary requirements, in US\$ millions: The proposed decision would be supported within the existing Programme budget.
(i) Please indicate the level of available resources to fund the implementation of the proposed decision in the current biennium, in US\$ millions: – How much are the resources available to fund the proposed decision in the current biennium? None identified at present. US\$0.6 million is needed for contracted independent study, including a consultant for 3–6 months to manage/oversee the study and travel to selected countries. – How much would the financing gap be? US\$ 0.6 million. – What are the estimated resources, not yet available, if any, which would help to close the financing gap? As the study will be interprogrammatic, it should be supported from a central source or a donation specified for this purpose.
2. 2018–2019 (if required): estimated budget requirements, in US\$ millions: The potential cost of further development and implementation of transition plans by the Secretariat and countries is to be determined.
3. Future bienniums beyond 2018–2019 (if required) – estimated budgetary requirements, in US\$ millions: Transition is due to be completed by 2020. Essential functions necessary to maintain a polio-free world will need to be sustained after certification of eradication. These include surveillance and laboratory function, ability to respond to any re-emergence and outbreak, continued routine immunization, and containment of poliovirus in laboratories and vaccine manufacturing plants. The costs of these essential functions will be estimated at the end of 2017.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, expressed support for the draft decision and said that, as cases of poliomyelitis due to wild poliovirus were still being detected, vigilance was essential if eradication of the disease was to be attained. In view of the limited stock of inactivated poliovirus vaccine available worldwide, it was imperative that African States should be given priority when it came to allocating supplies of the vaccine and should receive sustained support for the practical and efficient use of intradermal fractional-dose inactivated poliovirus vaccine. In order to support polio transition planning, an independent and objective evaluation should be carried out to determine the potential impact of the transition on other national health programmes. The results of that evaluation, accompanied by a clear communication and implementation plan, should be submitted to the Board. In order to secure funding for the transition, support should also be provided for the investment scenarios being developed by Member States. Any delay resulting from a lack of funding could undermine achievements to date and raise questions about the failure to fulfil objectives. The Secretariat should therefore take a flexible and realistic approach in reviewing the transition plans of vulnerable States, and immediately finalize the post-certification strategy that was under development, to help guide the development of such plans.

The representative of CHINA said that in his country, one dose of inactivated poliovirus vaccine had been included in the national immunization plan; the switch had been made from trivalent to bivalent oral polio vaccine; and the recovery, sequestration and destruction of poliovirus type 2 strains had been actively promoted. He expressed support for WHO's polio eradication efforts and the hope that the Organization would take into account the realities in developing countries, especially those facing a higher risk of importing the virus; put forward practical action plans; strengthen national and

interregional cooperation; mitigate the global spread of the wild poliovirus; and provide effective technical and financial support in key areas.

The representative of the UNITED STATES OF AMERICA expressed appreciation for the dedication of front line workers and asked what new data would be obtained from the independent study referred to in the financial implications resulting from the draft decision under discussion. Innovations under the Global Polio Eradication Initiative – such as the establishment of emergency operations centres, evidence-based communication strategies and more sensitive disease surveillance methods – would benefit broader public health programmes. However, there were still a number of hurdles to overcome: the insufficient supply of inactivated poliovirus vaccine; outbreaks declared ended before the criteria had been met; inconsistent routine immunization and immunization campaigns, especially in insecure areas; surveillance gaps; slow containment of the type 2 serotype component of trivalent oral polio vaccine; and the effects of complacency. In addition, the extra US\$ 1 billion that would be required for every year that polio eradication was delayed would place a strain on donor and country resources. Previous setbacks had largely occurred as a result of overestimated population immunity and underestimated surveillance gaps. Polio eradication assets and infrastructure should be incorporated into core public health systems. With regard to human resources, she asked for information on the Secretariat's plans to maximize opportunities for internal reassignment and to facilitate staff retention, including plans for the capacity building of staff.

The representative of THAILAND expressed serious concern about the availability of inactivated polio vaccine, despite the initial success of the trivalent to bivalent oral polio vaccine switch. WHO should expedite the process of certifying vaccines produced by manufacturers in developing countries, so as to ensure a sufficient global supply at an affordable price. Poliovirus containment under the WHO global action plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use (GAPIII) was also a cause for concern, especially with regard to potentially infectious materials, as some of those materials were invaluable clinical samples that posed a much lower risk than those retained by vaccine manufacturers. The Secretariat should review and propose more options to balance the risks against the benefits and, most importantly, propose options that were technically and financially feasible for countries with limited resources and few essential facilities.

Regarding the human resources funded by the Global Polio Eradication Initiative, the indemnity forecast was significant, given the Organization's funding crisis. She expressed support for the measures recommended by the ad hoc human resource planning working group for the proactive management of human resources. Staff members had to be reassigned to other programmes of work, in order to minimize indemnity exposure.

The representative of the RUSSIAN FEDERATION expressed support for the draft decision and said that the sensitive nature of epidemiological surveillance in some countries, particularly those facing a humanitarian crisis, cast doubt on polio eradication data. In the face of generally low immunization coverage rates, the circulation of various strains, including vaccine-derived viruses, was a serious possibility. In the absence of effective response measures, the overall epidemiological situation could worsen, undermining the eradication programme. Many countries faced shortages of inactivated poliovirus vaccine. The possibility of using fractional-dose schedules to solve that problem had yet to be properly studied and was inappropriate for many countries, including the Russian Federation. The switch from trivalent to bivalent oral polio vaccine was important for polio eradication, but, given that manufacturers were unable to meet demand for inactivated poliovirus vaccine, it must be acknowledged that the risks had been underestimated when the decision on the switch had been taken. It would be better to prevent vaccine shortages, which could have a serious impact on national immunization programmes, than issue warnings about them. She welcomed the Secretariat's efforts to prepare guidelines on the safe containment and handling of materials potentially infected with type 2 poliovirus. It was important to plan the training of Member State specialists in the certification of basic institutions working with poliovirus, so that those specialists

could perform their tasks systematically and successfully. With regard to transition planning, it was essential to examine the redistribution of assets under the Global Polio Eradication Initiative, particularly human resources, and information should be provided in that regard at the Seventieth World Health Assembly.

The representative of CANADA, speaking on behalf of the Member States of the Region of the Americas, commended the bravery of the community health workers and social mobilizers who worked to reach the most vulnerable children. Commending the successful completion of the switch from trivalent to bivalent oral polio vaccine, she said that deep concern persisted given the continued shortage of inactivated poliovirus vaccine and the associated delays in introducing the vaccine globally. The Global Polio Eradication Initiative should work with the GAVI Alliance and vaccine manufacturers to minimize the impact of that shortage and maximize the use of existing supplies. The global reduction in the overall number of containment facilities maintaining poliovirus materials was commendable; however, as the world moved towards stiffer containment requirements for such facilities, it was important to balance the need for robust containment measures with the impact on vaccine production and supply. As the goal of eradication drew near, planning for the transition of polio assets, resources and infrastructure should be conducted in a timely manner.

Notwithstanding the contribution of the newly established Transition Independent Monitoring Board, the implications of the eventual discontinuation of funding under the Global Polio Eradication Initiative for WHO field capacity, including for immunization support, surveillance and emergency response, were a source of concern. WHO should engage with United Nations partner agencies and other stakeholders to address the post-eradication funding challenges that it would face, in particular the reliance on polio funding in countries that had maintained their polio-free status for several consecutive years. Such resources had to be reallocated to other health priorities. The Secretariat should continue reporting regularly to the Health Assembly, through the Executive Board, on transition planning and implementation.

The establishment of the ad hoc human resource planning working group was a welcome step towards minimizing indemnities and ensuring a more integrated approach to human resources across the Organization. Contracts and appointments should be decided with due diligence to ensure that they were synchronized with the projected end of the programme. Opportunities to transition polio resources away from countries that had been polio-free for some time should be accelerated in a way that maintained local capacity for immunization support, surveillance and emergency response. At the same time, the Global Polio Eradication Initiative must remain fit for purpose, and have the human resources it required to implement the Polio Eradication and Endgame Strategic Plan 2013–2018 and the post-certification strategy currently being developed.

In her capacity as the representative of Canada, she said that the draft decision underscored the serious financial, human resource and programmatic risks facing WHO as the Global Polio Eradication Initiative was wound down, and the importance of timely action by the Secretariat to counter those risks. The report and update requested in the draft decision were considered to be part of the Secretariat's ongoing work on transition planning and human resource management, and should be performed using existing resources; the aim had not been to add to the budgetary pressure on the Organization.

The representative of BAHRAIN stressed the importance of pursuing efforts to combat poliomyelitis, tackling the global shortage of inactivated poliovirus vaccine by continuing to cooperate with manufacturers, and engaging with Member States to study the possibility of using fractional-dose vaccines. She emphasized the need to maintain support for countries that remained affected by poliovirus, draw up response and preparedness plans for all contingencies, and establish oversight regulations on virus containment. She thanked partners and the WHO Regional Office for the Eastern Mediterranean for their support in national efforts towards improving immunization coverage and preparedness.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND commended efforts towards global polio eradication, which should continue until eradication was achieved. Despite the successful global switch from trivalent to bivalent oral polio vaccine in April 2016, success would ultimately depend on reaching all missed children, including those in hard-to-reach and conflict-affected areas. He called on all governments at the highest level to ensure that their countries contributed to the global eradication of polio in 2017. His Government, for its part, was providing £300 million for the period 2013–2019.

The representative of MEXICO said that effective surveillance and reporting mechanisms were fundamental to polio eradication. As long as the poliovirus continued to circulate, with the risk of importation, it was essential for Member States to maintain oral poliovirus vaccination in systematic immunization programmes, and ensure the surveillance and monitoring of cases of acute flaccid paralysis. Once eradication had been certified, it would be important to plan the sustainable replacement of the Sabin polio vaccines by inactivated poliovirus vaccine and WHO should provide the support needed to obtain unbroken continuous supply of poliovirus vaccines. Expressing support for the draft decision, he said that his country would continue to contribute to the Global Polio Eradication Initiative.

The representative of PAKISTAN said that progress had been made in stemming uncontrolled transmission and tackling the underlying challenges to virus interruption and eradication in his country, including improved vaccination coverage and attitudes to vaccination. Key areas of the national emergency action plan included surveillance, immunization campaigns, risk assessment, and at-risk populations. Pakistan was close to interrupting indigenous transmission and his Government would remain committed to addressing residual risks until the virus was eradicated. The switch from trivalent to bivalent polio vaccine had been implemented successfully in his country, and was being monitored. The Government of Pakistan had made a significant financial and in-kind contribution to the polio campaign, and he urged others to continue to support efforts to ensure access to inactivated poliovirus vaccine in Pakistan and other tier 1 countries.

The representative of the NETHERLANDS expressed concern about indemnity costs and the effect of transition on other surveillance, preparedness and response programmes, as referred to in the human resources update. He asked the Secretariat to clarify the human and financial impact of discontinuing the Global Polio Eradication Initiative, and how that impact could be mitigated. He also asked for further information about the scope of the essential polio-related functions to be maintained. He supported the draft decision and timely action.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO said that, although the situation was currently stable, the risk factors had not been eliminated. Reinforced surveillance, routine immunization, and the introduction of new vaccines would be needed to safeguard what had been achieved to date. Action to that end would require resource mobilization, and finance ministers should be made aware of those needs. Each country should allocate budget lines to the purchase of vaccines and counterpart funding, for the introduction of new vaccines. In his country, the GAVI Alliance had absorbed staff from the Global Polio Eradication Initiative, who would work to maintain surveillance activities.

The representative of KUWAIT commended the work of health professionals and the progress made towards polio eradication; however, efforts should continue until that goal was reached, particularly in areas where the virus was still circulating. All stakeholders should take part in health surveillance and vigilance, and the International Health Regulations (2005) must be fully implemented. Member States should support one another in improving health sector training, and funds should be earmarked for that work. She encouraged WHO to use health professionals in other areas once polio eradication had been achieved.

The representative of BHUTAN, speaking on behalf of the Member States of the South-East Asia Region, said that although his Region had been certified polio-free in 2014, the importation of wild poliovirus from other countries was still a concern. All of the region's countries had switched from trivalent to bivalent oral polio vaccine and had successfully introduced inactivated polio vaccine, although there was concern over its reduced supply. Regional efforts to contain wild poliovirus type 2 were progressing in line with GAPIII. Some Member States in the Region faced challenges in implementing a practical transition plan. He expressed concern that developing countries would face a reduction in human and financial resources following eradication, which could hinder ongoing surveillance and endanger progress achieved thus far.

The representative of SWEDEN welcomed the establishment of the WHO-wide Post-Polio Transition Planning Steering Committee and supported the consequence analysis to be undertaken within the country offices that had staff funded by the Global Polio Eradication Initiative. He looked forward to receiving the report requested under the draft decision.

The representative of JORDAN said that national vaccination campaigns aimed to reach all sectors of the population, including those in refugee camps, despite the challenges faced by increasing numbers of refugees arriving from Syria. The purchase of lower-cost vaccines had been made possible with the support of the GAVI Alliance.

The representative of COLOMBIA said that progress had been made in the Region of the Americas as a result of its poliomyelitis immunization strategy, which had strengthened overall immunization programmes. However, challenges remained in implementing resolutions WHA68.3 (2015) on poliomyelitis and WHA68.6 (2015) on the global vaccine action plan. Progress had also been made in the switch from trivalent to bivalent oral polio vaccine; however, the short supply of the latter, and of inactivated polio vaccine, was a cause for concern.

The representative of NEPAL noted that several steps had been taken in her country to improve vaccination, including against poliomyelitis, and to switch successfully to bivalent oral polio vaccine.

The representative of LIBYA commended global and regional efforts towards polio eradication, but said that it was difficult for national vaccination programmes to reach all citizens in his country, particularly children and refugees. He thanked WHO and other partners for support in improving vaccination coverage and surveillance.

The representative of MONACO¹ agreed with the comments made by members of the Board on the need to ensure the interruption of transmission, the maintenance of a surveillance framework and the monitoring of child immunization, particularly in Nigeria. She expressed concern about outbreaks of circulating vaccine-derived poliovirus and the shortage of injectable vaccines. Regarding the financial and administrative implications of the draft decision, she reiterated that the measures requested should be carried out using existing resources within the Organization.

The representative of INDIA¹ supported the full implementation of resolution WHA68.3 (2015) and the Polio Eradication and Endgame Strategic Plan 2013–2018. Having introduced inactivated polio vaccine into the national routine immunization programme and having switched from trivalent to bivalent oral polio vaccine, there was an acute shortage of inactivated polio vaccine in India. Fractional-dose schedules had been adopted to ensure sufficient quantities for ongoing vaccination. WHO had to determine how to ensure affordable and continued access to that vaccine. He supported the draft decision, in order to prevent a resurgence of the disease.

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

The representative of NIGERIA¹ drew attention to his Government's aggressive outbreak response following the confirmation in 2016 of three new cases of paralytic poliomyelitis due to wild poliovirus type 1 in Borno State, north-eastern Nigeria. The Government had carried out additional rounds of immunization activities, including in hard-to-reach areas, and had agreed to increase funding, strengthen routine immunization and surveillance, and rebuild health infrastructure, particularly in areas affected by insurgency. He supported the draft decision and called for targeted financial and in-kind contributions in countries and regions experiencing ongoing transmission.

The representative of GERMANY¹ said the Global Polio Eradication Initiative had to remain sufficiently funded until the goal of eradication was reached. That said, transition planning should be accelerated in order to mitigate the structural and financial risks faced by the Organization, which included ensuring that human resources financed from polio-specific funds were aligned with countries' needs. Given that over 50% of polio-related resources were used for health activities not related to polio, countries in the African Region, the Region of the Americas and the South-East Asia Region would be adversely affected when that funding was discontinued. He urged WHO to assign resources from polio-funded programmes to national health system strengthening, making use of synergies with other programmes. He asked how much polio funding was foreseen in the draft proposed programme budget 2018–2019 for polio-free countries.

The representative of KENYA¹ drew attention to polio immunization campaigns, laboratory polio containment activities and the destruction of all stored circulating vaccine-derived polioviruses type 2 and wild polioviruses in her country. Supporting the draft decision, she said that continued support was needed for polio eradication activities and surveillance strengthening in countries that had yet to eradicate polio.

The representative of PANAMA¹ said that her Government's commitment to polio eradication was reflected in the introduction of inactivated polio vaccine and the switch from trivalent to bivalent oral poliovirus. Adequate preparedness and response plans, sustainable immunization campaigns and strengthened surveillance would mitigate the risk of outbreaks of vaccine-derived poliomyelitis type 2 and the importation of wild poliovirus from endemic countries. She supported the draft decision and efforts to tackle human resources concerns in an integrated manner.

The representative of DENMARK¹ said that she welcomed the establishment of the Post-Polio Transition Steering Committee, and looked forward to the consequence analysis, requested by that Committee, that would be considered at the Seventieth World Health Assembly. Member State collaboration was essential for the full implementation of GAPIII. As one of few polio vaccine manufacturing countries, Denmark called on WHO to ensure that the requirements placed on national authorities by the comprehensive GAPIII Containment Certification Scheme were not unnecessarily burdensome. In that regard, she welcomed the planned training for auditors to be held in Copenhagen in early 2017.

The representative of AUSTRALIA¹ said that the implementation of the Polio Eradication and Endgame Strategic Plan 2013–2018 must continue, as the risk of resurgence from cases of circulating vaccine-derived poliovirus persisted. Strong immunization systems, sustained immunization coverage and adequate surveillance systems to support early detection and transparent reporting were needed to ensure that countries and regions remained polio-free. The continued reliance on polio funding for human resources in countries where polio had been eliminated posed serious financial, organizational and programmatic risks to WHO, especially given the expected reduction in polio funding in the coming years. She urged the Secretariat to cooperate closely with Member States on transition

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

planning to ensure that essential disease prevention programmes were maintained as polio resources declined. Recommending that, where possible, polio-related human resources, assets and infrastructure should be redeployed for the benefit of broader public health activities, she called on the Secretariat to act to limit the significant liabilities arising from staff separations. Supporting the draft decision, she requested the Secretariat to report on progress in implementing polio transition activities.

The representative of BANGLADESH¹ said that immunization campaigns and extensive surveillance activities were being maintained to mitigate the risk of the resurgence or importation of poliomyelitis. Inactivated polio vaccine had been introduced nationwide in 2015 and WHO's efforts to ensure supply and affordability were commendable. The Organization provided crucial technical support to vaccine manufacturers and regulatory authorities in developing countries. The immunization workforce in Bangladesh stood ready to support global polio eradication efforts.

The representative of JAPAN¹ commended the rapid response to the polio outbreak in Nigeria in August 2016 and Member States' efforts to implement an effective switch from trivalent to bivalent oral polio vaccine. As the Global Polio Eradication Initiative was gradually scaled down, polio-related assets needed to be transferred for the benefit of broader health objectives. Given some countries' inability to sustain high levels of immunity, Member States may need to verify the status of population immunity under the new protocols for detecting vaccine-derived poliovirus. With the global transition to inactivated polio vaccine, capacity and availability were of increasing concern. Sabin-inactivated polio vaccine had been introduced into the immunization schedule in Japan as an option for dealing with supply shortages. Japan worked to increase the capacity of poliovirus-essential facilities, but could not guarantee virus containment without leveraging other facilities as well. He invited the Secretariat to share relevant good practices with Member States.

The representative of INDONESIA¹ said that the Polio Eradication and Endgame Strategic Plan 2013–2018 should be fully implemented in all countries. She shared information about measures taken in her country with respect to surveillance and response, the switch from trivalent to bivalent oral polio vaccine and the planned introduction of inactivated polio vaccine. The shortage of the latter hindered progress towards eradication and WHO should urge manufacturers to improve their production capacities by facilitating advanced technology transfer. Like other Member States, Indonesia was seeking to meet the poliovirus containment requirements described in GAPIII. In order to ensure that the lessons learned from successes in polio eradication were used for the benefit of other health programmes, transition planning needed to be institutionalized in all Member States.

The representative of NORWAY¹ said that Norway wished to associate itself with the statement made by the representative of Canada on behalf of the Region of the Americas. He welcomed transition planning for assets under the Global Polio Eradication Initiative, including the many staff members who provided a major contribution to WHO's work in respect of health systems, emergency response and vaccination other than polio. The cessation of funding at the end of the Initiative posed a systemic risk to WHO's delivery in the field. That vulnerability should be discussed by the governing bodies, and solutions sought, and the Secretariat should prepare a report to facilitate those discussions. He recalled his comments regarding indemnity costs made during the Programme, Budget and Administration Committee meeting in January 2017.

The representative of SWITZERLAND¹ expressed concern that the Global Polio Eradication Initiative was financing health personnel in countries where there had been no cases of polio for 10 years. She asked the Secretariat to provide a detailed explanation of that statistic, and information on the risks associated with WHO staff positions losing their funding at the end of the Initiative in

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2019. WHO's value rested in its capacity to develop, manage and transfer knowledge; the knowledge acquired in the global fight for polio eradication must not be lost. The Secretariat should step up its efforts to integrate skilled staff members into other WHO programmes or transfer them to other institutions that were working to strengthen national health systems. Solutions must be holistic and the Secretariat should report back regularly to the governing bodies on progress in transition planning and implementation.

The representative of PERU¹ said that due consideration must be given to the recommendations made by the Strategic Advisory Group of Experts on Immunization regarding the fractional-dose administration of inactivated polio vaccine to address supply shortages. Relevant studies had confirmed the effectiveness of fractional-dose schedules. He supported the draft decision.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA¹ said that inactivated polio vaccine had been introduced into the routine immunization schedule in his country and the switch from trivalent to bivalent oral polio vaccine had been completed successfully. A national polio outbreak preparedness and response plan had been developed with the support of PAHO.

The representative of ANGOLA¹ said that surveillance, response to outbreaks, and access to vaccines were crucial. All stages of transition planning should be fully implemented, with a view to improving national capacity and with due regard to available human and financial resources.

The representative of ARGENTINA¹ said that polio eradication could be effective only if measures were applied comprehensively. In Argentina, a national polio eradication programme and a laboratory containment programme of wild polioviruses were in place. The transition to inactivated polio vaccine and the switch from trivalent to bivalent oral polio vaccine had taken place in 2016. In order to prevent new outbreaks, polio eradication strategies in affected areas and temporary recommendations issued under the International Health Regulations (2005) should be fully implemented, surveillance should be strengthened, and national polio outbreak preparedness and response plans should be developed.

The representative of UNICEF recalled UNICEF's long-standing commitment to the Global Polio Eradication Initiative. Emphasis must be on eradicating polio, while planning for a smooth transition so that neither the gains of polio eradication nor the broader immunization agenda were jeopardized. UNICEF was pleased to participate in the Polio Legacy Management Group and in developing post-certification transition strategies. It would also conduct a polio-related human resource mapping exercise within UNICEF to help mitigate the risk of a negative impact on its broader immunization activities as polio-related funding was gradually reduced.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES highlighted the important role of community volunteers in polio eradication. The recent detection of wild poliovirus in north-eastern Nigeria had shown that more needed to be done to reach high-risk communities and address the risk of poliovirus importation into neighbouring countries. Sustained investment was required in Afghanistan, Pakistan and the Lake Chad Basin to address the ongoing challenges to eradication. Elsewhere, the planned reduction in polio funding should trigger a review of overall government financing strategies for immunization, as polio funding played a key role in countries' broader immunization platforms.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIRMAN, said that the loss of polio infrastructure and funding would pose a significant risk to

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broader public health goals in many countries. While focusing on achieving polio eradication, transition planning must be made a priority, and should include the development of costed transition plans. The realignment of public health efforts, which was complex, required sustainable funding.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the resurgence of polio in Nigeria was a reminder that constant vigilance was required to achieve global eradication. In that regard, he acknowledged the dedication of frontline workers in reaching every child. In order to protect gains, sustain immunity levels and monitor virus transmission, financial commitment from stakeholders would be critical. The polio eradication infrastructure, resources and expertise had made valuable contributions to other health priorities and needed to be transferred effectively.

The DIRECTOR (Polio Eradication) said that, despite the very small number of cases in 2016, the switch from trivalent to bivalent oral polio vaccine and the improved responses to polio outbreaks, the progress made towards eradicating poliomyelitis remained fragile. There could be no rest until eradication was complete, and the 2016 outbreak in Nigeria was a reminder not to be complacent. The global shortage of inactivated poliovirus vaccine affected all countries – both industrialized and those where the virus was still endemic. WHO was working with its partners to prioritize access to that vaccine for countries at the highest risk of outbreaks of circulating vaccine-derived poliovirus type 2. However, the best tool for interrupting outbreaks was monovalent oral polio vaccine type 2, and the Director-General had authorized use of the latter in five cases in Nigeria and Pakistan.

WHO, together with PAHO and UNICEF, was working with existing and emerging manufacturers of inactivated poliovirus vaccine to improve the global supply of that vaccine, as future suppliers – including those using Sabin strains – would not be able to provide sufficient additional quantities before 2020. Until then, the existing supply must be managed responsibly, with monovalent oral vaccines used to respond to cases of type 2 poliovirus. Member States should prepare to introduce a vaccination schedule based on fractional-dose inactivated poliovirus vaccine, as recommended by the Strategic Advisory Group of Experts on Immunization. WHO had developed the GAPIII Containment Certification Scheme, and was working on related technical guidance to improve containment plans, recognizing the need for a balance between safety and feasibility.

While many concerns had been expressed regarding transition planning, the first priority remained the eradication of poliovirus. To do so, strong capacities and staffing were needed as stated in the Polio Eradication and Endgame Strategic Plan 2013–2018 and by the Transition Independent Monitoring Board. It was important not to limit the Global Polio Eradication Initiative prematurely, and that should be kept in mind during transition planning. Of the 16 countries supported by the Global Polio Eradication Initiative, 14 were preparing national transition priority plans that would be ready in mid-2017.

Transition planning would include a consequence analysis for areas including emergency response, surveillance and routine immunization, particularly in countries that relied on the Initiative for other capacities. That could include transferring polio-related capacities to the WHO Health Emergencies Programme, which did not yet have sufficient capacity at the country level. The Secretariat would provide more details to the Seventieth World Health Assembly, in May 2017 on the possibility of reassigning staff with transferrable skills. Surveillance had to remain a priority during the transition phase, to avoid the risk of poliovirus passing undetected in hard-to-reach areas. The African Region and the South-East Asia Region already had plans in place to ensure that essential functions were maintained post-eradication.

The Secretariat was committed to reporting to Member States every six months. The WHO-wide Post-Polio Transition Planning Steering Committee would examine human-resources and other implications of the eventual closure of the Global Polio Eradication Initiative, and would provide the governing bodies with a strategic road map and a report on progress made, including with regard to staff indemnity.

The DIRECTOR-GENERAL reiterated her commitment to regular reporting as requested in the draft decision. As the experience of eradicating smallpox had proven, the last mile would be the most difficult and costly, but eradication of poliomyelitis would be a gift to future generations. It was time to redouble efforts.

The CHAIRMAN took it that the Executive Board agreed to take note of the reports contained in documents EB140/13 and EB140/46.

The Board noted the reports.

The CHAIRMAN further took it that the Executive Board agreed to adopt the draft decision on poliomyelitis.

The Board adopted the decision.¹

2. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 7 of the agenda (continued)

Review of the Pandemic Influenza Preparedness Framework: Item 7.5 of the agenda (documents EB140/16 and EB140/16 Add.1)

Implementation of the International Health Regulations (2005): Item 7.4 of the agenda (continued)

- **Public health implications of the implementation of the Nagoya Protocol** (document EB140/15)

The CHAIRMAN recalled that the Board had agreed to consider item 7.5 together with the second part of item 7.4. He drew attention to the report contained in document EB140/16, which the Board was invited to consider, and the draft decision on extending the application of decision EB131(2) (2012), contained in Annex 2 thereto. The financial and administrative implications of that draft decision were contained in document EB140/16 Add.1. He further drew attention to the report contained in document EB140/15. The Board was invited to note the report and give guidance.

The MEMBER OF THE PANDEMIC INFLUENZA PREPAREDNESS (PIP) FRAMEWORK REVIEW GROUP said that the PIP Framework was a bold and innovative tool that had been well implemented, and its founding principle of increasing health equity through the sharing of viruses and other pathogens was as relevant as ever. He drew attention to the recommendations made in the report of the Review Group, referring in particular to the need to react to technological change, such as the ability to use genetic sequence data as a substitute for actual viruses. In view of the possible 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, the Framework needed to be recognized as a specialized international instrument under the Nagoya Protocol. Other recommendations covered the possible inclusion of seasonal influenza in the Framework, efforts to build on the success of Standard Material Transfer Agreements 2, means of improving the predictability of yearly partnership contributions, the identification of aspects of the global action plan on influenza vaccines that could support the Framework's implementation, the alignment of activity under the Framework with capacity-building efforts under the International Health Regulations (2005)

¹ Decision EB140(4).

and efforts to broaden WHO's engagement with stakeholders – including laboratories – on the Framework.

Although change could be challenging, it was vital in order to ensure that the Framework remained a nimble and relevant legal instrument that evolved in response to changes in technology. The ongoing need for better surveillance, diagnostics and national capacities in case of an influenza pandemic meant that investment in the Framework was as critical as ever.

The representative of MALTA, speaking on behalf of the Member States of the European Union, proposed two amendments to the draft decision contained in document EB140/16. In the final sentence of the preambular paragraph, before the word “decided” the words “having further considered documents EB140/15 and EB140/16” should be added. She also proposed the insertion of new paragraph 2*bis*, which should read: “to request the Director-General to continue consultations with the secretariat of the Convention on Biological Diversity and other relevant international organizations, as appropriate, on access to pathogens, and fair and equitable sharing of benefits, in the interests of public health, and to report thereon to the Seventieth World Health Assembly.”

The representative of BAHRAIN praised efforts to coordinate the exchange and monitoring of viruses and the formulation and manufacturing of vaccines, which had led to progress on pandemic influenza preparedness. She expressed support for the draft decision on extending the application of decision EB131(2) (2012). The Government of Bahrain had made considerable efforts to prepare for a possible pandemic and improve its laboratory and surveillance capacities.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region, commended the WHO Regional Office for Africa for providing support to strengthen laboratories in that Region. She noted the recommendations of the Review Group and urged WHO to strengthen national capacities in the five core areas of the PIP Framework. The timely sharing of viruses, contributions to the benefit-sharing programme and provision of resources to strengthen national regulatory authorities should be encouraged. She welcomed the recommendation on the integration of the Framework in capacity-building under the International Health Regulations (2005) and in regional efforts to build capacity on emergency preparedness and response. She enquired about the implications of the Framework becoming a legal instrument independent of the Nagoya Protocol.

The representative of NEW ZEALAND, expressing support for a number of the recommendations by the Review Group, said that the Nagoya Protocol had implications for public health responses and could result in delayed medical countermeasures, since it could complicate the process of sharing influenza viruses between global influenza surveillance and response system laboratories. To address the issue, the Framework should be considered a specialized international access and benefit-sharing instrument under the Nagoya Protocol. As such, and in line with recommendation 36 of the report, WHO should engage with the secretariat of the Convention on Biological Diversity on the matter and report on progress to the Seventieth World Health Assembly.

Turning to the draft decision contained in Annex 2 of document EB140/16, she proposed that the final clause of the preambular paragraph, in addition to the proposal by Member States of the European Union, should be amended to read: “having further considered documents EB140/15 and EB140/16 and the recommendations, in particular recommendation 36 of the 2016 Pandemic Influenza Preparedness (PIP) Framework Review Group contained in EB140/16, decided the following”. Moreover, in paragraph 1, the date of extension should be changed to 28 February 2018, to enable the application of decision EB131(2) (2012) to be discussed at the 142nd session of the Executive Board, in January 2018.

The representative of CANADA, welcoming the proposed inclusion of genetic sequence data in the PIP framework and the suggestion that the Framework should be considered a specialized international instrument under the Nagoya Protocol, said that, although the Framework could be used as a model for other pathogens, its scope should continue to be focused on pandemic influenza. She

expressed support for ongoing collaboration between the Secretariat of WHO and the secretariat of the Convention on Biological Diversity to consider the results of the report and other potential implications of the Protocol for public health. Further analysis was needed of a number of questions raised by the report, including the impact of the Protocol on the sharing of pathogens for public health research and development and whether it had delayed access to and the sharing of samples for seasonal influenza, Ebola virus and Zika virus.

The representative of MEXICO, underscoring the importance of the Framework for strengthening preparation, surveillance and response activities, said that it was important to maintain collaboration and technical support between laboratories and vaccine manufacturers in order to enable the timely and sufficient production of vaccines and antiviral medications in response to a potential pandemic. With regard to concerns about the scope and application of the Nagoya Protocol, he said that WHO should endeavour to ensure that the exchange of genetic material could continue without impeding established channels of cooperation. Distribution of information on the proper use of biological resources was also key for the harmonization of the Protocol and existing pathogen exchange systems. As President of the Thirteenth meeting of the Conference of the Parties to the Convention on Biological Diversity, Mexico supported the incorporation of biodiversity in all policies; as such, he encouraged WHO to continue discussions on the issue and coordinate with the secretariat of that Convention to identify challenges in that regard.

With respect to the draft decision, he proposed that in new paragraph 2*bis*, the phrase “in the context of the existing international commitments” should be inserted after “and other relevant international organizations, as appropriate”.

The representative of THAILAND, expressing support for the draft decision, said that although the Standard Material Transfer Agreements 2 signed to date had enabled access to 350 million doses of vaccine during an influenza pandemic, that amount was far below global demand in the event of a worldwide pandemic. She strongly supported the expansion of the benefit-sharing system to include genetic sequence data and seasonal influenza viruses. Moreover, the Framework could provide support to strengthening pandemic vaccine production capacities as part of its inter-pandemic preparedness measures. The Framework should be recognized as a specialized international instrument under the Nagoya Protocol.

The representative of the RUSSIAN FEDERATION echoed the findings of the Review Group on the need for closer cooperation on pandemic influenza preparedness, links with other programmes and legal instruments, and improved communication with all interested parties on the aims of the PIP Framework and progress made. The issues of handling genetic sequence data and increasing virus sharing were complex but must be discussed, particularly with regard to the Nagoya Protocol. The PIP Framework could not function without the full coordination of all elements of the Global Influenza Programme, particularly the WHO collaborating centres. The possibility of including seasonal influenza viruses under the Framework must be approached with great caution, as should applying the Framework to other pathogens. The Russian Federation would participate in any preparatory work on those issues, including by joining a dedicated working group if one was to be set up. He expressed support for extending the application of decision EB131(2) to 31 December 2017, as suggested in the draft decision.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, welcoming the possibility of further discussion of the topic at the Seventieth World Health Assembly, said that it was important to improve coordination between the PIP Framework, the International Health Regulations (2005) and the Global Health Security Agenda and to ensure that preparedness benefit was realized from the proportional division of the partnership contribution funds. Moreover, care should be taken to ensure that the important work on seasonal influenza by the Global Influenza Programme was not inappropriately subordinated to emergency response work.

The representative of the UNITED STATES OF AMERICA, expressing support for the draft decision, called for an external review of the expenditure of partnership contribution funds and a more transparent decision-making process for the use of those funds. The inclusion of seasonal influenza material in the PIP Framework would have operational implications and should be considered carefully. Moreover, documents should be drafted to provide greater clarity on virus sharing, particularly for novel viruses. His country did not support the incorporation of genetic sequencing data in the Framework. Assessments of how such data would be handled should be completed before a final decision was made. He encouraged WHO to hold consultations with, among others, experts in public health law, WHO collaborating centres for influenza and the private sector to further discuss protecting access to pathogens and promoting benefit sharing. The Nagoya Protocol was not applicable to influenza viruses with pandemic potential; he therefore encouraged the Secretariat to continue to provide support to Member States with a view to developing domestic legislation that facilitated rapid access to pathogens that threatened human health while ensuring the equitable sharing of benefits.

The representative of CHINA, drawing attention to his country's actions with regard to the implementation of the PIP Framework, expressed support for the draft decision. WHO should continue efforts to strengthen the overall capacity of the global influenza surveillance and response system and promote the implementation of the PIP Framework. The Nagoya Protocol played an important role in responding to epidemics and promoting the fair and equitable sharing of benefits and he encouraged all Member States to strengthen implementation of the Protocol through the harmonization of its provisions in domestic legislation. WHO should develop more detailed rules and standards in that regard.

The representative of PAKISTAN, highlighting the steps taken in her country with regard to the Nagoya Protocol, said that the Protocol would ensure more predictable access to genetic resources and the more equal sharing of benefits when genetic resources left the country of origin. International and regional cooperation on biodiversity conservation should be strengthened, including through targeted financial support for capacity-building and development initiatives through the Global Environment Facility.

The representative of FINLAND¹ said that the PIP Framework should be considered a specialized international instrument under the Nagoya Protocol; he urged the Secretariat to continue in-depth discussions with the secretariat of the Convention on Biological Diversity and other relevant stakeholders on the subject and to report back to the Seventieth World Health Assembly and the 141st session of the Executive Board. There should be careful consideration of the need for amendments to the PIP Framework and their potential impact on access to influenza viruses and genetic sequence data; preliminary information in that regard was needed prior to the Seventieth World Health Assembly. He expressed support for the draft decision, as amended.

The representative of NORWAY¹ expressed support for the Review Group's recommendation not to expand the scope of the Framework to include other pathogens. In order to facilitate further discussions on that issue and on the increasing use of genetic sequence data in the context of the Framework, WHO should prepare a comprehensive report on the potential implications of the use of digital sequence information on genetic resources and access and the sharing of benefits for those resources. The report should take into account decision XIII/16 of the Conference of the Parties to the Convention on Biological Diversity and decision 2/14 of the Meeting of the Conference of the Parties to the Convention on Biological Diversity Serving as the Meeting of the Parties to the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of the Benefits Arising

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

from Their Utilization. WHO should also engage with the secretariat of the Convention on Biological Diversity through the exchange of information on issues relevant to the PIP Framework. He expressed support for the draft decision, as amended.

The representative of MONACO,¹ expressing support for the amendments to the draft decision proposed by the representative of Malta, said that it was vital to remove doubts about the application of the Nagoya Protocol for all pathogens; further collaboration with the Convention on Biological Diversity was needed in that regard. Moreover, the PIP Framework should be recognized as a specialized international instrument under article 4.4 of the Nagoya Protocol.

The representative of BELGIUM¹ said that, in order to ensure that public health remained a priority, WHO should be actively involved in the relevant processes and deliberations under the Convention on Biological Diversity. It was the role of WHO to guarantee access at the global level to emerging pathogens to enable the prompt development of medical responses and ensure the fair and equitable sharing of benefits in collaboration with all relevant partners.

The representative of PANAMA,¹ reiterating her country's position on the draft global implementation plan for the International Health Regulations (2005), said that coordination and cooperation with all relevant stakeholders were indispensable for the implementation of the Nagoya Protocol.

The representative of GERMANY¹ said that the PIP Framework, while generally well implemented, might benefit from enhanced monitoring of key areas. Animal influenza viruses, as potential influenza viruses with human pandemic potential, should be included in its scope. Expanding the Framework to include seasonal influenza viruses, however, would have consequences that required thorough consideration to avoid undermining the global influenza surveillance and response system and the public health response to seasonal influenza viruses. As such, the Framework should remain focused on pandemic influenza for the time being.

Any decision on amending the definition of pandemic influenza preparedness biological materials to include genetic sequence data should take place through an analytical and consultative process that assessed the potential consequences of such a decision. Further clarification was needed of realistic approaches to monitoring the use of such data and on models for sharing the benefits thereof. He welcomed the Review Group's recommendations that activities of the global influenza surveillance and response system and the PIP Framework should remain closely aligned with and integrated in the Global Influenza Programme and that capacity-building activities under the PIP Framework should be further aligned with implementation activities for the International Health Regulations (2005).

The representative of BRAZIL,¹ highlighting the complexity of the issue, said that consideration of the possibility of establishing the PIP Framework as a specialized international instrument under the Nagoya Protocol should be led by the States parties to the Convention on Biological Diversity, in line with their December 2016 decision to study what would constitute such a specialized international instrument. The PIP Framework should evolve to include genetic sequence data, with a workable system for tracking access and use, so as to ensure that virus genetic sequence data could be shared rapidly and equitably.

Given that viruses could be synthesized from genetic sequence data, it would not be viable for the PIP Framework to be based on biological materials alone in the long term. The implications of the existence of large databases and biobanks outside the global influenza surveillance and response system should be studied. Extending the PIP Framework to cover seasonal influenza viruses and other

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

pathogens would enhance its complexity but should be considered further in view of the potential benefits. He expressed support for holding consultations on the public health, operational and legal aspects of the issue before the Seventieth World Health Assembly.

The representative of AUSTRALIA¹ welcomed the findings and recommendations of the Review Group and drew attention to the need for further work on the reasons for the decline in virus sharing and on enabling the PIP Framework to keep pace with advances in technology, including with respect to genetic sequence data. Although the Framework should continue to focus on pandemic influenza, the implications of including seasonal influenza viruses in its scope should be studied carefully, with particular consideration being given to the potential impact on the work of the global influenza surveillance and response system.

He welcomed the Secretariat's analysis as an important first step towards understanding the public health implications of implementing the Nagoya Protocol, but expressed concern that uncertainty over the legal obligations implementation entailed could delay virus sharing and lead to suboptimal viruses being used in the production of vaccines or to delays in manufacturing. He expressed support for the PIP Framework being listed as a specialized international instrument under the Nagoya Protocol. He also expressed support for the draft decision contained in Annex 2 to document EB140/16, as amended.

The representative of JAPAN¹ said that swift virus sharing during a pandemic was indispensable to vaccine development and manufacture. The implementation of the PIP Framework should not be impeded by the Nagoya Protocol, and the Organization should play a leading role in international coordination in that regard. Work on pandemic influenza preparedness and response should continue to occupy a prominent place within the WHO Health Emergencies Programme. The Global Influenza Programme must not be adversely affected by the reforms proposed by the Independent Oversight and Advisory Committee.

The representative of INDONESIA¹ said that it was essential to ensure that Member States' capacity to detect potentially pandemic influenza as early as possible was strengthened in line with the PIP Framework, including through benefit sharing. It was critical for the Framework to adapt to technological developments. The PIP Advisory Group should consider seeking information from WHO collaborating centres on how genetic sequence data were handled in reality, which could then inform its recommendations on the optimal handling of such data under the PIP Framework. By clarifying and harmonizing the access and benefit-sharing obligations associated with the sharing of pathogens, the Nagoya Protocol could support the promotion of timely sharing and accelerate risk assessment and the development of measures to counter disease.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, noted that the PIP Framework placed virus sharing and benefit sharing on an equal footing. He expressed concern at several of the Review Group's recommendations on genetic sequence data. Such data should be treated in the same way as the viral isolate under the PIP Framework. Access to and use of genetic sequence data should trigger benefit sharing. Databases that wished to host sequence data should implement a standard user agreement that applied the Framework's benefit-sharing obligations to users accessing sequence data and allowed such users to be tracked. The Organization should be guided by the outcome of studies and deliberations under the Convention on Biological Diversity on the criteria and process for recognizing specialized international instruments for access and benefit sharing.

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

The partnership contribution paid by manufacturers should be updated, given the current running costs of the global influenza surveillance and response system, and Member States should create a new instrument to govern the sharing of seasonal influenza virus, rather than taking action that might undermine the PIP Framework. Further discussion was needed on how the Organization's other research and development activities intersected with the Convention on Biological Diversity and the Nagoya Protocol.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, expressed full support for the objectives of the Convention on Biological Diversity and the Nagoya Protocol, but urged Member States to give careful consideration to the public health implications of any legislation intended to implement the Protocol, particularly if it might affect the timely and comprehensive sharing of pathogens. The WHO Secretariat should produce a follow-up report reviewing all existing international pathogen sharing mechanisms. Where such mechanisms resulted in public health or societal benefits, Member States should formally recognize them as specialized access and benefit-sharing instruments under the Protocol. The same applied to the WHO Research and Development Blueprint. The Organization should support calls to elevate the PIP Framework and the global influenza surveillance and response system to the status of specialized international instruments under the Protocol as soon as possible.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme), responding to the points raised, said that many lessons had been learned that had relevance beyond the PIP Framework itself. Some had already been applied in other areas of the Organization's work. Member States had commented on all three of the major issues covered by the report: areas for further study, process improvements and, most importantly, complex policy issues. The last included the overlap with the International Health Regulations (2005), the implementation of the PIP Framework and the WHO Research and Development Blueprint. Close review of those aspects and further discussion with Member States would be needed, particularly with regard to genetic sequence data and the potential expansion of the PIP Framework to cover seasonal influenza.

Although there was, as yet, no established process for designating specialized international institutions under the Nagoya Protocol, the possibility of the PIP Framework becoming such an institution should be explored. He acknowledged the requests made for close cooperation with the secretariat of the Convention on Biological Diversity in that area, which would build on efforts already being made by the PIP Framework team and the Office of the Legal Counsel. An inter-agency coordinating mechanism was being discussed. He was not aware of any instances of the implementation of the Nagoya Protocol having a negative impact on pathogen sharing to date; work would continue to identify any such events. The Secretariat and Member States had a critical role to play in determining the public health implications of the implementation of the Nagoya Protocol. Full use should be made of the flexibilities set out in the Protocol, particularly article 8 thereof, and all government ministries should be encouraged to take an active role in the process. The reform of the WHO Health Emergencies Programme meant that the matter would continue to be of high priority.

The CHAIRMAN took it that the Executive Board wished to take note of the reports contained in documents EB140/15 and EB140/16.

The Board took note of the reports.

The CHAIRMAN took it that the Board wished to adopt the draft decision contained in Annex 2 to document EB140/16, as amended.

The decision, as amended, was adopted.¹

Responding to a proposal by the DIRECTOR-GENERAL, the CHAIRMAN said he took it that the Board wished the Secretariat to work on consolidating and combining the various regular reports submitted in relation to the agenda items under discussion, which had become rather numerous.

It was so agreed.

The meeting rose at 12:30.

¹ Decision EB140(5).

ELEVENTH MEETING

Friday, 27 January 2017, at 14:35

Chairman: Dr R. BUSUTTIL (Malta)

HEALTH SYSTEMS: Item 8 of the agenda (continued)

Evaluation and review of the global strategy and plan of action on public health, innovation and intellectual property: Item 8.4 of the agenda (documents EB140/20 and EB140/20 Add.1)

The CHAIRMAN invited the Board to take note of the report contained in document EB140/20 and to consider the draft resolution approving the terms of reference of the overall programme review contained in Annex 2 to the report. The financial and administrative implications of the draft resolution for the Secretariat were set out in document EB140/20 Add.1.

The representative of NEW ZEALAND said that, while the concept of the global strategy and plan of action on public health, innovation and intellectual property was sound, the report did not make a compelling case for continuation, or for a full and final evaluation. He would support those recommendations set out in Annex 1 to the report that concerned “business as usual” for WHO, including on health systems strengthening, promotion of public–private partnerships for research and development, use of the flexibilities provided in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and regulatory strengthening. He would, however, hesitate to support many of the other recommendations, including the recommendation that Member States should strengthen their monitoring and evaluation systems. He asked whether the continuation of the global strategy represented the best use of scarce resources; the Board might wish to consider stopping unnecessary further work and redirecting funding to higher priority programmes.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, said that the numerous challenges identified in the report, including insufficient investment in tackling priority health problems in lower-middle- and low-income countries, must be faced. The recommendations from the comprehensive evaluation outlined in Annex 1 to the report would require further study. He supported the terms of reference of the overall programme review set out in Annex 2. A review panel should be established at the earliest opportunity and its composition should respect gender balance and equitable geographical representation. It should take into account the expertise of key stakeholders, including WTO, WIPO and UNCTAD, as well as relevant recommendations contained in the report of the United Nations Secretary-General’s High-level Panel on Access to Medicines.

The representative of CANADA said that the amendment of the TRIPS Agreement, which had taken effect in January 2017, would help to improve access to affordable medicines for those in greatest need, and she called for its swift implementation. She supported the establishment of a review panel with balanced representation, and sought clarification as to whether it would be mandated to consult stakeholders. Diverse membership and a broad consultative process would strengthen its work.

The representative of THAILAND expressed concern at the uneven implementation of the global strategy and plan of action among States. The South-East Asia Region was the only Region that had decided to conduct self-assessment, which was critical for raising awareness. Paragraph 1(a) of the terms of reference of the overall programme review set out in Annex 2 to the report should be

amended to read: “assess the continued relevance of the aim and objectives and the eight elements of the global strategy and plan of action;”. Paragraph 1(b) should be reworded along the following lines: “assess the implementation of the global strategy and plan of action and key barriers;”. Paragraph 1(c) should read: “review achievements, good practices and success factors as well as gaps, weaknesses and remaining challenges.”

The representative of VIET NAM said that the terms of reference of the overall programme review should mandate the review to: assess the feasibility of the global strategy in the context of the current global and national legal, financial and research and development environment; recommend a strategic approach to help WHO to perform its role in the implementation of the global strategy and the resources necessary for WHO to perform that role; determine mechanisms through which WHO could involve global, regional and national stakeholders to support the implementation of the global strategy at all levels; and recommend strategies to enhance the participation of WHO and global and regional stakeholders in Member States’ discussions of challenges in implementing the global strategy and plan of action.

The representative of CHINA, noting the indication in the report that the progress made was not necessarily a consequence of the global strategy and plan of action, expressed concern that Member States had not given sufficient attention to the implementation of the strategy and plan of action. Her Government stood ready to engage with WHO and other partners to get the most out of collaboration between developed and developing countries and between developing countries to spur technological innovation and boost pharmaceutical manufacturing capacity in developing countries. Intellectual property barriers must also be removed in order to improve low- and lower-middle-income countries’ access to medicines.

The representative of MEXICO said that greater focus should be given to health research and development in order to raise awareness and strengthen political will to allocate resources to relevant research centres. To promote the implementation of the global strategy and plan of action, clear research and development priorities should be set and efforts made to improve access to knowledge and to promote technology transfer and innovation in public health. He welcomed the terms of reference of the overall programme review in Annex 2 to the report and suggested that, once the key gaps and challenges to implementation of the global strategy and plan of action had been identified, a policy toolkit should be developed to monitor the implementation and impact of recommendations made.

The representative of the UNITED STATES OF AMERICA, endorsing the comments of the representative of New Zealand, said that the overall programme review should seek to identify areas of consensus on lessons learned from the implementation of the global strategy and plan of action. Paragraph 1 of the terms of reference of the overall programme review should be amended to read along the following lines: “As directed in resolution WHA68.18 (2015), the overall programme review, as distinct from the evaluation, will be a more policy-oriented, forward-looking exercise. The review panel should seek to identify areas of consensus, in line with the 10 principles of the global strategy and plan of action (contained in the Annex to resolution WHA61.21(2008)). Guided by the report of the comprehensive evaluation and, where appropriate, taking into account other evidence and involving relevant stakeholders, including public and private sector entities involved in biomedical research and development, the programme review will:”. At the beginning of paragraph 1(b), the word “assess” should be replaced by “consider the evaluation of”. He proposed the addition of a new paragraph 1(c)bis that read: “ensure that over the course of the evaluation, there is appropriate input and review by the three agencies specified in resolution WHA61.21(2008) as implementers of the global strategy and plan of action, specifically WIPO, WTO and UNCTAD”. He also proposed a new paragraph 2 that read: “The final report of the overall programme review of the global strategy and plan of action, focusing on its achievements, remaining challenges and recommendations on the way

forward, will be presented to the Seventy-first World Health Assembly in 2018 through the 142nd session of the Executive Board.”.

The representative of FIJI said that paragraph 1(a) of the terms of reference of the overall programme review did not suggest any actions to be taken in response to an assessment of the continued relevance of the aim and objectives of the global strategy and plan of action. Paragraph 1(d) should be amended to read: “based on an assessment of the costs and benefits of the global strategy and plan of action, determine whether it should be continued to 2022 and, if it is continued, provide details of what may need to be improved and modified in the next stage of its implementation;”.

The representative of COLOMBIA said that a holistic approach should be adopted with respect to the evaluation and continued implementation of the global strategy and plan of action, and highlighted the relevance of the report of the High-level Panel on Access to Medicines. Frank and open discussions should be held with a view to negotiating an international instrument on the financing and coordination of health research and development, giving due consideration to the recommendations pertaining to the global strategy, the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination and the report of the High-level Panel.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the global strategy and plan of action provided a comprehensive and coherent approach for action. WHO was best placed to continue to coordinate efforts in formulating collaborative solutions to the complex issues tackled in the global strategy and plan of action. Taking note of the report and approving the terms of reference would allow the overall programme review to move forward.

The representative of INDIA¹ said that, given the low level of awareness of the global strategy and plan of action, and the lack of monitoring and reporting systems identified, more should be done to promote and support implementation. The terms of reference of the overall programme review should provide for consideration of the recommendations of the High-level Panel on Access to Medicines, and suggest ways in which the global strategy and plan of action could facilitate their implementation. They should also provide for the monitoring and analysis of public health implications of international agreements, including trade agreements, in line with the provisions of resolution WHA 56.27 (2003). The terms of reference should focus on effective implementation, and should not be used to reopen elements of the global strategy and plan of action. India had some concerns with regard to paragraph 1(a) of the terms of reference and stood ready to work with others in reaching a consensus on the revised terms of reference.

The representative of SWITZERLAND¹ said that more Member States should have participated in the valuable external evaluation. He commended the evaluation team’s decision to categorize countries on the basis of income, which facilitated the identification of countries’ specific challenges and ensured that those most in need would receive support. The review panel should adopt the same approach, and he hoped that its proposals would enjoy a consensus.

The representative of PANAMA¹ said that Panama was in favour of extending the deadline of the overall programme review to 2018. Panama’s National Health Research Agenda aimed to enhance the country’s innovation capacity and intellectual property regimes and bolster the transfer of technology with a view to promoting innovation in public health. However, in common with other middle- and low-income countries, Panama was aware of its limitations in terms of knowledge and

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

technical and financial capacity. WHO and other international organizations should promote the implementation of the global strategy in countries where limited progress had been made. A balance must be struck between intellectual property rights and public health needs, and the flexibilities provided in the TRIPS Agreement should be used to protect public health.

The representative of INDONESIA¹ said that her country needed to foster research and development so as to meet public health needs and strengthen synergies between institutions and ministries; challenges to be faced included promoting sustainable funding mechanisms and capacity-building. Indonesia recognized the importance of managing intellectual property to contribute to innovation and public health and would be pleased to report progress in implementing the global strategy results using WHO national assessment tools. She supported the proposal to extend the deadline of the overall programme review to 2018 and also supported the draft resolution.

The representative of SOUTH AFRICA¹ said that the global strategy on public health, innovation and intellectual property was particularly important for low- and middle-income countries, and questions concerning its continued relevance were surprising. She supported the proposal to extend the deadline of the overall programme review to 2018. A lack of awareness of the global strategy among Member States impeded its implementation, and further efforts should be made to encourage the participation of Member States. The work of the High-level Panel on Access to Medicines should be taken into consideration in the overall programme review.

The representative of BRAZIL¹ requested clarification on the selection procedure of the evaluation team and on the cost of outsourcing the preparation of the comprehensive evaluation. The report had a number of shortcomings and did not reflect the importance of the global strategy. Countries had been classified according to World Bank country income groups, which was not in line with Health Assembly resolutions. Other failings included: unclear methodology; a lack of expertise on intellectual property management among the evaluators; the absence of reference to the High-level Panel on Access to Medicines; a disregard for the importance of public sector funding for research and development; no explanation provided for the lack of awareness of the global strategy; and insufficient assessment of the Secretariat's efforts to promote its implementation. Countries must receive support from the Secretariat to promote the use of the flexibilities provided in the TRIPS Agreement and the principles of the Consultative Expert Working Group on Research and Development: Financing and Coordination. The overall programme review should not be guided by the report of the comprehensive evaluation in view of the latter's shortcomings. Paragraph 1(a) of the terms of reference of the overall programme review should be amended to provide for an assessment of the implementation of the global strategy and plan of action by all actors, including the Secretariat, and the need for updates. Convergence between the global strategy and the work of the High-level Panel should also be assessed.

The representative of the MEDICINES PATENT POOL, speaking at the invitation of the CHAIRMAN, said that her organization exemplified the successful implementation of the global strategy and plan of action as a mechanism to promote the transfer of and access to health-related technologies. The Medicines Patent Pool had initiated a feasibility study on expanding that mechanism to other patented essential medicines. New incentive mechanisms could promote the development of new tuberculosis regimens, an area requiring further policy experimentation. She looked forward to the implementation of additional mechanisms to tackle gaps in innovation and access.

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

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, called for the publication of the final evaluation report, and expressed concern about the limited awareness of the global strategy and plan of action. The executive summary did not refer to the work of the Secretariat or consider such key issues as high prices of medicines. It also failed to mention the pressure placed on certain developing countries to prevent the use of the flexibilities provided in the TRIPS Agreement, and did not pay due consideration to the findings of the High-level Panel on Access to Medicines. Member States should demand a transparent and meaningful overall programme review, with clear terms of reference.

The REPRESENTATIVE OF THE DIRECTOR-GENERAL (Evaluation and Organizational Learning) thanked representatives for their comments and expressed his appreciation to the 68 Member States that had contributed to the evaluation. The procedure for selection of the evaluation team was clearly set out in documents EB138/38 and EB138/38 Add.1. Given the difficulties in defining the terms “developing countries” and “developed countries”, the evaluation team had proposed that reference should be made to the World Bank country income groups, a proposal that had been supported by the ad-hoc evaluation management group. The approach had been outlined in document EB138/38 Add.1, and Member States had been informed of it during a briefing after the 138th session of the Board in January 2016, and had raised no objections. As to the limited references to the High-level Panel on Access to Medicines, he said that the evaluation had covered the period 2008–2015, whereas the High-level Panel had been launched only in November 2015. In order to submit the report by December 2016, most of the evaluation work had been completed earlier that year. The evaluation team nevertheless considered the work of the High-level Panel to be crucial. The full version of the report had been provided to all national focal points and missions in Geneva on 16 December 2016, and published on the WHO website on 20 December 2016. Efforts had been made to reach as many concerned parties as possible.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation), expressing her appreciation for the comments made, said that the 18 members of the overall programme review panel had been selected from a pool of persons nominated by Member States on the basis of their technical expertise and experience at the international level; the need for gender balance and equal geographical representation had been recognized. The composition of the panel had been approved by the Officers of the Board. The panel would be convened shortly to commence the programme review. Matters raised regarding the implementation of the global strategy and plan of action would be considered once the terms of reference of the overall programme review had been approved.

The Board noted the report.

The CHAIRMAN suggested that consideration of the draft resolution and the terms of reference of the overall programme review could be postponed in order to allow the Member States concerned to hold informal consultations with a view to preparing an amended version of the texts.

It was so agreed.

(For continuation of the discussion, see the summary record of the twelfth meeting, section 2.)

Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination: Item 8.5 of the agenda (documents EB140/21 and EB140/22)

The representative of THAILAND said that, despite considerable efforts, funding for research and development remained insufficient. Further reprioritization was required and raising awareness of the success of demonstration projects could help to attract donors. In the interests of transparency, the composition of the expert committee on health research and development and the timeline for the selection process should be clarified. She endorsed the operational plan for a voluntary pooled fund and the terms of reference of the Global Observatory on Health Research and Development, and of the expert committee.

The representative of CANADA expressed support for the further formalization of the terms of reference of the Global Observatory. The application of open access principles to the Global Observatory would maximize its reach. Her Government supported, in principle, the establishment of a voluntary pooled fund as a means of dealing with research and development priorities and was reviewing draft options for funding and the operational plan. A focused event before or after the next financing dialogue would be preferable to holding a specific high-level event before the Seventieth World Health Assembly, with the purpose of promoting increased investment in research and development.

The representative of the RUSSIAN FEDERATION expressed support for the establishment and actions of the Global Observatory. Particular attention should be given to research on antimicrobial medicines for diseases with epidemic potential. She supported the terms of reference of the expert committee, and trusted that the committee would make specific proposals on medical products and technology.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, speaking on behalf of the Member States of the African Region, said that there should be a clear separation of responsibilities between the different entities. Particular emphasis should be placed on remedying the funding gaps for the six demonstration projects selected and for the Global Observatory. The Member States of the African Region were being encouraged to participate in the mobilization of resources for the demonstration projects, particularly as the creation of an African observatory for research was being planned.

The representative of the UNITED STATES OF AMERICA said that the primary criterion for the selection of members of the expert committee should be extensive and successful experience in managing research and development. The Secretariat should also ensure the absence of potential conflicts of interest, and individuals from institutions with projects that were being funded or considered for funding should not be eligible to serve on the committee. It was deeply disappointing that the demonstration projects had received so little funding and that there had been little success in encouraging non-traditional donors to contribute to health research and development. While he appreciated the Secretariat's further fundraising efforts, he said that if no feasible path was found to attract new contributions the relevant projects might have to be terminated as they could divert attention and resources away from more viable work. Until further financing was secured, the expert committee should limit any additional research and development approvals to shorter-term development projects.

The representative of CHINA welcomed the clear terms of reference of the Global Observatory. However, a feedback mechanism should be established to correct any possible errors resulting from the overlapping of and discrepancies among the different areas for which data were collected. The Director-General should give careful consideration to the dates for and the duration of the expert committee's work and ensure that it provided effective and practical technical advice.

The representative of MEXICO said that it was important to promote policy coherence, including in the work of the expert committee and the Consultative Expert Working Group. Regarding the sustainable funding mechanism, she emphasized the need for transparent operations with clear objectives that enhanced collaboration and knowledge-sharing among countries. She would welcome the creation of a pooled fund that could accept voluntary funding from non-State actors.

The representative of COLOMBIA said that work should continue in implementing the Global Observatory, the demonstration projects and the voluntary pooled fund. The Global Observatory should promote knowledge through platforms that were not subject to intellectual property rights, which could be optimized collectively in the research and development process. It should also incorporate more information on all initiatives for the development of high-cost medicines, including those for cancer treatment. Transparency and adherence to principles such as geographical distribution and gender balance should be ensured in the selection of the expert committee members. The negotiation of an international agreement on the coordination and financing of research and development was the best way of implementing the expert committee's recommendations. He would welcome another open-ended meeting of Member States to assess progress and continue discussion on the expert committee's recommendations.

The representative of PERU¹ said that a system to register health research projects in Peru had been set up in 2016, and had been recognized by WHO and PAHO as an essential step towards the implementation of clinical research registries in the Region of the Americas. He supported the proposed creation of a voluntary pooled fund.

The representative of GERMANY¹ announced that, in addition to its earlier commitments to the Global Observatory, his Government had made €2 million available to WHO at the end of 2016, in support of the demonstration projects.

The representative of INDIA¹ said that he would have welcomed information on possible action to fill the funding gaps identified. The report did not elaborate on how the Global Observatory, expert committee and voluntary pooled fund would adhere to the principles of affordability, effectiveness, efficiency and equity and to the objective of delinking the cost of research and development from end prices, or on how sustainable funding would be provided. It should be updated to refer to the request, in resolution WHA69.23 (2016), for the Director-General to request the Seventieth World Health Assembly to consider convening another open-ended meeting of Member States in order to tackle the remaining issues in the report of the Consultative Expert Working Group, which specifically related to the outstanding issue of commencing negotiations for a binding research and development instrument.

The representative of SWITZERLAND,¹ welcoming the terms of reference of the Global Observatory and the expert committee, said that little time remained to mobilize additional resources for the financing and implementation of the demonstration projects and the Global Observatory. His Government had therefore agreed to extend the term of its remaining matching fund of approximately US\$ 1.3 million until the end of 2017. It had established that fund to match contributions by low- and medium-income countries by 50% for up to US\$ 2 million, from which US\$ 700 000 had already been released. To obtain the necessary financing, it was vital to inform Member States and donors about the quality of projects and the Global Observatory and the progress achieved. In the near future, a decision would have to be made as to whether to proceed with or abandon the creation of the voluntary pooled fund. However, such a fund was essential to fill the research and development gaps that primarily affected low- and middle-income countries.

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

The representative of BRAZIL¹ said that the composition of the expert committee should reflect the geographical diversity and expertise of WHO's membership. The Secretariat's efforts to promote policy coherence were welcome. The voluntary pooled fund should optimize some of the principles and recommendations formulated by the Consultative Expert Working Group to ensure the affordability of medical products. The terms of reference for the Global Observatory should refer to the Global Observatory as a tool to identify gaps in research and development and facilitate coordination, and not limit its scope to generating reports; paragraph 4(c) should be amended accordingly. The collaborative structure comprising the Global Observatory, the expert committee and the voluntary pooled fund needed to evolve to monitor and deal with gaps in research and development for medical products. Challenges remained regarding the sustainability of the pooled fund, which alone required up to US\$ 7.6 million to operate, and he supported the planned high-level event to promote investment in research and development. The Secretariat should not shy away from discussions on alternative models for vital public health innovations, and should give serious consideration to the drafting of a research and development instrument.

The ASSISTANT-DIRECTOR GENERAL (Health Systems and Innovation), expressing her appreciation for the comments made, said that the Global Observatory portal was now online, and included data from a wide range of sources on research and development input processes. It also provided preliminary comprehensive analyses for selected diseases, the first of which were tuberculosis, malaria and leishmaniasis, which would provide useful input for the expert committee's discussions. Work had begun on developing better classification and standards for reporting on health research and development. Turning to the demonstration projects, she noted with appreciation the financial contributions made thus far, including the recent commitment by the Government of Germany, but acknowledged that major funding gaps remained. She requested donors to prioritize the African Network for Drugs and Diagnostics Innovation, which would have to cease its activities if it failed to secure financing in a timely manner. The Secretariat would take into account the suggestions on fundraising, and noted the comments on the need to produce final conclusions on the projects. Paragraph 6 of Annex 2 to document EB140/21 provided information on the affordability of products.

The Board noted the report contained in document EB140/21 and the terms of reference of the expert committee on health research and development set out in document EB140/22.

The CHAIRMAN, recalling the agreement reached by the Board at its first meeting to comment on the findings of the report of the United Nations Secretary-General's High-level Panel on Access to Medicines² under agenda item 8, invited representatives to comment on that document.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that while the current innovation model had delivered consistent progress in global public health, the high cost of medicines posed a challenge to the sustainability of health systems. She agreed with the acknowledgment in the High-level Panel's report that there were many reasons why people did not receive the health care they needed, but would have preferred a more comprehensive and balanced approach. Objectives such as ensuring incentives for continued innovation, promoting and financing research into new and improved medicines for all, and guaranteeing the accessibility of medicines were not contradictory and should be pursued jointly. The health ministers of Member States of the European Union had agreed to examine obstacles to the deployment of existing methods and consider new solutions to deal with market failure. An evidence-based analysis of the impact of incentives in European Union legal instruments would also be prepared. WHO should continue its trilateral cooperation with WIPO and WTO on the complex issue of access to medicines.

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² See <http://www.unsgaccessmeds.org/s/UNSG-HLP-Report-FINAL-12-Sept-2016.pdf> (accessed 29 March 2017).

The representative of the NETHERLANDS said that the challenges described in the High-level Panel's report were relevant to all countries. Pressure on public health spending was mounting due to the proliferation of high-cost medicines and rising prices of medicines. Solutions included new business models, such as that of the Medicines Patent Pool. His Government supported efforts to strengthen market-shaping initiatives, improve legislation and safeguard flexibilities under the TRIPS Agreement. The Netherlands had a "fair price, fair medicine" initiative, which brought together coalitions of stakeholders in the development of new medicines to optimize the transparency of their research and development agendas, keep profit levels acceptable to all, and set prices and payment modalities in advance. More discussion was needed on how public funds were used in the development of new medicines, and steps must be taken to prevent "TRIPS Plus" provisions in free trade agreements and safeguard against the abuse of intellectual property rights. In May 2017, the Netherlands, jointly with the Secretariat, would host a forum on the fair pricing of medicines.

The representative of the UNITED STATES OF AMERICA said that while his Government was committed to identifying practical ways to increase access to safe, effective and affordable medicines, it was strongly opposed to any further consideration of the report of the High-level Panel, the mandate of which had been narrow and flawed. The report did not consider many critical facets of promoting innovation and access to medicines. The High-level Panel had been unable to reach consensus on its key recommendations, some of which would have negative, unintended consequences for research and development. Furthermore, the High-level Panel's work had not been driven by Member States, or mandated by the United Nations General Assembly. When taking note of the report, the United Nations General Assembly had declined to call on other United Nations entities to take the High-level Panel's recommendations forward. It was unprecedented for the Board to consider reports that singled out the policies of individual Member States for criticism. His delegation therefore could not accept proposals to welcome or endorse the report, or to consider the recommendations contained therein any further.

The representative of COLOMBIA said that actions at the global level to secure equitable access to medicines and ensure consistency between the various initiatives in that regard should be enhanced. The recommendations of the High-level Panel presented viable alternatives for Member States to promote equitable access to medicines, in particular through maintaining flexibility under the TRIPS Agreement. WHO should take up those recommendations and ensure their comprehensive implementation.

The representative of THAILAND said that much of the content of the report of the High-level Panel was satisfactory and the Secretariat should therefore consult with Member States to establish which of the recommendations were considered acceptable and develop a five-year action plan for their implementation.

The representative of ALGERIA said that access to affordable medicines was a global problem, which was placing considerable pressure on governments and authorities, medical professionals and patients whose right to health was under threat. The High-level Panel's recommendations constituted an important step towards an equitable solution to the issue of access to safe, effective and affordable medicines for all.

The representative of INDIA¹ said that the report of the High-level Panel was directly relevant to the global strategy and plan of action on public health, innovation and intellectual property, and to the work of the Consultative Expert Working Group. Some of the High-level Panel's recommendations were already being dealt with in those contexts, and others merited immediate

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attention. Without comprehensive measures to ensure equitable and affordable access to medicines and vaccines, attainment of the Sustainable Development Goals and achievement of universal health coverage would be impossible. The Board should recommend that the Seventieth World Health Assembly should convene an open-ended meeting of Member States to discuss the High-level Panel's recommendations and other relevant recommendations of the Consultative Expert Working Group. A web-based consultation with Member States should be organized before the Seventieth World Health Assembly to discuss the report and its recommendations.

The representative of ICELAND,¹ speaking also on behalf of NORWAY, said that a more nuanced and balanced approach was required to tackle the highly complex and contentious issue of access to medicines. Further discussions should be held in the context of the global strategy and plan of action on public health, innovation and intellectual property.

The representative of BRAZIL¹ said that the High-level Panel's recommendations were relevant to several WHO platforms, including the global strategy and plan of action on public health, innovation and intellectual property, the Consultative Expert Working Group and the blueprint for research and development preparedness and rapid research response, and to the Sustainable Development Goals alignment process, in particular with respect to health target 3.b on the TRIPS Agreement and public health. An opportunity should be sought to discuss some of the issues and recommendations contained in the report.

The representative of SWITZERLAND¹ said that the limited mandate of the High-level Panel was regrettable; a more holistic approach would have been preferable. The recommendations were, however, interesting and some had already been taken up in other international forums. The recommendations did not, however, fully acknowledge the central role of intellectual property rights in the promotion of research and development. Weakening those rights would risk compromising biomedical innovation. Existing initiatives, which encouraged research and development while improving access to treatment for low- and middle-income populations, should be analysed. Instead of focusing on the recommendations of a report of limited scope, the Board should concentrate on WHO's work on research and development and access to medicines.

The representative of JAPAN¹ said that financial incentives for the development of new medicines promoted research and development to the benefit of all. Appropriate protection of intellectual property rights was therefore essential. Unfortunately, the scope of the report of the High-level Panel was limited; access to medicines was affected by health systems governance, the quality and quantity of human resources, access to medical facilities and medicine supply systems in countries, and could therefore be dealt with effectively only through a comprehensive approach. The report did not take account of previous international discussions on research and development for medicines or on support for capacity-building for regulatory systems in developing countries. He expressed his Government's commitment to foster innovation in health care, in collaboration with international partners, to achieve universal health coverage.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that the growing body of international trade and intellectual property law was limiting the scope of research and development, in particular the production of generic medicines, and restricting access to medicines and thus the enjoyment of the fundamental right to health. The High-level Panel's recommendations must therefore be followed up. The Board and the Health Assembly should have an opportunity to consider the recommendations, in particular with regard to global agreements on the coordination, financing and development of health technologies, including drafting a binding instrument that delinked the cost of

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research and development from end prices. An open-ended working group should be set up to consider those recommendations.

The representative of SOUTH AFRICA said that the report of the High-level Panel offered a means to advance the search for more accessible, affordable medicines. A selective approach could be used when taking up its recommendations.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA¹ said that the report of the High-level Panel highlighted several important issues, including the high cost of health technologies, a lack of transparency and a lack of access to medicines. The production of generic medicines had proven an effective way to reduce prices and increase access. He encouraged Member States to discuss the findings and recommendations of the report as a means of enhancing efforts to improve access to medicines.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIRMAN, said that she was optimistic about progress made in operationalizing the Global Observatory on Health Research and Development and encouraged Member States to ensure that it was fully funded. The Council supported ongoing efforts to develop new sources of funding and was encouraged by the commitment to ensuring the transparent operation of the voluntary pooled fund for health research and development, free from undue influence. Global health stakeholders from diverse sectors should be consulted as the process to improve access to medicines moved forward.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the work on establishing the Global Observatory and urged Member States to make a commitment to provide the necessary additional funds for its operationalization. She welcomed efforts to develop terms of reference of the expert committee, and asked the committee to provide guidance on how the principles established under the Consultative Expert Working Group could be implemented in research and development initiatives both within and outside WHO. The committee should also oversee policy coherence across WHO's research and development work. The allocation of funds from the proposed pooled fund would require careful consideration. It was important to advance the recommendations of the High-level Panel at the country level.

The representative of MEDICINES FOR MALARIA VENTURE, speaking at the invitation of the CHAIRMAN, said that the Global Observatory, which should be fully funded by Member States, should deal with data gaps, but care should be taken to avoid duplicating existing, successful efforts. She supported the establishment of a voluntary pooled fund, but cautioned that the fund should not encourage the reallocation of existing resources or duplicate other funding mechanisms. In addition, the fund should be transparently governed by an independent, non-political body, and should be implemented and developed using a multisectoral approach.

The representative of OXFAM, speaking at the invitation of the CHAIRMAN, was pleased to note that the pressing issue of lack of innovation and access to affordable medicines was finally receiving the attention it merited at the global level. She urged the Secretariat and Member States to use the report of the High-level Panel as a means to revitalize the Organization's stalled progress on innovation and access to medicines. The Secretariat should provide leadership to ensure that public health decisions were not influenced by commercial interests.

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

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 the areas of work of the Global Observatory; however, the significant funding gap indicated that the voluntary pooled fund was inadequate. She urged the Board to convene an open-ended meeting in 2017, as requested in resolution WHA69.23 (2016), to continue discussions on the remaining issues, including the negotiation of a research and development agreement. In view of their importance, the recommendations of the High-level Panel should be discussed, endorsed and implemented by WHO.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation), referring to the report of the High-level Panel, welcomed the inclusion of the two recommendations proposed by WHO, through its membership of the Expert Advisory Group. She welcomed the recommendation that all relevant international agencies should cooperate with one another to support governments in applying patentability criteria that were sensitive to public health concerns and looked forward to continued collaboration with WHO's partner agencies to that end. WHO had already taken action in relation to the High-level Panel's recommendation to establish a global pricing database in order to increase transparency, including through the establishment of a global reporting mechanism for HIV, tuberculosis, malaria and hepatitis C treatments, and a comprehensive web platform that provided information on vaccine products, prices and procurement data. Within the framework of a new project on fair pricing, The Secretariat would assess the production costs of essential medicines to allow procurement agencies to evaluate performance more fully and increase transparency. The project would also provide Member States with clear information on the prices of generic medicines. The Secretariat was committed to providing access to medicines for all, as an essential element of efforts to achieve universal health coverage.

The CHAIRMAN took it that the Board wished to conclude its consideration of agenda item 8.5.

It was so agreed.

Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products: Item 8.6 of the agenda (documents EB140/23 and EB140/23 Add.1)

The CHAIRMAN invited the Board to note the report contained in document EB140/23 and consider the draft decision contained in document EB140/23 Add.1.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, noted that although progress had been made, the countries of the Region were still affected by the consequences of the shortage and high cost of medicines. Insufficient production of generic medicines exposed the countries of the Region to the harmful effects of falsified medical products. The African Union Commission, with the support of WHO and subregional organizations, had established the African Medicines Agency; however, its effectiveness and continued operation would depend on the provision of support from subregional organizations. He expressed support for the proposed new working definitions of substandard/spurious/falsely-labelled/falsified/counterfeit (SSFFC) medical products. He noted the need for several editorial amendments to the French version of the draft decision, in particular regarding paragraphs 2(a) and 2(b), which he could submit to the Secretariat.

The representative of MALTA, speaking on behalf of the European Union and its Member States, expressed support for the draft decision.

The representative of the RUSSIAN FEDERATION said that his Government's participation in the Member State mechanism had enabled the Russian Federation to develop an effective national strategy for detecting substandard and falsified medical products, including laboratories that screened medical products and a serialization system. He welcomed the guidance on developing a national plan to counter such products. The future success of the Member State mechanism would depend on the quality of information exchanged, for which guidelines and deadlines were needed. The information available online on the Member State mechanism should be enhanced in order to ensure the accessibility of materials and training sessions. The future work of the Member State mechanism should include a greater focus on specific types of substandard and falsified medical products and their supply on the internet.

The representative of PAKISTAN said that his Government was committed to tackling the problem of SSFFC medical products by improving coordination among provinces, strengthening the national drug regulatory authority and introducing legislation. He highlighted the key role of laboratories in detecting SSFFC medical products, noting that the use of simple and less expensive technologies was in the interest of end-users. He encouraged regional and global collaboration, with the engagement of all stakeholders, in order to establish surveillance systems, regulatory frameworks and implementation alliances.

The representative of NEPAL said that, as for other developing countries, Nepal faced substantial challenges in tackling substandard and falsified medical products. She requested the Secretariat to provide support at the country level to: strengthen national capacity; develop the required tools and mechanisms; increase information sharing among national regulatory authorities; and promote the development of collaboration between laboratories at the regional and global levels. She expressed support for the proposal to amend the term "substandard/spurious/falsely-labelled/falsified/counterfeit medical products" to "substandard and falsified medical products".

The representative of the UNITED STATES OF AMERICA said that his Government would continue to support the Member State mechanism on substandard and falsified medical products. Noting the importance of the global surveillance and monitoring system, he was pleased to see that WHO was supporting its continued development and maintenance to ensure the provision of sustainable resources for its use. His Government looked forward to working with other Member States on the prevention and detection of and response to substandard and falsified medical products, including through participation in the Steering Committee of the Member State mechanism.

The representative of THAILAND expressed support for the proposed new term "substandard and falsified medical products", which took into account the issue of quality of medicines from a public health perspective and prevented conflation with intellectual property and trade-related issues. She called for the establishment of a list of relevant stakeholders and an analysis of the root causes of the circulation of substandard, falsified and unregistered or unlicensed medical products in order to develop effective solutions to prevent, detect and respond to such products. In addition to strengthening actions to deal with the issue from the supply perspective, specific plans and interventions should be developed to raise consumer awareness and empower end-users to detect and report substandard and falsified medical products.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO expressed support for measures to strengthen regulatory authorities and establish laboratories involved in quality control and analysis at border points and within countries in order to tackle the problem of SSFFC medical products.

The representative of CHINA commended the work of the Member State mechanism in promoting the joint prevention and control of SSFFC medical products by global regulators. He welcomed the guidance provided in the report of the Member State mechanism and the introduction of

new practices in some Member States, which should help national and regional drug regulators to adopt more effective measures. Recognizing the need for strengthened interregional and international cooperation, he called on The Secretariat to continue playing a constructive role in strengthening research and information sharing. The Secretariat should support developing countries in establishing early warning, monitoring and traceability systems, carrying out inspections, determining the origin of imported products, reducing prices, and improving consumers' access to high-quality medicines.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that she welcomed the proposed term, "substandard and falsified medical products", which would provide clarity at the international level. She encouraged more Member States to participate in the development of a global communications strategy, funded by the United Kingdom of Great Britain and Northern Ireland, under Activity E (risk communication). In that regard, she sought assurance from the Secretariat that concerns regarding future funding for the strategy would be taken into account. She would welcome collaboration in the potential international application of the strategy of the United Kingdom of Great Britain and Northern Ireland to combat counterfeit and falsified medical products.

The representative of INDIA¹ expressed support for the outcomes of the fifth meeting of the Member State mechanism, including the new working definitions, which should be widely disseminated among Member States, organizations of the United Nations system and other relevant organizations. In the light of the new definitions, the Member State mechanism should be renamed "the Member State mechanism on substandard and falsified medicines". He requested an update on the proposed study on the link between lack of access to good-quality, safe, effective and affordable products and the emergence of substandard and falsified products. With respect to regulatory system strengthening, he endorsed the proposals to keep all channels of support open and to publish a guidance manual for the use of WHO's global benchmarking tool. He urged the Member State mechanism to tackle the issue of the transit of medicines. He looked forward to the proposed review of the Member State mechanism and supported the extension of its mandate.

The representative of SPAIN¹ welcomed the agreement reached on the definition of terms. In its upcoming role as Chair of the Steering Committee of the Member State mechanism, Spain would seek to build on the progress made, resolve pending issues and encourage Member States to implement the agreements already reached. Given the severity of the problem of SSFFC medical products at the global level and its damaging impact on public health, enhanced global collaboration was required to promote the Member State mechanism and strengthen quality assurance for medical products at every stage of the supply chain.

The representative of TOGO¹ said that his Government was committed to participating in efforts to achieve the objectives outlined in the report. In order to take effective action against SSFFC medical products, his Government had incorporated in its national strategic plan objectives to improve the quality of medical products and strengthen the fight against illegal pharmaceutical activity. Togo had conducted an evaluation of the medical product supply chain in Togo in 2016 with a view to creating an integrated system for the provision of health products.

The representative of PANAMA¹ said that her Government was committed to strengthening national capacity to tackle the issue of SSFFC medical products, and requested continued technical support from WHO and other organizations in that regard. In Panama, falsified and counterfeit medical products had previously been dealt with under intellectual property legislation, but would soon be treated as public health offences. She emphasized the urgent need to introduce specific

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criminal legislation against falsified medical products in order to guarantee the quality of end products. Expressing support for the objectives outlined in the report, she added that the number of specialized workers needed to be increased at the country level.

The representative of INDONESIA¹ expressed support for the new working definitions, which would provide clarity to all stakeholders and represented a milestone in the global fight to end the production and distribution of SSFFC medical products. As a member of the Steering Committee of the Member State mechanism, her country stood ready to participate in the review process concerning the implementation of strategies and actions outlined in the workplan. Her Government remained committed to preventing the production and distribution of SSFFC medical products.

The representative of BRAZIL,¹ welcoming the new working definitions, expressed the hope that the Board, at its current session, and the Seventieth World Health Assembly would endorse those definitions, especially the term “substandard and falsified medical products”. Calling for further work on SSFFC medical products, he said that Brazil would be an active participant in the review of the Member State mechanism.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, welcomed the progress made by the Member State mechanism but called for consistency, integration and the coordination of solutions at both the local and the international levels. The Federation had developed a range of tools on the issue of SSFFC medical products, including a handbook and an interactive video. She called on Member States to include health care professionals in policy decision-making in order to ensure that such decisions were appropriate to real-life situations. The Federation and looked forward to participating in the review of the Member State mechanism.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that falsified medical products could be eliminated only through collective action and the sharing of expertise. She welcomed the proposed term “falsified”, which was aligned with the Federation’s view that efforts to tackle falsified versions of genuine approved medicines must not be confused with patent infringement disputes. She stressed the importance of the Secretariat’s global coordination role on the issue.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, welcomed the consensus reached on the new working definitions, which would ensure that issues related to quality of medicines and intellectual property were no longer conflated. She called on the Secretariat to reassess the threat of quality-compromised medicines in the light of the new working definitions and develop a public health-oriented approach that tackled the root causes of the circulation of substandard and falsified medical products. She requested the Secretariat and Member States to communicate the new definitions to other international organizations.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation) thanked Member States for their contribution to the work of the Member State mechanism. Responding to comments made, she said that the information available online would be reviewed and updated as a matter of priority, in line with the consensus reached by Member States. She thanked those Member States that were contributing to the global reporting mechanism and expressed the hope that the mechanism would continue to be expanded, as Member States had suggested. She assured the Board that the

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

Secretariat was working intensively on regulatory system strengthening as a key component of the response to substandard and falsified medical products.

The Board noted the report and adopted the decision.¹

The meeting rose at 17:30.

¹ Decision EB140(6).

TWELFTH MEETING

Friday, 27 January 2017, at 18:05

Chairman: Dr R. BUSUTTIL (Malta)

1. COMMUNICABLE DISEASES: Item 9 of the agenda

Global vaccine action plan: Item 9.1 of the agenda (document EB140/25)

The CHAIRMAN drew attention to a draft resolution on strengthening immunization to achieve the goals of the global vaccine action plan, proposed by Australia, Brazil and Colombia, which read:

The Executive Board,
Having considered the report on the global vaccine action plan,¹

RECOMMENDS to the Seventieth World Health Assembly the adoption of the following resolution:

The Seventieth World Health Assembly,
(PP1) Recalling resolutions WHA65.17 (2012) and WHA68.6 (2015) on the global vaccine action plan;

(PP2) Welcoming the declaration by the International Expert Committee for Documenting and Verifying Measles, Rubella and Congenital Rubella Syndrome Elimination, that the Member States in the Region of the Americas, have achieved the interruption of endemic transmission of both rubella and measles viruses² in 2015 and 2016, respectively;

(PP3) Welcoming the validation of the elimination of maternal and neonatal tetanus in all districts in all 11 Member States of the South East Asia Region;

(PP4) Having considered the 2016 assessment report from the Strategic Advisory Group of Experts on immunization on the implementation of the global vaccine action plan and progress towards its stated strategic objectives and goals;³

(PP5) Noting that many countries have achieved the 2015 goals of the global vaccine action plan, and that others are making substantial progress, indicating that while the goals and targets are ambitious, they are achievable;

(PP6) Noting the progress made on the introduction of new vaccines and the impact that these vaccines have in reducing child mortality and protecting more people against vaccine-preventable diseases;

(PP7) Concerned that at the midpoint of the Decade of Vaccines (2011–2020), progress toward the goals of the global vaccine action plan to eradicate polio, eliminate

¹ Document EB140/25.

² See document CD55/INF/10, Rev.1.

³ The full 2016 SAGE Assessment Report of the Global Vaccine Action Plan is available at: http://www.who.int/entity/immunization/global_vaccine_action_plan/SAGE_GVAP_Assessment_Report_2016_EN.pdf (accessed 23 January 2017).

measles and rubella, eliminate maternal and neonatal tetanus, and increase equitable access to life-saving vaccines is too slow;

(PP8) Noting that although Member States in all six WHO regions have measles elimination goals, and that three regions have rubella elimination goals, additional efforts should be invested to reach measles and rubella elimination;

(PP9) Recognizing the enormous potential of vaccines and immunization in: improving the health of populations; achieving the ambitious Sustainable Development Goals; contributing to outbreak preparedness and response, including in respect of outbreaks involving emerging pathogens; and preventing antimicrobial resistance;

(PP10) Recognizing that routine immunization programmes fully integrated into health systems contribute to achieve universal health coverage by strengthening health systems and increasing coverage for other health interventions;

(PP11) Recognizing the significant progress achieved towards polio eradication and the significant contribution of the polio-related assets, human resources and infrastructure, if transitioned effectively, in strengthening national immunization and health systems;

(PP12) Recognizing the need for enhanced international cooperation aimed at strengthening the capacities of developing countries to achieve the goals of the global vaccine action plan, including through transfer of technology,

(OP) 1. URGES Member States:¹

(1) to demonstrate stronger leadership and governance of national immunization programmes by:

- ensuring that immunization programmes are fully integrated into national health systems;
- ensuring allocation of sufficient budgetary resources to immunization and strengthening evidence-based, transparent and independent decision-making mechanisms, such as National Immunization Technical Advisory Groups or equivalent mechanisms;
- promoting mechanisms to monitor and efficiently manage vaccination programme funds at all levels and allocating adequate human resources for immunization programmes;
- strengthening systems to monitor adverse events following immunization, and making relevant information publicly available;
- promoting awareness-raising campaigns on immunization, underlining public health benefits and vaccine safety;
- strengthening the immunization systems, procedures, and policies that are necessary to achieve and sustain high immunization coverage;
- reviewing national progress periodically, through the National Immunization Technical Advisory Groups or equivalent independent groups, of the progress made, lessons learned and possible solutions for dealing with remaining challenges;
- reporting every year to the regional committees, as urged in resolution WHA65.17;

(2) to ensure use of up-to-date data on immunization coverage to guide strategic and programmatic decisions that protect at-risk populations and reduce disease burden;

(3) to strengthen and sustain surveillance capacity by investing in disease detection and notification systems;

¹ And, where applicable, regional economic integration organizations.

- (4) to expand immunization services beyond infancy to cover the whole life course, where appropriate, and determine the most effective and efficient means of reaching the other age groups and high-risk populations with immunization and integrated health services;
- (5) to strengthen international and national actions to ensure the application of the International Health Regulations (2005), which aim to prevent, protect against, control and provide a public health response to the international spread of diseases;
- (6) to mobilize domestic financing, as appropriate, in order to sustain the immunization gains achieved through the support from the Global Polio Eradication Initiative and the GAVI Alliance;
- (7) to strengthen international cooperation to achieve the goals of the global vaccine action plan, including through transfer of technology;

(OP) 2. REQUESTS the Director-General:

- (1) to advocate in national and international forums in support of the urgency and value of accelerating the pace of progress toward achieving the goals of the global vaccine action plan by 2020;
- (2) to enhance accountability mechanisms for monitoring implementation of global and regional vaccine action plans;
- (3) to continue supporting countries to achieve regional and global goals for measles, rubella and maternal and neonatal tetanus elimination by 2020;
- (4) to report to the Health Assembly no later than 2020, in consultation with Member States, on whether formal goals for measles and rubella eradication should be set, including their time frames;
- (5) to collaborate with all key partners, including civil society organizations, in order to assess how their work strengthens national routine immunization systems and the implementation of costed national immunization plans and targets;
- (6) to continue working with all partners to support research, development and production of vaccines against new and re-emerging pathogens;
- (7) to continue working with all parties to support research and development and the use of vaccine delivery and supply chain innovations that increase efficiency and cost-effectiveness;
- (8) to cooperate with, as appropriate, international agencies, in accordance with their respective mandates, donors, vaccine manufacturers and national governments in order to overcome barriers to timely and adequate access to affordable vaccines of assured quality for all, including in public health emergencies of international concern and in the specific context of humanitarian crisis;
- (9) to continue to monitor progress and report every year to the Health Assembly on progress toward achievement of global immunization targets, as a substantive agenda item, using the Strategic Advisory Group of Experts on immunization in order to guide discussions and future actions, as requested in resolution WHA65.17.

The financial and administrative implications

of the draft resolution for the Secretariat were:

Resolution: Strengthening immunization to achieve the goals of the global vaccine action plan	
A. Link to the General Programme of Work and the Programme budget	
1. Please indicate to which outcome in the Twelfth General Programme of Work, 2014–2019 and to which output in the Programme budget 2016–2017 this draft resolution would contribute if adopted.	Twelfth General Programme of Work, 2014–2019, category 1, outcome: increased vaccination coverage for hard-to-reach populations and communities. Programme budget 2016–2017, outputs 1.5.1 (implementation and monitoring of the global vaccine action plan, with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines), 1.5.2 (intensified implementation and monitoring of measles and rubella elimination strategies facilitated); and 1.5.3 (target product profiles for new vaccines and other immunization-related technologies, as well as research priorities, defined and agreed, in order to develop vaccines of public health importance and overcome barriers to immunization).
2. Please provide a short justification for considering the draft resolution, 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.	Not applicable.
3. Please indicate the estimated implementation time frame (in years or months) for any additional deliverables.	The resolution would be implemented during 2018–2021 (the global vaccine action plan finishes at the end of 2020). The Sixty-fifth World Health Assembly in resolution WHA65.17 (2012) requested the Director-General to report annually, through the Executive Board, to the Health Assembly, until the Seventy-first World Health Assembly, on progress towards achievement of global immunization targets. As the Secretariat will report on the finalization of the global vaccine action plan (final assessment, monitoring and evaluation) in 2021, activities will need to be carried out in 2021.
B. Budgetary implications for implementation of additional deliverables	
1. Current biennium – estimated, additional budgetary requirements, in US\$ millions:	US\$ 7 million. The additional budget requirement does not include polio eradication costs nor the cost of bundled vaccines procured by UNICEF. This additional budgetary requirement is needed to cover new activities, including but not limited to: supporting the implementation of the blueprint for research and development preparedness and response, facilitating the implementation of malaria vaccine pilot programmes; strengthening surveillance for measles and other vaccine-preventable diseases, even as resources available through the Global Polio Eradication Initiative decline; and providing support to countries not eligible for Gavi support in accessing new and underutilized vaccines and strengthening their immunization programmes, including the maintenance and expansion of the vaccine product, price and procurement database, and establishing a vaccine demand/supply exchange forum. The sum of US\$ 7 million includes costs for staff, procurement and consultant contracts for technical support.
(i) Please indicate the level of available resources to fund the implementation of the proposed resolution in the current biennium, in US\$ millions:	
– How much are the resources available to fund the proposed resolution in the current biennium?	The current biennium budget for WHO activities on immunization under the budget envelope for the global vaccine action plan is US\$ 272 million. Implementing activities requested in the proposed resolution would require an estimated additional amount of US\$ 7 million.

<p>– How much would the financing gap be? US\$ 7 million would be needed to implement the activities requested in the proposed resolution.</p> <p>– What are the estimated resources, not yet available, if any, which would help to close the financing gap? Some fundraising activities would be implemented after adoption of the resolution to cover the funding gap. Several partners have already expressed interest in increasing their investments in the areas mentioned in the resolution.</p>
<p>2. 2018–2019 (if required): estimated budget requirements, in US\$ millions: US\$ 20 million.</p> <p>Additional budgetary requirement is needed to cover new activities, for example, in relation to the blueprint for research and development preparedness and response, and malaria vaccine pilot programmes. Strengthening surveillance for measles and other vaccine-preventable diseases is key to achieving the goals of the global vaccine action plan and requires additional budget and resources. A plan is needed to secure the necessary investments by countries to sustain immunization during polio and Gavi transitions, in order to mitigate any risk to sustaining effective immunization programmes when polio funding decreases. Some of the polio funds may be transferred to implement such “transition” activities.</p>
<p>3. Future bienniums beyond 2018–2019 (if required) – estimated budgetary requirements, in US\$ millions: US\$ 15 million for biennium 2020–2021.</p>

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, said that, at the Ministerial Conference on Immunization in Africa, held in early 2016, ministers from across the continent had signed the Addis Declaration on Universal Access to Immunization as a Cornerstone for Health and Development in Africa, making a commitment to 10 goals. If endorsed at the forthcoming 28th African Union Summit, the Declaration would constitute a major milestone for health in Africa. All countries of the Region had developed or updated comprehensive multiyear or annual expanded programmes on immunization. A total of 11 countries considered to be a priority by the GAVI Alliance had established national immunization technical advisory groups. Countries in the Region faced multiple challenges, and action was being undertaken to accelerate progress towards high and more equitable immunization coverage. Research and development was crucial, as were local and regional vaccine production capacities. Given the current shortage of certain vaccines, Member States should give due consideration to the recommendations of the United Nations Secretary-General’s High-level Panel on Access to Medicines. The Secretariat must continue to support countries in achieving their immunization goals.

The representative of BAHRAIN underscored the importance of helping countries to achieve the strategic objectives of the global vaccine action plan and ensure that development gains were not lost. It was vital to support research and development, including on delivery technologies, to promote equitable access of people in vulnerable populations to life-saving vaccines. States should be encouraged to put in place effective mechanisms and legal frameworks that provided for government-supported universal health coverage packages and accelerated regulatory pathways for vaccines in emergency settings. Efforts should be made to expedite vaccine registration.

The representative of CHINA said the report contained in document EB140/25 provided valuable guidance. His Government had strengthened its capacities to implement the global vaccine action plan and had achieved excellent results. It would work with the Secretariat to accelerate the implementation of the plan.

The representative of the PHILIPPINES said that he supported the recommended actions of the Strategic Advisory Group of Experts on Immunization, in particular with respect to expanding

immunization services through the life course, strengthening surveillance capacity, and supporting vaccine research and development. He also recognized the importance of national immunization technical advisory groups. Given the challenges being faced in his country, which included vaccine stock outs, and the obstacles with respect to the achievement of 100% coverage, vaccine introduction, the prequalification process and pricing transparency, there was a need to improve national supply chain and logistics management. He looked forward to technical support from the Secretariat in that regard and endorsed the draft resolution.

The representative of the RUSSIAN FEDERATION said that the Secretariat's 2016 annual report on the global vaccine action plan should be amended to reflect the fact that there had been no endemic transmission of measles in her country in 2015, as confirmed by the European Regional Verification Commission for Measles and Rubella Elimination. She was in favour of measures to ensure stable financing for national immunization programmes, access to vaccination for all population groups, including migrants, and immunization through the life course. She highlighted the importance of improved quality and use of immunization data, vaccine research and development, human resources development and the provision of support to countries. Particular attention should be given to the recommendation of the Strategic Advisory Committee of Experts on Immunization with respect to sustaining effective national immunization programmes during the polio transition process. She supported the draft resolution.

The representative of FRANCE said that her country had contributed €465 million to the GAVI Alliance for the period 2016–2020. The slow progress in achieving the goals of the global vaccine action plan was worrying, and ambitious actions were needed to strengthen health and immunization systems. All Member States must make a strong commitment to sustain immunization while transitioning out of GAVI Alliance support and during polio transition activities. As funding from the Global Polio Eradication Initiative was still to be discussed, given the prospect of polio eradication, and as many countries were transitioning out of GAVI Alliance support, Member States must demonstrate a strong commitment to sustaining immunization systems.

The representative of CANADA said that her country, which was a strong supporter of global immunization, shared the concerns raised about the slow progress towards the goals of the global vaccine action plan. She welcomed the switch to bivalent oral polio vaccine, but expressed concern about the continued shortage of inactive poliovirus vaccine and delays in introducing the vaccine into routine immunization schedules. All stakeholders needed to plan effectively for the transition of polio-funded assets. More needed be done to reach vulnerable and inaccessible populations if maternal and neonatal tetanus was to be eliminated by 2020. She strongly supported the inclusion of immunization indicators to measure progress towards the Sustainable Development Goals. There should be further discussion of how all stakeholders could collaborate more effectively to achieve the targets of the Decade of Vaccines, including on developing appropriate accountability mechanisms and securing resources for implementation.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that she would submit a series of amendments to the draft resolution in writing to the Secretariat.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that her Government was a major supporter of the GAVI Alliance, whose work was crucial for increasing equitable access to life-saving vaccines in low-income countries. Continued support from major immunization partners, WHO and UNICEF, was essential to support countries in getting back on track to achieve the goals of the global vaccine action plan, and to be accountable for doing so. Full national ownership of immunization programmes was essential to ensure sustainability; sustained domestic financing, capacity-building and strong systems were essential. She called for strong and early engagement with governments to ensure a smooth transition out of external funding.

The representative of TURKEY expressed support for the draft resolution. Noting that steps must be taken to protect immunization gains in countries transitioning out of GAVI Alliance support, he said that the retention of qualified personnel could help to maintain the immunization level in countries supported by the Global Polio Eradication Initiative. He would have welcomed some recommendations in the Secretariat's report concerning anti-vaccine groups and would appreciate guidance from the Secretariat on how to deal with such groups.

The representative of the UNITED STATES OF AMERICA said that development partners must align their efforts to promote national leadership, accountability frameworks and achievement of the global vaccine action plan's goals. A global coordination and advocacy mechanism should be established to facilitate the achievement of immunization targets in all countries, and she welcomed the commitments contained in the Addis Declaration on Universal Access to Immunization as a Cornerstone for Health and Development in Africa. Resource mobilization was also crucial to close gaps in technical and financial assistance. Countries must build on successful polio eradication operations, identifying ways to maintain and fund critical activities that were currently supported through polio funding. She supported the development of enhanced guidance on immunization services delivery in emergency settings. She would welcome further discussions during the intersessional period on the draft resolution before its adoption.

The representative of BRAZIL,¹ invited to take the floor by the CHAIRMAN at the request of the representative of COLOMBIA, and speaking on behalf of the Member States of the Region of the Americas, echoed the concern over the slow progress towards universal immunization coverage. The Region had recorded historic public health achievements, including the elimination of rubella and measles, and stood ready to share its experience with others. In order for the Region to sustain its immunization gains, Member States must demonstrate the highest levels of political commitment to eliminating those diseases, as importation of cases was an important challenge. Recalling target 3.8 of the Sustainable Development Goals (on achieving universal health coverage), he said that equitable access to routine immunization for people in all communities should be made an integral component of national health systems.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO expressed his appreciation to WHO and other partners that had supported his country's immunization efforts. A national framework had been developed to accelerate the reduction of maternal and child mortality and included high-impact interventions such as immunization. All partners involved were providing resources for immunization, and such concerted efforts were ensuring the availability of vaccines across the country. Multistakeholder collaboration was key to achieving high coverage rates.

The representative of THAILAND expressed concern at the slow progress in meeting global immunization targets, which was exacerbated by factors such as the unaffordable cost of vaccines and a lack of fiscal space and commitment, in particular in the context of a transition from donor support. Her country would support a life course approach to immunization, but would welcome evidence of effectiveness, cost-effectiveness and sustainability, as well as WHO guidance on developing platforms for adult immunization. She called on WHO and research partners to support vaccine development in developing countries. Innovative mechanisms were also needed to support timely access to more affordable vaccines for middle-income countries. Her delegation would be submitting proposed amendments to the draft resolution to the Secretariat in writing and would welcome further work on the text during the intersessional period.

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

The representative of ALGERIA said that immunization in Algeria was free of charge for all, including migrants, and the immunization budget had tripled in 2016 following the introduction of four new vaccines. However, the significant immunization gains achieved in the country were threatened by the lack of availability and high cost of vaccines. A mechanism should be established, under the leadership of the Secretariat, to facilitate access to affordable vaccines for middle-income countries, including through national production.

The representative of MEXICO expressed concern at the lack of progress in reaching some of the goals. Immunization in Mexico was supported at the highest political level: pneumococcal and rotavirus vaccines had been added to the routine immunization schedule, and tetanus, diphtheria and acellular pertussis vaccination for pregnant women had also been introduced. Member States and the Secretariat must work to sustain the progress achieved and push for the responsible use of new vaccines and tools to accelerate progress.

The representative of COLOMBIA, noting the social and economic benefits of immunization, expressed concern about the anti-vaccine movement. Political commitment, good governance and strong national immunization systems were essential for meeting the goals of the global vaccine action plan. Sustained, high immunization coverage, excellent epidemiological surveillance and commitment from all Member States were essential to safeguard gains and eradicate diseases. Given the rise in vaccine prices, she called for the development of information systems to enable accurate vaccine price comparisons and mechanisms to ensure supply.

The representative of PAKISTAN expressed concern that global immunization coverage had increased by only 1% since 2010. Routine immunization was a top priority in the national health plan 2016–2025, and systematic steps were being taken to eliminate tetanus and measles. The current focus was on equitable coverage in routine immunization, especially in urban slums. Pakistan had introduced new vaccines into its routine immunization schedule and a national support platform had been established to deal with the fragmented financing structure of immunization programmes. Legislation on compulsory vaccination and protection of health workers had been passed in 2015. Major challenges remained with respect to ensuring smooth polio legacy planning and the transition away from GAVI Alliance support, vaccine affordability, private-sector involvement and sustainable domestic financing for routine immunization. He expressed support, in principle, for the draft resolution.

The representative of AUSTRALIA¹ expressed concern at the slow progress towards meeting the targets of the global vaccine action plan. Noting that Australia supported the recommended actions set out in the Secretariat's report, he strongly urged all Member States to implement them in full in order to accelerate progress and achieve the agreed goals by 2020. He encouraged planning for polio and GAVI transitions in order to maintain immunization programmes following the withdrawal of those external funding sources. Australia was partnering with the World Bank to strengthen health systems and support the institutional and financial sustainability of donor-financed immunization programmes in countries of the South-East Asia Region and the Western Pacific Region. He commended the draft resolution, and was pleased to sponsor it.

The representative of PANAMA,¹ welcoming the recommended actions set out in the Secretariat's report, particularly those relating to sustaining immunization coverage in vulnerable groups, said that the Secretariat should focus its efforts in countries where action to increase immunization coverage had not been effective. In Panama, immunization was free of charge and administered in the context of primary health care and routine immunization campaigns, at a cost of

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

some US\$ 35 million annually. The national advisory committee on immunization practices provided technical guidance, and special programmes were in place for vulnerable groups. As a result of those efforts, a number of diseases, including measles, had been eliminated. Panama wished to be added to the list of sponsors of the draft resolution.

The representative of DENMARK¹ said that the Secretariat must remain focused on encouraging achievement of the goals of the global vaccine action plan. Uptake of the human papillomavirus vaccine in Denmark was low and a nationwide campaign targeting parents would shortly be launched to counteract misconceptions about the vaccine and fill knowledge gaps. He thanked the Regional Office for Europe for its assistance in that regard. He highlighted the importance of reliable data on vaccine coverage and the occurrence of vaccine-preventable diseases, and called on WHO to continue its efforts to improve global access to vaccines.

The representative of ECUADOR¹ said that his country wished to be added to the list of sponsors of the draft resolution.

The representative of CUBA¹ said that immunization efforts should take place in the broader context of the global drive towards universal health coverage, and public, private and nongovernmental health services should be harnessed. National policies, strategies and best immunization practices needed to be developed and underpinned by political commitment. National ownership of immunization programmes and sustained financial support were essential. In Cuba, 8 of the 11 vaccines used in the national immunization schedule were produced nationally and a pneumococcal vaccine was under development. Cuba stood ready to share its experience with WHO.

The representative of MOROCCO¹ proposed that a paragraph that read along the following lines: “The Strategic Advisory Group of Experts on Immunization recommended that Member States strengthen the capacities of vaccination control laboratories in collaboration with international organizations” should be added after paragraph 14 of the summary in the Annex to the report contained in document EB140/25.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that the progress in implementing the global vaccine action plan was too slow and noted with concern that almost 50% of unimmunized children lived outside countries eligible for GAVI Alliance support. Actions high on WHO’s agenda in 2017 should include strengthening partnerships with civil society organizations, providing guidance to countries and partners on sustainable financing of immunization services, and supporting the establishment of an expert group of stakeholders to develop a reporting framework. She strongly supported the recommendation on removing barriers to the timely supply of affordable vaccines in humanitarian crisis situations and alleviating the financial burden on countries to buy and deliver vaccines for displaced populations.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION, speaking at the invitation of the CHAIRMAN, said that immunization was not sufficiently covered in major global health discussions. A disconnect between immunization and the health system agenda was also evident in countries where commitment to the global vaccine action plan was low. Very few countries used pharmacists as immunizers, although they were the most accessible health care providers. Member States should make vaccination a core component of pharmacy curricula to increase confidence in pharmacists as immunizers.

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

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that the United Nations Commission on Life-Saving Commodities for Women and Children had identified pharmacists as an underused resource for vaccine administration. A significant number of people could be reached if community pharmacies provided immunization services, and she therefore encouraged all Member States to revise their legal frameworks to authorize pharmacists to administer vaccines.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed concern that a WHO-convened middle-income countries task force had ended, particularly as those countries still faced severe challenges in accessing new and more expensive vaccines. Another such group, led by WHO, should be established, focusing on pooled procurement, price transparency and competition to increase affordability. She called for accelerated efforts to implement WHO guidance on vaccination in emergencies and on action with global partners to secure the lowest possible prices for humanitarian actors and governments protecting those affected by crisis. Donors and stakeholders must support governments in implementing existing WHO immunization recommendations. Competition was essential to improve vaccine affordability. Pneumococcal conjugate candidate vaccines from developing country manufacturers should be prioritized by the Secretariat for technical and regulatory support, and resources from the GAVI Alliance should be forthcoming to bring such vaccines to market. Governments should make use of the WHO Vaccine Product, Price and Procurement database, which had helped to improve transparency of vaccine prices.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that the progress on achieving equitable access to immunization was too slow. Inequalities in coverage within countries was a concern, as was the fact that, globally, one in seven children under 12 months of age was missing out on basic vaccination. Every child had the right to basic vaccination as part of the right to health. He urged Member States to provide immunization and other essential health services to all children as part of universal health coverage. He also called on Member States to support a side event on the global vaccine action plan at the Seventieth World Health Assembly. A strong resolution would demonstrate countries' commitment to accelerate progress towards universal immunization coverage.

The DIRECTOR (Department of Immunization, Vaccines and Biologicals), thanking Member States and other participants for their comments, said that he had taken note of the suggestions made. He particularly welcomed the approaches and solutions outlined to tackle the slow progress in implementing the global vaccine action plan and achieving immunization goals, including the need to increase country ownership and leadership. He drew attention to the Addis Declaration on Universal Access to Immunization as a Cornerstone for Health and Development in Africa as a means of securing high-level commitment. The importance of strengthening national immunization technical advisory groups had been highlighted as a means of promoting independent in-country monitoring systems and enhancing accountability, as had the need for legislation to protect funding for immunization. The expanded programme on immunization was increasingly complex, with some 20 vaccines recommended for routine immunization, and well-trained, capable managers were essential in order to supervise implementation. The majority of unvaccinated children lived in the most underserved areas, including those affected by humanitarian emergencies, and lessons could be learned from the Global Polio Eradication Initiative on increasing access to routine immunization. Recalling comments on supporting integrated immunization delivery through national health systems and on improving logistics and supply chain management, he said that a meeting would be held with the leaders of the agencies that had spearheaded development of the global vaccine action plan with a view to reaching consensus on actions to improve support to national programmes. Every effort would be made to ensure a smooth transition of polio assets, infrastructure and staff. In cooperation with the GAVI Alliance, resources had been secured for almost 80 new in-country staff positions for routine

immunization scheduling. The Secretariat was working to prepare guidance on countering the anti-vaccine movement.

The Board noted the report.

The representative of COLOMBIA proposed that, in the light of the number of proposals for amendments, informal intersessional meetings should be organized with a view to reaching consensus on the draft resolution for submission to the Seventieth World Health Assembly.

The CHAIRMAN took it that the Board wished to postpone the adoption of the draft resolution to allow for further consultations among Member States during the intersessional period before the Seventieth World Health Assembly in order to reach consensus.

It was so agreed.

Global vector control response: Item 9.2 of the agenda (document EB140/26)

The representative of FIJI welcomed the guidance set out in the draft global vector control response 2017–2030. He expressed concern that the high burden of vector-borne diseases faced by the Pacific island Member States might be exacerbated by climate change. In the light of the scale and urgency of the challenges posed by vector-borne diseases, it was important to maintain the momentum of WHO's work in that field. Noting that mere consideration of the report would therefore be insufficient, he requested the Secretariat to prepare a draft resolution on the global vector control response, in consultation with Member States, before the Seventieth World Health Assembly. His Government was willing to provide support in that process.

The representative of the RUSSIAN FEDERATION said that the draft global vector control response was both timely and appropriate, and its goals and targets were realistic. She expressed support for the key areas of action identified in the report, but stressed that they should include the need to address the global shortage of entomologists. The Russian Federation, within the framework of cooperation with WHO, was ready to play an active part in training programmes for entomologists. Further work on global vector control should include the development of a list of strategic measures that took into account the varying capacity among countries. Measures on the production of prophylactic medicines should also be developed as part of the work on the blueprint for research and development preparedness and rapid research response. In addition, the Secretariat should consider establishing an international expert group on vector control issues and developing an interactive resource-mapping system and list of up-to-date national scientific documents on the diagnosis, prevention and treatment of communicable diseases. Her Government would be willing to participate in the work of such a group.

The representative of JAMAICA said that vector-borne diseases posed a substantial threat to the health of the people of the Caribbean. The implementation of strategic models developed by PAHO, such as the Integrated Management Strategy for Dengue Prevention and Control, had achieved limited success, in part owing to the failure to adapt them to the national capacity. Highlighting the need to strengthen capacity at the country level, he called on the Secretariat to: provide technical and other support to enable Member States to adopt the relevant strategies and develop country-specific action plans; support capacity-building of country teams; and promote and provide guidance on advancing a Health in All Policies approach.

The representative of the NETHERLANDS said that effective vector control required long-term commitment and an integrated approach, with WHO playing a leading and coordinating role. His Government had supported the Secretariat in its work on invasive species of mosquitoes. Although the draft global vector control response was an encouraging step in the right direction, it was very ambitious. In order to reduce the burden of vector-borne diseases, efforts should be focused on developing medicines and vaccines. In addition, a sound regional approach was needed to tackle the specific entomological and public health challenges faced by each country.

The representative of the PHILIPPINES said that his country was facing the challenges outlined in the report. Enhanced vector control capacity could be achieved only if countries had well-trained and experienced technical experts to formulate, monitor and assist in the implementation of the draft global vector control response. Enhancing capacity to monitor and document vector behaviour patterns and conduct vector surveillance would be vital in planning and carrying out appropriate vector control activities that took account of the effects of climate change. He underscored the need to ensure that basic and applied research included activities to assess the safety of products used, such as insecticides and larvicides, in order to prevent inappropriate use. The global vector control response would be effective only if multistakeholder collaboration and political will were ensured. His Government supported the draft global vector control response and was committed to participating actively in its finalization.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, speaking on behalf of the Member States of the African Region, welcomed the draft global vector control response. WHO had an integrated plan for malaria control for 2016–2030, which allowed countries to adapt their national control programmes with the aim of accelerating malaria elimination. While remarkable progress had been made in combating malaria, with the use of long-lasting insecticidal nets and indoor residual spraying, much work still remained to tackle other vector-borne diseases. Member States needed to establish robust and effective entomological surveillance mechanisms, evaluate interventions, implement integrated plans to combat vector-borne diseases, and encourage the involvement of communities. They should also develop coordination mechanisms and bring together all stakeholders in priority interventions with a view to creating synergies and complementarities in the mobilization of resources, which were needed in order to carry out interventions and action plans.

The representative of the DOMINICAN REPUBLIC, highlighting the scale of the problem of vector-borne diseases in his country, said that an integrated approach to vector management was crucial, and measures should be taken that had already proven effective and cost-efficient, such as the use of insecticidal nets and indoor residual spraying, and breeding ground control and management. Thus far, vector control interventions had not been sustainable and had not been adequately tailored to the realities in countries. The sterile insect technique should be incorporated into vector control strategies. Innovative entomological surveillance systems must be used appropriately, and studies of insecticide resistance and vector behaviour were particularly important. International migration posed a threat with regard to the introduction of new vector species. The elaboration of the draft global vector control response would afford an opportunity for the Secretariat to work with Member States to combine political will with practical action and cutting-edge technology, research, capacity-building and the regulation of the procurement and use of insecticides.

The representative of THAILAND said that, while the draft global vector control response was welcome and its proposed four pillars of action were comprehensive, it would fail unless global warming and climate change were tackled effectively. WHO and its partners should support the translation of vector control response measures into programme implementation, and monitoring and evaluation at the country level. To do so, human resources for vector control must be strengthened to sustain the work of entomologists and vector control operations teams. Regional networks that enhanced mutual support between Member States must also be strengthened.

The representative of FRANCE recalled that the development of the draft global vector control response had involved an inclusive consultation process. Vector control was an intersectoral issue, which also required a response by local communities involved in, for example, urban planning, preventing stagnant water, and agriculture, in particular regarding the use of insecticides that had an impact on mosquito resistance. Local communities must take ownership of prevention strategies. A link should be established between the draft global vector control response and the draft global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response. The Zika virus disease outbreak had shown that vector-borne disease outbreaks could constitute a public health emergency of international concern. Research and development should not be limited to treatment, but should also be directed towards innovative methods of prevention. New biocides and alternative insecticides were essential, and the research and development blueprint should drive the development of new tools for vector control, while every effort should be made to ensure environmental protection and take into account ethical concerns. Zoonoses should be dealt with in a separate action plan. To achieve tangible results, close monitoring of the implementation of the vector control response would be required.

The representative of the UNITED STATES OF AMERICA said that, in order to be sustainable, vector control would require political commitment, advocacy, funding and intersectoral coordination. The cost of establishing and maintaining strong vector control capacity and scaling up vector control activities in priority areas should be estimated. Realistic and measurable milestones for the development of entomology capacity in a country should be set, with epidemiological indicators, to enable countries to assess their progress in controlling specific vector-borne diseases. Substantial research and development would also be required. He supported the call for a draft resolution on the global vector control response to be prepared for submission to the Seventieth World Health Assembly.

The representative of NEW ZEALAND said that she supported the proposal to prepare a draft resolution on the global vector control response for submission to the Seventieth World Health Assembly and was willing to support its development. Evidence-based, community-engaged, sustainable vector control efforts could reduce the burden of vector-borne diseases.

The representative of CHINA said that the draft global vector control response offered a comprehensive approach to reducing the global burden of vector-borne diseases. The elimination of vector breeding grounds was an important aspect of vector control, which required intersectoral action and a whole-of-society approach. Vector surveillance, planning for vector control and scientific assessments of impact were essential to ensure sustainable vector control. Greater consideration should be given to the challenges posed by population migration.

The representative of CANADA said that, as vector control was complex, it would require concerted efforts at all levels, with solutions tailored to country situations. WHO should align its vector control response with other efforts to improve global capacity in preventing, detecting and responding to new and emerging health threats. A revised version of the draft global vector control response, including projected costs and alignment with other initiatives, would be welcome. His Government would continue to work closely with partners to monitor the global risk posed by vector-borne diseases and to ensure continued research and increased epidemiological capacity. His Government would continue to provide support to developing countries to build their research capacity. He agreed with the proposal to develop a draft resolution for submission to the Seventieth World Health Assembly.

The representative of BAHRAIN said that significant challenges continued to impede vector control; Member States must make every effort to implement the global vector control response. Vector control strategies that were in line with the Sustainable Development Goals were needed, and the Secretariat should support Member States' efforts to combat and mitigate the impact of vector-borne diseases.

The representative of MEXICO welcomed the development of financing mechanisms to ensure the sustainability of vector control programmes and the development of innovative technologies, including the use of bacteria of the genus *Wolbachia*, genetically modified insects and the sterile insect technique. Mexico had enhanced its entomological surveillance and vector control capacity and increased the funding allocated to those areas, and was gathering a wide range of data, including on entomological, transmission, environmental and climate-related risks. It was also raising awareness of the vector control with a view to enhancing community mobilization. Mexico supported the draft global vector control response and was committed to its implementation, once it had been finalized, at the national level.

The representative of COLOMBIA expressed support for the draft global vector control response, which provided important tools and guidance to strengthen the regional, national and local capacity for vector control. It was vital to train entomologists, increase epidemiological surveillance, raise awareness among individuals and communities, and treat people affected by vector-borne diseases. She highlighted the importance of a coordinated intersectoral approach in advancing vector control efforts, especially in developing countries. Colombia supported the proposal that a draft resolution should be prepared for submission to the Seventieth World Health Assembly and her delegation was ready to collaborate on it.

The representative of CHINA said that his Government supported the proposal to develop a draft resolution on vector control response and would be willing to participate in its preparation.

The representative of the UNITED REPUBLIC OF TANZANIA,¹ welcoming the renewed global attention accorded to vector control, expressed support for the key action areas outlined in the draft global vector control response. His country had undertaken a range of targeted vector control initiatives, including indoor residual spraying, larval source management, and tsetse fly and human African trypanosomiasis eradication campaigns. There was a pressing need to scale up holistic vector control initiatives, particularly as certain vectors could transmit the causative agent of more than one disease. Implementation of the global vector control response would require additional resources, which should be taken into account in the proposed programme budget for 2018–2019 and subsequent budgets. He called on the Secretariat and all stakeholders to continue to support Member States in implementing the global vector control response, particularly with regard to initiatives to develop human resources.

The representative of AUSTRALIA¹ said that, given the changing demographic, social and environmental risk factors for vector-borne diseases, WHO's renewed focus on strengthening vector control globally was timely. The recent outbreaks of Zika virus disease were a case in point. Australia supported the draft global vector control response, which provided a comprehensive and integrated approach to vector control at the global level, and noted the ongoing work on implementation costing. A number of practical challenges would need to be addressed at the country level, including the integration of existing malaria and dengue control programmes and the coordination of an intersectoral response. Ongoing collaboration to share tools, expertise and resources would be critical to meet the 2030 targets outlined in the draft global vector control response. Australia supported the proposal to prepare a draft resolution before the Seventieth World Health Assembly for consideration by Member States and was available to support the process.

The representative of BRAZIL said that he supported the approach outlined in the draft global vector control response. Brazil had already developed strategies and initiatives in line with the draft global vector control response, and had put in place a community-based integrated vector control

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

management system. Implementation of the PAHO Strategy for Arboviral Disease Prevention and Control would be critical to regional efforts to combat vector-borne diseases. In view of the cross-border spread of vector-borne diseases, international cooperation was an important tool that could bolster national, regional and global capacity, especially with regard to human resources and surveillance systems. Brazil supported the negotiation and adoption of a draft resolution at the Seventieth World Health Assembly.

The representative of PANAMA¹ said that vector-borne diseases disproportionately affected the poorest populations, exacerbating inequalities. In addition, affected communities had limited awareness of actions to reduce the risk factors for such diseases. An integrated vector management approach was crucial. Panama was conducting entomological surveillance activities, developing training courses for technical professionals and new technologies, and strengthening disease notification systems. She supported the proposal to prepare a draft resolution for consideration by the Seventieth World Health Assembly.

The representative of SWITZERLAND¹ welcomed the draft global vector response, particularly pillar 1 on strengthening inter- and intra-sectoral collaboration and pillar 4 on enhancing community engagement. She noted the role of WHO in producing norms and its expertise in tackling an emerging and complex problem. In the context of the Sustainable Development Goals, a broad evidence-based approach to vector control could be used to examine the determinants of health and equity. She encouraged the Secretariat to work closely with relevant partners, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Roll Back Malaria Partnership, in order to ensure a holistic and coherent approach. Switzerland supported the proposal to prepare a draft resolution before the Seventieth World Health Assembly.

The representative of JAPAN¹ said that core capacities under the International Health Regulations (2005) should be strengthened in order to ensure the effective control of infectious diseases. Community involvement and intersectoral collaboration, including the education sector, were key to prevention and control activities. Robust surveillance and information-sharing among countries and regions were also essential. The Secretariat and staff in the regional offices should continue to play a strong leadership role in the fight against vector-borne diseases.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES, noting that a robust and sustainable water, sanitation and hygiene programme was critical to effective vector control, requested the inclusion of guidance on water, sanitation and hygiene interventions under pillar 1 of the draft global vector control response, including a specific mention of the importance of effective excreta disposal. She highlighted the need for an integrated response, noting that the report should also include a section on medical treatment and the integration and sequence of vector control measures, as well as guidance on the coordination of funding.

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

The ASSISTANT-DIRECTOR GENERAL (HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases), thanking Member States and other participants for their comments, said that he recognized the challenges faced by countries in relation to vector control. An effective vector control response required the engagement of all stakeholders. He had taken on board the points raised, including the need for research and development, environmental protection and capacity-building. He welcomed Member States' support for the draft global vector control response and for a proposed draft resolution for consideration at the Seventieth World Health Assembly. The draft global vector control response was the fruit of a broad consultation process, and the feedback provided by Member States would be incorporated into its revision. All three levels of the Organization would work closely to ensure the implementation of the intra- and intersectoral approach outlined in the draft global vector control response.

The Board noted the report.

The CHAIRMAN took it that the Board wished to request the Secretariat, in consultation with Member States, to prepare a draft resolution for consideration at the Seventieth World Health Assembly.

It was so agreed.

2. HEALTH SYSTEMS: Item 8 of the agenda (continued)

Evaluation and review of the global strategy and plan of action on public health, innovation and intellectual property: Item 8.4 of the agenda (documents EB140/20 and EB140/20 Add.1) (continued from the eleventh meeting, section 1)

The CHAIRMAN recalled that the discussion of the draft resolution contained in document EB140/20 and the terms of reference of the overall programme review contained in Annex 2 to that document had been suspended at the eleventh meeting to allow for informal consultations on the proposed amendments.

The representative of the UNITED STATES OF AMERICA said that the informal consultations had resulted in an agreement to accept all of the proposed amendments. He hoped that the amended version of the text would be acceptable to the Board.

The DIRECTOR (Department of Governing Bodies) drew attention to the amended version of the text, which read:

The Executive Board,

Having considered the proposed terms of reference of the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property set out in the Secretariat's report,¹

APPROVES the terms of reference set out in the Annex to this resolution.

¹ See document EB140/20, Annex 2.

ANNEX

TERMS OF REFERENCE OF THE OVERALL PROGRAMME REVIEW

1. As ~~proposed in document~~ directed in WHA68.18/35, the overall programme review, as distinct from the evaluation, will be a more policy-oriented, forward-looking exercise. The expert review panel should seek to identify areas of consensus, in line with the ten principles of the global strategy and plan of action on public health, innovation and intellectual property (contained in the annex to WHA61.21). Guided by the report of the comprehensive evaluation and, where appropriate, taking into account other evidence and involving relevant stakeholders, including public- and private-sector entities involved in biomedical research and development, the programme review will:
 - (a) assess the continued relevance of the aim and objectives and the eight elements of the global strategy and plan of action;
 - (b) Consider the evaluation of, and identify the key barriers to, assess the implementation and its key barriers of the global strategy and plan of action so far;
 - (c) review achievements, good practices and success factors as well as gaps, weaknesses and remaining challenges;
 - (c BIS) ensure that over the course of the evaluation, there is appropriate input and review by the three agencies specified in WHA61.21 as implementers of the global strategy and plan of action on public health, innovation and intellectual property, specifically WIPO, WTO and UNCTAD;
 - (d) based on an assessment of the costs and benefits of the global strategy and plan of action, determine whether it should be continued to 2022 and, if it is continued, provide ~~recommend a way forward, including~~ details of what may need to be improved and modified in the next stage of its implementation ~~of the global strategy and plan of action until 2022;~~
 - (e) submit a final report to the Health Assembly, including the assessment of the global strategy and plan of action and recommendations on the way forward.
2. The final report of the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property, focusing on its achievements, remaining challenges and recommendation on the way forward will be presented to the Seventy-first WHA in 2018 through the 142nd session of the EB.

The representative of ALGERIA asked the delegations that had proposed amendments to explain the reasons for doing so.

The representative of the UNITED STATES OF AMERICA, referring to the proposed amendments to the introductory part of paragraph 1 of the proposed terms of reference of the overall programme review, said that the purpose of the first amendment was to change the document symbol from that of the Secretariat's report to that of the resolution resulting from that discussion. The aim of the addition of the second sentence was to emphasize that the goal of the expert review panel should be to seek to identify areas of consensus. If the panel could not develop a set of recommendations, it would be very difficult for Member States to do so. In addition, it was important to avoid repeating the outcomes of the report of the United Nations Secretary-General's High-level Panel on Access to Medicines, on which several dissenting opinions had been presented. The amendment also served to highlight that the principles of the global strategy and plan of action on public health, innovation and intellectual property must continue to serve as a guide. The purpose of the third amendment was to emphasize the importance of engagement with public- and private-sector innovators, a group that had

been consistently absent from discussions on improving access. In that regard, concerns had been raised in the report of the High-level Panel about unintended consequences on innovation systems.

The representative of CANADA said that further time was required to allow Member States to review the proposed amendments.

The CHAIRMAN took it that the Board wished to postpone the discussions to allow the Secretariat to circulate an amended version of the draft resolution and terms of reference for consideration by Member States.

It was so agreed.

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

The meeting rose at 20:30.

THIRTEENTH MEETING

Saturday, 28 January 2017, at 09:30

Chairman: Dr R. BUSUTTIL (Malta)

NONCOMMUNICABLE DISEASES: Item 10 of the agenda

Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018: Item 10.1 of the agenda (documents EB140/27 and EB140/27 Add.1)

The CHAIRMAN invited the Executive Board to note the report and consider the draft resolution contained in document EB140/27. The financial and administrative implications for the Secretariat of that draft resolution were contained in document EB140/27 Add.1.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, reaffirmed the Region's commitment to implement resolutions WHA66.10 (2013) on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and WHA69.6 (2016) on responses to specific assignments in preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable diseases. Tackling the double burden of communicable and noncommunicable diseases in the Region required efforts that could not be supported by national budgets alone. The main challenges faced by the Region included unmet demands for technical assistance to strengthen national capacity and industry interference that blocked certain measures. He welcomed the draft updated Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020. When selecting interventions for noncommunicable diseases, it was essential to consider national implementation capacities and feasibility. The Member States of the African Region would therefore require technical and financial support from WHO. He supported all measures to ensure that non-State actors, and the private sector in particular, followed WHO standards and guidance and could register their contributions to action on noncommunicable diseases in an objective and independently verifiable manner. The Secretariat should therefore complete its work to develop an approach to the registration and publication of the contributions of non-State actors to the achievement of the voluntary targets for noncommunicable diseases. Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018, should be based on consensus and transparency, and should take into account national circumstances and the need for multisectoral action, fairness, efficiency, universal health coverage and strengthened health promotion and research, including the development of new technologies. He urged donors to increase their contributions to support the countries of the Region in developing their national multisectoral noncommunicable disease responses, with the involvement of both State and non-State actors. He expressed support for the draft resolution.

The representative of TURKEY welcomed the report, noting that, in 2016, the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases had carried out a useful mission to Turkey. The fight against noncommunicable diseases was the shared responsibility of all United Nations organizations. WHO should ensure system-wide cooperation in that regard.

The representative of MEXICO noted the importance of taking global, unified and standardized measures on noncommunicable diseases, and of coordination and evaluation efforts, which would contribute to the development of more effective strategies in Member States. She expressed support for the proposed workplan and draft updated Appendix 3. It was crucial to register and publish the contributions of non-State actors to the achievement of the nine voluntary targets for noncommunicable diseases.

The representative of CANADA said that the draft updated Appendix 3 was an important tool for the implementation of measures on noncommunicable diseases and their risk factors, which should be applied according to national circumstances. The Secretariat should provide, prior to the Seventieth World Health Assembly, additional technical information on the findings that had led to the inclusion of each of the options in the draft updated Appendix 3, since increased transparency would provide added weight to the evidence. Before the Seventieth Health Assembly, once the analyses by the WHO's Choosing interventions that are cost-effective (WHO-CHOICE) project had been completed, the Secretariat should hold a technical briefing on the outcome of those analyses.

The representative of the CONGO expressed concern that sickle cell disease, as the most widespread genetic disease, and one that affected countries in Africa, the Middle East, South-East Asia, Europe and the Americas, was a forgotten noncommunicable disease. Although an African regional programme on noncommunicable diseases had been developed for 2010–2016, it had hardly been implemented or evaluated. All noncommunicable diseases, including sickle cell disease, must be taken into account in order to conduct a comprehensive evaluation of the effectiveness of preventative measures and resulting treatment regimes.

The representative of COLOMBIA, speaking on behalf of the Member States of the Region of the Americas, said that she welcomed the draft updated Appendix 3 and the proposed workplan and took note of the draft approach to register non-State actors' contributions to the achievement of the voluntary targets. Member States should discuss the purpose and benefits of each model presented in the draft updated Appendix 3, in line with the Framework of Engagement with Non-State Actors. Given the Region's high burden of noncommunicable diseases, it was strongly committed to taking action, specifically through the Plan of Action for the Prevention and Control of Noncommunicable Diseases in the Americas 2013–2019, on which further efforts and cooperation were needed. Comprehensive approaches by government and in society were necessary to confront noncommunicable diseases and manage their risk factors. Political will, coordinated investments and cooperation were critical to addressing the underlying social, economic, political and capacity-related challenges of noncommunicable diseases and tackling the interconnected nature of the epidemic, including with reference to the Sustainable Development Goals. More measures were urgently needed, in order to make progress on preventable noncommunicable diseases and meet the voluntary targets. The preparation for the third High-level Meeting, in which the Member States of the Region would participate, required a multistakeholder approach. The Secretariat should play a strengthened role in supporting Member States in the development and implementation of national responses and capacities on noncommunicable diseases, and should facilitate the coordination of activities, multistakeholder engagement and cross-sectoral action to implement the global action plan.

The representative of MALTA, speaking on behalf of the European Union and its Member States, proposed that, in paragraph 3 of the draft resolution, a footnote should be inserted after the words "Member States", which would read "And, where applicable, regional economic integration organizations."

The representative of JAMAICA recalled that heads of State of the Caribbean Community had been the first to sign a declaration on tackling the epidemic of noncommunicable diseases. Despite efforts in the Caribbean subregion to increase public awareness of noncommunicable diseases, the challenges included inadequate funding for national action plans, competing priorities for resources

and advertising that countered positive cultural norms. As a result, the subregion was not on track to meet the nine voluntary targets on noncommunicable diseases, and the attainment of the Sustainable Development Goals related to noncommunicable diseases was under threat. He endorsed the draft updated Appendix 3 and took note of the draft approach to register and publish non-State actors' contributions to the achievement of the voluntary targets. Two nongovernmental organizations in the Caribbean subregion had published a status report that registered the contribution of regional non-State actors to the global commitments on noncommunicable diseases. The Secretariat should give due consideration to that report when completing its work on registering non-State actors' contributions.

The representative of THAILAND said that he welcomed the draft updated Appendix 3, the draft approach to registering non-State actors' contributions and the proposed workplan. Experience of the prevention and control of noncommunicable diseases highlighted the need for effective and sustainable multisectoral action to address related risk factors. The frequent strong response to health-related tax increases from the tobacco, alcohol, and sugary drink industries meant that strong leadership and good governance would be crucial to success. A central challenge would be translating the menu of policy options into action to achieve the voluntary targets. The Secretariat should develop a composite risk index for noncommunicable diseases and promote a total risk approach. A global strategy and action plan on physical activity would contribute to the achievement of the voluntary targets. WHO and other global leaders in health should act as role models by promoting healthy organizations, cities and countries.

The representative of BAHRAIN, highlighting the challenges posed by noncommunicable diseases, noted the impact of such diseases in his region. Cooperation should be strengthened to enhance the implementation of national strategies to combat noncommunicable diseases. He supported all efforts by WHO to tackle noncommunicable diseases.

The representative of the UNITED STATES OF AMERICA, referring to the draft updated Appendix 3, called for additional information on the analyses related to modified or new interventions, such as effective taxation of sugar-sweetened beverages. Without the draft technical annex, an endorsement of the draft updated Appendix 3 would be premature. She proposed that paragraph 1 of the draft resolution should be bracketed and that the Secretariat should brief Member States on the Appendix, the underlying WHO-CHOICE analyses and the updated technical annex prior to the Seventieth World Health Assembly. The draft technical annex should include WHO's key assumptions, for example on whether analyses modelled a range of coverage scenarios and the impact of different tax rate changes. Accessible tools that allowed users to explore interventions and policy options in detail and in light of local factors would be helpful. She encouraged a thorough and ongoing evaluation of the effectiveness of the policy and intervention recommendations. She expressed support for a multisectoral and multistakeholder approach to addressing noncommunicable diseases and encouraged WHO to consult broadly on the further development of the approach to register and publish non-State actors' contributions. Regular engagement with non-State actors should include dialogue, the sharing of best practices and collaboration to tackle noncommunicable diseases.

The representative of NEW ZEALAND expressed support for WHO's focus on determining and implementing cost-effective and evidence-based interventions. The availability of the evidence base for the policy options set out in the draft updated Appendix 3 was key to conducting a constructive review of the report prior to the Seventieth World Health Assembly. Accordingly, he supported the request for the Secretariat to provide the evidence base referenced in document EB140/27, Annex 1, paragraph 7, and to convene discussions on that information before the Seventieth World Health Assembly. Those background materials should be publicly available through open access.

The representative of CHINA expressed his support for the proposed workplan. He urged WHO to strengthen coordination with other international organizations on action to tackle noncommunicable diseases. The Organization should also boost financial and technical support for developing countries on noncommunicable diseases and develop innovative support models, improve its monitoring system, introduce information technology tools to improve efficiencies and promote global capacities.

The representative of the RUSSIAN FEDERATION said that, although WHO and global health leaders had made noncommunicable diseases a top priority, progress was slow. She noted the support for tackling noncommunicable diseases provided by the geographically dispersed office in Moscow. She expressed support for the draft updated Appendix 3.

The representative of KUWAIT said that political will, financial support and cooperation with all stakeholders were crucial to the successful implementation of the global action plan. She expressed support for the draft updated Appendix 3, which would allow WHO to capitalize on evidence of tackling noncommunicable diseases and would bolster the efforts made by Member States. The Organization should promote best practices and lessons learned, and cooperate with non-State actors. The issue of noncommunicable diseases and emergency situations should be thoroughly discussed, in particular with respect to the health of migrants and the impact of such diseases on receiving countries.

The representative of PAKISTAN said that concerted efforts would be required to combat noncommunicable diseases and their impact on economic development. High-level political commitment, resource mobilization, technical expertise, legislation and intersectoral collaboration would be vital to success. He stressed the need to identify common ground between the work being done to combat noncommunicable diseases and other areas of work, including chronic diseases, infectious diseases, social determinants and the Sustainable Development Goals. He urged WHO to develop synergies at every level in that regard.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO said that, in order for action plans to achieve their aims, they must be realistic. The main objectives of the global action plan would not be met unless all countries placed emphasis on the implementation of realistic national action plans backed by sufficient resources.

The representative of NEPAL said that steps should be taken to effectively implement national multisectoral action plans. Prevention and control strategies should be well coordinated and include the active participation of health sector partners and other stakeholders. Exercise and healthy lifestyles should be promoted and integrated into national primary health care systems. Adequate financial resources for prevention, control, monitoring and research activities should also be made widely available at the national and global levels.

The representative of JAPAN¹ said that the promotion of healthy and active ageing would play a vital role in combating noncommunicable diseases. She stood ready to share experience and knowledge on the matter, in order to galvanize momentum ahead of the third High-level Meeting. She welcomed the draft resolution.

The representative of URUGUAY¹ said that strong political will would be required to tackle noncommunicable diseases at the global level. The global coordination mechanism on the prevention and control of noncommunicable diseases represented the best means of bringing relevant stakeholders together to take joint action. It was imperative that national and international strategies to tackle

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

noncommunicable diseases focused not only on health aspects, but also on social and educational determinants. She expressed support for the draft updated Appendix 3 and the proposed workplan.

The representative of the UNITED REPUBLIC OF TANZANIA¹ welcomed the draft updated Appendix 3. He expressed the hope that his country would continue to receive WHO assistance in the implementation of its national action plan on noncommunicable diseases.

The representative of INDIA¹ said that written amendments to the draft updated Appendix 3 would be forwarded to the Secretariat. While expressing support for the draft approach to registering and publishing the contributions of non-State actors to the achievement of the nine voluntary targets for noncommunicable diseases, he stressed that the approach must be consistent with the Framework of Engagement with Non-State Actors and include a comprehensive policy on conflicts of interest. An open internet platform would be a cost-effective way of implementing the draft approach and would provide the required transparency. He urged the Secretariat to make the resource library on noncommunicable diseases, referred to in Action 2.2 of the proposed workplan, available to Member States at the earliest possible opportunity.

The representative of NORWAY¹ said that, given the importance of urban planning policy in promoting health, efforts should be made to disseminate noncommunicable disease prevention practices via the WHO European Healthy Cities Network. He expressed support for the draft updated Appendix 3 and noted that alcohol and tobacco control could serve as effective means of curbing the rise of noncommunicable diseases, while simultaneously generating national revenue to finance noncommunicable disease programmes. Regarding the draft approach to registering and publishing non-State actors' contributions, he emphasized the importance of accuracy over speed and suggested a stepwise approach to implementation. The approach should remain a self-reporting tool, whereby non-State actors were encouraged to register only those contributions related to activities within their core area of business. He supported the overall eligibility criteria for participation in the implementation of the approach, based on the compliance of non-State actors with the provisions of United Nations General Assembly resolutions 66/2 (2011) and 68/300 (2014), the Framework of Engagement with Non-State Actors and the global action plan for the prevention and control of noncommunicable diseases 2013–2020. As for the proposed workplan, WHO should continue to promote low-cost interventions in low- and middle-income countries and strengthen the work of country offices. He noted the important work performed by the global coordination mechanism and looked forward to receiving updates on its progress.

The representative of TOGO¹ said that decisive action must be taken to prevent the emergence of noncommunicable diseases in childhood and adolescence and to promote healthy lifestyles, so as to reduce morbidity and mortality rates in the decades to come.

The representative of AUSTRALIA¹ acknowledged that an increased number of Member States had an operational policy on noncommunicable diseases, but expressed concern that many countries struggled to move from commitment to action. He urged Member States to accelerate their efforts to implement policies aimed at combating noncommunicable diseases prior to the comprehensive status review at the third High-level Meeting in 2018. He expressed support for regional leadership on the prevention, control and treatment of noncommunicable diseases in the Western Pacific Region and welcomed the draft updated Appendix 3 and the proposed workplan. Registering non-State actor contributions would be essential to tackling noncommunicable diseases. However, the approach taken must be practical, transparent and accountable, and backed by adequate resources.

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

The representative of PANAMA,¹ recognizing that the increase in the number of actions on noncommunicable diseases generated new challenges, noted that a number of countries had not made progress on their commitments, due to conflicts between the public health sector and industry. Framework conventions should be established for each risk factor and the relevance of food to noncommunicable diseases must be addressed. She called on Member States to make efforts to attain their commitments and urged the Director-General to manage the relevant financial resources and apply the Framework of Engagement with Non-State Actors. Health authorities should manage and facilitate action to improve public health in the face of global challenges. She expressed support for the report and its annexes.

The representative of ITALY¹ welcomed the Secretariat's pledge to provide Member States with additional technical support to tackle noncommunicable diseases. She noted the importance of relying on strong and robust scientific evidence to identify and guide policy options and interventions aimed at preventing noncommunicable diseases, without prejudice to national sovereignty. She would therefore not be in a position to endorse the draft updated Appendix 3 before completion of the evidence-based studies and analyses of the policy option on reducing sugar consumption through effective taxation on sugar-sweetened beverages.

The representative of ECUADOR,¹ noting that successful control of noncommunicable diseases would require a cross-cutting, global approach, expressed regret that the report failed to mention the United Nations Decade of Action on Nutrition. To that end, she wished to know what joint activities would be organized under the global coordination mechanism to improve synergies with the United Nations Permanent Committee on Nutrition as well as to help Member States comply with the objectives of the global action plan and counteract the pernicious influence of the food, alcohol and tobacco industries. Agreement must be reached with private sector bodies on improved and sustainable food production systems that allowed for the promotion of a healthy diet and equal access to quality products. She called on Member States to comply with commitments to prevent and control noncommunicable diseases and prepare seriously for the third High-level Meeting. The proposed workplan for the global coordination mechanism must encompass a multisectoral, interdisciplinary approach, so as to identify synergies and optimize the limited resources available. She therefore proposed that, at the end of the second preambular paragraph, and the third operative paragraph of the draft resolution, the phrase "including Resolution A/RES/70/259; as well as the existing synergies with Resolution WHA68.19 on the Outcome of the Second International Conference on Nutrition" should be added.

The representative of BANGLADESH,¹ noting the slow rate of progress in implementing the global action plan, expressed the hope that the third High-level Meeting would lead to the development of pragmatic initiatives to dramatically reduce noncommunicable diseases. He expressed support for the draft resolution.

The representative of SOUTH AFRICA¹ said that the readiness of health systems and the effective implementation of national action plans would be crucial to the prevention and control of noncommunicable diseases. She stood ready to share South Africa's experience of integrating services for noncommunicable diseases. Further scientific evidence would be required in order to devise cost-effective interventions to tackle such diseases. She supported the draft updated Appendix 3.

The representative of MONACO¹ said that the collective action taken by the Member States since the first High-level Meeting was both relevant and innovative. For example, the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases made it

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

possible to tackle problems at their roots, while the global coordination mechanism fostered dialogue with all stakeholders, including the private sector. It was therefore crucial to continue working together. She expressed support for the draft resolution and stood ready to participate in the preparations for the third High-level Meeting.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA¹ endorsed the statement made by the representative of Ecuador. Progress was needed on health promotion policies in terms of food production regulations, especially with regard to the sodium and saturated fat content of processed foods and to the sugar content of non-alcoholic beverages. He endorsed global efforts on noncommunicable diseases and noted that his Government would bolster its national activities in the light of global objectives, in particular those set out in the draft updated Appendix 3.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES recommended that the third High-level Meeting should hold further discussions of two issues: the role of volunteers and community-based health programmes in supporting preventive lifelong behaviour change and providing care for those living with chronic illnesses; and expanding support to address noncommunicable diseases in disasters, emergencies and complex settings, including among people on the move. The Federation welcomed the proposal to develop a system allowing non-State actors to publish achievements in relation to noncommunicable disease control targets.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that physicians were committed to reducing the chronic disease burden at all levels. The Association offered its expertise to help the Secretariat and Member States implement the noncommunicable disease strategy and evaluate the global coordination mechanism. It also stood ready to support WHO in the organization of the third High-level Meeting. Measures relating to noncommunicable diseases had to be broad and inclusive in scope. A holistic approach was needed that was based on common risk factors, the social determinants of health and a life course approach. Member States, United Nations agencies, civil society and the private sector all had to work together in a committed partnership that took due account of the need to address conflicts of interest.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that FDI stood ready to participate in the mid-point evaluation of progress on the implementation of the global action plan. With regard to the nine voluntary targets for noncommunicable diseases, he emphasized that the prevention and control of oral diseases and the promotion of oral health could make significant and direct contributions to achieving targets 1, 2, 5 and 7. FDI supported population-wide measures, but noted that they could appear judgemental and open the door to industry accusations relating to personal freedom and punitive taxes affecting the poor; it therefore advocated such measures in combination with awareness-raising campaigns. Oral health promotion and disease prevention campaigns were convincing and cost-effective means of promoting healthy behaviours to prevent other noncommunicable diseases.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, expressed satisfaction at the inclusion of palliative care and access to pain medicines in the draft updated Appendix 3, Objective 4. She urged Member States to speed up implementation of WHA67.19 (2014) and integrate palliative care into their health systems by increasing the training and certification of health care providers and primary care physicians in basic palliative care skills. She urged the Secretariat to help Member States to implement the operational recommendations of the outcome document adopted by

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

the United Nations General Assembly Special Session on the world drug problem pertaining to the availability and affordability of controlled essential medicines, particularly oral morphine, for the relief of severe pain and dyspnoea. The inclusion of palliative care and essential controlled medicines in national noncommunicable disease plans would help Member States achieve target 3.8 of the Sustainable Development Goals.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, commended the Secretariat for the significant improvements made to Appendix 3, which now acknowledged the limitations of cost-effective analysis and emphasized the importance of population-based interventions, including fiscal policies and environmental changes. She urged the Board to discuss in depth the approach used to register contributions from non-State actors, the purpose and feasibility of which remained unclear. For the approach to be credible, commitments would have to be specific, measurable, achievable, realistic and time-bound and directly related to the non-State actor's core business. It would have to comprise a sophisticated set of output indicators and a robust monitoring and evaluation component. It must in no way draw attention away from the urgent need for policy action, including legislation and regulation, by Member States.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that the various barriers to global progress on noncommunicable diseases – such as the lack of policy expertise at the national level, industry interference and funding shortfalls for global action – had not been adequately addressed in document EB140/27, and called on WHO to provide leadership to overcome those barriers. She called attention to the role of young people in raising awareness of and preventing noncommunicable diseases. To ensure that young people's voices were heard, the Secretariat and Member States should leverage their energy, creativity and enthusiasm, and involve them further in the process leading up to the third High-level Meeting.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIRMAN, said that kidney disease was not one of the four noncommunicable diseases specially targeted by the global action plan, and yet both chronic kidney disease and acute kidney injury raised important public health concerns. Many structural factors, including poverty, education, nutrition, gender inequality, substance abuse and lack of access to primary care, directly increased the risk of kidney disease, which therefore had to be tackled using a multisectoral approach. She encouraged WHO and Member States to strive to integrate kidney disease into the global action plan, as it was a potent modifier of cardiovascular and diabetes morbidity and mortality.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that national responses in terms of noncommunicable diseases remained inadequate and called on the Board to provide clear guidance on the preparatory process for the third High-level Meeting. She made four recommendations to that effect: preparatory meetings comprising a multisectoral and multistakeholder segment should be held in all WHO regions after the publication of the Director-General's progress report and before March 2018; a United Nations civil society task force should be convened, to provide input for the preparatory work, and an interactive civil society hearing should be held no later than two months before the High-level meeting; Member State participation had to be at the level of the head of State; and the High-level Meeting should take place over two days in September 2018, just before the United Nations General Assembly, and conclude with an action-oriented outcome document comprising time-bound commitments, targets to ensure accountability and monitoring of progress, and allocation of resources.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed satisfaction that the scope of interventions listed under Objective 3 of the draft updated Appendix 3 had been expanded, but said that specific reference should have been made to the importance of mandatory regulations and legislation in

securing reformulation targets and preventing industry interference. She also expressed satisfaction at the inclusion of WHO tools and the specific recognition that interventions could be cost-effective, affordable and feasible even if they did not involve WHO-CHOICE analysis, and that non-financial considerations were important. The draft updated Appendix 3 should be further strengthened by aligning it with the recommendations made in the implementation plan drawn up by the Commission on Ending Childhood Obesity.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, expressed concern about the overlapping mandates and forums governing noncommunicable diseases globally, continued underfunding under the WHO's financing dialogue, and the lack of clarity on protection against conflicts of interest. She urged Member States to: request guidance on articulating procedures enabling the global coordination mechanism to monitor, and advise the Director-General of, potential conflicts of interest in the implementation of the global action plan; to include collaboration with the Human Rights Council in the proposed workplan; for the mid-point evaluation, to request additional information on the selection of a representative group of stakeholders and to consider potential conflicts of interest in that process; and, in terms of the draft approach to register contributions of non-State actors, to consider including both negative and positive contributions, to permit independent registration and to provide a comprehensive assessment of contributions. She urged the Secretariat to revise the draft updated Appendix 3 to include interventions relating to the fundamental social determinants of health, robust health systems and strong regulation of transnational corporations.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, expressed alarm at the disproportionate access granted by the global coordination mechanism to a wide range of corporations and public private partnerships, despite the requirement under the Framework of Engagement with Non-State Actors to exercise particular caution when engaging with private sector entities whose policies or activities negatively affected human health. The reporting system currently proposed by the global coordination mechanism would mislead the public and policy-makers alike: although it encouraged non-State actors to submit only actions within their core area of business, spurious marketing strategies masquerading as health initiatives could nonetheless be registered and so gain credibility from the image transfer from WHO. The promotion of voluntary initiatives also had the potential to undermine government resolve to enact effective legislation. WHO admitted that it did not have the capacity to guarantee that all activities were in conformity with WHO policy, and the idea of the reporting system should therefore be abandoned. WHO also had to be consistent in its messaging; it should not emphasize the importance of micronutrients, and thereby open the door to idealized health and nutrition claims on less healthy processed products, on the one hand, while encouraging the consumption of fresh fruit, vegetables and minimally processed, biodiverse foods, and breastfeeding, on the other.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) said that, since the political architecture for noncommunicable diseases had been constructed, WHO was entering a new phase of that work, moving from discussions to the development and implementation of mechanisms with a view to achieving the mortality target of a 25% reduction in premature mortality from noncommunicable diseases by 2025. It was good to see that the 2030 Agenda for Sustainable Development had taken into account the WHO's approach in that regard, namely in its target to, by 2030, reduce by one-third premature mortality from noncommunicable diseases. Efforts were being made to mobilize the entire United Nations system on the issue and there were three years of experience of cross-system cooperation in that area, for example, the mandate of the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases had recently been expanded. He welcomed the comments made and the amendments to the draft resolution proposed by Member States and assured the Executive Board that the Secretariat would take them all into account. He welcomed the comments of non-State actors. The link between

noncommunicable diseases and cities was important; a cooperation initiative with ITU and the United Nations Human Settlements Programme on the health of cities was being considered. The impact of emergency situations on morbidity from noncommunicable diseases merited attention. Funding was a key challenge for WHO with regard to noncommunicable diseases; the Secretariat was endeavouring to build a system that provided assistance to Member States before requesting additional funding. He thanked those Member States that had provided additional financial support.

The Board noted the report.

The CHAIRMAN took it that the Board wished to adopt the amendment to the draft resolution contained in document EB140/27 proposed by the representative of Malta, on behalf of the European Union and its Member States.

The amendment proposed by the representative of Malta was adopted.

The CHAIRMAN took it that the Board wished to adopt the amendment to the draft resolution proposed by the representative of the United States of America.

The representative of FRANCE said that although her country would have preferred to adopt the draft resolution without the bracketed text, it was understandable for Member States to consult reference studies prior to deciding their position. Nevertheless, Appendix 3 should be kept at the technical level and must be adopted at the Seventieth World Health Assembly. She welcomed the proposal for a full technical briefing prior to the Health Assembly to outline the methodology behind the Appendix and as a result did not oppose the proposed amendment.

The representative of NEW ZEALAND noted that the Assistant Director-General had not expressly responded to the recommendation that technical documentation should be provided. If Member States could be confident that the information would be provided then he could accept the proposed amendment.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) confirmed that the documentation would be provided and that consultations with Member States would be ongoing.

The amendment proposed by the representative of the United States of America was adopted.

The CHAIRMAN said that the Board could not recommend the adoption of a draft resolution containing bracketed text. Therefore, he suggested that the first paragraph of the draft resolution should be amended to read: "RECOMMENDS to the Seventieth World Health Assembly to consider the following draft resolution."

It was so agreed.

Drawing attention to the amendment proposed by the representative of Ecuador, the CHAIRMAN asked whether any Board member wished to support the proposal.

There being no support for the proposed amendment, it was rejected.

The CHAIRMAN took it that the Board agreed to adopt the draft resolution, as amended.

The resolution, as amended, was adopted.¹

Draft global action plan on the public health response to dementia: Item 10.2 of the agenda (documents EB140/28 and EB140/28 Add.1)

The CHAIRMAN invited the Board to consider the report in document EB140/28, and the draft decision contained therein. The financial and administrative implications of the draft decision were set out in document EB140/28 Add.1.

The representative of the DOMINICAN REPUBLIC, speaking on behalf of the Member States of the Region of the Americas, said that the Region placed great emphasis on the need to strengthen country responses to dementia through the provision of technical assistance, the promotion of global cooperation, awareness-raising activities, and policies that treated dementia as a cross-cutting issue. It was essential to provide support to persons with dementia and their carers, and to those at risk of developing it. Member States should continue to share their experiences and evidence-based best practices and take steps to improve studies and data collection to aid the identification of diagnoses, treatments and support, taking into account the importance of human rights, gender equality and the need for a multisectoral approach. Particular emphasis should be given to support for families and carers in the design of national strategies, plans and policies. He encouraged the Board to approve the draft global action plan.

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, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement.

She encouraged Member States to adopt the draft decision and said that it was essential that the draft global action plan should include as a cross-cutting principle the need to promote and protect the human rights of persons with dementia. It should be remembered that with the right services and support, persons with dementia could continue to live well for a long time in their own homes and communities; the draft global action plan provided a roadmap towards achievement of that vision. A human rights-based approach should include: granting access to quality and affordable health and social care, as needed, respecting patients' autonomy, will and preference; promoting and protecting the human rights of all affected persons based on the principles of dignity, autonomy and de-stigmatization; and raising awareness about the nature and challenges of dementia, including through the strengthening of long-term care services and the adoption of a gender-sensitive approach. In addition, it was necessary to support countries, including low- and middle-income countries, in taking actions to reduce the risk, mitigate the impact and delay the onset of dementia, facilitate timely diagnosis, improve data collection and develop key indicators and targets. Involvement of multiple sectors was needed to tackle the challenges faced, and all relevant stakeholders, under WHO's leadership, should be involved in the implementation of the draft global action plan.

Turning to the draft decision, she proposed that in paragraph 2 a footnote should be inserted after the phrase "Member States", which should read as follows: "and, as appropriate, regional economic integration organizations."

The representative of SWEDEN, expressing support for the draft decision and the draft global action plan, welcomed the emphasis in the draft plan on the importance of early diagnosis, informed

¹ Resolution EB140.R7.

consent from the individual or their family members, and a rights-based approach respecting the autonomy of individuals, which reflected the approach to addressing dementia in her country. The gender dimension of dementia needed to be taken into account; more women than men were diagnosed with dementia and a large proportion of those working in dementia care, both paid and unpaid, were women.

The representative of ERITREA, speaking on behalf of the Member States of the African Region, said that the burden of dementia in the Region was not fully known, meaning that the condition tended to be neglected. The draft global action plan was comprehensive and built upon other related action plans and strategies adopted by the Health Assembly. Nevertheless, WHO should continue to support the capacity building of health workers for the prevention and treatment of dementia; and encourage Member States to develop integrated national preventive programmes, guidelines and protocols for dementia. Increased efforts were also needed to collect, collate and analyse data in order to determine the burden of dementia at the country level. A project to collect such data was under way in Mauritius, Swaziland and Togo and it should be expanded to include all countries in the Region. Moreover, Member States should be encouraged to submit inputs on the draft global action plan to enable the Secretariat to finalize the document and should be supported in mobilizing resources for dementia prevention and treatment.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, emphasizing the importance of global solidarity in addressing dementia, said that more focus was needed on how dementia affected low-, middle- and high-income countries, and the different levels of intervention required. The draft global action plan was a positive step forward in that regard and she encouraged all Member States to endorse that plan in order to build momentum and increase collaborative efforts.

The representative of the PHILIPPINES welcomed the draft global action plan as it rightly recognized dementia as an issue that could easily be integrated into other health programmes, including those on noncommunicable diseases, ageing and mental health. He looked forward to its finalization and adoption in due course.

The representative of the NETHERLANDS said that the draft global action plan was a valuable contribution to efforts to combat the challenges related to dementia, and was consistent with the activities carried out in his country. The Netherlands would make an additional financial contribution for 2017 in support of the Global Dementia Observatory.

The representative of KUWAIT, noting that incidence of dementia and similar illnesses was increasing worldwide, said that the draft global action plan outlined the large amount of work to be done. In Kuwaiti culture, the elderly were afforded high levels of respect and it was seen as the responsibility of society to care for them. Any WHO programme on dementia should be based on evidence and take into account different cultural values. She looked forward to the adoption of the draft global action plan.

The representative of the RUSSIAN FEDERATION said that the draft global action plan, for which she expressed support, was a necessary measure that would bring together Member States' efforts in an area of increasing national and global importance. Her country had developed a national strategy for the older generation to tackle both physical and mental health and would continue its work in that regard.

The representative of THAILAND said that, despite efforts to create more effective anti-dementia medicines, neither cost-effective nor targeted medications for dementia were available and the accessibility and affordability of existing medications were limited. Reduction of risk factors for dementia was key and was the driving force behind Thailand's proposal to include an item on

physical activity for health on the agenda of the current session of the Executive Board. He expressed support for the draft decision and the draft global action plan; technical support from WHO for low- and middle-income countries would be essential for implementation of the latter.

The representative of CHINA, drawing attention to his country's efforts to improve care for the elderly, said that in the draft global action plan, full consideration should be given to levels of social development, cultural traditions, levels of advocacy and education, and the composition of medical services and social security systems in different countries. There was no one-size-fits-all approach to dementia and Member States should be able to implement the draft plan taking into account their specific needs.

Moreover, after paragraph 14 in the draft global action plan, a new paragraph should be inserted to read:

"The draft action plan calls for international organizations to play a full role. International cooperation on dementia should be strengthened on the basis of experience sharing and mutually beneficial action. The plan also calls on the international community to pay attention to the special difficulties faced by developing countries and regions and to provide financial, technical and other support to jointly address the global challenges posed by dementia."

The representative of COLOMBIA, expressing support for the draft global action plan, emphasized the significant physical, psychological, social and economic impact of dementia on patients, caregivers, families and society, as confirmed by a recent national survey on ageing undertaken in her country. The draft global action plan would provide an opportunity to strengthen efforts at the national level in the area of mental health, which included dementia, and to continue improving tools to generate evidence for policy-making. Accurate information was needed on how the condition affected individuals and populations and on the various aspects of prevention and treatment, including information on barriers to tackling dementia. Rigorous analysis of available information would improve decision-making to benefit people with dementia, their families and communities. She expressed support for the draft decision, which would strengthen the Organization's leadership role on the issue.

The representative of ALGERIA said that strokes were the second highest cause of dementia but were a neglected risk factor. If properly used, thrombolysis was a simple and effective way of preventing disabilities, dementia and death resulting from strokes. He called on the Secretariat to draft standardized treatment protocols, to provide countries with technical support and to build capacities in that field.

The representative of FRANCE emphasized the need for close cooperation between WHO and other international organizations and partners working to address dementia, especially OECD and the Alzheimer Cooperative Valuation in Europe project. Indicators developed by WHO must be coherent and aligned with those of OECD. The available data on dementia did not always give an accurate picture of the situation. In her country, obtaining specific data was complicated by the number of organizations and authorities involved in dementia care.

In addition to primary and secondary prevention, the concept of diagnosing diseases at the pre-dementia stage should be included in the draft global action plan to allow for targeted tertiary prevention measures and access to therapeutic trials. Particular attention should be given to strengthening synergies between care and research, encouraging collaboration among the academic community, donors and industry, and changing how society viewed neurodegenerative conditions so as to promote inclusion.

The representative of CANADA, highlighting the significant impact of dementia on individuals, their families and caregivers and the need for cooperation among all levels of government and other sectors in addressing what was a serious public health challenge, said that Canada had taken action to improve understanding of dementia, reduce the risks and improve the quality of life of those affected.

It supported the aspirational goal of finding a cure or disease-modifying treatment for dementia by 2025 and had endorsed several international commitments for action on dementia. She expressed support for the draft global action plan.

The representative of MEXICO expressed support for the draft global action plan, which supplied a framework for developing plans at the national level. Society in general and health care workers in particular must be made more aware of the burden of dementia on patients, carers, families, society and health services so that inclusive steps could be taken. Such an approach would require standardized and continuous training for primary caregivers and the development of patient-centred care models that incorporated a human rights perspective.

The representative of TURKEY expressed support for the draft global action plan and for the draft decision. Lack of awareness and understanding of dementia were significant challenges to overcome, but increasing understanding and tolerance could improve lives. The cross-cutting principles set out in the draft plan were well prepared and the action areas carefully selected. The global targets were meticulous and accompanied by appropriate indicators. In the expectation that the draft plan would be endorsed by the Seventieth World Health Assembly, he urged Member States to prepare national strategies and action plans without delay.

The representative of NEW ZEALAND expressed support for the comments made by the representatives of China and Eritrea with regard to ensuring that the draft plan was better aligned with national priorities. The implementation of many of the Sustainable Development Goals would contribute to the prevention of dementia and improve levels of service and respect for human rights.

The representative of FIJI, expressing support for the draft global action plan, emphasized the fact that, while ageing was the strongest known risk factor for the onset of dementia, 9% of cases were classed as “young onset dementia” affecting people under the age of 65. It was encouraging that the draft plan acknowledged that health systems should address the needs of younger people living with dementia.

The representative of SWITZERLAND¹ said that national policies on dementia must be aligned with existing programmes in areas such as noncommunicable diseases and mental health in order to be effective. The inclusion of research and innovation as one of the action areas in the draft global action plan was welcome, given the lack of medication to treat Alzheimer’s and similar diseases. Gender-specific issues and the fact that women were disproportionately affected by dementia must be addressed urgently. With any action plan, implementation and resource mobilization at the national level were the greatest challenges. Sufficient resources must be allocated to enable the Secretariat to support Member States. She encouraged the Board to adopt the draft decision and to focus on what was essential: the need for action.

The representative of URUGUAY,¹ expressing support for the draft global action plan, and welcoming the comprehensive, multisectoral approach that it followed, said that the indicators and targets set out therein would facilitate monitoring and evaluation. In anticipation of a two-fold increase in dementia over the next two decades, her country had taken steps to improve the prevention, early diagnosis, and treatment of dementia, as well as to support family carers. The draft global action plan would enable the Organization to support Member States in their endeavours to tackle dementia.

The representative of AUSTRALIA¹ said that leadership, partnerships and innovative research were required to address dementia effectively. The issue would only increase in significance in line

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

with population ageing. A global commitment to action to promote recognition of the prevalence of dementia and improve risk reduction, care, support and quality of life for people living with the disease was needed. Noting that Australia was proud to be a global leader in providing care and support services for people living with dementia, their informal carers and their families and that her country contributed to a number of international dementia initiatives, she welcomed the draft global action plan and expressed strong support for the draft decision.

The representative of PANAMA¹ welcomed the draft global action plan and its recognition of the importance of the human rights of people with dementia. The draft plan focused on the empowerment and participation of persons with dementia and their carers, as that was seen within the scientific community as good practice to reduce risk and improve care. A multisectoral approach and universal health coverage would help to achieve equity and establish comprehensive care, raising awareness among the population and promoting understanding of the condition.

Multidisciplinary and intersectoral initiatives to tackle dementia were under way at the national level but technical and financial support was required to take the process further and reach the targets set out in the draft global action plan. A follow-up and evaluation system for the draft plan, using strategic indicators, was also needed, along with action on risk factors and social determinants that affected dementia rates.

The representative of MONACO¹, noting the priority her Government attached to tackling dementia and similar diseases, welcomed the draft global action plan and expressed support for the draft decision. Information on measures taken at the national level, which were principally aimed at preserving the dignity of patients and enabling them to live in familiar surroundings with their family for as long as possible, could be provided to the Secretariat.

The representative of DENMARK¹ spoke of the importance of embedding dignity and respect for human rights in policies on dementia and tackling stigma. Welcoming the ambitious goals set out in the draft global action plan, he outlined the national plan recently introduced in Denmark, which aimed to improve dementia detection, treatment and care. Dementia plans at all levels should be formulated through open and inclusive processes.

The representative of INDIA¹ said that the incidence of dementia was expected to rise more rapidly in India than in developed countries, in line with demographic change. Dementia policies, programmes and plans should be framed within a public health approach, with a focus on reducing the number of people who developed the condition. Concerted international efforts were needed in support of plans and policies at all levels for people living with dementia, particularly in low- and middle-income countries. Strategic approaches to dementia research were also needed, with timely diagnosis and rapid and less costly clinical trials. He expressed support for the draft global action plan.

The representative of JAPAN¹ said that, as a result of Japan's ageing society, much useful research had been carried out into dementia; however, evidence from general and clinical studies must be combined with a social approach. The inclusion of the concept of the age- and dementia-friendliness of communities in the draft global action plan was therefore welcome. His country had trained 8 million dementia supporters, including more than 1 million school children, giving them proper knowledge of the condition and enabling them to support people with dementia and their families in a community setting. It would contribute to efforts to promote such initiatives on a global scale.

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

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES welcomed the draft global action plan. Although there was no cure for dementia, early recognition and supportive treatment could improve the lives of patients and carers. Further attention should be given to addressing the needs of people living with dementia in emergency settings, who were extremely vulnerable and at risk of being left behind by families forced to flee; and to the need for careful screening and support for volunteers who visited older people with diseases such as dementia. In that regard, the Federation had developed a set of minimum standards and guidance on community-based home care for older people.

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

Revitalizing physical activity for health: Item 10.6 of the agenda

The CHAIRMAN, recalling that the procedure for dealing with the item had been discussed during the adoption of the agenda, took it that the Board agreed to endorse the proposal referred to at that time for the Secretariat to prepare a report and draft action plan on physical activity to be submitted, through the Executive Board at its 142nd session, for consideration by the Seventy-first World Health Assembly.

It was so agreed.

The meeting rose at 12:25.

FOURTEENTH MEETING

Monday, 30 January 2017, at 09:05

Chairman: Dr R. BUSUTTIL (Malta)

NONCOMMUNICABLE DISEASES: Item 10 of the agenda (continued)

Draft global action plan on the public health response to dementia: Item 10.2 of the agenda (documents EB140/28 and EB140/28 Add.1) (continued from the thirteenth meeting)

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed support for the direct participation of persons living with dementia in the drafting of national dementia policies and urged national governments to conduct further research into the disease. She called for the participation of civil society organizations in efforts to reduce the stigma surrounding dementia and urged WHO to make appropriate resources available to implement the global action plan effectively, once adopted.

The representative of the INTERNATIONAL DIABETES FEDERATION, speaking at the invitation of the CHAIRMAN, welcomed WHO's focus on the linkages between dementia and noncommunicable diseases. The draft global action plan should, however, place greater emphasis on population-based risk reduction measures. She urged Member States to involve persons with dementia in the drafting of national strategies to tackle the condition and to allocate sufficient resources for the effective implementation of national dementia action plans. The Secretariat should provide Member States with technical assistance, where appropriate.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, commended the Secretariat's vision and resolute leadership in addressing dementia and fully supported the seven areas of action contained in the draft global action plan, especially the promotion of research into the disease. She called on the Secretariat to help countries find sustainable financing solutions, so as to accelerate the development of new treatments and diagnostic tools for dementia.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, speaking at the invitation of the CHAIRMAN, welcomed the recognition of the importance of palliative and end-of-life care for persons with dementia and urged WHO to introduce specific palliative care targets and indicators in the draft global action plan.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health), responding to the points raised, said that it was important to consider the issue of addressing dementia in a wider context and not focus solely on the public health dimension; the issue posed a political challenge as well. In the absence of a cure, measures should be adopted to strengthen research and development, and further consideration given to finding the best approach to treatment, particularly given the rising global prevalence of dementia. Cross-cutting approaches would be crucial, since patients with dementia often suffered from other illnesses, such as diabetes, cardiovascular disease or cancer. Palliative and end-of-life care in the context of dementia were not just about doing away with pain, and Member States' continued support would be essential in devising appropriate strategies in that area.

The CHAIRMAN said that he took it that the Board wished to note the report and adopt the draft decision, as amended.

It was so decided.¹

Public health dimension of the world drug problem: Item 10.3 of the agenda (document EB140/29)

The representative of COLOMBIA delivered a statement on behalf of the core group of countries, comprising Argentina, Australia, Colombia, Guatemala, Mexico, the Netherlands, Norway, Panama, South Africa, Sweden, Switzerland, the United States of America, Uruguay and Zambia, which had a shared interest in reinforcing the focus on the public health dimension of the world drug problem. WHO had a crucial role to play in that regard, in consideration of the commitments made at the 2016 United Nations General Assembly special session on the world drug problem. Swift action was required to strengthen the capacity of national health systems to pursue a balanced and integrated approach encompassing prevention, treatment, recovery, rehabilitation, harm reduction measures, overdose prevention, and access to controlled substances for medical and scientific purposes such as pain relief and palliative care. She called on the Secretariat to keep Member States and the Commission on Narcotic Drugs informed of progress made towards implementing the special session's recommendations, and said that an item on the matter should be placed on the agenda of future governing body meetings, especially the Seventieth World Health Assembly. The joint work of UNODC and WHO was essential for the development of comprehensive and integrated health-based approaches to drug policies.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia aligned themselves with her statement. She welcomed the continuing discussions on the world drug problem and the role played by WHO in the implementation of the outcome document of the United Nations General Assembly special session on the world drug problem. Coherent action by all United Nations entities would be essential to the achievement of the joint commitments made during the special session. Indicators relating to the special session's recommendations should be devised, using existing databases and reporting mechanisms wherever possible, to monitor progress and facilitate evidence-based policy development. Goal 3.5 of the 2030 Agenda for Sustainable Development, on strengthening the prevention and treatment of substance abuse, was particularly relevant in that regard. WHO should work in close cooperation with UNODC in assisting Member States to devise anti-drug policies and promoting the public health dimension of the drug problem at all levels. She welcomed the proposed memorandum of understanding between the two entities in that area, and urged WHO to engage actively with the Commission on Narcotic Drugs and to promote a full public health approach to the world drug problem. Given the topic's importance, the issue should be included on the agenda of the Seventieth World Health Assembly.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, welcomed WHO's participation in the United Nations General Assembly special session on the world drug problem and said that it was imperative to tackle the public health dimension of the problem. He fully supported the action recommended by WHO to reduce demand for drugs and strengthen prevention and rehabilitation activities. Patient access to controlled medicines remained a priority, and action must be taken to ensure access, while carefully monitoring supply. He welcomed WHO efforts to tackle the world drug problem and address the issue of access to controlled medicines

¹ Decision EB140(7).

as part of its current mandate, and supported the adoption of joint measures by WHO and other United Nations entities to reduce drug supply and demand. He expressed support for the measures taken to implement the special session's recommendations and to achieve the relevant targets of Sustainable Development Goal 3. Member States required support to enable them to implement effective strategies aimed at reducing access to dangerous substances, including psychotropic drugs. WHO should continue to work closely with UNODC to ensure that the public health dimension of the world drug problem remained high on the agenda.

The representative of the PHILIPPINES welcomed the report and the support provided by WHO to Member States in devising treatment plans for drug users. He urged Member States to strengthen their harm reduction efforts and called on WHO to issue guidance on how to integrate harm reduction activities into life course interventions. A strengthened and more reliable system for measuring the true burden of drug abuse would be required in order to help countries gauge the problem's severity more accurately and mobilize the resources needed to tackle it.

The representative of the NETHERLANDS, noting the importance of a balanced approach to drug policy, welcomed WHO's efforts to address the public health aspects of the world drug problem and fully supported its strengthened cooperation with UNODC to devise a more humane and balanced drug policy.

The representative of THAILAND welcomed the outcome of the United Nations General Assembly special session on the world drug problem and the corresponding paradigm shift, whereby substance abuse was being tackled in a more integrated and balanced manner. Efforts should be made to promote understanding of the new stance among policy-makers in the justice, administration and health sectors, and to cultivate positive attitudes among the public towards drug rehabilitation programmes. Monitoring systems that captured the prevalence of drug use disorders and morbidity and mortality rates at the national level would be critical to assessing progress and identifying barriers. WHO and UNODC should draft national monitoring guidelines and offer advice to Member States on how to strengthen their monitoring and evaluation systems. Lastly, evidence-based tools had to be devised for the effective implementation of the recommendations made at the special session, including the drafting of harmonized guidelines and the introduction of capacity-building programmes for health workers and other professionals.

The representative of JAMAICA welcomed the report and WHO's planned review of the United Nations classification and governance of cannabis, based on scientific and evidence-based analysis.

The representative of the RUSSIAN FEDERATION said that a package of measures had to be implemented to reduce demand for narcotics in accordance with international conventions against drugs, the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, and the outcome document of the United Nations General Assembly special session on the world drug problem. Public health systems should not aim simply to reduce the harm caused by narcotics, but rather to end drug use for non-medical purposes. Her country supported WHO's plan for implementing the special session's recommendations, which the Organization could do within the terms of its mandate; WHO should work closely with the Commission on Narcotic Drugs to that effect and keep Member States informed of its progress in that regard. She expressed support for the plan, set out in paragraph 10 of document EB140/29, to have multidisciplinary groups – doctors, social workers, psychologists, lawyers – work together to interact with drug users. Her Government was willing to share its extensive experience in that domain with the Secretariat, and in particular to exchange information on the emergence of new psychoactive substances and related epidemiological data. The development of universal indicators would require study by the Commission on Narcotic Drugs. She agreed with paragraph 7 of document EB140/29 that solving the global drug problem would require enhanced

cooperation between relevant United Nations bodies and agencies, and therefore welcomed the forthcoming signing of a memorandum of understanding between WHO and UNODC.

The representative of PAKISTAN said that WHO had much to contribute in terms of tackling the world drug problem within its mandate. He expressed appreciation for the comprehensive road map on WHO's contributions to implementation of the outcome document of the United Nations General Assembly special session, and support for the strengthened cooperation between WHO and other United Nations agencies set out in paragraph 7 of document EB140/29. The forthcoming signing of a memorandum of understanding between WHO and UNODC would lead to a more effective and comprehensive strategy on the world drug problem.

The representative of SWEDEN, speaking also on behalf of Norway, said that the drug problem was a public health issue that existed in all countries, which was why global action was needed. Sustainable Development Goal 3 and the recommendations adopted by the United Nations General Assembly special session reflected a global commitment to ensuring healthier lives and promoting the well-being of people of all ages. Tackling the drug problem from a health perspective was essential to sustainable development, and she welcomed further discussion of the issue at the Seventieth World Health Assembly.

The representative of the UNITED STATES OF AMERICA expressed satisfaction that document EB140/29 emphasized the threat posed by new psychoactive substances, United Nations Member States having committed to strengthening WHO's capacity to review the most harmful such substances. With only ten new psychoactive substances being added to the international control regime annually, certain of them had to be prioritized for review, and the speed and efficiency of the review process improved. His Government would support WHO efforts to assist Member States to implement the recommendations of the United Nations General Assembly special session on the world drug problem, and stressed the importance of keeping the Commission on Narcotic Drugs informed about WHO activities.

The representative of MEXICO agreed that WHO capacities had to be strengthened across the board in order to counter the world drug problem from an integrated and balanced perspective. Activities falling within the Organization's mandate and requiring reinforcement included the following: the provision of information on the impact of programmes to reduce drug abuse; the development of technical guidelines, to promote coherence between drug policies and the Organization's work; guidance for health system interventions to bolster treatment and prevention, and promote healthy lifestyles; advice on the development and implementation of regulatory and institutional frameworks for access to controlled substances; the collection of data on consumption; and the mobilization of financial resources.

The outcome document of the United Nations General Assembly special session marked a turning point, in that it recognized the relevance of public health policies in the approach to the world drug problem. In its report to the Seventieth World Health Assembly, which should be made available well in advance, the Secretariat should provide more details on WHO's cooperation with United Nations agencies such as UNODC. Collaboration within the United Nations system would help strengthen the decisions to be made by Member States with a view to ensuring comprehensive mainstreaming of the 2030 Agenda for Sustainable Development. She called for a frank and open discussion of how WHO could work within its mandate to help governments implement the recommendations of the special session.

The representative of the DOMINICAN REPUBLIC said that his country had seen an increase in drug use and a decrease in the age of first use. Various steps had been taken in response, such as including a drug use variable in the epidemiological surveillance system and national health surveys, strengthening the mental health care system, setting up crisis intervention teams in general hospitals, developing the skills of primary health care providers in detection and early care of people with mental

disorders, and creating a technical treatment platform. The great challenge was to regulate treatment for people with drug use disorders, to strengthen the services caring for children and young people afflicted with drug-related problems, and to reinforce surveillance systems so as to collect data on consumption. He therefore welcomed the measures adopted by the Secretariat to support national efforts to coordinate drug-related policies with those in other, related areas of public health.

The representative of COLOMBIA said that her country had made progress in implementing a people- and human rights-centred drug policy that took individual and collective health into account. International cooperation should be strengthened, and the Secretariat should provide technical support to enable Member States to promote a more integrated, balanced public health strategy. WHO had a key technical and normative role to play, and she therefore supported the proposal to enhance coordination with UNODC. Better information collection was needed to identify the needs of individual regions, prevalence in all age groups and the substances involved. A frank, open discussion was also needed to reach a consensus and respond effectively to the problem.

The representative of PERU¹ said that the approach to the world drug problem had to be balanced, integrated, multidisciplinary and sustainable, fully respecting people's rights, health and well-being, as set forth in international conventions and other instruments. Policies aimed only at limiting risk and harm would not reduce drug use; they would simply make drugs easier to obtain. For that reason, they had to be accompanied by measures addressing the social impact of drug use, as recommended in the outcome document of the United Nations General Assembly special session. The outcome document reaffirmed the primacy of the Commission on Narcotic Drugs on drug-related matters, while acknowledging the efforts made by UNODC in that field. It also recognized WHO's role in terms of prevention, treatment, recovery and rehabilitation, and reintegration. The Organization's efforts to that end should not duplicate those of other organizations.

The representative of URUGUAY,¹ noting that the public health dimension of the world drug problem had been acknowledged in the commitments made at the United Nations General Assembly special session and in the 2030 Agenda for Sustainable Development, said that the human right to health was central to finding effective solutions to the world drug problem. WHO should intensify its work to implement the tasks entrusted to it by Member States. In that respect, she underscored the relevance of WHO standard-setting activities to guide national policy-making; the importance of collecting data and information on national efforts and best practices; and the need to strengthen cooperation with UNODC and other relevant organizations. To that end, the Member States should endeavour to provide the Secretariat with the necessary means and resources. The Board should recommend continued discussion of the world drug problem at the Seventieth World Health Assembly and should monitor progress on the implementation of the special session's recommendations and the achievement of the Sustainable Development Goals.

The representative of SINGAPORE¹ expressed support for WHO's contributions to tackling the world drug problem through research on medical drug use and dependency. However, a purely public health-based approach would not address all problems faced by abusers, their families and communities at large, and categorizing drug use as a health problem would not help correct distorted norms. She called on the Secretariat and Member States to work together to fight drugs, although each country would need to tailor its policies to the local context. The goal should be a drug-free society, as expressed in the outcome document of the United Nations General Assembly special session.

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

The representative of CUBA¹ said that drug use was a threat to national security and economic development as well as a public health problem. Her country's national drug commission had adopted a multidisciplinary, cross-sector and community-based approach, and Cuba's universal free health care system had had positive results in dealing with drug use disorders. Given those results, she did not support terms and actions that could undermine the current international drug control framework, consisting of the United Nations conventions on drugs, the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, and the relevant resolutions of the United Nations General Assembly and the Commission on Narcotic Drugs. She welcomed the memorandum of understanding between WHO and UNODC and urged WHO to collaborate closely on programmes to implement the recommendations of the United Nations General Assembly special session.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ underscored the need to strengthen cooperation between United Nations agencies. WHO current and planned activities to implement the recommendations of the United Nations General Assembly special session fell within its mandate. He expressed full support for strong cooperation between WHO, UNODC, the International Narcotics Control Board and other competent United Nations bodies, within their respective mandates, while acknowledging the primacy of the Commission on Narcotic Drugs as the United Nations policy-making body with overall responsibility for drug control matters.

The representative of AUSTRALIA¹ expressed strong support for WHO's role in implementing the public health elements of the outcome document of the special session of the United Nations General Assembly. Cooperation among United Nations agencies was essential to ensure a comprehensive and coordinated response to the world drug problem. She welcomed the Secretariat's increasing efforts in that regard, especially the joint work on the global disparities in access to controlled medicines for pain relief, which was an issue of deep concern to Australia. He welcomed WHO's collaboration with UNODC and the Union for International Cancer Control on that issue. He looked forward to receiving an update on progress in the implementation of the special session's operational recommendations on health-related issues, and to further discussion at the Seventieth World Health Assembly.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA¹ agreed that the public health problems linked to drug use had become a considerable, and to a large extent preventable, global health burden. His country's health care system had adopted a comprehensive approach that took account of education and family backgrounds, and focused on capacity-building, especially in the spheres of psychosocial and primary health care. The current challenge was to continue that process so as to ensure that all people had access to social rehabilitation and recovery and could overcome the health problems related to addiction. In participating in international discussions, his Government would support a rights-based approach, promote the importance of prevention and rehabilitation, and underscore the need to analyse new psychoactive substances.

The representative of SWITZERLAND¹ said that her Government had always encouraged WHO's strong engagement in promoting a public health approach to the world drug problem. Achievement of the 2030 Agenda for Sustainable Development was contingent on the adoption of a comprehensive set of health measures. Among those, reducing the harmful impact of drug use was a crucial means of avoiding preventable deaths from communicable diseases, as stated in the strategies on communicable diseases adopted by the Sixty-ninth World Health Assembly. All relevant United Nations entities should work together to implement the recommendations of the United Nations General Assembly special session; she therefore welcomed the proposed stronger cooperation between

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

WHO and UNODC, and looked forward to receiving further information on the subject at the Seventieth World Health Assembly.

The representative of PANAMA¹ said that WHO should provide technical and normative support to Member States, prioritizing public health measures aimed at reducing morbidity, disability and mortality related to drug use. She noted that certain regulatory measures failed to achieve a balance between preventing the illicit use of drugs and ensuring access to controlled medicines. Target 3.5 of the Sustainable Development Goals called for the prevention and treatment of substance abuse, and four other targets called for guaranteed timely access to good-quality medicines. Not acting on those targets would impede the provision of palliative care and jeopardized the achievement of other targets. Her Government was tackling the problem by establishing guidelines for the treatment of drug-related mental and neurological disorders and by revising its existing regulations.

The observer of the HOLY SEE said that the number of deaths resulting from the use of psychoactive drugs, the level of the drug-attributable disease burden, and the incidence of HIV/AIDS and hepatitis B and C caused by injecting drugs was high enough to refute claims that the recreational use of psychoactive drugs was not harmful. Although WHO had an important and unique role to play in response to the world drug problem, a purely medical approach would not suffice to resolve the issue. A comprehensive and cooperative approach involving the health care, justice, education and law enforcement sectors was needed, together with intensive treatment and social rehabilitation opportunities offered by States and civil society organizations, including those sponsored by religious organizations.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that all barriers to treatment for drug dependency, such as fear of negative consequences, and legal or moral discrimination, should be removed. There was strong evidence that a public health- and rights-based approach to drug policy, offering a continuum of care, was more effective than punishment. He encouraged all governments to implement effective, public health-driven policies on drugs; such policies should be inclusive and informed by need and should safeguard equitable access to services.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN and recalling resolution WHA67.19 (2014), expressed concern that most patients requiring palliative care lived in countries with low or non-existent access to controlled medicines, including opioid analgesia. Attempts to place ketamine under international control were also worrying. WHO should endeavour, inter alia, to: ensure that palliative care, including access to opioid analgesia, was fully integrated into universal health coverage approaches; design and support the delivery of education programmes that presented a balanced view of the benefits and risks of opioid use; and ensure the robust monitoring and evaluation of global progress.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC., speaking at the invitation of the CHAIRMAN, encouraged Member States to provide funding for collaborative training workshops on the role of controlled medicines in managing pain. WHO should work closely with UNODC and the International Narcotics Control Board to develop strategies to improve access to controlled medicines and to help Member States align their drug policies with the 2030 Agenda for Sustainable Development.

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

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation) acknowledged the need for WHO to work closely with UNODC and said that the memorandum of understanding between the two entities would be signed soon. Moreover, WHO regularly participated in the intersessional meetings of the Commission on Narcotic Drugs, on topics such as access to controlled medicines, new psychoactive substances, and issues related to substance abuse. A proposal had been made to hold a side event during the Commission's session in March 2017, specifically on access to controlled medicines and the work of WHO in general. Within WHO, there was close collaboration between headquarters and the regional offices and between the different departments concerned.

Noting the calls for advice on a number of subjects, including harm reduction, she said that WHO was well placed to promote evidence-based drug policy options in public health, as requested by the member from Mexico. Moreover, WHO, working in collaboration with UNODC and other partners, would provide technical assistance for reducing the drug-related health burden, in line with the recommendations of the United Nations General Assembly special session. As Member States had pointed out, it would be vitally important to define better indicators and strengthen monitoring, also in line with the recommendations of the special session and with the 2030 Agenda for Sustainable Development, particularly in areas such as the availability and price of controlled medicines, treatment coverage for drug use disorders, and the disease burden attributed to drug use and drug use disorders. WHO would work with UNODC and other partners to that end. The Secretariat would provide assistance to Member States on the definition of core indicators for use in policy and programme development.

She thanked Member States for their support of the WHO Expert Committee on Drug Dependence and said that efforts were being made to accelerate reviews of new psychoactive substances. Pre-reviews of cannabis had been planned because medical use of the drug and related pharmaceutical preparations had increased in recent years and some cannabis preparations were receiving marketing authorizations.

The Board noted the report.

Report of the Commission on Ending Childhood Obesity: implementation plan: Item 10.4 of the agenda (document EB140/30)

The representative of THAILAND welcomed the draft implementation plan, in particular its emphasis on the development of physical activity guidelines for pregnant women and children and the need to address sedentary behaviour. He invited all participants to stand up and undertake 30 seconds of physical activity. A brief moment of physical activity should be a regular occurrence at WHO meetings, as it would make the Organization a real role model in that regard.

The representative of BAHRAIN agreed with the proposal by the representative of Thailand. He welcomed the comprehensive nature of the draft implementation plan and the principles and guidance contained therein. It was important to focus on a whole-of-society approach, involving people from all levels of society. The role of governments, intergovernmental organizations and civil society should also not be overlooked. Bahrain had a number of programmes and plans in place that included measures to tackle obesity, and the draft plan would provide support for their implementation.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region, explained that in many countries in the Region, childhood obesity was not recognized as a public health issue, as fatness was often culturally equated with beauty, health and well-being, and malnutrition often confused with undernutrition. Many African countries were facing increasing rates of obesity coupled with a high burden of undernutrition; low birth weight and stunted growth were both risk factors for obesity later in life. Attempts to address undernutrition and stunting may have inadvertently increased the risk of obesity in adulthood for the children concerned. Moreover, the countries in the Region were an attractive market for processed foods, and there were no measures in place to prevent the marketing of products to children or to regulate the sodium, sugar and fat content

of such foods. She called on WHO and FAO to work with governments to develop dietary guidelines and interventions intended to increase the availability, affordability and consumption of healthy foods. Civil society organizations, particularly consumer associations, should take the lead in monitoring and evaluating policy implementation. Lastly, she expressed support for the draft implementation plan and added that its execution should be adapted to specific country contexts.

The representative of the PHILIPPINES highlighted efforts undertaken in her country to reduce childhood obesity, including legislation on the marketing of unhealthy foods near schools and on the taxation of sugary beverages, and requested technical support from WHO for the implementation of a national action plan on nutrition. She expressed support for the draft implementation plan.

The representative of VIET NAM said that it was important to take into account the challenges countries faced in implementing multisectoral actions, particularly in terms of conflicts of interest, transparency and accountability. The Secretariat should provide support to Member States in that regard. It should also help them develop legislation restricting the marketing of unhealthy foods and beverages, including the cross-border supply and marketing of such products, and devise mechanisms and policies on the sustainable financing of interventions to prevent and treat childhood obesity.

The representative of CHINA agreed with the guiding principles and framework of the draft implementation plan, which would be a useful tool for Member States. His government had introduced a number of measures to combat childhood obesity, including a physical activity campaign. WHO should continue to collaborate with the relevant international organizations and provide technical and financial support to developing countries on the subject.

The representative of CANADA welcomed the rationale behind the draft implementation plan, namely that the actions were intended to allow countries to assess which package of interventions was best suited to their needs. The plan should explicitly indicate the role of the Codex Alimentarius Commission, particularly with regard to standard-setting and guidelines for labelling schemes. Labelling schemes implemented by Member States should be based on internationally agreed, evidence-based guidance and in line with WTO obligations. She had a number of comments on the plan, which she would submit to the Secretariat in writing.

The representative of the UNITED STATES OF AMERICA, welcoming the Secretariat's efforts to include comments from the online consultation in the draft implementation plan, said that Member States should be given time during the intersessional period to review the plan further and provide further input. In the current version of the plan, the tables lacked flexibility, even though it was recognized in the introduction that Member States had varying approaches to policy-making. It would be useful for WHO to provide Member States with options and information on selecting and prioritizing interventions. Additionally, more robust discussion was needed on key elements for successful implementation, including options for domestic resource mobilization that were not reliant on fiscal policy or tax revenues, and capacity-building for effective cross-sector policy development, implementation and evaluation. More information was also needed on the development of nutrient profile models for use in food labelling, consumer education and policy-making. Greater precision in the use of language related to human rights would be welcome.

The representative of the RUSSIAN FEDERATION said that healthy eating, physical activity and weight management were key in the fight against childhood obesity, but the problem could be tackled only by applying systemic, multidisciplinary measures across the whole of society. Her country had taken a number of legislative steps in the area of food health. Particular attention was being paid to the most vulnerable in society, especially children. Sensible standards had been drawn up on the average consumption of food products. Healthy lifestyles were taught in schools and large-scale publicity campaigns had been organized on the topic. All children in the country were given an annual medical check-up, including the measurement of their height and weight, and

appropriate recommendations were made. The average obesity rate was 7% and rising, making the issue even more relevant. She suggested that the draft implementation plan should include additional training on enteral and parenteral nutrition, for medical staff in units treating newborn and premature babies, with a view to preventing postnatal malnutrition and the programming of metabolic syndrome and obesity in adolescence and adulthood.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, expressed concern at the health effects of childhood obesity, which were likely to continue into later life, and highlighted the need to ensure equitable coverage of interventions, particularly for excluded, marginalized or otherwise vulnerable groups. Some of the detailed and welcome recommendations set out in the draft implementation plan were already being followed in the Nordic and Baltic countries, but more remained to be done. She expressed appreciation for the inclusive and multisectoral approach taken in the draft plan, as childhood obesity could be tackled only through whole-of-government and whole-of-society policies, and for the clear links drawn with other United Nations and WHO documents and initiatives. Robust global monitoring and evaluation using simple, objective indicators was important. She asked how the draft plan would be finalized for submission to the Seventieth World Health Assembly. The Nordic and Baltic countries would continue to tackle the issue of childhood obesity nationally and internationally in accordance with the universally acknowledged right of children to a healthy life.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, welcoming the link drawn between childhood obesity and preparations for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, emphasized the need for swift domestic action that was based on research and evidence and was sensitive to local contexts. His country had published a national action plan on childhood obesity that included a levy on soft drinks, a sugar reduction programme, measures to ensure that children exercised regularly and a health rating scheme for primary schools, and would be happy to share its experience with other Member States.

The representative of MEXICO said that she had high hopes for the draft implementation plan, as it built on the best available scientific evidence and took account of the individual circumstances of Member States. Her country's national strategy on overweight, obesity and diabetes covered many of the same areas, but the draft plan would provide additional guidance. Further strategic alliances were needed to tackle childhood obesity comprehensively and with the active participation of all sectors, particularly the private sector food industry. There must also be opportunities for cooperation among international organizations and global and regional networks for promotional work, resource mobilization, capacity building and research.

The representative of TURKEY, expressing support for the comments made by the representatives of Thailand and Bahrain concerning physical exercise in governing body meetings, welcomed the draft implementation plan but drew attention to the fact that a different version, with some additional information, appeared on the Organization's web site. He sought clarification from the Secretariat in that regard.

The representative of LIBYA welcomed the draft implementation plan and endorsed the comments made by the representatives of the United States of America and Canada. Mothers had the most important role to play in child nutrition and should monitor their children's diet carefully. Society should raise awareness of childhood obesity through social media networks in an attempt to counter commercial publicity for unhealthy food and drink products that targeted children and their parents. Effective coordination among institutions at national level was needed to safeguard future generations.

The representative of COLOMBIA, highlighting the link between childhood obesity and the rates and age of onset of noncommunicable diseases in adults, said that her country had taken steps to tackle the issue, such as introducing warning labels on food products and healthy eating programmes in schools. A proposed tax on sugary beverages had failed to gain approval in Congress but the debate continued. The possibility of a framework convention on obesity and overweight was an interesting one. Social mobilization strategies should be strengthened to encourage healthy lifestyles. The draft implementation plan provided an opportunity to raise awareness of childhood obesity and its effects on quality of life, health systems and production capacity.

The representative of GHANA¹ said that the draft implementation plan was a comprehensive step in the right direction in the face of alarming childhood obesity rates. Obesity was often seen as less important than malnutrition in countries tackling the double burden of both, and education was needed to offset cultural biases in favour of overweight children. She called on the Board to recommend the plan's endorsement to the Seventieth World Health Assembly.

The representative of BANGLADESH¹ welcomed the guiding principles identified to underpin the draft implementation plan, along with the proposed interventions and expected outcomes, but suggested that it would be useful to define the plan's target age group. Nutritional status in his country was improving; however, the double burden of undernutrition and overweight and obesity persisted. Studies revealed rising childhood obesity rates, particularly among urban children, and steps were being taken to tackle the problem. The national nutrition policy and dietary guidelines had been updated and a national plan of action on nutrition developed. The National Nutrition Council ensured a multisectoral approach.

The representative of JAPAN¹ expressed appreciation for the draft implementation plan and emphasized that action should be taken in collaboration with partners in various fields and in line with existing programmes on nutrition and noncommunicable diseases. It was positive that monitoring and evaluation had been included in the draft plan, but the suggested indicators should be improved before global monitoring was undertaken. An evaluation framework should be developed for use in various fields, to facilitate steady implementation. In order to achieve the goal of ending childhood obesity, Member States needed to share their experiences and enhance their commitment. Furthermore, the efforts of United Nations entities needed to be better coordinated, under the leadership of WHO.

The representative of ECUADOR¹ drew attention to the high health and economic costs of overweight, from which half the population of her country suffered. The situation was unsustainable. She therefore welcomed the draft implementation plan, which contained excellent recommendations. Nevertheless, improvements could be made, and she asked whether the Secretariat planned to submit the text for consultation before its adoption by the Seventieth World Health Assembly. She also sought further details on the proposal that the Secretariat should lead and convene a high-level dialogue within the United Nations system and with and between Member States.

The representative of CHILE¹ said that his country was developing a food and nutrition policy that had the same focus as the draft implementation plan. Significant progress had been made, including the introduction of compulsory nutritional labels on unhealthy foods and beverages, taxing sugary beverages, and banning adverts aimed at children for processed food and beverages high in sugar, sodium, saturated fats and calories. General and specific food guidelines had been issued that could be adapted to different sociocultural contexts. Guidance on physical activity for children, adolescents, teachers and health professionals was being reviewed by an intersectoral committee led by the Ministry of Sport. It was important to consider the cost-effectiveness of the interventions

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

proposed in the draft implementation plan so that countries could set programme and budget priorities accordingly, focusing on legislative, regulatory and fiscal measures.

The representative of ARGENTINA¹ expressed support for the work of the Commission on Ending Childhood Obesity, particularly in terms of turning obesogenic environments into healthy ones. The interventions proposed in the draft implementation plan were clear, specific and flexible enough to be adapted to each country's individual situation and challenges. She welcomed the draft plan, which would help to tackle the problem in a comprehensive manner, and suggested a number of specific additions concerning the regulation of food publicity and marketing, the provision of nursery care in the workplace for children up to the age of three, and participation in healthy cooking workshops.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN, said that the Federation could help to identify indicators, reporting mechanisms and baselines, and urged the Board to submit a timeline for submitting the monitoring and evaluation framework of the draft implementation plan to the Seventieth World Health Assembly. She expressed concern about the recommendation for the private sector to facilitate access to and participation in physical activity, which could lead to industries whose core business was the supply and promotion of foods or beverages to focus on physical activity as a priority, rather than addressing harmful practices related to their core business, such as the marketing of unhealthy foods and beverages to children. The recommendations set out in the draft plan should be aligned with those in the updated Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020, and Member States should integrate the draft plan into their strategies to achieve the targets in the 2030 Agenda for Sustainable Development on nutrition and noncommunicable diseases and the Global Strategy for Women, Children's and Adolescents' Health.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that regulating the marketing of high-sugar products targeted at children and adolescents was a particularly useful measure, and food labelling should be universal. The food and drink industry should reformulate products to reduce their sugar content. Expressing concern at the lack of discussion of international economic agreements and their impact on public health, he called for increased technical assistance in that area and urged the Member States to develop binding legislation to protect and promote public health. Young people had an important role to play in solving the problem of childhood obesity, and communities should be empowered to tackle the root causes of obesogenic environments.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, underlined the importance of breastfeeding and appropriate complementary feeding in obesity prevention. Mothers were under no obligation to breastfeed their children, remaining fully sovereign over their own bodies; rather, it was the role of States to ensure that mothers did not face obstacles to breastfeeding. Noting that States had an obligation to provide mothers with accurate and unbiased information and counselling from the start of their pregnancy, including on the continuation of breastfeeding up to two years or beyond, she expressed regret that the draft plan failed to mention that key factor. The Baby-friendly Hospital Initiative should also be mentioned. To be consistent with the recommendation to breastfeed exclusively for the first six months of life, States should grant working mothers a minimum of six months' maternity leave. With regard to education, she welcomed the fact that the draft plan warned of the risks of corporate sponsorship and the need for safeguards against conflicts of interest.

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

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) said that the topic was more complex than appeared at first sight. Breaking with its previous practice, the Secretariat was taking a bottom-up approach, focusing on policies that could be applied throughout health systems. Given that it was driven by Member States' guidance and recommendations on how to tackle such issues, the Secretariat would continue convening consultations. Terminology was also important. The assumption that overweight and obesity were closely associated failed to recognize that obesity was an illness that was very difficult to treat, while overweight was a separate phenomenon with cultural connotations, for example in countries where it constituted a marker of prosperity. He said that the issue deserved more reflection and welcomed suggestions for future action.

The Board noted the report.

Cancer prevention and control in the context of an integrated approach: Item 10.5 of the agenda (documents EB140/31 and EB130/31 Add.1)

The CHAIRMAN invited the Board to note the report and consider the draft resolution contained in document EB140/31. The financial and administration implications of the draft resolution were set out in document EB140/31 Add.1.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, speaking on behalf of the Member States of the African Region, said that unequal access to screening and treatment for cancers persisted in the African Region, with high mortality rates attributable to gaps in human resources, technical capacity and treatment, in particular for children. The WHO Regional Office for Africa was unable to offer sufficient support to Member States in the preparation of their national cancer policies. Effective early detection of certain cancers and access to vaccination against human papillomavirus and hepatitis B were limited. Despite the introduction of cancer registries, the collection of accurate epidemiological data remained restricted to hospitals in large cities.

In view of those challenges, the draft resolution should take account of the need to: support Member States in enhancing screening capacities; ensure immunization to control effectively cancers caused by viruses and take measures to treat hepatitis C, helicobacter pylori and other infectious carcinogenic agents; promote the reduction of cancer treatment costs; ensure universal health coverage; control environmental risk factors and toxins; and set up subregional centres of excellence to improve treatment coordination. He had submitted proposed amendments in writing to the Secretariat.

The representative of PAKISTAN said that since cancer was a complex issue that was addressed through various aspects of health systems, an integrated and intersectoral approach was particularly important. Preventing interference by the tobacco industry in public health policy was critical for reducing risk factors. The provision of pain relief to cancer patients was an added challenge in countries with stringent narcotics controls.

The representative of CHINA, outlining efforts made at the national level with regard to cancer prevention, treatment and care, said that WHO should strengthen coordination with partner organizations, promote more cost-effective mechanisms for cancer prevention, especially in developing countries, and support the development of appropriate technologies and tools to reduce cancer prevalence and premature mortality.

The representative of TURKEY said that technical tools prepared by WHO would enable countries to re-evaluate their national cancer control programmes. The role of national immunization technical advisory groups should be acknowledged in the draft resolution, since they were responsible for determining which vaccines should be included in national immunization programmes, identifying target groups and setting vaccination schedules according to national circumstances and priorities. Subparagraph 1(6) should be replaced by the following: "to consider possible primary cancer

prevention methods and to include human papillomavirus and hepatitis B vaccinations in national immunization programmes according to national immunization technical advisory groups' recommendations in line with the immunization targets of the Global Vaccine Action Plan 2011–2020".

The representative of VIET NAM commended IARC's work to develop cancer registries and conduct research on diagnostic technologies. WHO should step up its efforts to promote the availability and affordability of medicines and technologies, and help countries secure sustainable financing for critical vaccines. It should also promote the integration of palliative care into health service delivery mechanisms.

The representative of COLOMBIA, underlining the importance of the social determinants of health in cancer prevention and control, said that inequities in health service provision must be addressed to improve health care models and responses. The draft resolution should therefore include greater emphasis on equitable access to all services, technologies and medicines for effective prevention, diagnosis and treatment. It should also address the treatment of cancer in children and adolescents. A drafting group should be set up to take into consideration the many amendments that had been proposed, in writing, to the draft resolution, which could continue its work in the intersessional period, if required.

The representative of FRANCE said that an integrated approach to cancer prevention and control enabled cancer to be viewed from a comprehensive noncommunicable disease perspective. The report's emphasis on practices linking prevention, screening, diagnosis, treatment and palliative care was particularly welcome, as was its emphasis on research and assessment. Her Government's national cancer control plan was fully in line with the approach set forth in the report, with particular focus on prevention, access to treatment, research and development and a human rights-based approach. She therefore supported the draft resolution.

The representative of THAILAND said that poor populations were often unable to access new treatment owing to high costs, and that there were gaps in primary prevention, specifically with regard to tobacco and alcohol use. In developing countries, health systems tended to focus on managing communicable diseases; resources for cancer treatment and palliative care were limited. Health systems therefore required greater support and more attention must be paid to cancer in national health commitments.

The representative of the NETHERLANDS said that the high cost of new medicines hindered their widespread use and constituted a global problem, which required a global solution. Owing to better treatment possibilities, cancer was becoming a chronic disease. Greater attention should be paid to psychosocial care and support for cancer patients and their families. The Netherlands had established a highly developed system of cancer registration and was willing to share its expertise in that regard. While the work of IARC was commendable particularly with respect to plans to produce a policy-oriented global report on cancer, WHO and IARC should streamline their communication on guidelines and monographs.

The representative of JORDAN said that his Government had instituted measures to record all cases of cancer nationwide, including among non-Jordanians. It had also introduced screening programmes, a national cancer registry and anti-smoking measures. A national action plan to tackle cancer was in the pipeline, which would include measures to update national data on cancer prevalence and enhance breast cancer screening programmes. Improved human resources for cancer control and prevention were essential.

The representative of the RUSSIAN FEDERATION said that the consequences of rising cancer morbidity worldwide were experienced most acutely in low- and middle-income countries that did not have the resources needed to tackle the disease. Furthermore, in many countries cancer tended in particular to affect certain groups, such as children, indigenous peoples, ethnic minorities and the poor. Many of the basic provisions of the Russian Federation's National Programme for Health Development 2013–2020 were already largely in line with the global measures proposed by WHO. Those measures had improved early diagnosis, significantly increased remission rates, and reduced mortality. He requested that the Russian Federation be added to the list of sponsors of the draft resolution.

The representative of CANADA said that she agreed with the WHO recommendation that cancer control plans should focus on equity and access, so that no one would be left behind. Consistent with that recommendation, greater equity in cancer prevention and control required realizing universal health coverage, and building stronger, more resilient and inclusive health systems. She drew the Executive Board's attention to the issue of mycotoxins, which were produced by fungi that infected food crops and were potent carcinogens, causing up to 35% of liver cancer cases worldwide, and affecting low- and middle-income countries in particular. There was therefore a strong rationale for including a reference to them in the report to be submitted to the Seventieth World Health Assembly. Her delegation had submitted its comments on the draft resolution to the Secretariat.

The representative of NEPAL expressed particular concern about cervical cancer, which, although preventable, caused a significant number of deaths in the South-East Asia Region: nine of the Region's member countries accounted for more than one third of the global burden of cervical cancer, but had no effective or organized cervical cancer control programme. Despite her Government's concerted and comprehensive efforts to tackle all noncommunicable diseases, prevention remained a challenge and health sector leadership and coordination would have to be improved so that other sectors could help address the root causes of the problem.

The representative of the PHILIPPINES said that the draft resolution currently before the Board should contain more explicit language on cancer in children and adolescents, in line with the Universal Declaration of Human Rights, which stipulated that children were entitled to special care and attention, and the Convention on the Rights of the Child, which recognized the right of children to enjoy the highest attainable standard of health and to facilities for treatment and rehabilitation. In emphasizing childhood and adolescent cancer, the draft resolution could build on the reference in preambular paragraph 4 to certain population groups that faced inequalities in risk factor exposure and access to early diagnosis and treatment, and experienced poorer outcomes.

The representative of KUWAIT said that despite the great strides made in cancer control, mainly thanks to the focus of the Secretariat and Member States on diagnosis, treatment and raising awareness of the causes of cancer, the road ahead remained long. She expressed support for the draft resolution, noting that the Secretariat should continue providing support to Member States, especially for the implementation of treatment protocols, surveys, early diagnosis programmes and proposals and ideas on the best and most economical cancer interventions. Member States should also receive support with regard to research and development on cancer treatment and palliative care. She proposed replacing the words "early diagnosis" in paragraph 1(7) of the draft resolution by "early detection", to include surveys.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, emphasized the need for deliberate political prioritization and medical planning to address cancer prevention and control, and the importance of working with other countries to set benchmarks and learn from experiences. An integrated approach to cancer prevention and treatment was crucial, and evidence-based long- and short-term improvements should be made over time. Primary prevention (such as tobacco and alcohol

control, and human papillomavirus vaccination) and secondary prevention (screening) were effective policy measures in that regard. A life-course approach was essential.

Given that many cancers were potentially preventable, it was unacceptable that certain population groups should experience inequalities in risk factor exposure and access to early diagnosis and treatment. Those inequalities must be eliminated. The Nordic and Baltic countries were implementing cancer pathways to improve early detection, reduce waiting times and ensure coordinated care, the impact of which was the subject of constant evaluation. Governments should include patients and patient organizations in the development of national cancer plans to improve the quality of care and avoid unnecessary treatment. Lastly, she echoed the call for Member States to collect high-quality population-based data on cancer.

The representative of the UNITED STATES OF AMERICA, welcoming the draft resolution, said that the time had come to build on existing investments to advance global cancer prevention and control. Of the actions proposed in the report by the Secretariat, his Government particularly welcomed additional research to build the evidence on effective interventions to prevent cancer. The draft resolution was timely as Member States were seeking technical guidance and tools to develop, implement, finance and evaluate effective national cancer control plans, with a view to meeting their commitments under the Sustainable Development Goals and the global action plan for the prevention and control of noncommunicable diseases 2013–2020. Given the diverse cancer burden and uneven capabilities for responding to it, the Secretariat could strengthen its report by elaborating on how it would work at the regional and country levels to spread knowledge of, measure and achieve cancer prevention and control goals and objectives. His delegation had submitted proposed amendments to the draft resolution and looked forward to working with other Member States to prepare the draft for submission to the Seventieth World Health Assembly.

The representative of ALGERIA said that tackling cancer required strong political commitment, financing and information. In Algeria, the Cancer Plan was being carried out under the auspices of the President and had resulted in unprecedented governmental and multisectoral mobilization. Financing should be based predominantly on the mobilization of national resources. His Government had established a national fund to use taxes from the sale of tobacco and mobile telephones to help finance prevention, screening, early diagnosis and treatment and thus offer those services free of charge. It was important to set up a separate information system to fight cancer using cancer registers. The Algerian national network of registers currently covered over 60% of the population and provided the Government with data on priorities, frequency and above all age, that did not coincide with international data.

The representative of MONACO¹ said that cancer control was a priority for her Government, which had introduced various preventive measures, notably to reduce risk factors, in the broader context of noncommunicable disease prevention. Screening campaigns were regularly organized to promote early diagnosis and rapid treatment. Psychosocial concerns were also taken into account, notably by means of a mobile support unit and government-subsidized associations. In view of the challenges encountered by developing countries, her Government provided support for the IAEA Programme of Action for Cancer Therapy, which enabled those countries to incorporate radiotherapy into their treatment programmes. The Secretariat should continue to support Member State cancer control efforts. She expressed support for the draft resolution as presented in document EB140/31, but was willing to engage in consultations on it.

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

The representative of BANGLADESH¹ said that the lack of up-to-date data on cancer showed that a major public health problem with widespread economic and social consequences had not received sufficient global attention. The fact that only 5% of global resources for cancer prevention and control were being spent in the countries bearing the brunt of the cancer burden, namely low- and middle-income countries, could not be justified by the argument that national cancer prevention and control programmes should be financed by domestic resources. More international support was urgently needed for those countries, in line with the principles of inclusion, equity and universal health coverage. Despite comprehensive measures to address the most commonly occurring cancers in men (oral and lung cancer) and women (cervical and breast cancer) in Bangladesh, coverage was very costly, and technical support was required. Expressing support for the draft resolution, he proposed that the words “and newer vaccine(s) if they become available” should be inserted after “hepatitis B virus” in paragraph 1(6), and that “national priorities” should be replaced by “national context and priorities” in the same paragraph.

The representative of PERU¹ reported on the cancer prevention and control activities carried out by his Government. Peru offered its citizens universal health coverage, prioritizing poor sectors of the population, and aimed to guarantee comprehensive cancer treatment at all stages, from awareness raising, prevention, early and definite diagnosis and staging, to treatment and palliative care. The ultimate goal was to help reduce cancer morbidity and mortality by improving access to oncological services countrywide. He supported the draft resolution.

The representative of INDIA¹ noted that the Secretariat report gave no reasons for the imbalanced and inequitable distribution of global resources for cancer prevention and control, and did not pay sufficient attention to the divide between developing and developed countries in terms of cancer diagnosis and treatment. It was also conspicuously silent on the availability and affordability of medicines and diagnostics among WHO Member States, especially low- and middle-income countries. He expressed general support for the draft resolution and endorsed the amendments proposed by the representatives of Canada, Colombia and Thailand. His delegation had also submitted comments to the Secretariat. The human papillomavirus vaccine had not yet been introduced into India’s immunization programme, and he therefore proposed that “human papillomavirus” should be deleted from paragraph 1(6).

The representative of INDONESIA¹ expressed his support for the cancer prevention and control actions recommended in document EB140/31, all of which were under way in Indonesia. Cancer had a negative economic impact on patients, their families and the country as a whole, owing to the frequent need for long-term or lifelong care. National cancer control plans should be evidence-based and supported by adequate resources, effective health systems, universal health coverage and strong primary health care. Cancer risk reduction interventions should take local cultures and traditional medicine into consideration. Implementation should be supported by all government sectors and the community, including popular public figures. Health insurance should cover not just treatment and rehabilitation, but also awareness raising and prevention.

The representative of BRAZIL¹ said that, given the specific characteristics and growing global importance of cancer, its profile should be raised in the noncommunicable disease cluster in United Nations health mandates. Considering the very high cost of medicines and treatment, cancer should be fully integrated into discussions on access and affordability, universal health coverage, and innovation models. The WHO Framework Convention on Tobacco Control was a central pillar of prevention and risk reduction, and greater support should therefore be provided for the Convention Secretariat within the WHO structure, governance and budget. Coordination between IARC and WHO should be

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enhanced. Given the complexity of cancer as a public health issue and the need to deepen WHO mandates in that regard, he endorsed the proposal of the representative of Colombia to convene a drafting group to revise the draft resolution.

The meeting rose at 12:35.

FIFTEENTH MEETING

Monday, 30 January 2017, at 14:30

Chairman: Dr R. BUSUTTIL (Malta)

1. NONCOMMUNICABLE DISEASES: Item 10 of the agenda (continued)

Cancer prevention and control in the context of an integrated approach: Item 10.5 of the agenda (documents EB140/31 and EB140/31 Add.1) (continued)

The representative of JAPAN¹ said that national legislation and action plans on cancer control were regularly reviewed, taking into account the needs and views of patients, specialists and other stakeholders. The national cancer control plan was focused on reducing mortality, improving the quality of life of all cancer patients and their families, and building a society that enabled cancer patients to lead a fulfilled life. His country would be pleased to share its experience with others in the formulation of an integrated cancer prevention and control strategy. Japan had submitted a proposed amendment to the draft resolution and looked forward to further discussion on the text, with a view to its finalization.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIRMAN, said that, despite the substantial progress made, only a minority of patients had access to the latest treatment. Further efforts were necessary to reduce the gap in cancer survival rates between high-income countries and low- and middle-income countries. She called on the Secretariat to strengthen its leadership and provide guidance to Member States on the development of frameworks to build national health systems to ensure patients' access to timely and cost-effective cancer treatment. A draft resolution on cancer should be included on the agenda of the Seventieth World Health Assembly.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, emphasized the need for a paradigm shift towards an integrated approach to cancer prevention, diagnosis and care. He urged all Member States to establish a primary health care approach that focused on prevention, in particular by advocating healthy lifestyles, and underscored the need to ensure access to medicines. He called on Member States to promote national cancer research and funding, under the leadership of WHO. Greater involvement of young people in the global movement against cancer was essential; to that end, the Federation was making every effort to encourage their participation in cancer prevention awareness activities.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, welcomed the focus on pain relief and palliative care in the draft resolution, particularly the call to implement resolution WHA67.19 (2014) on the strengthening of palliative care as a component of comprehensive care throughout the life course. She suggested amending paragraph 2(4) of the draft resolution, to read: "to

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

intensify collaboration with all stakeholders with the aim of scaling up cancer prevention and control and improving the quality of life of cancer patients, including through palliative care services”.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that the draft resolution should include a reference to the collection of population-based mortality data disaggregated by cancer type; highlight the importance of cancer-specific risk factors in prevention strategies; and include oral cancer in the list of cancers in paragraph 1(7). In addition, the draft resolution should emphasize the need for evidence-based protocols both for childhood and adult cancer management; underline the importance of stepwise and resource-stratified guidance; and refer to opportunities for integrating cancer care into existing health services, especially for children, adolescents and women. Furthermore, it should refer to the need to link the objectives related to health systems strengthening for cancer prevention and control with the attainment of universal health coverage and the achievement of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). It should also refer to the importance of innovative financing approaches, improving accountability, and highlighting World Cancer Day as a platform for improving national awareness.

The representative of the WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, welcomed the reference in the report to the importance of integrating palliative care services in the continuum of cancer care. The draft resolution should refer to the need to include palliative care in all national cancer control plans; the importance of comprehensive support, including psychological and spiritual care, and legal and financial support; and the unique care needs of infants, children, adolescents and young adults with cancer.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the report reproduced many aspects of resolution WHA58.22 (2005) on cancer prevention and control, which signified that limited progress had been made. The report failed to provide in-depth analysis of the notion of integrated care, recognize challenges to the monitoring of standards in cancer prevention, diagnosis and care, particularly in the private sector, and address the institutional challenges to building networks for efficient cancer care. He urged WHO to consider international pricing of vaccines, drugs and equipment in the context of paragraph 1(8) of the draft resolution, and promote innovation for cancer medicines. Expediting the implementation of the WHO Framework Convention on Tobacco Control was crucial to reduce risk factors for cancer and a framework should be developed in the same vein to regulate the food and beverage industry. Lastly, he urged WHO to establish a commission to prepare an integrated action plan on ending childhood obesity.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, called on WHO to raise the profile of cancer treatment and develop a strategy to reduce the barriers to access to new cancer medicines, vaccines and diagnostic tests, including high prices. The draft resolution should set out measures to enhance transparency and improve data on drug prices, and on costs of and access to research and development. He requested the Secretariat to: identify a list of cancer medicines which, if made available at affordable prices, would be considered essential; study the feasibility of establishing a “push and pull” fund for research and development among countries, ensuring delinkage from product prices; and convene a global forum to develop a strategy for equal and expanded access to new technologies.

The representative of the INTERNATIONAL NETWORK FOR CANCER TREATMENT AND RESEARCH, speaking at the invitation of the CHAIRMAN, said that, in order to ensure the high quality of cancer research, researchers in low- and middle-income countries should have the same access to the results of studies as researchers in high-income countries, including information on any

methodological difficulties encountered. Measures should be taken to ensure that the results from published research were made available to all cancer researchers in online research databases.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the draft resolution should explicitly refer to healthy lifestyles as part of cancer prevention activities and should call for increased taxation on unhealthy commodities. It was critical to recognize the importance of preventing industry interference in public health policy-making and ensuring feasibility and health equity in the development of national cancer prevention and control policies and plans. He welcomed the call for the development of a world report on cancer, which should be regularly updated based on the latest evidence, in collaboration with key stakeholders.

The representative of the GLOBAL DIAGNOSTIC IMAGING, HEALTHCARE IT AND RADIATION THERAPY TRADE ASSOCIATION, speaking at the invitation of the CHAIRMAN, said that an integrated cancer care model would help to improve prevention, early diagnosis and early interventions, and would contribute to the achievement of Sustainable Development Goal 3. She supported the recommendations to develop and implement a national cancer control plan, with a focus on equity and access, and strengthen health care systems to improve access to timely diagnosis and treatment.

The representative of IARC said that the mission of IARC, WHO's cancer agency, was to provide a scientific evidence base for cancer prevention and control. IARC was currently financed by 25 Participating States from among WHO Member States. However, in the light of the increasing demands being placed on IARC and its ability to contribute to cancer control at the global level, he would welcome discussions with Member States on becoming Participating States. IARC was pleased to work with the WHO Secretariat on the development of a public health and policy-oriented world report on cancer, which would build on the five-yearly world cancer reports produced by IARC, and enhance collaboration between WHO headquarters and regional offices. In addition, IARC was actively engaged with the WHO Secretariat in the context of the agenda on noncommunicable diseases, and was a member of the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases. It also worked closely with the WHO Secretariat on hazard identification and risk assessment, but he recognized the need to reinforce that cooperation.

The ASSISTANT-DIRECTOR GENERAL (Noncommunicable Diseases and Mental Health) thanking participants for their comments, said that, given the large number of proposals put forward, structuring them into a resolution, principles and a strategy would prove challenging. Furthermore, the proposals did not fully take into account WHO's role as a body that both set international standards on health and provided support at the country level. Specific attention should be paid to the issue of cancer registries, which were not established in all countries, and to ensuring effective collaboration with the pharmaceutical industry in order to guarantee fair, equal and affordable access to cancer medicines and treatment. Urgent dialogue was required on how to address the growing gap between high-cost and affordable cancer medicines, and the significant difference in cancer mortality rates between countries in Africa and those in Europe and North America. Given the importance of the subject of cancer prevention and control, and the need to advance cancer control efforts, he proposed that Member States could hold further discussions on the draft resolution at the current session, with a view to reaching a consensus on the text.

The Board noted the report.

The CHAIRMAN took it that the Board wished to establish an informal drafting group to allow for further discussion on the draft resolution, with the aim of reaching a consensus.

(For continuation of the discussion, see the summary record of the eighteenth meeting, section 3.)

It was so agreed.

2. PROMOTING HEALTH THROUGH THE LIFE COURSE: Item 11 of the agenda

Progress in the implementation of the 2030 Agenda for Sustainable Development: Item 11.1 of the agenda (document EB140/32)

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, welcomed the six proposed instruments of change and enabling factors contained in the report. Within that context, the first Regional Forum on Strengthening Health Systems for the Sustainable Development Goals and Universal Health Coverage had been held in Windhoek, Namibia, in December 2016. WHO should continue to play a leading role in health issues within the United Nations system, and ensure that its approach was in line with the objectives of WHO reform and the 2030 Agenda for Sustainable Development. Support for the implementation of the 2030 Agenda at the national level and for the broadening and strengthening of partnerships and the role of communities was essential. To that end, WHO should ensure the availability of sufficient financing, and Member States and all development partners should undertake to mobilize new and additional resources; consideration should be given to raising assessed contributions. Emphasis should be placed on technology transfer and the need to guarantee sustainable and adequate human and financial resources for regional and country offices, particularly in the African Region, in order to support the development and implementation of multisectoral action plans at the national level. Universal health coverage should be regarded as the cornerstone of the right to health.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries the former Yugoslav Republic of Macedonia, Montenegro and Serbia, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia aligned themselves with her statement. Expressing support for the instruments of change and enabling factors, she requested clarity on how they would be used to guide and provide oversight on the Organization's work at the global, regional, national and local levels. The next report by the Secretariat should include details of the work already conducted on essential public health functions, as such work contributed to the 2030 Agenda and the attainment of universal health coverage. WHO should explain how it could add maximum value at the country level, including by supporting the implementation of key health strategies and programmes, such as the allocation of adequate human resources in country offices, and the introduction of standards, guidance and regulations. A greater focus on health priorities was needed, while ensuring that capacities were not spread too thinly.

She asked for clarification on how WHO would align the work to achieve the Sustainable Development Goals with the draft proposed programme budget 2018–2019 and called on the Secretariat to prepare a report on the status of current efforts in that regard for presentation to the Executive Board at its 141st session. In addition, greater detail should be provided on the impact of the actions agreed upon in resolution WHA69.11 (2016) on health in the 2030 Agenda for Sustainable Development, with respect to capacities and resources at all levels of the Organization.

The representative of THAILAND said that many countries with low gross domestic product per capita, including Thailand, had already proven that it was possible to attain universal health coverage, as called for in Sustainable Development Goal 3. Political commitment, the implementation of proposed actions, the building of sufficient local capacity for health systems research and management, and community engagement and ownership were vital for the attainment of that Goal. The International Health Partnership for Universal Health Coverage 2030 must focus on cooperation between developing countries in order to enhance health system capacities in those countries and in

order to enable them to elaborate and implement country-specific policies and programmes, and should be driven by the need to take a horizontal approach.

The representative of the RUSSIAN FEDERATION said that her Government had adopted a number of measures to attain the health-related Sustainable Development Goals, including a health care development plan and an interdepartmental strategy for promoting healthy lifestyles and preventing and controlling noncommunicable diseases. As a result, infant and maternal mortality rates had decreased, and life expectancy had risen. Within the context of the 2030 Agenda, it was essential to undertake further joint activities on priority areas such as communicable and noncommunicable diseases, and road traffic crashes.

The representative of CANADA said that implementation of the 2030 Agenda would require horizontal, cross-disciplinary and multisectoral work both within WHO and with its health development partners. To ensure that no one was left behind, a gender equality and human-rights-based approach should be institutionalized into all of WHO's work. The Sustainable Development Goals should not be seen as an add-on to WHO's current activities, but should shape and inform its strategic plans, programmes and budget.

Her Government had established priorities and programmes that were closely aligned with the Goals, such as those on dealing with inequality and indigenous health. It was also collaborating with global partners to support the implementation of the health- and gender-related Goals in other countries. Canada's international development programmes and policies would focus on critical issues related to women and girls, such as their health rights and empowerment; concerted efforts in that area would be key to the achievement of the Goals. The Secretariat should continue to support Member States in meeting all the health-related targets, and promote multisectoral collaboration at the global and country levels, and throughout the Organization.

The representative of MEXICO said that implementation of the 2030 Agenda was a commitment on the part of the State, which involved the participation of various governmental institutions. Her Government was working to ensure interinstitutional collaboration and had developed intersectoral lines of action to achieve the Sustainable Development Goals. Although the support provided by WHO headquarters and regional offices for the implementation of the 2030 Agenda was welcome, it was necessary to strengthen interagency coordination, as well as coordination within WHO in terms of the drafting of implementation policies and the alignment of the programme budget.

The representative of NEPAL said that her Government had incorporated the health-related Sustainable Development Goals into its current health sector strategy. Greater technical support was required to overcome the considerable challenge of tackling the social and environmental issues posed by the Goals, particularly for developing countries such as Nepal. The Secretariat should develop a tool to assess the alignment of existing policies, strategies, frameworks and mechanisms to enable country and regional prioritization. Additional efforts were necessary to strengthen country capacities to monitor health outcomes, including the enhancement of civil registration and vital statistics systems, with an emphasis on cause-of-death data. The Secretariat should redefine WHO's role and capacity in the context of the Goals, and enhance the focus on areas such as human resources, health financing, leadership and coordination.

The representative of CHINA said that, as part of efforts to implement the health-related Sustainable Development Goals, her Government had adopted the Healthy China 2030 plan, and had hosted the eleventh G20 Summit, which had adopted an action plan to support the implementation of the 2030 Agenda. China had also collaborated with WHO to organize the 9th Global Conference on Health Promotion, whose outcomes included the adoption of the Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development and the Shanghai Consensus on Healthy Cities 2016. WHO should continue to apply its comparative advantage as the main platform for the

provision of technical support and transfer of skills to Member States. Her Government was willing to share its experience with WHO and other international entities.

The representative of VIET NAM said that although the 2030 Agenda for Sustainable Development was a global agenda, it could be achieved only if it was tailored to individual country contexts. The Secretariat should help Member States to define Sustainable Development Goal road maps in line with their capacities and resources. Implementation of the 2030 Agenda would afford an opportunity for WHO to enhance its country focus and ensure well-funded operations in countries. WHO should support national capacity-building for monitoring progress towards meeting the Goals and for developing robust information systems, and continue to lead efforts to encourage a multisectoral approach.

The representative of BAHRAIN said that, despite overall progress towards meeting the Millennium Development Goals in the Middle East, disparities persisted between countries, some of which had been affected by crises and conflicts that had undermined the quality of health care and threatened to jeopardize development progress. Implementation of the 2030 Agenda for Sustainable Development would open up new perspectives for health and development for all. Technical support and capacity-building were required to enable all Member States to assess their own progress towards the implementation of the 2030 Agenda and the attainment of the Sustainable Development Goals.

The representative of the UNITED STATES OF AMERICA expressed support for the alignment of WHO's work with the health targets of the 2030 Agenda for Sustainable Development. The six instruments of change and enabling factors presented in the Secretariat's report would serve as a valuable framework to guide the Secretariat's efforts to adapt and strengthen its processes to support Member States in implementing the 2030 Agenda. Recognizing the value of expanding access to good-quality essential health services for all across the life course, he said that household expenditure on health as a share of total household income was the best indicator to measure progress in that regard.

The representative of KUWAIT said that the 2030 Agenda for Sustainable Development was a tool to improve the lives and dignity of all. While Sustainable Development Goal 3 related directly to health, well-being was central to the achievement of all of the Goals. Social justice was also crucial. Environment and health were also inextricably linked. Efforts to meet the Goals were required at the country level, and in that regard the capacity of WHO country offices should be enhanced, and cooperation with regional offices and WHO headquarters should be increased. Sharing experiences and best practices between Member States would be to the benefit of all.

The representative of COLOMBIA said that the report's emphasis on the importance of an intersectoral approach was particularly welcome. Research and development would be essential to the successful implementation of the 2030 Agenda for Sustainable Development. Innovation should be encouraged, not only as a development issue, but also with a view to disseminating information and transferring knowledge with regard to health. The collection and analysis of good-quality data was particularly important. To achieve the Goals, efforts to mobilize human, financial and technological resources must be enhanced. Country-specific approaches would be required, tailored to the context in each Member State. Continued cooperation must be ensured between WHO and other organizations of the United Nations system in the implementation of the 2030 Agenda, and, to that end, WHO should participate actively in the 2017 High-level Political Forum on Sustainable Development, where progress towards meeting Goal 3 would be reviewed.

The representative of the NETHERLANDS noted with satisfaction the acknowledgement that further steps could be taken to align the programme budget with the Sustainable Development Goals. The identification of the six instruments of change and enabling factors was welcome. While the impact of other sectors on health was a subject of frequent discussion, it should not be forgotten that

health also had an impact on the work of other sectors. That impact should be leveraged to encourage intersectoral action and create more equal partnerships.

The representative of URUGUAY,¹ speaking also on behalf of Canada, Chile, Denmark, Estonia, Finland, Germany, Monaco, Mozambique, the Netherlands, Portugal, Sweden and Switzerland, said that non-discrimination and equality were at the heart of the 2030 Agenda for Sustainable Development. Violence against women, gender inequality, discrimination and other violations of human rights were related to poor health outcomes. Universal access to sexual and reproductive health and rights, embedded in comprehensive primary health services, was essential. The Sustainable Development Goals would not be achieved if women were unable to decide freely and responsibly if and when to have children, and without unfettered access to comprehensive, good-quality health services and information. Given the importance of those rights in the context of poverty alleviation and sustainable development, they should be considered as health interventions under the broader aims of Sustainable Development Goal 3. WHO, along with its partners, had a key role to play in assisting governments in delivering their commitments under the 2030 Agenda, and the incoming Director-General would be expected to demonstrate strong leadership in that regard.

The representative of BANGLADESH¹ said that WHO's efforts to promote an intersectoral approach to implementing the 2030 Agenda for Sustainable Development were welcome, in particular to promote coordination with the environment sector. The new national five-year health sector programme placed a strong emphasis on the health-related Sustainable Development Goals. Many countries were impeded in their efforts to achieve the Goals owing to a lack of understanding of the concept of universal health coverage, and in particular of the practicalities of how to mobilize resources and make the health sector more efficient in the face of shortages. The Secretariat should provide technical support to Member States, in particular developing countries, to help them achieve universal health coverage as key to meeting the Goals.

The representative of LITHUANIA¹ said that WHO's focus on an intersectoral approach to the implementation of the 2030 Agenda for Sustainable Development was welcome. Country ownership of the Sustainable Development Goals was crucial, and, as such, WHO should provide support at the country level, in particular by ensuring the adequate staffing of its country offices. A small number of key indicators should be identified to ensure the focused and effective monitoring of progress towards meeting the Goals, while minimizing the reporting burden on Member States. She also welcomed WHO's emphasis on the importance of research and development and innovation for sustainable development.

The representative of JAPAN¹ said that a multisectoral approach and strong leadership were essential for achieving the Sustainable Development Goals. Universal health coverage was also crucial and her Government had been making efforts to share its knowledge and experience in that regard, and to provide support through bilateral and multilateral engagement. Efforts were also being made to strengthen elements of health service provision that were key to development at the national level, including infectious disease control, health systems strengthening, women's health and poliomyelitis eradication.

The representative of PANAMA,¹ observing that 14 of the 17 Sustainable Development Goals were linked to health, said that WHO must engage in permanent and strong cooperation with all stakeholders to promote implementation of the 2030 Agenda for Sustainable Development. Member States must set technical and policy priorities in their national health plans, using a coordinated, intersectoral approach, and renewing their commitment to universal health coverage to achieve better

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

health outcomes. To that end, her Government had incorporated the objectives of the national health strategy into policies across all sectors. Local engagement and joint and transparent action on the part of the international community were essential.

The representative of BRAZIL,¹ speaking on behalf of the Member States of the Region of the Americas, said that implementation of the 2030 Agenda constituted an opportunity to improve governance for health. WHO had a key role to play in that regard and in promoting the linkages between health and the broader development agenda and a harmonized approach across the three levels of the Organization, including by placing universal health coverage at the heart of efforts to achieve the Goals. It should therefore participate actively in the 2017 High-level Political Forum on Sustainable Development and the 2030 Agenda for Sustainable Development follow-up and review process. WHO should support national and regional efforts for the collection and analysis of reliable, transparent data, which was crucial for monitoring progress. The Member States of the Region remained committed to working with the Secretariat for change and to achieve health equity.

The representative of AUSTRALIA¹ welcomed WHO's focus on strengthening health systems and promoting universal health coverage as necessary prerequisites to attaining the Sustainable Development Goals. It was particularly crucial that vulnerable and disadvantaged populations were granted access to essential health services. The Secretariat should continue to support Member States by providing practical support tailored to country contexts and national priorities, contributing to the evidence base on health systems strengthening and shaping the global and regional health architecture to facilitate progress at the country level. Account should be taken of the limited capacity of some countries to undertake burdensome reporting and follow-up.

The representative of CHILE,¹ emphasizing the integrated nature of the Sustainable Development Goals, said that progress towards achievement of Goal 3 depended on the progress made towards all the other Goals. WHO should seize the opportunity provided by the 2030 Agenda for Sustainable Development to create better health systems and spotlight the fundamental role of health in development.

The representative of SWITZERLAND¹ said that enhanced mobilization efforts and the promotion of an intersectoral approach throughout the Organization were essential to achieving the objectives of the 2030 Agenda. She encouraged WHO to continue aligning its work with the policy orientations outlined in United Nations General Assembly resolution 71/243 (2016) on the quadrennial comprehensive policy review of operational activities for development of the United Nations system. Furthermore, WHO should develop robust partnerships and play a leading role in efforts to meet the Sustainable Development Goals.

The representative of UNFPA said that Sustainable Development Goal 3 would be fully achieved only by addressing the social determinants of health and root causes of health challenges. Accordingly, a review of the implementation efforts for Goal 3 should underscore linkages with other Goals. The link between Goal 3 and Goal 5 (Achieve gender equality and empower all women and girls) was particularly relevant. Deeply rooted gender-based discrimination and violence, and other barriers to the autonomous decision-making of women and girls, must be tackled in order to achieve the goal of healthy lives for all.

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

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, expressed concern that the link between Sustainable Development Goals 3 and 5 had not been adequately reflected in the report, particularly as gender inequality, discrimination and violence against women and girls were strongly related to poorer health outcomes. Sexual and reproductive health and rights, which had not been included in the report, should be considered as one of the broad aims of Goal 3.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that the Federation had recently launched a new oral health definition that focused on health, rather than disease, and addressed physiological, social and psychological attributes essential to well-being. He supported a Health in All policies approach, and agreed that responsibility for health in sustainable development extended well beyond the health sector.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that WHO must use its unique position to capitalize on the opportunities to improve health in all 17 Sustainable Development Goals. Progress in achieving other health-related Goals should be measured and monitored. The successful application of the Framework of Engagement with Non-State Actors was crucial in order to strengthen partnerships, and the shift to people-centred primary health care should continue. Nurses should be actively involved in implementing health interventions in support of Goal 3, and governments should harness nurses' expertise and involve them in policy development.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, expressed concern at the absence of a reference to palliative care in the report, in particular as there were currently no indicators to measure progress in that area within the 2030 Agenda for Sustainable Development. Welcoming the report's emphasis on equity, she said that access to palliative care was one of the most inequitable health issues in the world. She encouraged governments to include information on the integration of palliative care in their reports to the 2017 High-level Political Forum on Sustainable Development.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that civil society must be involved in the implementation of the Sustainable Development Goals. The importance of including young people in local, regional and international processes must be recognized, and he called for the strengthened engagement and involvement of young people in global health.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, welcomed the efforts to create systems to ensure the centrality of health in the 2030 Agenda for Sustainable Development. Member States should facilitate intersectoral partnerships with relevant stakeholders and strengthen health systems in order to respond to the increasing burden of noncommunicable diseases. Noting the importance of adequate and sustained financial resources in addressing noncommunicable diseases, he highlighted the benefits of the taxation of unhealthy commodities, and the importance of sustained official development assistance for health, especially in low-income countries. Such assistance must be related to the actual burden of disease, and he called for the disaggregation of spending, using noncommunicable disease-specific tracker codes.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIRMAN, said that there were a number of structural risk factors that increased the risk of kidney disease, such as an absence of sustainable access to generic medication, poverty, the disempowerment of women and a lack of education. She welcomed the holistic, life-course approach embedded in the Sustainable Development Goals, and called for increased efforts to strengthen health systems, achieve universal health coverage and reduce the burden of kidney disease. Integrated

strategies within comprehensive noncommunicable disease packages were needed for the early detection and prevention of kidney disease.

The representative of the ALLIANCE FOR HEALTH PROMOTION, speaking at the invitation of the CHAIRMAN, said that the Alliance had recently adopted a declaration and call to action stressing the importance of health promotion in achieving the Sustainable Development Goals and highlighting the importance of action such as educating and empowering communities to take responsibility for their own health, facilitating local community opportunities for information exchange and supporting structural change, along with others similar to those listed in the Secretariat's report. Civil society involvement was crucial for the implementation of international commitments, such as the Sustainable Development Goals.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that urgent action on universal health coverage was needed to achieve the targets of Sustainable Development Goal 3. Poor and marginalized communities would be left behind unless countries built national health systems to which all citizens contributed fairly and unless essential services were provided free of charge at the point of use to everyone. Noting that universal health coverage could not be attained through vertical donor health projects, he expressed support for the International Health Partnership for Universal Health Coverage 2030. He called for contributions to that initiative, which required significant funding and political backing.

The DIRECTOR (Strategy, Policy and Information) said that intersectoral action and health systems strengthening were essential elements in building universal health coverage. The realization of equity and sustainable finance, and the strengthening of scientific research and innovation, were some of the enabling factors essential to meeting the ambitious targets set. With regard to comments that the report had not given sufficient emphasis to such areas as essential public health functions, international partnerships, the role of non-State actors, and sexual and reproductive health and rights, he said that a more detailed report would be presented to the Seventieth World Health Assembly. Target 3.7 on universal access to sexual and reproductive health care services and the related target 5.6 on access to sexual and reproductive health and rights were vital components of the health-related Goals. Work was continuing to align the draft proposed programme budget 2018–2019 with the Sustainable Development Goals, and consideration would also be given to aligning the thirteenth general programme of work with the Goals. The 2017 High-level Political Forum on Sustainable Development would provide an opportunity to discuss health in the context of the other Sustainable Development Goals and to demonstrate the importance of intersectoral action by multiple stakeholders for improving health.

The DIRECTOR-GENERAL said that the Sustainable Development Goals offered an opportunity for the membership of WHO to take positive action to ensure that no one was left behind. Noting the centrality of women and health for sustainable development, she said that linkages between Goal 3 and other Goals had to be established. Multisectoral action and a Health in All policies approach were essential, and WHO would be pleased to work within the Framework of Engagement with Non-State Actors. Consideration was being given to the opportunities that the Sustainable Development Goals offered to strengthen reform across all three levels of the Organization and to support countries in achieving the Goals based on their national development plans. The Goals would be reflected in the draft proposed programme budget 2018–2019, which was the last under the Twelfth General Programme of Work, 2014–2019. Discussions on the thirteenth general programme of work would begin during the current year, and she would brief the incoming Director-General on the importance of ensuring a smooth transition for the work on the health-related Sustainable Development Goals and of recognizing the need for financial sustainability in their implementation.

The Board noted the report.

The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond: Item 11.2 of the agenda (document EB140/33)

The representative of CANADA, speaking on behalf of the Member States of the Region of the Americas, welcomed the draft road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond. The draft road map would constitute a useful tool for Member States. She welcomed the inclusion of broader actions allowing Member States to tailor implementation to their own contexts, and acknowledged that the achievement of the suggested outcomes would depend on factors such as capacity, resources, political commitment and international cooperation. Speaking on behalf of her own country, she said that Canada had been pleased to support the development of the draft road map through the secondment of a Canadian expert. The Executive Board should recommend the adoption by the Seventieth World Health Assembly of a decision endorsing the draft road map. She encouraged all health ministries to participate actively in the first intersessional meeting of the Strategic Approach to International Chemicals Management, to be held in Brasilia in February 2017.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, said that, in general, chemicals management capacity in the Region remained low. He drew attention to the Libreville Declaration on Health and Environment in Africa, which provided an opportunity to align the policies of the health and environment sectors, establish strong institutional mechanisms for intersectoral collaboration, and better integrate the sound management of chemicals with other development goals. The draft road map would help Member States in identifying areas of primary focus for engagement and additional actions for chemicals management.

The representative of the PHILIPPINES said that key elements for consideration in the draft road map should include: developing more standardized methods to evaluate the effectiveness and impact of policies and progress; preventing ill-health caused by chemicals throughout the life course; building capabilities to deal with chemical incidents and emergencies and achieve core capacities under the International Health Regulations (2005); promoting alternatives to highly toxic and persistent chemicals; filling gaps in scientific knowledge; and elaborating globally harmonized methods for chemical risk assessment. He encouraged WHO and other international organizations to facilitate integrated financing through the Global Environment Facility and other funding sources to support the Strategic Approach to International Chemicals Management. The Secretariat should ensure effective collaboration among partners and stakeholders concerning legally binding agreements on chemicals and waste.

The representative of THAILAND expressed support for the four action areas of the draft road map and highlighted persistent challenges in the area of chemicals management, including the illegal sale of banned chemicals, the excessive use of pesticides, and new risks from nanoparticles. Chemical industries should respect the principles of human rights, with particular emphasis on safeguarding human health and equity. She called for increased efforts to raise awareness of chemical safety and promote effective intersectoral action at the government level. She expressed concern that processes associated with the Strategic Approach to International Chemicals Management were being driven mainly by the public sector; that had not been the case with its predecessor, the Intergovernmental Forum on Chemical Safety, which had encouraged more equal participation from all partners and whose secretariat had been hosted by WHO.

The representative of the UNITED STATES OF AMERICA welcomed efforts to develop the draft road map for presentation to the Seventieth World Health Assembly. Collaboration, including between the environment and health sectors, was necessary to communicate information about the chemicals used in products and processes, and to coordinate efforts to assess public health risks and fill gaps in scientific knowledge. She encouraged efforts on sharing risk assessment issues specific to health – action supported by the WHO Chemical Risk Assessment Network – but recognized that risk assessment practices were often specific to national circumstances and priorities. She noted the actions required of the Secretariat and Member States under the draft road map to meet the goals of the Global Alliance to Eliminate Lead Paint, and looked forward to continued collaboration in strengthening the role of the health sector towards achieving the 2020 goal and relevant targets of the 2030 Agenda for Sustainable Development.

The representative of the RUSSIAN FEDERATION said that the Ministry of Health was playing an important role in implementing the updated national policy on chemicals management. The collection, analysis and presentation of objective scientific data on the possible health impacts of different chemical substances throughout their life cycles were essential for risk assessment, management decisions and appropriate policies. Such data should also be gathered in connection with “safe” alternatives to highly toxic and persistent chemicals in order to evaluate the risks to health and the environment. The draft road map required further refinement and she would be submitting proposed amendments to the text.

The representative of CHINA, recalling that his Government had already taken a number of steps to minimize the harmful effects of chemicals on health and the environment, said that some developing countries and countries in transition were hindered in their efforts to achieve the 2020 goal by a lack of financial and technical resources. The Secretariat should: help countries to implement actions in line with national circumstances; enhance efforts in the area of chemical management training and capacity building; focus more on developing countries with respect to the funding and promotion of clean and safe technology transfer; and strengthen cooperation with Member States.

The representative of URUGUAY,¹ recognizing the importance of a multisectoral response in the sound management of chemicals, said that the draft road map would foster the effective participation of the health sector in reducing risk, raising awareness and protecting the most vulnerable population groups from the harmful effects of chemical exposure. WHO should assume a leadership role at the international level by participating actively in the implementation of the health priorities in the Strategic Approach to International Chemicals Management and contributing to the relevant targets of the Goals of the 2030 Agenda for Sustainable Development. Once the draft road map had been finalized, the Secretariat should prepare a draft decision for adoption at the Seventieth World Health Assembly.

The representative of GHANA¹ suggested that it might be necessary to develop an overarching international convention to address specifically health concerns related to international chemicals management. The illegal international trade in chemicals waste and toxins, which had not been covered in the draft road map, was one of the five objectives of the Strategic Approach to International Chemicals Management and should be addressed by WHO. Noting that low institutional and regulatory capacities in most developing countries posed a major challenge to international chemicals management, she encouraged technology transfer from developed countries to developing countries for capacity building.

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

The representative of ANGOLA,¹ expressing support for the draft road map, recalled that the Luanda Commitment, adopted by African health and environment ministers in 2010, had made chemicals management a top health and environmental priority for Africa. However, many countries experienced a shortage of resources to strengthen chemical safety regimes. There was a lack of coherence and synergy among relevant institutions, and limited, if any, data on many chemical products, so the implementation of relevant international policies remained uneven. International regulatory frameworks on chemicals must be strengthened to achieve the relevant targets of the Sustainable Development Goals. Developing countries must enjoy facilitated access to safer and more affordable alternatives to hazardous chemicals, and urgent attention must be given to the issue of illegal international trade in chemicals and hazardous waste. He sought clarification of the means provided for in the draft road map to facilitate access to the financial and other resources required for sound management of chemicals, and of the logical order for implementing the four action areas.

The representative of GERMANY,¹ welcoming the draft road map and its proposed actions, said that strengthening the role of the health sector in the Strategic Approach to International Chemicals Management was essential. She called on other sectors to follow WHO's example by demonstrating their commitment to the Strategic Approach, noting the importance of the sound management of chemicals throughout their life cycle for sustainable development. The Executive Board should recommend the adoption by the Seventieth World Health Assembly of a decision endorsing the draft road map.

The representative of CHILE¹ said that his country had taken a number of actions to promote the sound management of chemicals and hazardous waste, which included updating policies on storage and import, developing information systems, implementing the Globally Harmonized System of Classification and Labelling of Chemicals, and establishing a mechanism for evaluating environmental health risks. It was essential to consider the health impact of chemicals.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that it was vital to involve the health sector in the Strategic Approach to International Chemicals Management. The overall goal should be to ensure a continuous improvement in the safety of chemicals, not simply the safe management of hazardous chemicals. Clear and specific hazard reduction outcomes were required to assess progress. Health professionals should play a role in all four action areas, not just education and training, and be included in briefing sessions on chemicals and health at the national, regional and international levels.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, welcomed the development of the draft road map and its references to noncommunicable diseases. The Secretariat and Member States should strengthen understanding and public awareness of the links between chemicals and noncommunicable diseases, including through further research on risks and population exposure. They should also develop tools and provide guidance to strengthen national policies and disseminate good practice, and promote the participation of civil society in monitoring and implementation initiatives. Efforts should also be made to protect public health from conflicts of interest; actions to safeguard against industry interference should be incorporated into the draft road map. Governments should also promote the use of safer alternatives to commonly used highly hazardous chemicals.

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

The DIRECTOR (Department of Public Health, Environmental and Social Determinants), thanking representatives for their useful comments, said that intersectoral collaboration was vital for the sound management of chemicals and waste. She agreed that organizations of the United Nations system must adopt a coordinated and consistent approach in responding to countries' requests for funding from the Global Environment Facility and other sources, and noted that a coalition involving WHO, UNEP and WMO had been established in December 2016 to ensure the harmonization of relevant activities. Member States were invited to submit additional comments on the draft road map to the Secretariat by 10 February 2017. The Secretariat stood ready to produce a draft decision on the draft road map, and would be pleased to prepare a progress report concerning the health impact of waste for consideration by the Seventieth World Health Assembly.

The Board noted the report.

Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): adolescents' health: Item 11.3 of the agenda (document EB140/34)

The representative of SWEDEN, also speaking on behalf of Denmark, Estonia, Finland, France, the Netherlands and the United Kingdom of Great Britain and Northern Ireland, said that efforts needed to be maximized to meet the needs and secure the rights of adolescents, including those concerning sexual and reproductive health. While the reporting on the 16 key indicators of the indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) – which provided a snapshot of progress towards the survive, thrive and transform objectives of the Global Strategy – was welcome, important data were lacking, and the Secretariat should report on all 60 indicators in future reports. The lack of monitoring on the impact of unsafe abortion was a concern, and access to safe abortion services must be covered in future reports. Sexual and reproductive health care, information and services, including access to contraceptives, must be human rights-based, comprehensive and accessible to all. The human rights-based approach to health policies and programmes was far from realized, which meant that many women, children and adolescents continued to be denied their human rights. She fully supported the establishment of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents and looked forward to its recommendations. She would appreciate a technical briefing from the Secretariat on the High-level Working Group's work during the Seventieth World Health Assembly.

The representative of PAKISTAN said that the poor quality of data – which was a constant problem for developing countries – and inadequate health information systems would pose a major challenge to monitoring the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030). His country recognized the importance of shaping healthy behaviour in adolescence and had made adolescent health one of its national health priorities. Another period that should be given greater attention in the context of the Global Strategy was the first 1000 days from conception, which were crucial in terms of neurodevelopment. Efficient and cost-effective interventions to promote early child development could have an important impact on cognitive and social and emotional development, but coverage was low.

The representative of the PHILIPPINES said that, given the importance of early childhood development as a foundation for life-long health, educational attainment and economic productivity, consideration should be given to cost-effective screening for newborns as a public health intervention strategy. WHO should play a key role in facilitating universal access to newborn health services.

The representative of the UNITED STATES OF AMERICA said that the maternal, newborn and child health indicators contained in the report, and the statistics on family planning and nutrition, masked significant inequities both within and among countries. Improvements to country health information systems and data quality were crucial in order to track progress on all indicators. Member States must continue to prioritize policies and programmes to promote equitable access to high-impact

interventions and improve quality of services to accelerate progress on ending preventable child and maternal deaths. A strong focus on the health and well-being of adolescents, particularly girls, was not only critical to achieving the Sustainable Development Goals and the objectives of the Global Strategy, but could also have a lasting impact on the lives of their families and communities.

The representative of NEPAL said that action to address adolescents' health would have a long-term impact on the overall health of populations and play a crucial role in achieving the Sustainable Development Goals. The South-East Asia Region had updated its regional implementation guidance on adolescent health in line with the Global Strategy and the Global Accelerated Action for the Health of Adolescents implementation guidance. Modern information and communication technologies could be used as a tool to address the health needs of adolescents and promote healthy lifestyles.

The representative of the NETHERLANDS said that his Government had recently launched a global, multistakeholder fundraising initiative known as "She decides". That initiative sought to rally financial support to sustain and, if possible, increase funding for family planning, sexual education and health care, including access to safe abortion and contraceptives in support of the right of women and girls to decide, freely and for themselves, whether and when to have children. He thanked those Member States that had already joined the initiative, or had expressed an interest in doing so, and encouraged others to join.

The meeting rose at 17:30.

SIXTEENTH MEETING

Monday, 30 January 2017, at 18:00

Chairman: Dr R. BUSUTTIL (Malta)

1. PROMOTING HEALTH THROUGH THE LIFE COURSE: Item 11 of the agenda (continued)

Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): adolescents' health: Item 11.3 of the agenda (document EB140/34) (continued)

The representative of VIET NAM said that the report by the Secretariat did not sufficiently address the extent of the unfinished agenda on women's, children's and adolescents' health, in particular with respect to the disparities in health outcomes across regions and populations and the difficulties faced by Member States in reaching out to every mother and every child. She urged the Secretariat to include more information in that regard and called for that unfinished business and the related lessons to be placed at the heart of discussions during the meetings of the Executive Board and the Health Assembly. Noting that, similar to the strategies on communicable and noncommunicable diseases, the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) called for integrated, multisectoral actions to create enabling environments, he encouraged WHO to ensure alignment of the strategies across those areas.

The representative of the RUSSIAN FEDERATION, noting the importance of dealing with the health of adolescents at the Seventieth World Health Assembly, said that her country had undertaken a multifaceted approach to the issue, which included the promotion of a healthy lifestyle and diet.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, speaking on behalf of the Member States of the African Region, welcomed the development of indicators to help monitor the implementation of the Global Strategy, but expressed concern at the lack of guidance available on the WHO website on the implementation of accelerated actions in that regard. Moreover, for three of the 16 indicators, there were no definitions or sources identified for data collection. He requested guidance from the Secretariat on when the right to life began and encouraged Member States to endeavour to ensure that the necessary resources were available for the implementation of the Global Strategy. The Secretariat should play a leading role in that regard. Furthermore, WHO should work to strengthen the leadership role of Member States, encourage partners to align themselves with country priorities, and contribute to the implementation of strong coordination mechanisms.

The representative of the DOMINICAN REPUBLIC said that a multisectoral approach to adolescent health was needed, which included collaboration with the education sector. It was particularly important to improve civil registration systems and the collection of demographic and health data, and to adopt legislation guaranteeing that women had access to sexual and reproductive health education, care and information. The Global Strategy was a useful document that would help guide responses at the national level. Lastly, development during early childhood should be included on the agenda of a future session of the Executive Board, since it was an extremely important stage of life.

The representative of FIJI drew attention to the results of an analysis recently carried out in his country on the status of adolescents' health, which had highlighted a number of challenges in terms of

communicable and noncommunicable diseases, nutrition and sexual and reproductive health. He welcomed the establishment of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents, which provided an excellent opportunity to address gaps in the implementation of related activities. He looked forward to a presentation on the recommendations of that Group and a discussion on how to operationalize the recommendations in order to support Member States in achieving the targets laid out in the Global Strategy and the Sustainable Development Goals.

The representative of CANADA, emphasizing Canada's commitment to the Global Strategy and its implementation, commended the development by WHO and its partners of a monitoring framework for the Strategy that contained indicators that could be aligned with the indicators for the Sustainable Development Goals, thereby minimizing the reporting burden for Member States. Coordinated efforts to improve civil registration and health information systems through investment and collaboration with key partners remained a priority. Sound investment in the health of adolescents should provide the demographic dividend to enable all countries to energize their economies. Adolescents, including those living in fragile settings, should be fully engaged in all efforts that had an impact on their health and rights. She reiterated the call for a presentation on the recommendations of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents at the Seventieth World Health Assembly. Such a presentation would spur further discussions on the national implementation of those recommendations with a view to attaining the targets set out in the Global Strategy and the Sustainable Development Goals.

The representative of MEXICO, drawing attention to the key aspects of her country's health-related programmes, said that guaranteeing adolescents' access to health was a significant challenge. Innovative measures were needed, in particular to remove barriers to sexual and reproductive health care, and legislation should be amended in that regard. Moreover, it was necessary to invest in civil registration systems and the collection of demographic and health data as the information provided from those activities was required for the development and prioritization of indicators and the harmonization of monitoring activities.

The representative of CHINA said that his country had undertaken a number of steps to improve the health of women, children and, in particular, adolescents, including sexual health-related education activities and improving access to contraception. He encouraged the Secretariat to continue to work with other agencies in the United Nations system and Member States to establish cooperative mechanisms on adolescent health issues in order to accelerate the pace of responses. The Organization should continue to provide Member States with guidelines and technical documentation on addressing the health of adolescents.

The representative of THAILAND echoed comments on the importance of robust data monitoring systems, particularly civil registration systems. Legislation had been introduced in Thailand to improve adolescents' access to sexual and reproductive health services and education. Recognizing a donor's changes in policy, which would affect funding for governments and nongovernmental organizations that supported women's rights and family planning, he expressed appreciation for the efforts of the Netherlands to minimize the impact of that policy shift through increased funding. In the light of the current situation, continued policy and financial support from WHO was vital.

The representative of the CONGO stressed the importance of starting efforts to prevent cervical cancer during adolescence. As such, he proposed that in paragraphs 6 and 16 of the report, reference should be made to the prevention of cervical cancer through vaccination against human papillomavirus.

The representative of URUGUAY¹ said that, although progress had been made in addressing maternal and child mortality, it was important to continue work in that regard. The high levels of teenage pregnancy in her country made the issue of adolescents' health particularly relevant. It was important to have dedicated spaces for adolescents to access health care. Highlighting a number of steps taken by Uruguay in that regard and to address sexual and reproductive health issues, she said that rights-based health approaches were the most effective way to tackle health issues. Therefore, she welcomed the establishment of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents. She requested the Secretariat to continue to provide updates on the implementation of the Global Strategy.

The representative of SLOVAKIA,¹ underscoring the negative impact of the absence of fathers on children and adolescents and the importance of protecting the family and adolescents, said that men and fathers should not be neglected in the Global Strategy. The report should also provide guidance on the prevention of risky behaviour by adolescents, especially those from vulnerable groups, including through intersectoral policies focused on education and a healthy family environment as a means of promoting mental health. She noted that, although the age range used in the report for adolescent girls was 15–19 years old, in many countries 18 year olds were legally considered adults.

The representative of NORWAY¹ expressed support for the United Nations Secretary-General's Every Woman, Every Child strategy. He welcomed the report's focus on adolescents, since they would be key to achieving the Sustainable Development Goals. Young people should be included in health development as partners and leaders. Quality education for all and universal access to sexual and reproductive health care services and rights, including for adolescents, was essential. Emerging evidence indicated that a rights-based approach to health could improve health in an equitable manner. Special attention should be given to women, children and adolescents living in humanitarian and fragile settings.

The representative of JAPAN¹ said that a multisectoral approach encompassing the environmental and social determinants of health was needed to improve adolescents' health. He welcomed the broad indicators used in the monitoring framework, but expressed concern that the lack of civil registration and vital statistics systems in many countries prevented the effective tracking of progress. Political commitment beyond the health sector was needed to establish adequate registration and statistics systems at the country level. The Government of Japan had donated US\$ 84 million to the Global Financing Facility for projects to improve the health of women, children and adolescents.

The representative of BANGLADESH,¹ noting that the Global Strategy had brought the issue of adolescent health into focus, said that the Government of Bangladesh had developed a draft adolescent health strategy. WHO should provide technical leadership to promote maternal, newborn, child and adolescent health with a view to achieving universal health coverage.

The representative of KENYA¹ said that adolescents made up close to 50% of her country's population and were a key asset for the future. She welcomed the implementation of policies and programmes that promoted the health of young people and adolescents. A national adolescent and reproductive health policy was being developed. Efforts by WHO and partners to assist and accelerate countries' implementation of the Global Strategy were appreciated.

The representative of INDIA¹ said that the Global Strategy was broader and more ambitious than its predecessor and included a welcome focus on equity and on adolescents. Adolescents would be key to attaining the Sustainable Development Goals. Successful implementation of the Global

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

Strategy would need to take into account the varied social and cultural sensitivities of developing countries; a one-size-fits-all approach would not yield the desired results. Sound investment in adolescent health in low- and middle-income countries would energize economies and lift standards of living.

The representative of INDONESIA¹ expressed her commitment to the Global Strategy as an implementation framework for the Sustainable Development Goals. In Indonesia, an integrated action plan on women's, children's and adolescents' health was being finalized. A focus on adolescence, as a life phase during which the patterns of adult health were established, was central to the success of public health interventions in areas such as maternal and child mortality, mental health and noncommunicable diseases. Health programmes for adolescents should prepare them for a healthy reproductive life in adulthood.

The representative of SWITZERLAND¹ said that she wished to align herself with the statement by the representative of Sweden. She underscored the need for ongoing and complementary sexual and reproductive health services like sex education, access to contraception and safe abortion services.

The representative of the UNITED NATIONS POPULATION FUND, speaking at the invitation of the CHAIRMAN, said that robust health systems should be strengthened to respond to the specific needs of adolescents. Data collection and analysis were crucial for countries to have a solid understanding of their progress. In addition to the 60 indicators for tracking progress in respect of the Global Strategy, insight into disparities within countries could be provided by taking into account in the indicator and monitoring framework for the Global Strategy for Women's Children's and Adolescents' Health (2016–2030), adolescents' social, economic and political environments. A discussion at the Seventieth World Health Assembly of the report of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents would offer critical guidance on multisectoral action and the integration of human rights and a gender and youth perspective into the work of WHO and development agencies.

The observer of the INTERNATIONAL FEDERATION OF THE RED CROSS AND RED CRESCENT SOCIETIES said that he was pleased by efforts to involve adolescents in the creation of the indicator and monitoring framework for the Global Strategy, and requested the inclusion of youth participation as a key principle in Section 1 of the framework. References should be included in all other sections to ensure that young people were represented in consultations, that data reflecting the reality of young people's lives were available to governments, donors and youth groups, and that youth organizations had the resources needed to develop and implement programmes. The Federation called on governments and the international community to consider young people key stakeholders, agents of change and equal partners.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, encouraged Member States to ensure the collection and disaggregation of data for 10–14 year olds, in addition to 15–19 year olds. The Federation looked forward to the recommendations of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents, in particular on how best to improve sexual and reproductive health and reproductive rights, and how those rights could be integrated into health programmes. Health outcomes for adolescents were not improving at the same rate as for other groups; multiple barriers, including a lack of comprehensive sexual education, were impairing the ability of adolescents to have healthy and safe sexual lives. The Secretariat, Member States and partners should work to remove those barriers and ensure that programmes reflected the needs of adolescents.

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

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, expressed disappointment that the Global Strategy did not reflect the Association's extensive submission on the palliative care needs of women, children and adolescents. Member States must fulfil their obligations to make palliative care available to women, children and adolescents, and recognize that only a fraction of those who needed such care received it. Member States should recognize that the majority of caregivers around the world were women and children, and develop programmes to support them in that role. The Association stood ready to assist Member States in that endeavour.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that health should be prioritized at all stages of life. Efforts should be focused on reducing maternal, neonatal and child mortality in areas affected by humanitarian crises or natural disasters. He called on Member States to implement the Global Strategy by ensuring access to family planning and health care services without discrimination, and by guaranteeing education for the health workforce on adolescents' health and on sexual and reproductive rights. The Federation was committed to working towards the implementation of the Global Strategy.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, supported the Secretariat's mandate to provide regular reporting on health. He commended the inclusion of still-births in the indicator and monitoring framework for the Global Strategy and on the selection of adolescent health as the current special theme. The guidance on implementing global accelerated action for the health of adolescents would inform reviews of national adolescent health plans. Efforts for universal health coverage should take into account adolescent health, which encompassed sexual, reproductive, maternal, newborn and child health. Adolescent health interventions should also ensure gender equality and address, inter alia, the transition through puberty and the needs of parenting adolescents.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that dealing with adolescent health entailed tackling rheumatic heart disease, a preventable disease which often began in childhood and was one of the causes of maternal mortality. She recommended that control programmes should be implemented for the secondary prevention of rheumatic fever and rheumatic heart disease, as identified in the updated Appendix 3 to the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020; that the diagnosis and management of rheumatic heart disease should be integrated into antenatal care; and that heart disease outcomes should be monitored through national registers with disaggregated data. The urgent issue of rheumatic heart disease required a global response; she welcomed its inclusion on the agenda of the 141st session of the Executive Board.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, welcomed the inclusion of noncommunicable diseases in the framework indicators for the Global Strategy, which were aligned with the Sustainable Development Goal indicators. The guidance on implementing global accelerated action for the health of adolescents, which the Union had been involved in preparing, should cover education for adolescents and the promotion of healthy behaviour, such as reducing alcohol and tobacco use. She encouraged the early diagnosis of noncommunicable diseases among adolescents and expressed support for the Global Strategy.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that her organization had made a commitment to invest US\$ 3 billion between 2016 and 2020 to support the implementation of the Global Strategy. In order to achieve long-term change, it was essential to reach children everywhere, in particular those who were out of school, in conflict zones or fragile settings. It was also important to address the particular risks to which

adolescents were exposed, especially violence towards girls, and the gender stereotypes that underpinned such violence, including by working with religious and community leaders. Adolescents' participation in decision-making that affected their lives should be guaranteed and platforms should therefore be established for their contributions at the Health Assembly.

The representative of INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, underlined the importance of ensuring girls' access to education on reproductive rights, in the light of the fact that complications in pregnancy and childbirth remained a leading cause of death among adolescent girls. It was crucial to guarantee social assistance and medical treatment that was not influenced by cultural attitudes. Psychosocial support for adolescents in crisis regions was needed in order to help young people regain quality of life. Investment in health systems was also necessary to address the mental health needs of adolescents who had been affected by conflict or natural disaster.

The DIRECTOR (Global Coordination) expressed his thanks to Member States for highlighting the importance of women's, children's and adolescents' health in their national health policies and plans, and in particular for highlighting the triple dividend of investing in adolescent health, which encompassed access to services for adolescents, the impact of noncommunicable diseases later in life, and the intergenerational effects of malnutrition and other risk factors. The updated report on progress of implementation of the Global Strategy, to be submitted to the Seventieth World Health Assembly, would cover the monitoring of the 60 indicators that were part of the indicator and monitoring framework for the Global Strategy. Certain indicators required further development, however. The report would reflect the action areas of the Global Strategy itself, thus setting out chapters on inequities, multisectoral action and progress in humanitarian settings, and would present analyses of key recommendations of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents. The Working Group's final report would address the issue of palliative care. The Global Accelerated Action for the Health of Adolescents implementation guidance would highlight cost-effective interventions, prioritization of interventions, and the establishment of youth-friendly services.

The Board noted the report.

2. MANAGEMENT AND GOVERNANCE MATTERS: Item 14 of the agenda

Overview of WHO reform implementation: Item 14.1 of the agenda (document EB140/38)

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, welcomed the bottom-up approach to prioritization when preparing the programme budget, but expressed concern about ongoing funding challenges. Addressing those challenges required a multidimensional approach, which should include increasing assessed contributions, broadening the donor base, improving efficiency at all levels of the Secretariat and increasing the flexibility of voluntary contributions. The latter point should be discussed in the context of the financing dialogue.

With regard to management reform, he expressed concern about the limited progress made towards achieving gender equity and improving geographical representation in professional and higher category posts. The Secretariat should ensure that country offices were equipped to meet the needs identified. In addition, the Organization continued to play an important role by providing technical support and identifying population needs. It was essential that WHO, as well as regional university institutes, continued to support health research in the African Region. Finally, he welcomed measures to report alleged misconduct and strengthen accountability and transparency.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement.

She said that further efforts should be taken to improve governance within WHO, and that many of the proposals made in that regard could be taken up directly by the Board. A tool for prioritizing proposed additional items to be included on the Board's agenda should be implemented immediately, if the Board agreed to it. She asked the Secretariat to clarify why there had been an increase in the number of resolutions being presented in Secretariat documents, which risked reducing efficiency and transparency.

Welcoming the information provided, she said there was a need to discuss the allocation of staff members and financial resources to WHO's country offices, and for WHO to approve guiding principles in that regard. Secondments to WHO from non-State actors must be fully aligned with the Framework of Engagement with Non-State Actors; and she sought reassurance that the Framework was being implemented in a harmonized manner across the Organization.

The representative of the RUSSIAN FEDERATION expressed support for the objectives of WHO reform; however, she said that the section of the report on programmatic reform should be supplemented by specific objectives in line with the 2030 Agenda for Sustainable Development and the WHO Health Emergencies Programme. The complex process of reform had not been evenly achieved at all three levels of the Organization. Although progress had been made on accountability and transparency, action was needed to reduce travel expenses, and greater accountability was required in the areas of missions and risk management policy. It had not yet been possible to reduce the number of items on the governing bodies' agendas or the volume of documentation produced, and documents continued to be submitted late. The Secretariat's efforts to improve the efficiency of information management were welcome. She hoped that the results of the assessment of WHO's information management capabilities and the creation of an inventory of information assets, which were expected by September 2017, would be accompanied by specific proposals.

The representative of FRANCE noted the progress made but regretted that the accountability compact between the Director-General and the regional directors had still not been concluded. She welcomed the harmonization of work across the three levels of the Organization. She asked what operational conclusions the Secretariat hoped to draw from the electronic consultations on governance reform, and urged the Secretariat to provide a comprehensive document detailing specific proposals without delay. She commended the policy on whistle-blowing that had been in place for several months, and asked whether it had produced any results.

The representative of MEXICO noted the uneven progress made on WHO reform. Good progress had been made to align WHO's programme of work with defined priorities and financing, and to improve governing body procedures and working methods. Continued strengthening of accountability, and transparency within and between WHO headquarters and regional offices was required, in addition to improving the coordination across the three levels of the Organization. Given that 80% of the work force was approaching retirement, staff members should be recruited on the basis of skills, equality, transparency, gender equity and geographical representation. In addition, the human resources department should coordinate effectively with those programmes in need of staff. The reform process should never be considered finished and continuous assessment was required in order to identify areas of progress and those in need of more attention.

The representative of CHINA expressed appreciation for the Secretariat's work on improving transparency and accountability. However, the governing bodies' working methods should be more transparent, more efficient, and of higher quality. Further action should be taken to ensure that the capacities of country offices matched countries' needs, and coordination should be improved across all three levels of the Organization. She expressed support for efforts to improve gender equity and

geographical representation. While reform in such a large Organization would undoubtedly take time, progress indicators should be used and continually analysed in order to identify priority areas.

The representative of THAILAND expressed concern that the slow pace of the reform process was preventing WHO from taking a leading role in achieving the health-related Sustainable Development Goals. The Secretariat should step up efforts to ensure the full implementation of the reform process in 2017. The independent evaluation of the impact of reform, to be reported to the Seventieth World Health Assembly in May 2017, should provide Member States with the guidance required to optimize the reform process.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, recalling that reform was not a one-off event, said that more work on reform was required to reach the ultimate goal of improved programme delivery at the country level. The amount of core voluntary contributions to be donated by his Government in the period up to 2020 would be contingent on progress made in achieving the key performance indicators set out in the Performance Agreement between WHO and the United Kingdom, many of which were also contained in the Organization's own results framework. He encouraged Member States and partners to consider that approach to WHO reform.

The representative of the UNITED STATES OF AMERICA, commending the progress achieved, said that she looked forward to seeing further progress on management and financing reforms, especially those that contributed to further cost-savings and efficiencies. She expressed support for the implementation of accountability compacts for senior management staff and noted the Secretariat's commitment to extend them to all staff in management positions. She appreciated the strong monitoring framework that had been established and expected it to produce good results.

The representative of CANADA said that while the Secretariat had an important role to play in implementing the reforms set out, the work of Member States was equally significant. She encouraged Member States to engage in productive dialogue with each other.

The representative of PANAMA,¹ while welcoming the programmatic reform achieved, urged WHO to redouble its efforts towards transparency and accountability at all levels and further develop the bottom-up approach. Country-level capacity could be strengthened with adequate human resources, which would facilitate further decentralization. Despite the creation of the financing dialogue, financial weaknesses persisted. Her Government would be prepared to consider an increase in voluntary contributions, provided that financial resources were used innovatively. The efficiency and effectiveness of governing body sessions should be improved, to ensure that public health priorities were addressed. With regard to emergency reform, country and country-office capacities should be further strengthened. Discussions should continue of governance-related aspects, including human resources and decentralization.

The representative of SPAIN¹ said that decisive action should be taken to reform the working methods of the governing bodies. Those bodies should be made more effective, while maintaining the leadership role of Member States. He encouraged the Secretariat to identify where further savings could be made in respect of reducing travel costs and transferring functions to the WHO Budapest Centre, in particular in view of the costs resulting from the mobility policy.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the

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CHAIRMAN, noted the persistent and understated lack of Member State commitment to financing. WHO's donor dependence, created by the relatively small proportion of assessed contributions compared to earmarked voluntary contributions, had led to misalignments between the priorities identified by the Health Assembly and expenditures underwritten by donors. He urged Member States to invest in WHO as the leading independent institution for health, and to accept the 10% increase in assessed contributions.

The EXECUTIVE DIRECTOR (Office of the Director-General), in response to the comments made, said that reform was a process of continuous improvement, and as such would continue. Since the publication of the report, WHO had taken additional steps to promote transparency, including through the publication on the WHO website of the Organization's top-level risk register and its Strategic Communications Framework. Furthermore, to support its whistle-blower policy, WHO had established a dedicated telephone number, website and email address by which both staff and non-staff members, including Executive Board members, could communicate their concerns, anonymously if they preferred, to an independent, external service provider. That provider reviewed all concerns it received and submitted the relevant information to the Secretariat, which then conducted investigations or provided relevant information. A campaign to raise awareness of the whistle-blower policy had been conducted throughout WHO. The Director-General was committed to promoting a gender balance and equitable geographical diversity within WHO, which aimed to increase the proportion of its female staff at P4 level and above by 1.5% each year. The Secretariat would report on a regular basis to the governing bodies on progress achieved in that regard.

The Board noted the report.

Governance reform: follow-up to decision WHA69(8) (2016): Item 14.2 of the agenda (documents EB140/39, EB140/40, EB140/40 Add.1, EB140/INF./2 and EB140/INF./3)

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said that Germany also aligned itself with her statement. She supported the suggestions made in paragraph 21 of document EB140/39 and said that the draft six-year forward-looking planning schedule of expected agenda items would facilitate the planning of governing body meetings. She welcomed the Secretariat's analysis of the rules of procedure of the Executive Board and the World Health Assembly with a view to making recommendations on further improvements to the processes for the inclusion of additional, supplementary and urgent agenda items. There was a need to limit the number of items on the agendas of the governing bodies, and she supported the planned system for prioritizing proposed provisional agenda items. A soft upper limit on the number of items was necessary and it was regrettable that the Secretariat had not made a concrete proposal in that regard. A two minute time limit for statements was undesirable, as that could negatively affect the quality of discussions. She welcomed the preparation of the 2017 WHO country presence report, which would help deepen knowledge of country office activities.

Finally, she noted that, in paragraph 7 of document EB140/39, WHO's Global Policy Group was referred to as a "collective decision-making" body. Recognizing the important advisory role of that Group, she emphasized that it was the Director-General who was directly accountable to the Health Assembly, and that that line of accountability was crucial for maintaining trust in WHO's use of resources and its delivery of outcomes. It was therefore extremely important to refer to the Global Policy Group's role in a manner that respected the Constitution of the Organization and was in line with previous governing body decisions. She trusted that future WHO documents would refer to the Group appropriately.

The representative of MEXICO noted the proposed criteria for the inclusion of items on the provisional agenda of the Executive Board. However, those criteria should also include the alignment of any item with WHO's programme of work and with regional priorities; any duplication of work

should be avoided and items should be considered on the basis of whether they would have a national, regional or global impact. Member States should undertake to propose only priority regional or global health items for inclusion on the agenda, recognizing that national concerns could be addressed with support from regional or country offices. Noting that the distribution of expertise among regional and country offices was unequal, she said that staff allocation should be aligned with national and regional priorities as outlined in country cooperation strategies. Governance reform had produced some procedural and operational results; however, that reform should include efforts to consolidate WHO's global health leadership and coordination role, as well as steps to improve transparency and coordination across the three levels of the Organization.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, said that in order to improve governance at the three levels of the Organization, priority must be given to efficiency, quality and transparency. It was vital to avoid ambiguity when scoring any additional, supplementary or urgent items that could be added to the provisional agenda. He could not support any proposal that would infringe the rights of any country, and he underscored that the Health Assembly must remain the supreme decision-making body of WHO. Member States should strive for consensus in order to avoid votes that could favour political rather than scientific agenda items. Efficiency could be boosted by: improving alignment and coordination between the governing bodies; extending governing body meetings by one day if the agenda was longer than normal; and better allocating time to agenda items that required action to be taken. Finally, he did not support the proposal to reduce the time allowed for delegations to make statements.

The representative of NEW ZEALAND said that, as he understood it, the role of the Executive Board was in governance and policy review, not policy formulation, which was the remit of the Health Assembly, or implementation, which was the role of the Secretariat. On that basis, the number of agenda items should be reduced and WHO had to consider whether it had the capacity to add items to its general programme of work. It was also important to take into account the relevance of previously adopted decisions and resolutions and consider whether any historic agenda items could be retired. The processes for inclusion of items on the agendas of the Health Assembly and the Executive Board should be identical. To improve the efficiency of meetings, elements contained in the report of the Programme, Budget and Administration Committee should be discussed in tandem with the relevant agenda item of the Executive Board. Furthermore, in their statements at meetings of the Executive Board and the Programme, Budget and Administration Committee, speakers should comment only on the documents under consideration in order to provide input to the governing bodies, and the Secretariat should provide guidance in that regard.

Cooperation and communication between Member States and the Secretariat should be enhanced, through capitals and missions and by using information technology. He asked the Secretariat to provide further details on how the criteria for the inclusion of provisional agenda items had been defined and whether that process had been modelled on processes adopted by other international agencies. The criteria should be further divided with a view to determining the potential resource impact on WHO of each agenda item, and deciding whether any agenda item could be retired. He suggested that the Secretariat should form a working group comprising Board members, Member States and non-State actors to consider that new approach.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the ambition of WHO governance reform proposals was disappointing and urged the Secretariat to implement the proposals made in document EB140/39 and its Annex, including the draft six-year forward-looking planning schedule of expected agenda items, which would be a good first step towards efficiency and should be carefully evaluated. Given the scope and importance of WHO activities delivered by country offices, it was disappointing how little information was made available in that regard.

The representative of CHINA welcomed the draft six-year forward-looking planning schedule, and strongly supported the development of criteria for the inclusion of items on the provisional agenda of the Executive Board. Effective procedures were needed to limit the number of agenda items. Furthermore, in order to enhance the efficiency of the governing bodies, participants must work more closely together and make greater use of information technology, such as webcasts of governing body meetings. It was vital to enhance coherence across the three levels of the Organization. She asked for further information regarding the implementation of paragraph (4) of decision WHA65(9) (2012) on WHO reform, which provided for specific mechanisms to enhance alignment between the regional committees and the Executive Board.

The representative of the UNITED STATES OF AMERICA said that governance reform had been a challenging issue for the Organization and welcomed the steps outlined in document EB140/39. Expressing support for the statement made by the representative of Sweden, she endorsed the proposals made in the Annex to document EB140/39 and expressed appreciation to the Chairman for his efforts to improve governing body management. Member States should be mindful of time constraints when proposing additional items for discussion. The six-year forward-looking schedule made reporting requirements more obvious, and opportunities to replace recurring issues on the agenda with new topics should be considered. The report presented in document EB140/INF./2 was valuable; however, as it only covered the situation up to 2014, she sought clarification on how it would be updated.

The representative of THAILAND welcomed the proposals made to improve the efficiency of the governing bodies, in particular the suggestion that statements should be limited to two minutes and that discussion should be more focused. He also welcomed the proposed criteria for the inclusion of items on the Board's provisional agenda, in which respect Secretariat guidance would be useful. He expressed concern at the limited number of items to be included: such inflexibility would undermine participation by Member States and restrict their opportunities to raise concerns and outline public health priorities.

The representative of CANADA, acknowledging the challenges that the Secretariat faced in preparing documents for large numbers of agenda items, said that those challenges were transferred to Member States when meeting materials were distributed late. The quality of the Board's deliberations was affected as a result. Capping the number of agenda items to be considered each day and limiting the length of Member States' statements would help to make the situation more manageable, but discipline and commitment in adhering to the rules were equally necessary. Evening meetings should not be scheduled to deal with routine business: the working day should be limited to eight hours. He encouraged the Secretariat and Member States to review the proposed criteria for the inclusion of items on the provisional agenda, which were confusing.

The representative of EGYPT,¹ referring to paragraph 7 of the report contained in document EB140/39, said that recommendation 10 of the 2016 Open-ended Intergovernmental Meeting on Governance Reform had recognized the Global Policy Group as a mechanism to advise the Director-General. It was the Director-General's prerogative whether to make use of the Group in internal matters. Nothing in that recommendation made the Group part of the Organization's decision-making process or bestowed on it a "top-level leadership" role. The Director-General, as WHO's chief technical and administrative officer, retained sole responsibility for all technical or administrative decisions he or she took, even if they resulted from consultations within the Group. It would therefore be more consistent with the Organization's Constitution and the recommendations of the Open-ended Intergovernmental Meeting to issue reports of the Group in the name of the

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Director-General, not the Group itself. He urged the Secretariat to update WHO's webpage on the Group to reflect the aforementioned recommendation.

The representative of MONACO,¹ emphasizing the need for governance reform, expressed regret at the slow progress made in that regard. Overloaded agendas, evening meetings and voluminous documentation submitted late made it difficult to participate in meetings effectively, particularly for small delegations. The Secretariat's efforts pursuant to decision WHA69(8) and the introduction of the six-year forward-looking schedule of agenda items were welcome, however, as were the proposals set out in the Annex to document EB140/39 and the suggestions made by the Officers of the Board in document EB140/40 on the inclusion of items on the Board's provisional agenda. Efficient distribution of agenda items among the governing bodies was vital if the same debates were not to be repeated in the Executive Board and the Health Assembly. Echoing the comments made by the representative of Sweden concerning the Global Policy Group, she encouraged the Secretariat to pursue the governance reform process, which should remain a priority for the next Director-General.

The representative of SWITZERLAND¹ called on the Secretariat to redouble its efforts to reform the governance of the Organization, which was lagging behind reform in other areas. Heavy governing body agendas were particularly challenging for small delegations. The proposals made in the Annex to document EB140/39 in that regard were positive, especially with regard to reducing the length of statements and making longer versions available on the Organization's website; maximizing the benefits of discussion in the Programme, Budget and Administration Committee; and encouraging an early exchange of views on agenda items. She congratulated the Chairman on his successful efforts to improve efficiency at the Board's current session.

The representative of AUSTRALIA¹ acknowledged the difficulty of governance reform and the improvements under way. Expressing support for the comments made by the representative of New Zealand concerning clarity of mandate, he welcomed efforts to increase the efficiency of governing body meetings, including the introduction of the six-year forward-looking schedule, the proposal to reduce the number of items on the agenda, the development of criteria to assist in the evaluation of proposed agenda items and the introduction of requirements for the inclusion of new items on the provisional agenda of the Health Assembly. The criteria for evaluating proposed agenda items should be trialled and refined over time, rather than waiting for changes to be suggested in advance. Reporting on country-level activities served to enhance the visibility of the Organization's work at all levels, in which regard he echoed the comments made by the representative of Malta during the discussion of agenda item 14.1, welcoming further discussion with Member States on the activities of country offices.

The representative of the OFFICE OF THE LEGAL COUNSEL expressed appreciation for the guidance received from Member States and the Officers of the Board. Explanatory memorandums, which were currently required only for items on the Board's agenda, could be introduced for items on the agenda of the Health Assembly. The proposal to develop a system for scoring proposed agenda items could also be pursued, taking due account of comments on the need for discretion to be maintained in deciding which agenda items to include. If the Board so agreed, the Secretariat would draft proposals to implement the above changes. The idea of capping the number of agenda items, as set out in document EB140/39, did not seem to enjoy wide support and would not be taken further, especially in the absence of consensus on suggestions to extend the length of sessions of the Board and Health Assembly; neither would fixed time limits on statements be established as a rule of procedure for either body.

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

The EXECUTIVE DIRECTOR (Office of the Director-General), responding to points raised, apologized for the confusing use of language in reference to the Global Policy Group, which would not be replicated in future reports covering the Group's work, and expressed appreciation for the comments made by the representative of Egypt concerning alterations to the Organization's website in that regard. An update to the WHO's country presence report contained in document EB140/INF./2, which would be based on a 2016 survey, would be available to the Seventieth World Health Assembly for information and discussed by the regional committees as a substantive item.

The CHAIRMAN explained that the proposed criteria for including items on the Board's provisional agenda had been developed on the basis of the existing criteria endorsed by the Health Assembly and analogous criteria used by another organization of the United Nations system. The report of the Working Group on Governance Reform and written submissions from Member States had also been taken into account. The scoring system proposed was merely a tool, not the final decision-making mechanism. The Officers of the Board would retain the right to decide whether to include an item on the Board's agenda, depending on political and other considerations. Experience within the European Region had already shown how the tool could be refined over time. It would be for the Officers of the Board to decide what cut-off score, if any, should be required for an item to be included on the agenda, and the number of items that should be included. He urged the Board to consider trialling the system. The six-year forward-looking planning schedule would give an indication of how many additional items could be considered.

The representative of FIJI sought clarification regarding the comments made by the representative of the Office of the Legal Counsel about restricting the length of time for which Member States could speak. There appeared to be some discrepancy between paragraphs 19 and 20 in the Annex to document EB140/39. He asked whether it was intended to leave the matter to the discretion of the Chairman.

The CHAIRMAN said that the proposal to limit the length of statements to two minutes had not garnered support and would not be pursued, but that the current agreed limit of three minutes would still apply. Returning to the issue of the criteria for inclusion of agenda items, he invited Member States to make further suggestions in writing for consideration by the Officers of the Board.

The representative of NEW ZEALAND said that developing a secure electronic system, along with well-defined criteria, would allow all members of the Board, rather than just its Officers, to participate in scoring. His delegation intended to submit suggestions on the criteria in writing.

There being no further comments, the CHAIRMAN took it that the Board was ready to note the report contained in document EB140/39 and announced that the Board had concluded its consideration of agenda item 14.2.

It was so agreed.

The meeting rose at 20:35.

SEVENTEENTH MEETING

Tuesday, 31 January 2017, at 09:05

Chairman: Dr R. BUSUTTIL (Malta)

1. HEALTH SYSTEMS: Item 8 of the agenda (continued)

Evaluation and review of the global strategy and plan of action on public health, innovation and intellectual property: Item 8.4 of the agenda (documents EB140/20 and EB140/20 Add.1) (continued from the twelfth meeting, section 2)

The CHAIRMAN drew attention to a revised version of the terms of reference of the overall programme review originally contained in Annex 2 to document EB140/20, which had been further amended to take account of proposals made during informal consultations. The draft resolution had been redrafted as a draft decision on the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property.

The draft decision and the terms of reference annexed to it now read:

The Executive Board decided to approve the terms of reference of the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property, set out in the Annex to this decision, and also to request the Secretariat to develop an indication of funding requirements and possible sources of the implementation costs of the recommendations of the programme review, and present these to the Seventy-first World Health Assembly in 2018 through the Executive Board at its 142nd session.

ANNEX

TERMS OF REFERENCE OF THE OVERALL PROGRAMME REVIEW

1. As directed in resolution WHA68.18 (2015), the overall programme review, as distinct from the evaluation, will be a more policy-oriented, forward-looking exercise. The expert review panel's conclusions should identify areas of convergence, in line with the 10 principles of the global strategy and plan of action on public health, innovation and intellectual property (contained in the annex to resolution WHA61.21 (2008)). Guided by the report of the comprehensive evaluation and, where appropriate, taking into account other evidence and involving relevant stakeholders, including public sector entities and all categories of non-State actors in line with FENSA involved in biomedical research and development, the programme review will:

- (a) assess the continued relevance of the aim and objectives and the eight elements of the global strategy and plan of action;
- (b) consider the evaluation of the implementation of the global strategy and plan of action so far and its key barriers;
- (c) review achievements, good practices, success factors, opportunities, gaps, weaknesses, unsuccessful efforts, remaining challenges, and value for money;

- (d) invite, over the course of the evaluation, appropriate input and comment from WIPO, WTO, and UNCTAD and other relevant intergovernmental organizations;
- (e) recommend a way forward, including details of what elements or actions should be added, enhanced or concluded in the next stage of implementation of the global strategy and plan of action on public health, innovation and intellectual property, until 2022;
- (f) submit a final report to the Health Assembly, including the assessment of the global strategy and plan of action and recommendations on the way forward.

2. The final report of the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property, focusing on its achievements, remaining challenges and recommendations on the way forward will be presented to the Seventy-first World Health Assembly in 2018 through the Executive Board at its 142nd session.

The decision and the terms of reference annexed thereto, as amended, were adopted.¹

Promoting the health of migrants: Item 8.7 of the agenda (document EB140/24)

The CHAIRMAN invited the Board to note the report contained in document EB140/24 and drew attention to a draft decision on promoting the health of refugees and migrants proposed by Argentina, Croatia, Ecuador, Greece, Haiti, Italy, Luxembourg, Mexico, Portugal, Switzerland, Thailand and Turkey, which read:

The Executive Board, taking note of the report on promoting the health of migrants,² recalling resolution WHA61.17 (2008) on the health of migrants, and reaffirming the New York Declaration for Refugees and Migrants, in particular its annexes on the global compact on refugees and on the global compact for safe, orderly and regular migration, decided to request the Director-General:

- (1) to [prepare]/[identify], in full consultation and cooperation with Member States,³ and in cooperation with the International Organization for Migration and UNHCR and other relevant stakeholders, [possible elements for] a draft framework of priorities and guiding principles to promote the health of refugees and migrants, to be considered by the Seventieth World Health Assembly;
- (2) to make every possible effort, in close collaboration with Member States, and based on the guiding principles, to ensure that health aspects are adequately addressed in the development of the global compact on refugees and the global compact for safe, orderly and regular migration, in close collaboration with relevant international organizations, and to report thereon to the Seventy-first World Health Assembly;
- (3) to conduct a situation analysis by identifying and collecting experiences and lessons learned on the health of refugees and migrants in each region, in order to provide inputs for the development of the [global framework]/[framework of priorities and guiding principles to promote the health of refugees and migrants] [and the action plan](DEL) on the health of refugees and migrants, and to report thereon to the Seventy-first World Health Assembly;

¹ Decision EB140(8).

² Document EB140/24.

³ And, where applicable, regional economic integration organizations.

(4) [to develop, in full consultation and cooperation with Member States,¹ and in cooperation with other relevant stakeholders, such as the International Organization for Migration and UNHCR a draft global action plan on the health of refugees and migrants, to be considered for adoption by the [Seventy-first]/[Seventy-second] World Health Assembly, through the Executive Board at its [144th]/[142nd] session.]

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia aligned themselves with her statement.

While the health needs of refugees and migrants were similar to those of the rest of the population, those groups required additional attention as a result of their experiences, and take into account the linguistic, administrative and informational barriers they faced when accessing health care. She supported the adoption of a global action plan in the same spirit as the strategy and action plan for refugee and migrant health in the WHO European Region, which had been adopted in 2016. A strategic response to the health needs of refugees and migrants would require sufficient resources, material and training for health professionals, in order to build health system preparedness and capacity. She urged the Director-General to actively participate in concluding the global compact on refugees and the global compact for safe, orderly and regular migration, alongside IOM and UNHCR, to ensure that the health needs of refugees and migrants were fully met.

The representative of the PHILIPPINES expressed support for an approach to migrant health that prioritized health systems strengthening and universal health coverage. WHO, in collaboration with IOM and UNHCR, should ensure that the health concerns of all persons, regardless of their legal status, were reflected in the global compacts on refugees and migration. Member States should also seek to emphasize the importance of public health in discussions on migration.

The representative of CANADA commended efforts to address the health of migrants and refugees through health systems strengthening and by promoting human rights. The draft decision should provide a realistic time frame for the planned work, empower the Secretariat to act without engaging in excessive negotiations with Member States, and provide for continued collaboration with IOM and UNHCR in order to avoid duplication of efforts.

The representative of MEXICO, speaking on behalf of the Member States of the Region of the Americas, said that migration was a human reality that affected countries of origin, transit and destination and posed various health challenges. Almost every country in the Region fell into one of those categories, leading to collaborative responses that prioritized the health of migrants and displaced populations. Regional efforts to develop targeted interventions and improve regulatory and legal frameworks were in line with global commitments to achieve universal health coverage. There was a need to strengthen coordination with regional and United Nations mechanisms, and facilitate bilateral exchanges of experiences. WHO should advocate for migrant health in United Nations discussions and provide support to its Member States in ensuring the highest attainable standard of health for all people, including migrants. She called on the Secretariat to improve the coordination of migrant health activities across all three levels of the Organization.

The representative of THAILAND, noting efforts in his country to address the health needs of migrant workers, supported the draft decision. However, he expressed concern regarding the limited time available for the Secretariat to prepare a draft framework of priorities and guiding principles to

¹ And, where applicable, regional economic integration organizations.

promote the health of refugees and migrants for the Seventieth World Health Assembly, in consultation with Member States and other stakeholders.

The representative of NEPAL said that internal and external migration had a large impact on migrant health, including increased risk of communicable diseases. Migrant workers may benefit from receiving additional information on health care delivery systems in host countries; targeted health care; and medical check-ups prior to migration. WHO should seek innovative solutions for the delivery of targeted health care as well as financing, such as a levy of US\$ 1 on every airline ticket purchased by migrant workers to support migrant health activities.

The representative of the CONGO said that WHO should avoid taking a political stance on the issue of migration and deal only with the health aspects of migration. Ensuring the rights and continued care of migrants would reduce the risk of epidemics. He called on the Secretariat to support Member States in strengthening collaboration with other States and with international organizations. He supported the draft decision.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region, said that health services were often lacking for migrants or internally displaced persons arriving in communities with weak health systems. She was encouraged by the future priorities contained in paragraph 23 of document EB140/24 and called on the Secretariat to strengthen its capacities in health and migration; develop an inclusive health policy and legal framework for migrants and refugees; improve access to health services and financial protection for migrants, refugees and internally displaced persons; improve health monitoring and information systems; address the social determinants of health; promote community engagement; and enhance its coordination and partnerships.

The representative of SWEDEN welcomed the initiative taken by the sponsors of the draft decision. Noting growing consensus, he expressed support for the comments made by the representative of Canada on establishing a realistic time frame; striking a balance between Member State involvement and micro-management; and encouraging collaboration with UNHCR and IOM.

The representative of JORDAN said that additional resources should be mobilized for the Regional Office for the Eastern Mediterranean and country offices in that Region, as well as for countries hosting refugees, in order to mitigate the negative impacts on national health systems. Large-scale migration made attaining the Sustainable Development Goals more difficult, particularly for recipient countries. Promoting migrant and refugee health was a shared responsibility and none of the priorities identified in the report could be undertaken without international cooperation.

The representative of PAKISTAN stressed that the global compacts on refugees and migration should continue to be developed separately because the two groups had different needs, which were addressed under different frameworks. WHO should contribute to both global compacts and then fill any gaps with its own framework and global action plan on the health of refugees and migrants. WHO should continue to include IOM and UNHCR in future discussions.

The representative of MEXICO said that the future priorities contained in paragraph 23 of document EB140/24, in particular the proposed global migration and health strategy to address the health needs of migrants and refugees, would provide important input when developing the global compact for safe, orderly and regular migration. However, the report did not place enough emphasis on mental health, especially that of children. Additional training was needed for health care and social welfare professionals to help children and adults in cases of reintegration or family separation. Migrants' professional and educational integration into host countries also deserved closer consideration.

The representative of the UNITED STATES OF AMERICA emphasized the critical nature of WHO's advocacy role in ensuring that the needs of refugees and migrants were included in national and regional health plans. Access should be guaranteed to basic care; culturally appropriate mental health care services; and specialized care for vulnerable populations, including women and children, persons with disabilities, older persons, and lesbian, gay, bisexual, transgender and intersex migrants. He said that the report omitted the issue of environmentally-induced forced migration, for which governments and health care systems must be prepared.

He supported the future priorities that had been identified in paragraph 23 of document EB140/24, but requested additional information regarding: how those priorities would be translated into action; with which stakeholders WHO would collaborate; and the meaning of "financial protection" in point (iii) of that paragraph. Regarding the draft decision, he joined other Member States in stressing the need for cooperation with IOM and UNHCR to ensure that health issues were reflected in the global compacts on refugees and migration. The Secretariat should provide regular updates on its progress in that regard.

The representative of CHINA said that, at the end of 2015, the number of internal migrants within China had been similar to the number of international migrants. Working to achieve universal health coverage, her Government hoped to enhance its cooperation with the Secretariat on strengthening migrant health monitoring systems and looked to the Secretariat for guidance on promoting the health of internal migrants.

The representative of TURKEY, observing that no Member State seemed to be against adopting the draft decision, expressed concern regarding the limited time frame available for the planned work. He noted that the draft decision called for the preparation of a framework for the Seventy-first World Health Assembly and not the Seventieth, which would mean accepting that an action plan would not be ready until the Seventy-second World Health Assembly.

The representative of PANAMA¹ said that a global approach to migrant and refugee health was required to implement resolution WHA61.17 (2008) on the health of migrants. In that respect, she welcomed the draft decision. Emphasizing the need for shared responsibility, she said that WHO should play a leading role in managing cooperation on migrant health to ensure a swift and comprehensive response, taking into account the implementation of the International Health Regulations (2005). The Secretariat should hold meetings with donors and partners with a view to strengthening institutional capacities and achieving universal health coverage and the Sustainable Development Goals. Host countries must also be provided with the necessary resources to tackle irregular migration. WHO should collaborate with UNHCR and other agencies to fully address migration and migrant health.

The representative of GREECE¹ said that, in the midst of one of the largest migrant and refugee crises in recent history, his Government had demonstrated significant resolve and initiative, particularly in its implementation of large-scale programmes to address the health needs of migrants and refugees. Mass vaccination campaigns had been undertaken across the country, which included an influenza vaccination campaign for vulnerable groups. Furthermore, Greece was participating in the implementation of programmes under the European Commission's Asylum, Migration and Integration Fund, and had put in place an epidemiological electronic surveillance system. Legislation had also been enacted in his country to ensure free and equal access to health services for all refugees and migrants.

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

The representative of ECUADOR¹ expressed support for the Secretariat's approach to migrant health, which focused on health systems strengthening and universal health coverage, as well as on meeting humanitarian needs. Noting regional and national initiatives to ensure equal access to health care, she recalled the direct link between migrants' health and human rights. She expressed support for the Secretariat's future priorities and said that Member States that were in a position to do so should increase their flexible contributions to WHO, so that the Secretariat could provide adequate support to the Member States that needed it. She was grateful for the technical support already provided, which she hoped would continue under the global compacts on refugees and migration.

The representative of PORTUGAL¹ recognized the specific health needs of refugees and migrants and said that his Government was committed to achieving universal health coverage, including through the implementation of rights-based migrant-sensitive health policies. WHO should strengthen its role in ensuring refugee and migrant health and should adopt a framework and global action plan in that regard. While he would have favoured the adoption of a robust resolution on migrant health, he supported the draft decision.

The representative of SRI LANKA¹ said that she supported the inclusion of health aspects in the development of the global compact for safe, orderly and regular migration and endorsed the proposal that WHO should draw up a coherent and comprehensive global migration and health strategy. She drew attention to the upcoming Global Consultation on Migrant Health, to be held in Colombo, Sri Lanka, in February 2017, which would serve as a platform for practitioners and policy-makers to identify challenges and make political commitments to address those challenges. Regional and national measures had been adopted to address the health of migrants, and her Government stood ready to share its experience in that regard.

The representative of SWITZERLAND¹ emphasized that the health of refugees and migrants was a global issue. She expressed regret that a consensus had not been reached on a draft resolution, but supported the development of a global framework and action plan on refugee and migrant health. She reiterated that there could be no public health without migrant health, which required effective intersectoral efforts and the sharing of best practices at the highest levels.

The representative of LUXEMBOURG¹ said that particular attention had to be paid to the health needs of unaccompanied migrant children, as their physical and mental health was especially affected by inhumane living conditions and violence. Ensuring the provision of health care to refugees and migrants was fundamental and she encouraged WHO to adopt, without delay, a global action plan on refugee and migrant health, which took into account the specific circumstances of countries of origin, transit and destination. WHO should continue to work with all partners, especially UNHCR and IOM, towards the adoption of the global compacts on refugees and on safe, orderly and regular migration.

The representative of BANGLADESH¹ proposed that, in recognition of the different needs of refugee and migrant populations, the title of the report should be amended to read "Promoting the health of refugees and migrants". Refugee and migrant health represented a public health challenge, and the health and other rights of those groups had to be protected, regardless of their status, if the goals under the 2030 Sustainable Development Agenda were to be attained. He thanked the Secretariat for its support in developing a national strategic plan to address migration and health. He expressed the hope that the global compacts on refugees and migration would take into account the health needs of the relevant groups, and said that, at the global level, more attention must be given to the health needs of people displaced as a result of climate change.

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

The representative of NORWAY¹ said that while it would be useful for the Executive Board to provide the Secretariat with a strong message of support for its important contribution to the development of the global compacts on refugees and migration, it should be recalled that WHO had a clear constitutional mandate to engage in all relevant global health processes, and Member States' guidance should not be considered as a prerequisite for action in that regard. Paragraph 2 of the draft decision could better reflect that mandate. He endorsed the call for a draft global action plan, to be considered by the Seventy-second World Health Assembly. WHO must be perceived as a predictable, objective and constructive participant in all global health processes. If Member State negotiations were driven by political aims or used to prejudge discussions, they would undermine the Organization and weaken the health aspects of the global compacts.

The observer of the HOLY SEE called for sensitivity to the personal circumstances and inalienable rights of refugees and migrants and drew attention to the particular needs of child migrants. In the report, more emphasis should be given to the key role of non-State actors, such as the Catholic Church and other religious organizations, which were engaged in humanitarian and integration activities, including health care, to benefit forcibly displaced persons. WHO and other relevant stakeholders should ensure that the global compacts on refugees and migrants included practical, accountable and sustainable activities through constructive cooperation, which upheld the dignity and centrality of all people.

The representative of UNHCR highlighted references in the New York Declaration for Refugees and Migrants, which related to addressing the needs of migrants through the provision of health care, including sexual and reproductive health care, psychological support and the delivery of health services through public health authorities. WHO should harness momentum to promote health standards, specifically by leveraging existing processes, and should avoid duplication and inconsistencies. She encouraged the Secretariat and Member States to participate in the development of the global compacts on refugees and migration.

The representative of IOM welcomed the collaboration between IOM and WHO, as indicated in the draft decision. She expressed support for the proposed framework and global action plan on refugee and migrant health, which would ensure that health was included in the global compacts on refugees and migrants and in activities to attain the Sustainable Development Goals. Although the international community had acknowledged the development potential of migration and the need for policies to promote safe and orderly migration, the health of migrants had not been widely addressed. Despite the emphasis placed on universal health care, migrants' access to health was often governed by their legal status and immigration controls, which led to discriminatory practices. In addition, greater consideration should be given to the role of population mobility in preventing and responding to health threats. IOM would continue to work with WHO to ensure equitable access to health services and to develop a unified public health agenda reconciling acute large-scale displacement and long-term economic and disparity-driven structural migration. Multisectoral action was required to address the health-related challenges of migration.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES urged Member States to improve collaboration and strengthen cross-border services to migrants. The Secretariat should place greater emphasis on the significant psychosocial and mental health needs of migrants; ready access to culturally appropriate services were critical to help migrants cope with their extreme experiences and to adjust to different settings. Despite the recognized negative impact of migration, migrants could make a positive contribution to the transfer of resources, skills and knowledge, particularly in health services. He encouraged the development of

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

mechanisms to recognize, verify and apply the qualifications and experience of migrant health workers.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, encouraged Member States to implement migrant-sensitive health policies and prioritize intersectoral and international collaboration. Health programmes should identify mental health as a priority and, given the high rates of maternal and child mortality and gender-based violence, WHO should provide a basic reproductive health services package to national health systems and humanitarian partners. Nurses played a significant role in addressing the unique health care needs of refugees and migrants, and she encouraged continued collaboration between WHO and nurses in the development of strategies for refugee and migrant health.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, underlined the importance of collaboration between Member States, non-State actors, and United Nations organizations in developing migrant health strategies and strengthening health systems. Health care professionals must be trained to meet the specific needs of migrants and provide culturally-sensitive care. Furthermore, Member States must take steps to minimize the detrimental effects on health caused by the detention of migrants, by implementing a legally binding maximum duration of detention and ensuring that detention conditions were of an appropriate standard.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, noted that the report contained no explicit commitments to integrate palliative care and access to controlled medicines for either children or adults. More than 50% of recipient countries removed controlled medicines, such as morphine, from WHO humanitarian aid packages, making it impossible to deliver palliative care to migrants or refugees in accordance with WHO guidelines, and in violation of the right to health and to be free from torture. That practice should be investigated by any host Member States in which it was taking place. There were currently few reports of palliative care being provided to migrants, and it was hoped that the report and the draft decision would constitute a first step towards remedying that gap. The Secretariat should include palliative care for refugees and migrants, children, adults, the elderly and disabled persons in any situation analysis and in the proposed global action plan on the health of refugees and migrants.

The representative of the WORLD FEDERATION FOR MENTAL HEALTH, speaking at the invitation of the CHAIRMAN, said that the special needs of vulnerable people who had a serious mental illness before a regional crisis took place were often neglected when they became refugees or displaced persons. However, the proportion of people with mental health conditions among refugees and displaced persons must be on a par with that of the general population, and those numbers would only increase as a result of the displacement experience itself. Psychological first aid was increasingly being incorporated into staff training for humanitarian emergencies as a short-term solution. In the longer term, more attention should be paid to expanding the provision of mental health care, despite budget and other constraints, by professionals and trained lay health workers. Planning should take account of the special needs of women, children and the elderly, many of whom had experienced violence in crisis situations.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, urged Member States to adopt measures to identify, support and uphold the human rights of migrants, including the right to health, with particular regard to unaccompanied children. WHO should implement cash-based programming for health activities in emergency situations, which evidence had shown to be more effective at achieving better health outcomes. Member States should not tie their contributions to activities that not only failed to address the recipients' needs, but also

ended up subsidizing transnational corporations. The Secretariat should develop strategies to address the issue of human trafficking as a cause of forced migration, a subject not covered in the report.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, noted the significant burden of noncommunicable diseases among migrants and said that insecure living conditions exposed migrants to additional cardiovascular risk factors, such as stress. The complexity of the current situation demanded a collective response. He recommended including fast-track migrant-sensitive policies within national health systems; investing in research into chronic conditions in migrant populations, specifically disease prevalence, programme effectiveness, health-seeking behaviour and access to care; and encouraging task-sharing and task-shifting across health systems, by training non-specialist health professionals and volunteers to diagnose and treat noncommunicable diseases.

The DIRECTOR (Service Delivery and Safety), commenting on the points raised, specifically noted the suggestions for improvements to the report, particularly relating to a more complete discussion of issues such as mental health. Regarding the timing of the work ahead, he assured Member States that the Secretariat would continue to collaborate closely with them, and with IOM and UNHCR, on the development of a framework and global action plan, and that the Secretariat recognized that it had to take efficient and effective action on such an important and pressing issue.

He agreed that WHO's work had to be considered in the context of current global processes, notably to negotiate the global compact on refugees and the global compact for safe, orderly and regular migration. The aim of the draft decision was to enable WHO to contribute as best it could to those processes and to provide the best possible support to the organizations leading them, namely IOM and UNHCR. The timing laid out in the decision would allow WHO to be a strong contributor to both processes and would make it possible to ensure that the global action plan would be aligned to the global compacts. The upcoming Global Consultation on Migrant Health, to be held in Colombo, Sri Lanka, in February 2017, would be a helpful contribution to the overall process as well. The comment relating to the need to strengthen the Secretariat's capacity to provide support to Member States was particularly welcome; WHO work to that end was based on the broad agendas of leaving no one behind, universal health coverage and building health-system capacity to provide people-centred health services to migrants and refugee populations.

The Board noted the report.

The CHAIRMAN invited the Board to consider the draft decision.

The representative of ARGENTINA,¹ invited to take the floor by the CHAIRMAN at the request of the representative of MEXICO, said that the draft decision was the outcome of several rounds of open and participative consultations, facilitated by Argentina and Italy, on a draft resolution drawn up in order to update resolution WHA61.17 (2008) on the health of migrants and containing a series of elements that, owing to their complexity and relevance, and in the view of the Member States concerned, required more in-depth discussion. It had therefore been decided that those elements should be considered at a later point in time, and the facilitators had been asked to draw up an action-oriented draft decision, together with the Secretariat.

Discussion of the draft decision had focused on the timeline for the preparation of a framework and global action plan, both of which had garnered broad support among the participating Member States, but were nonetheless still referred to in square brackets, at the request of one Member State. He regretted that the group had been unable to reach consensus, but trusted that the Board would make a final decision.

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

The CHAIRMAN, noting that the Board could not consider a draft decision that contained square brackets but that the members of the Board appeared to agree on the need for a decision, drew the Board's attention to a revised version of the draft decision, distributed during the meeting, in which all the square brackets and some elements of text had been deleted and which read:

The Executive Board, taking note of the report on promoting the health of migrants; recalling resolution WHA61.17 (2008) on the health of migrants; and reaffirming the New York Declaration for Refugees and Migrants, in particular its annexes on the global compact on refugees and on the global compact for safe, orderly and regular migration, decided to request the Director-General:

- (1) to ~~{prepare}/{identify}~~, in full consultation and cooperation with Member States, and in cooperation with the International Organization for Migration and UNHCR and other relevant stakeholders, ~~{possible elements for}~~ a draft framework of priorities and guiding principles to promote the health of refugees and migrants, to be considered by the Seventieth World Health Assembly;
- (2) to make every possible effort, in close collaboration with Member States, and based on the guiding principles, to ensure that health aspects are adequately addressed in the development of the global compact on refugees and the global compact for safe, orderly and regular migration, in close collaboration with relevant international organizations; to report thereon to the 71st World Health Assembly;
- (3) to conduct a situation analysis by identifying and collecting experiences and lessons learned on the health of refugees and migrants in each region, in order to provide inputs for the development of the ~~{global framework}/{framework of priorities and guiding principles to promote the health of refugees and migrants}~~ ~~{and the action plan}~~ ~~on the health of refugees and migrants~~, and to report back to the Seventy-first Assembly;
- (4) ~~[to develop, in full consultation and cooperation with Member States, and in cooperation with other relevant stakeholders, such as the International Organization for Migration and UNHCR a draft global action plan on the health of refugees and migrants, to be considered for adoption by the {Seventy-first}/{Seventy-second} World Health Assembly, through the Executive Board at its {144th}/{142nd} session.]~~

At the request of the CHAIRMAN, the DIRECTOR (Governing Bodies) read out the elements in square brackets to be deleted, paragraph by paragraph, for approval.

The Board approved the deletions.

The CHAIRMAN said that he took it that the Board wished to adopt the draft decision, as amended.

The decision, as amended, was adopted.¹

¹ Decision EB140(9).

2. MANAGEMENT AND GOVERNANCE MATTERS: Item 14 of the agenda (continued)**Engagement with non-State actors:** Item 14.3 of the agenda (documents EB140/41 and EB140/42)**STAFFING MATTERS:** Item 15 of the agenda (continued)**Human resources: update:** Item 15.3 of the agenda (continued)

- **Criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions** (document EB140/47)

The CHAIRMAN recalled that the element of item 15.3, Human resources: update, relating to criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions, would be included in the discussion of item 14.3, Engagement with non-State actors. He drew the Board's attention to the discussion on engagement with non-State actors by the Programme, Budget and Administration Committee, which was reflected in paragraphs 53–61 of the report of that Committee (document EB140/5), and noted that the Committee had recommended that the Board should note the report in document EB140/41 and adopt the draft decision contained in document EB140/42.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, acknowledged the important role played by the Independent Expert Oversight Advisory Committee in respect of the Framework of Engagement with Non-State Actors. He asked the Secretariat to finalize and fully implement the WHO register of non-State actors and the electronic workflow for its roll-out. The Framework should be rapidly implemented, and a biennial evaluation plan drawn up with a view to promoting synergy in the reform process. The Secretariat should publish the guide for staff regarding non-State actors, with due regard to the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions.

In that connection, he pointed out that the African continent was generally underrepresented, in terms of both the numbers and the quality of staff, including in country offices. The complete register of non-State actors should be made available during the current session of the Board, for validation prior to the Seventieth World Health Assembly. The revised criteria and principles for secondments presented by the Secretariat were cogent. The Framework's provisions should be implemented with due regard for the Staff Rules and after broad dissemination of the criteria and principles for secondment, including the conditions of application. Seconded staff members whose secondment had come to an end should be free to apply for positions with the Organization only after a certain period had passed. WHO should publish information on all recent posts on its website and take account of geographical balance and, where possible, parity when disseminating that information. Contracts with academics should, if possible, be limited in time, so as not to undermine national structures. A decision should be drafted for presentation to the next session of the Board.

The representative of the UNITED STATES OF AMERICA expressed support for the work being done to ensure the full implementation of the Framework of Engagement with Non-State Actors at all levels of the Organization, including the work to populate the register of non-State actors. Given that much of the due-diligence work was taking place within individual work areas and locations, staff training and orientation to ensure the Framework's consistent application was an important principle. She also expressed support for the draft decision.

Regarding the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions, she noted that the discussion by the Programme, Budget and Administration Committee had clarified a number of policy issues. She agreed that the

Secretariat should, as recommended, integrate the criteria and principles into WHO human resource policies and procedures, so that the specific technical expertise the Organization may need could be provided in accordance with that approach.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the Framework of Engagement with Non-State Actors should be fully implemented across the three levels of the Organization. She had expected to receive more detailed information on the register of non-State actors, and asked the Secretariat to clarify what it planned to present at the Seventieth World Health Assembly. The Secretariat should give assurances that the information provided would be full enough to give Member States a proper idea of what the Framework would mean in practice. Progress in that respect was a key performance indicator under the recently published Performance Agreement between the World Health Organization and the United Kingdom of Great Britain and Northern Ireland. She acknowledged that the Independent Expert Oversight Advisory Committee had an important role to play in reviewing the Framework's implementation, and agreed with that Committee's view that the rules for risk identification and management had to be uniformly applied, and that it was key to balance benefits against risks.

She expressed broad support for the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions.

The representative of the RUSSIAN FEDERATION welcomed the implementation of the Framework of Engagement with Non-State Actors; the assessment of that Framework carried out by the Independent Expert Oversight Advisory Committee; and the Committee's recommendation that the Framework should be uniformly implemented across the Organization. He expressed support for the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions, and said that a draft resolution should be submitted to the Health Assembly in that regard.

The representative of MEXICO welcomed the implementation of the Framework of Engagement with Non-State Actors. The Framework should be continually monitored, and she expressed support for the comments made by the Independent Expert Oversight Advisory Committee that benefits and risks, and protection and engagement, were not mutually exclusive. The online public register of non-State actors would strengthen transparency, and help to guide engagement in the future.

Regarding the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions, she urged the Secretariat to include additional elements such as accountability and transparency, ethical principles, a balance of skills and technical capacity, and equitable geographical representation. She requested the Secretariat to hold consultations to finalize the proposal.

The representative of THAILAND said that WHO staff at all levels of the Organization should receive training on the principles and rules governing different types of interaction and engagement with non-State actors. He looked forward to receiving regular updates on the evaluation of the Framework's implementation, including information regarding the status of the register of non-State actors and the electronic workflow tool.

The representative of the NETHERLANDS said that the Framework of Engagement with Non-State Actors must be applied uniformly and in full across all levels of the Organization and looked forward to the launch of the register of non-State actors. He welcomed the elaboration of a guide for staff and handbook for non-State actors, and stressed their importance for the effective implementation of the Framework. He called for increased cooperation with non-State actors and fully supported the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions.

The representative of CHINA called for the consistent and uniform implementation of the Framework of Engagement with Non-State Actors across the three levels of the Organization. She welcomed the work of the Independent Expert Oversight Advisory Committee and welcomed efforts to establish an online public register and electronic workflow tool. She fully supported the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions.

The representative of INDIA¹ said that the report should be expanded to include more concrete information on engagement with non-State actors since the adoption of the Framework of Engagement with Non-State Actors, including number of engagements with each type of non-State actor, type of engagement, number of risk assessments conducted, number of denials of engagement following an unfavourable risk assessment, and steps taken to ensure documentation and management of risk. He expressed concern regarding the implementation structure and procedures, and asked the Secretariat to clarify the process of deciding whether a non-State actor was in official relations with WHO. There was also a lack of information about how the Secretariat addressed conflicts of interest, risk assessment and risk management. He called on the Secretariat to devise specific risk assessment guidelines and operational procedures on engagement with non-State actors and to make them available to the public. The online public register of non-State actors represented a positive step in improving transparency, but should also contain information on programmes of cooperation. He asked whether information and guidelines on pooled funding from the private sector would be made available, given its importance to the success of the Framework.

The representative of PANAMA¹ welcomed the introduction of the Framework of Engagement with Non-State Actors and the corresponding due diligence processes, including the online public register of non-State actors and the electronic workflow tool. The Framework would play an important role in guaranteeing transparency and upholding WHO's integrity and independence.

She supported the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions, but urged WHO to conduct the necessary evaluation of their effectiveness.

The representative of SOUTH AFRICA¹ said that the Framework of Engagement with Non-State Actors represented an important step towards changing perceptions and safeguarding WHO's reputation as the leading independent public health body. She expressed appreciation for the report of the Independent Expert Oversight Advisory Committee and fully supported its role in monitoring implementation of the Framework. The Secretariat should make the guide for staff and the electronic workflow tool available at the earliest possible opportunity to ensure the uniform and consistent application of the Framework across all levels of the Organization. She expressed support for the draft decision.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that the Framework of Engagement with Non-State Actors would facilitate and clarify the working relationship of WHO and non-State actors. Nongovernmental organizations should be given the opportunity to comment on their experience of the Framework and should have the same access to the WHO due diligence and risk assessment findings as Member States, to enable them to address any issues or concerns affecting their own organizations in a timely manner.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that there was a lack of clear and transparent guidance on the implementation of

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

the Framework of Engagement with Non-State Actors, and the due diligence and risk assessment procedures had so far failed to provide convincing results. He therefore called for the adoption of a comprehensive policy that would cover both individual and institutional conflicts of interest. The Secretariat should take all necessary steps to train its staff to avoid conflicts of interest, since they were required to strengthen relations with non-State actors, while simultaneously raising funds for the Organization.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, expressed concern that the Framework of Engagement with Non-State Actors contained ill-defined terms and failed to set forth effective due diligence procedures. Noting the potential conflict of interest related to the proposed engagement with the Bill & Melinda Gates Foundation, she stressed that close attention should be paid to preventing conflicts of interest and upholding WHO's integrity and independence. Further definition of the term "stakeholder" was required, and an evaluation and review of the Framework's implementation should be conducted at the earliest opportunity.

The EXECUTIVE DIRECTOR (Office of the Director-General), emphasizing the Secretariat's commitment to the implementation of the Framework of Engagement with Non-State Actors, thanked participants for their comments and observations, including on improving monitoring and reporting processes. He noted that the number of due diligence assessments had increased by more than 50% following the introduction of the Framework, rising from 600 in 2015 to 972 in 2016. He anticipated that the finalized handbook for non-State actors and the guide for staff would be made available before the Seventieth World Health Assembly, and the online public register of non-State actors would be fully operational as of April 2017. It would, however, take some time to populate the register with all prior non-State actor engagements. All new non-State actor engagements and workplans would be entered into the register in a timely manner.

The CHAIRMAN took it that the Board wished to note the reports contained in documents EB140/41 and EB140/42 and adopt the draft decision contained in document EB140/42.

The Board noted the reports and adopted the decision.¹

The CHAIRMAN took it that the Board also wished to note the report contained in document EB140/47.

The Board noted the report.

3. STAFFING MATTERS: Item 15 of the agenda (continued)

Statement by the representative of the WHO staff associations: Item 15.2 of the agenda (document EB140/INF./4)

The representative of the WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, PAHO, IARC and UNAIDS, said that the introduction of the WHO gender equality in staffing policy and the establishment of the Organization-wide Implementation Advisory Group on Gender Equality in Staffing to carry out the recommendations of the WHO Think Tank on Gender Equity had been welcome advances. Other important developments had included the joint

¹ Decision EB140(10).

efforts of staff and management to build a safe and respectful workplace through the WHO Respectful Workplace Initiative, and the adoption of a comprehensive teleworking policy that would enable staff members to work from home, where appropriate, by the end of 2017.

Relations between staff and management over the previous year had remained open and constructive. Nevertheless, it was worth emphasizing that face-to-face dialogue was essential when handling important protective measures for staff, particularly in cases where recommendations made by the Global Staff Management Council had been rejected. To that end, staff associations for the African, Eastern Mediterranean, South-East Asia and Western Pacific Regions should be able to address Member States through the regional committees, and all WHO regional directors should reach agreement on memorandums of understanding with their respective staff association representatives in the coming months.

She called on the Director-General to combat ageism within the Organization and implement the extension of the mandatory age of separation to 65, as requested in United Nations General Assembly resolution 70/244, by 1 January 2018. Regarding the internal justice system, she stressed that psychological harassment remained a concern: immediate measures should be taken to ensure timely and effective redress for victims of such behaviours, ideally through the introduction of a specific harassment investigation procedure.

She paid tribute to Dr Halfdan Mahler, the former WHO Director-General and visionary of global public health. Decades after Dr Mahler had relinquished his function as the head of the Organization, his achievements lived on. He would be remembered for his commitment to staff and his recognition of them as the main asset of the Organization.

The representative of the UNITED STATES OF AMERICA thanked the WHO staff associations for their hard work and dedication over the past year. She fully supported the call for all regional staff associations to have the opportunity to address their respective regional committees, which would serve as a useful means for staff to share information, as was currently the practice in the Region of the Americas.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, welcomed the healthy and constructive dialogue between WHO staff and management. He asked the Secretariat to make the document concerning staff grievances available to the Programme, Budget and Administration Committee in order for the Committee to review it and provide feedback to the 141st session of the Board.

The ASSISTANT DIRECTOR-GENERAL (General Management) thanked the staff associations for their constructive collaboration and welcomed the strong relations between staff and management in 2016. Management remained committed to improving gender equity, strengthening the internal justice system and implementing the Respectful Workplace Initiative. There would be zero tolerance for any kind of psychological or sexual harassment, physical assault or fraud in the Organization. Firm action would be taken to address any such unacceptable behaviour at all levels.

The Board took note of the report.

Amendments to the Staff Regulations and Staff Rules: Item 15.4 of the agenda (documents EB140/48 and EB140/48 Add.1)

The CHAIRMAN drew attention to document EB140/48, which contained three draft resolutions on amendments to the WHO Staff Regulations and Staff Rules. The financial implications of adopting those resolutions could be found in document EB140/48 Add.1. The draft resolutions had been reviewed by the Programme, Budget and Administration Committee of the Executive Board, which recommended that the Executive Board should adopt them.

The representative of the NETHERLANDS said that his Government promoted active ageing and the concept of longer working lives. Regarding draft resolution 2 on the extension of the mandatory age of separation to 65 for serving staff, he endorsed the implementation of the related amendments with effect from 1 January 2018.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region, said that she fully supported the alignment of the WHO Staff Regulations and Staff Rules with the United Nations common system. She observed, however, that despite the amendment to Staff Rule 410.2, which set the upper age limit for recruitment at 65 years, other mechanisms existed that would enable WHO to continue using the expertise of individuals aged over 65 years, if necessary. Furthermore, raising the mandatory age of separation to 65 could have implications for WHO, including an adverse effect on the attainment of targets on gender parity and geographical representation, and a financial impact resulting from the abolition of posts in the Global Polio Eradication Initiative. Additional discussion and analysis were therefore required to determine the legal repercussions of not implementing the amendments, compared with the benefits of delaying their application.

The DIRECTOR-GENERAL recalled that WHO had already implemented the amendments in relation to the extension of the mandatory age of separation to 65 for new staff recruited since 1 January 2014. The amendments currently under discussion by the Board applied to staff members recruited before 2014, who had the acquired right to retire at the age of 60 or 62 years. When the United Nations General Assembly had adopted resolution 70/244 (2015) to extend the mandatory age of separation to 65, it had stated that those acquired rights would not be compromised. Within the context of the WHO reform process, the natural attrition of staff who were due to retire could become an opportunity to better align WHO's staffing structure with the Organization's new priorities, particularly health emergencies at the country level, and with the new direction of WHO's work towards the attainment of the Sustainable Development Goals. It was also an opportunity to improve gender parity and geographical representation; however, raising the mandatory age of separation to 65 had unintended consequences on ensuring the implementation of those two policies.

Recognizing the repeated calls for the Organization to reduce costs, she pointed out that, if the Board decided to implement the amendments to the mandatory age of separation with effect from 1 January 2018, the additional cost to WHO for the biennium 2018–2019 would be approximately US\$ 10 million, of which US\$ 3–4 million would be used for Global Polio Eradication Initiative staff who chose to stay on, but whose posts were subsequently abolished. Before making a decision on the amendments, the Board should consider whether to give the next Director-General some flexibility to determine the future priorities of WHO, and the staffing structure and staff skills needed to implement them. The implications of applying the amendments varied among the organizations of the United Nations system; for example, ICAO had decided to postpone by one year the entry into force of the amendments, while IFAD had opted to delay implementation until its new President had taken office. The Secretariat had been encouraged to ensure that the change in retirement age was adopted at the most appropriate time. However, it was up to the Board to decide when that time should be.

The representative of the UNITED STATES OF AMERICA, noting that the United Nations common system represented a common approach to management and staffing issues across all organizations of the United Nations, recalled that General Assembly resolution 70/244 stated that the changes to the mandatory age of separation should be applied by 1 January 2018 at the latest. The implications of the amendments did indeed vary among bodies of the United Nations system; in that regard, the financial implications related to the Global Polio Eradication Initiative were unique to WHO. Noting that a delay in implementing the amendments could entail liability for the Organization, she sought clarification as to whether it would even be possible for the Board to defer its decision on implementation of the amendments.

The representative of CANADA said that it was important to remain in line with the United Nations common system, and therefore supported the implementation of the amendments with effect from 1 January 2018.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region, said that the Board should consider the suggestion to defer implementation of the amendments in order to provide the next Director-General with an opportunity to identify the staffing needs of the Organization before a decision was taken.

The representative of SWEDEN, while noting the concerns raised over the implications of the amendments, expressed support for the uniform implementation of the International Civil Service Commission recommendations, including the new mandatory age of separation.

The representative of FRANCE, noting the importance of complying with General Assembly resolution 70/244 and ensuring coherence among the bodies of the United Nations system, endorsed the implementation of the amendments with effect from 1 January 2018.

The representative of the RUSSIAN FEDERATION expressed support for the draft resolution on the application of the changes to the mandatory age of separation with effect from 1 January 2018, and requested that the financial implications of the draft resolutions should be reflected in the draft proposed programme budget 2018–2019.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, while recognizing the implications of the amendments, agreed that they should be implemented with effect from 1 January 2018.

The representative of COLOMBIA expressed support for alignment with the United Nations common system. However, the financial implications of the amendments were a matter of concern, and further details should be provided in that regard, including information on the current salaries that would be affected, in order to enable the Board to make an informed decision. Although there was an emphasis on the need for alignment among the bodies of the United Nations common system, careful consideration should be given to the budgetary risks resulting from the implementation of such amendments.

The representative of NEW ZEALAND recalled that the budgetary risks of implementing the amendments had already been identified and considered by the Programme, Budget and Administration Committee of the Executive Board. It was important to weigh those risks against the potential loss of credibility that might arise from not applying the amendments or deferring them. He supported the implementation of the amendments with effect from 1 January 2018.

The DIRECTOR-GENERAL noted the lack of consensus among Member States on the matter and said that it was not in the tradition of WHO to vote on such issues. She therefore proposed that the Secretariat would continue to carry out its assessment of the implications of implementing the amendments and provide additional information in order to enable the Board to take a decision at its 141st session. The unintended implications of the amendments were not only financial in nature, but also concerned policy coherence, and should therefore be given careful consideration.

The representative of FRANCE wished to know how draft resolution 2 would be approved by the Health Assembly, if it was only adopted at the 141st session of the Executive Board, and how, therefore, it would be possible for the amendments to take effect on 1 January 2018.

The DIRECTOR (Human Resources Management) clarified that amendments to the Staff Rules were adopted by the Executive Board and did not need approval by the Health Assembly.

The representative of NEW ZEALAND asked whether the presentation of the draft proposed programme budget 2018–2019 to the Seventieth World Health Assembly would reflect the financial implications of the two different options – implementation of the amendments either with effect from 1 January 2018 or at a later date – and, if so, how that would be addressed.

The DIRECTOR-GENERAL said that the Secretariat would try to work within the existing budget envelope. However, if, at its 141st session, the Board decided to implement the amendments with effect from 1 January 2018, and that resulted in an additional financial burden on WHO, some of the Organization's priorities would have to change.

The CHAIRMAN took it that the Board wished to adopt draft resolutions 1 and 3 contained in document EB140/48, and defer consideration of the adoption of draft resolution 2 to the 141st session of the Executive Board.

It was so agreed, and resolutions 1 and 3 were adopted.¹

Report of the International Civil Service Commission: Item 15.5 of the agenda (document EB140/49)

The CHAIRMAN invited the Board to note the report contained in document EB140/49. A summary of the discussion on the item by the Programme, Budget and Administration Committee was contained in document EB140/5.

The Board noted the report.

The meeting rose at 12:30.

¹ EB140.R8 and EB140.R9, respectively.

EIGHTEENTH MEETING

Tuesday, 31 January 2017, at 14:35

Chairman: Dr R. BUSUTTIL (Malta)

1. MATTERS FOR INFORMATION: Item 16 of the agenda

Reports of advisory bodies: Item 16.1 of the agenda

- **Expert committees and study groups** (documents EB140/50 and EB140/50 Add.1)

The Board noted the report contained in document EB140/50.

2. MANAGEMENT AND GOVERNANCE MATTERS: Item 14 of the agenda (continued)

Reports of committees of the Executive Board: Item 14.4 of the agenda

- **Foundations and awards** (document EB140/43)

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 2017 to Dr Yasmin Ahmed Jaffer of Oman for her significant contribution to public health in Oman, particularly in the area of women's and children's health. The laureate will receive the equivalent of 2500 Swiss francs in United States dollars.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 2017 to Dr Arslan Rinchin of Mongolia for his remarkable contribution to the advancement of primary health care in Mongolia. The laureate will receive US\$ 30 000.²

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 2017 to Professor Lô Boubou Baïdy of Mauritania, who is being honoured for his substantial contribution to the establishment of the national blood transfusion centre and development of

¹ Decision EB140(11).

² Decision EB140(12).

blood transfusion services, as well as for his fight against viral hepatitis, HIV/AIDS and sexually transmitted infections in Mauritania. The laureate will receive US\$ 20 000.¹

Dr LEE Jong-wook Memorial Prize for Public Health

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 Public Health for 2017 to the Henry Reeve International Medical Brigade of Cuba for its outstanding contribution to public health. The laureate will receive US\$ 100 000.²

Provisional agenda of the Seventieth World Health Assembly and date and place of the 141st session of the Executive Board: Item 14.6 of the agenda (document EB140/44)

The DIRECTOR (Governing Bodies) drew attention to the draft provisional agenda of the Seventieth World Health Assembly, contained in document EB140/44, and noted that an additional subitem on hearing loss would be added under item 16.

The representative of ERITREA, speaking on behalf of the Member States of the African Region, and supported by the representative of INDIA,³ said that an additional, separate subitem on access to medicines should be added to the draft provisional agenda under item 14 (Health systems); the discussion of that topic should not be restricted to the discussion of the global shortage of medicines and vaccines under item 14.3.

The CHAIRMAN suggested that, rather than adding a further subitem, item 14.3 could be broadened by amending it to “Addressing the global shortage of and access to medicines and vaccines”.

It was so agreed.

The representative of CANADA asked what the intention of the discussion under the revised agenda item would be.

The representative of NEW ZEALAND, supported by the representative of MALTA, speaking on behalf of the European Union and its Member States, asked whether an additional Secretariat report would be prepared to guide the discussion.

The DIRECTOR-GENERAL proposed that a new working document should be prepared to support discussions under the revised agenda item, which would take into account a broad range of issues on the subject, including points raised during the current session of the Executive Board, for example on the report of the United Nations Secretary-General’s High-level Panel on Access to Medicines, and the work carried out under the global strategy and plan of action on public health, innovation and intellectual property.

The representative of BRAZIL³ expressed concern that a discussion on access to medicines could become skewed to focus on the fair pricing of medicines. Although the report of the High-level Panel on Access to Medicines was a useful document, it was important to consider a wider range of

¹ Decision EB140(13).

² Decision EB140(14).

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

documentation and inputs in order to ensure a meaningful discussion. He therefore expressed support for the proposal made by the Director-General.

The CHAIRMAN took it that the Board wished to request the Secretariat to prepare a report on the revised agenda item, for consideration by the Seventieth World Health Assembly.

It was so agreed.

The representative of INDIA,¹ invited to take the floor by the CHAIRMAN at the request of the representative of NEPAL, and supported by the representatives of NEPAL, THAILAND and BHUTAN, recalled that, at the 139th session of the Board, India had proposed the submission of a draft resolution on mHealth for consideration at the Seventieth World Health Assembly; however, consideration of the item had subsequently been deferred. Highlighting the importance of the issue of mHealth and the need to ensure a timely discussion thereon, he requested that the item should be added to the provisional agenda of the Seventieth World Health Assembly, with a view to introducing a draft resolution for consideration by the Health Assembly.

The representative of FIJI, supported by the representative of CANADA, said that, while he agreed that mHealth was an important topic that warranted discussion by the Health Assembly, the Board had already adopted the forward-looking agenda, identifying items to be included on the agendas of future Health Assemblies and sessions of the Executive Board, including the consideration of mHealth at the 142nd session of the Board. That decision should not be undone.

The CHAIRMAN recalled that the Board had agreed, during its discussions on governance, that greater efforts should be made to reduce the workload of the governing bodies by desisting from overloading their agendas. In adopting the agenda of the current session, the Board had already decided to defer several items to the 142nd session of the Executive Board, including the item on mHealth. That decision should be considered final, and he could not, therefore, accept the proposal made by India.

The representative of the NETHERLANDS agreed with the comments made by the Chairman.

The CHAIRMAN invited the Board to adopt draft decision 1, on the date, place and provisional agenda of the Seventieth World Health Assembly, contained in paragraph 7 of document EB140/44, as amended.

The decision, as amended, was adopted.²

The DIRECTOR (Governing Bodies), responding to a query from the representative of NEW ZEALAND, confirmed that an item on rheumatic heart disease would be added to the draft provisional agenda of the 141st session of the Executive Board.

The CHAIRMAN invited the Board to adopt draft decision 2, on the date and place of the 141st session of the Executive Board, also contained in paragraph 7 of document EB140/44.

The decision was adopted.³

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

² Decision EB140(15).

³ Decision EB140(16).

3. NONCOMMUNICABLE DISEASES: Item 10 of the agenda (continued)

Cancer prevention and control in the context of an integrated approach: Item 10.5 of the agenda (documents EB140/31 and EB140/31 Add.1) (continued from the fifteenth meeting, section 1)

The CHAIRMAN recalled that an informal drafting group had been established in order to reach consensus on the text of the draft resolution contained in document EB140/31.

The representative of CANADA, presenting the work of the informal drafting group, said that although agreement had been reached on the majority of the text of the draft resolution, some paragraphs remained pending. Despite the best efforts of the participants and the spirit of collegiality in which they had worked, consensus had not been reached. Further discussions would therefore be required during the intersessional period, in order to produce a final text for submission to the Seventieth World Health Assembly.

The representative of ALGERIA said that consensus had been reached on much of the text of the draft resolution and discussion thereon should not be reopened; only the parts that remained pending should be subject to consideration and amendment.

The representative of THAILAND said that sufficient time should be given to ensure that participants could prepare their comments on the draft resolution, in consultation with their capitals, in order to allow them to contribute constructively to the discussion.

The CHAIRMAN assured the Executive Board that only the paragraphs on which consensus had not yet been reached would be open for discussion and that ample time would be given to Member States to contribute to the drafting process. On that understanding, he would take it that the Board wished to agree to continue the work of the drafting group during the intersessional period.

It was so agreed.

4. CLOSURE OF THE SESSION: Item 17 of the agenda

The CHAIRMAN commended all participants for their hard work during a particularly significant session of the Executive Board.

The DIRECTOR-GENERAL congratulated all participants on the completion of an intense Executive Board session. The nomination procedures for the candidates for the post of Director-General had gone smoothly, and the Board had completed its heaviest agenda yet. Despite the difficulties and complexities encountered, the 140th session of the Executive Board had been one of the best during her tenure. Thanking the Chairman for his outstanding leadership, she said that she had been invigorated by the Board's discussions and inspired by its dedication.

After the customary exchange of courtesies, the CHAIRMAN declared the 140th session of the Executive Board closed.

The meeting rose at 15:35.
